



September 2009

NCSBN Model Nursing Practice Act and Model Nursing Administrative Rules

Introduction to Revised Models

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

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

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

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

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

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

The APRN legislative language (Article XVIII and Chapter 18) was adopted during the 2008 NCSBN Delegate Assembly.

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Article I. Title and Purpose	Chapter 1 – Title and Purpose
<p>Section 1. Title of Act. This Act shall be known and may be cited as The <NAME OF STATE> Nursing Practice Act (NPA).</p>	<p>1.1 Title. This section of the administrative rules shall be known and may be cited as the <NAME OF STATE> Nursing Administrative Rules.</p>
<p>Section 2. Effective Date. This Act shall take effect <DATE>.</p>	
<p>Section 3. Description of Act. An Act concerning the regulation of nursing that creates and empowers the state board of nursing (BON) to regulate nursing and to enforce the provisions of this act.</p>	
<p><i>***The language was changed to concisely describe the Act as concerning the regulation of nursing and creating the BON to enforce the act.</i></p>	<p><i>***If a board of nursing (BON) has developed a BON philosophy and wishes to include it in the administrative rules, this would be an appropriate section to make that statement.</i></p>
<p>Section 4. Purpose. The legislature finds that the practice of nursing is directly related to the public health, safety, and welfare of the citizens of the state and is subject to regulations and control in the public interest to assure that nurses at all levels are qualified and competent. It is further declared that the practice of nursing, as defined in the Act, merits and deserves the confidence of the public and that only qualified persons be permitted to engage in the practice of nursing. The legislature recognizes that the practice of nursing is continually evolving and responding to changes within health care patterns and systems.</p> <p><i>***This model recognizes that nursing is an evolving profession and acknowledges overlapping functions with other health care providers.</i></p>	
Article II. Scope of Nursing Practice	Chapter 2 – Standards of Nursing Practice
<p>Section 1. Practice of Nursing. Nursing is a scientific process founded on a professional body of knowledge; it is a learned profession based on an understanding of the human condition across the lifespan and the relationship of a client with others and within the environment; and it is an art dedicated to caring for others. The practice of nursing means assisting clients to attain or maintain optimal health, implementing a strategy of care to accomplish defined goals within the context of a client centered health care plan and evaluating responses to nursing care and treatment. Nursing is a dynamic discipline that increasingly involves more sophisticated knowledge, technologies and client care activities.</p>	<p><i>***Article II of the Model Nursing Practice Act (MNPA) and Chapter 2 of the Model Nursing Administrative Rules (MNAR) address scopes of nursing practice and standards for nursing practice respectively. The rules have been reordered to follow the framework provided by the MNPA so that the scope defined in the MNPA and the standards delineated in the MNAR can be viewed together to facilitate their use.</i></p> <p>2.1 Purpose of Standards</p> <p>a. To communicate BON expectations and provide guidance for nurses regarding safe nursing practice.</p> <p>b. To articulate BON criteria for evaluating the practice of nurses to determine if the practice is safe and effective.</p> <p><i>***Standards promulgated by BONs of nursing provide a broad framework for nursing practice and provide notice to nurses as to BON expectations regarding practice. Nursing standards developed by professional and specialty nursing organizations complement BON standards, provide detail and specificity, and are typically drafted to promote excellence in clinical practice.</i></p>

Section 2. Registered Nurse (RN). Practice as an RN means the full scope of nursing, with or without compensation or personal profit, that incorporates caring for all clients in all settings, is guided by the scope of practice authorized in this section, through nursing standards established or recognized by the BON and includes, but is not limited to:

- a. Providing comprehensive nursing assessment of the health status of clients.

****Comprehensive nursing assessment is an extensive data collection (initial and ongoing) used for individuals, families, groups and communities in addressing anticipated changes in client conditions as well as emergent changes in a client's health status; recognizing alterations to previous client conditions; synthesizing the biological, psychological, spiritual and social aspects of the client's condition; evaluating the impact of nursing care; and using this broad and complete analysis to make independent decisions and nursing diagnoses, plan nursing interventions, evaluate the need for different interventions, and assess the need to communicate and consult with other health team members.*

- b. Collaborating with health care team to develop an integrated client-centered health care plan.
- c. Developing a strategy of nursing care to be integrated within the client-centered health care plan that establishes nursing diagnoses; sets goals to meet identified health care needs; prescribes nursing interventions; and implements nursing care through the execution of independent nursing strategies and regimens requested, ordered or prescribed by authorized health care providers.
- d. Delegating and assigning nursing interventions to implement the plan of care.
- e. Providing for the maintenance of safe and effective nursing care rendered directly or indirectly.
- f. Promoting a safe and therapeutic environment.
- g. Advocating the best interest of clients.
- h. Evaluating responses to interventions and the effectiveness of the plan of care.
- i. Communicating and collaborating with other health care providers in the management of health care and the implementation of the total health care regimen within and across care settings.
- j. Acquiring and applying critical new knowledge and technologies to the practice domain.
- k. Managing, supervising and evaluating the practice of nursing.
- l. Teaching the theory and practice of nursing.
- m. Participating in development of policies, procedures and systems to support the client.
- n. Other acts that require education and training as prescribed by the BON commensurate with the RN's continuing education, demonstrated competencies and experience.

2.2.1 Standards Related to Registered Nurse (RN) Professional Accountability

The RN:

- a. Practices within the legal boundaries for nursing through the scope of practice authorized in the Nurse Practice Act (NPA) and rules governing nursing.
- b. Demonstrates honesty and integrity in nursing practice.
- c. Bases professional decisions on nursing knowledge and skills, the needs of clients and the expectations delineated in professional standards.
- d. Accepts responsibility for judgments, individual nursing actions, competence, decisions and behavior in the course of nursing practice.
- e. Maintains continued competence through ongoing learning and application of knowledge in the client's interest.

****The first two standards reflect the need for any professional to accept responsibility for knowing the legal, ethical, and professional parameters of practice, maintaining those boundaries and acknowledging when a decision or action has not been in the best interest of a client while taking corrective action in the client's behalf. Nursing judgments and actions include decisions made when delegating nursing tasks to others and providing supervision for those activities. The delegating/supervising nurse is not accountable in the sense of having to stand at the delegate's elbow throughout the activity. The delegating/supervising nurse is accountable for decisions made and actions taken in the course of that delegation/supervision.*

2.2.2 Standards Related to RN Responsibility for Nursing Practice Implementation

The RN:

- a. Conducts a comprehensive nursing assessment that is an extensive data collection (initial and ongoing) regarding individuals, families, groups and communities.
- b. Detects faulty or missing patient/client information.
- c. Applies nursing knowledge effectively in the synthesis of the biological, psychological and social aspects of the client's condition.
- d. Uses this broad and complete analysis to plan strategies of nursing care and nursing interventions that are integrated within the client's overall health care plan.
- e. Provides appropriate decision-making, critical thinking and clinical judgment to make independent nursing decisions and nursing diagnoses.
- f. Seeks clarification of orders when needed.
- g. Implements treatment and therapy, including medication administration and delegated medical and independent nursing functions.
- h. Obtains orientation/training for competence when encountering new equipment and technology or unfamiliar care situations.
- i. Demonstrates attentiveness and provides client surveillance and monitoring.
- j. Identifies changes in client's health status and comprehends clinical implications of client signs, symptoms and changes as part of expected and unexpected client course or emergent situations.
- k. Evaluates the impact of nursing care, the client's response to therapy, the need for alternative interventions, and the need to communicate and consult with other health team members.
- l. Documents nursing care.
- m. Intervenes on behalf of client when problems are identified and revises care plan as needed.
- n. Recognizes client characteristics that may affect the client's health status.
- o. Takes preventive measures to protect client, others and self.

	<p>2.2.3 Standards Related to RN Responsibility to Act as an Advocate for Client</p> <p>The RN:</p> <ul style="list-style-type: none"> a. Respects the client's rights, concerns, decisions and dignity. <p><i>***This standard includes respecting the client's concerns regarding end-of-life care.</i></p> <ul style="list-style-type: none"> b. Identifies client needs. c. Attends to client concerns or requests. d. Promotes safe client environment. e. Communicates client choices, concerns and special needs with other health team members regarding: <ul style="list-style-type: none"> 1. Client status and progress. 2. Client response or lack of response to therapies. 3. Significant changes in client condition. f. Maintains appropriate professional boundaries. g. Maintains client confidentiality. h. Assumes responsibility for nurse's own decisions and actions.
	<p>2.2.4 Standards Related to RN Responsibility to Organize, Manage and Supervise the Practice of Nursing</p> <p>The RN:</p> <ul style="list-style-type: none"> a. Assigns to another only those nursing measures that fall within that nurse's scope of practice, education, experience and competence or unlicensed person's role description. b. Delegates to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely. c. Matches client needs with personnel qualifications, available resources and appropriate supervision. d. Communicates directions and expectations for completion of the delegated activity. e. Supervises others to whom nursing activities are delegated or assigned by monitoring performance, progress and outcomes; and assures documentation of the activity. f. Provides follow-up on problems and intervenes when needed. g. Evaluates the effectiveness of the delegation or assignment. h. Intervenes when problems are identified and revises plan of care as needed. i. Retains professional accountability for nursing care as provided.

	<p>j. Promotes a safe and therapeutic environment by:</p> <ol style="list-style-type: none"> 1. Providing appropriate monitoring and surveillance of the care environment. 2. Identifying unsafe care situations. 3. Correcting problems or referring problems to appropriate management level when needed <p>k. Teaches and counsels client and families regarding their health care regimen, which may include, but is not limited to, general information about health and medical condition, specific procedures and wellness and prevention.</p>
	<p>2.2.5 Standards Related to RN Responsibilities as a Member of an Interdisciplinary Health Care Team</p> <p>The RN:</p> <ol style="list-style-type: none"> a. Functions as a member of the health care team, collaborating and cooperating in the implementation of an integrated client-centered health care plan. b. Respects client property and the property of others. c. Protects confidential information.
	<p>2.2.6 Standards Related to the RN When Functioning in a Chief Administrative Officer Role</p> <p>The RN as a chief administrative nurse:</p> <ol style="list-style-type: none"> a. Assures that organizational policies, procedures and standards of nursing practice are developed, kept current, and implemented to promote safe and effective nursing care for clients. b. Assures that the knowledge, skills, and abilities of nursing staff are assessed and that nurses and nursing assistive personnel are assigned to nursing positions appropriate to their determined competence and licensure/certification/registration level. c. Assures that competent organizational management and management of human resources within the nursing organization is established and implemented to promote safe and effective nursing care for clients. d. Assures that thorough and accurate documentation of personnel records, staff development, quality assurance and other aspects of the nursing organization are maintained. <p><i>***Assessing the knowledge, skills, and abilities of nursing staff includes initial and periodic validation of licensure status.</i></p>
	<p>2.2.7 Standards Related to the RN when Functioning in a Nursing Program Educator (Faculty) Role</p> <p>The RN as nursing faculty:</p> <ol style="list-style-type: none"> a. Teaches current theory, principles of nursing practice and nursing management. b. Provides content and clinical experiences for students consistent with the MNPA, BON administrative rules and other relevant state statutes. c. Supervises students in the provision of nursing services. d. Evaluates student scholastic and clinical performance with expected program outcomes.

Section 3. Licensed Practical/Vocational Nurse (LPN/VN). Practice as an LPN/VN means a directed scope of nursing practice, with or without compensation or personal profit, under the supervision of an RN, advanced practice registered nurse (APRN), licensed physician or other health care provider authorized by the state; is guided by nursing standards established or recognized by the BON; and includes, but is not limited to:

- a. Collecting data and conducting focused nursing assessments of the health status of individuals.

**** A focused assessment is an appraisal of an individual's status and situation at hand, contributing to comprehensive assessment by the RN, supporting ongoing data collection and deciding who needs to be informed of the information and when to inform.*

- b. Planning nursing care episodes for individuals with stable conditions.
- c. Participating in the development and modification of the comprehensive plan of care for all types of clients.
- d. Implementing appropriate aspects of the strategy of care within a client centered health care plan.
- e. Communicating and collaborating with other health care professionals.
- f. Providing input into the development of policies and procedures.
- g. Other acts that require education and training as prescribed by the BON, commensurate with the LPN/VN's experience, continuing education and demonstrated LPN/VN competencies.

Each nurse is accountable to clients, the nursing profession and the BON for complying with the requirements of this Act and for ensuring the quality of nursing care rendered; for recognizing limits of knowledge and experience; and for planning for the management of situations beyond the nurse's expertise.

****Additions to the LPN/VN scope of practice are based on analysis of the various elements that make up this scope as evidenced by the most recent LPN/VN job analysis. This remains a directed scope of practice.*

****The first step in the nursing process assessment is the basis for nursing decisions and interventions. The subcommittee believes that the first step is implemented in much the same way across jurisdictions, but that it is described and discussed very differently. The subcommittee members believe that both LPN/VNs and RNs assess, but the members identified a significant difference in the breadth, depth and comprehensiveness of the assessments conducted by the two levels of licensed nurses. These differences are reflected in the term "focused assessment" to describe the LPN/VN role in the first step of the nursing process and the term comprehensive assessment to describe the role of the RN (see definitions in Section 4 below).*

****An alternative for BONs that have difficulty with the term assessment is to not use the term with either LPN/VN or RN practice, but rather describe what is expected of the level of licensee for the first step of the nursing process. See definitions below for focused assessment and comprehensive assessment.*

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

The LPN/VN:

- a. Practices within the legal boundaries for practical nursing through the scope of practice authorized in the MNPA and rules governing nursing.
- b. Demonstrates honesty and integrity in nursing practice.
- c. Bases nursing decisions on nursing knowledge and skills, the needs of clients and the expectations delineated by the BON.
- d. Accepts responsibility for individual nursing actions, competence, decisions and behavior in the course of practical nursing practice.
- e. Maintains continued competence through ongoing learning and application of knowledge in the client's interest.

2.3.2 Standards Related to LPN/VN Responsibilities for Nursing Practice Implementation.

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

- a. Conducts a focused nursing assessment, which is an appraisal of the client's status and situation at hand that contributes to ongoing data collection.
- b. Plans for episodic nursing care.
- c. Demonstrates attentiveness and provides client surveillance and monitoring.
- d. Assists in identification of client needs.
- e. Seeks clarification of orders when needed.
- f. Assists in the evaluation of the impact of nursing care. Contributes to the evaluation of client care.
- g. Recognizes client characteristics that may affect the client's health status.
- h. Obtains orientation/training for competency when encountering new equipment and technology or unfamiliar care situations.
- i. Implements appropriate aspects of client care in a timely manner:
 1. Provides assigned and delegated aspects of client's health care plan.
 2. Implements treatments and procedures.
 3. Administers medications accurately.
- j. Documents care provided.
- k. Communicates relevant and timely client information with other health team members:
 1. Client status and progress.
 2. Client response or lack of response to therapies.
 3. Significant changes in client condition.
 4. Client needs.
- l. Participates in nursing management.
 1. Assigns nursing activities to other LPN/VNs.
 2. Delegates nursing activities for stable clients to assistive personnel.
 3. Observes nursing measures and provides feedback to nursing manager.
 4. Observes and communicates outcomes of delegated and assigned activities.
- m. Takes preventive measures to protect client, others and self.
- n. Respects the client's rights, concerns, decisions and dignity.

****This standard includes respecting the client's concerns regarding end-of-life care.*
- o. Attends to client or family concerns or requests.

		p. Promotes safe client environment.	
		q. Maintains appropriate professional boundaries.	
		r. Assumes responsibility for nurse's own decisions and actions.	
		2.3.3 Standards Related to LPN/VN Responsibilities as a Member of an Interdisciplinary Health Care Team	
		The LPN/VN:	
		a. Functions as a member of the health care team, contributing to the implementation of an integrated health care plan.	
		b. Respects client property and the property of others.	
		c. Protects confidential information unless obligated by law to disclose the information.	
Article III. Definitions		Chapter 3 – Definitions	
Section 1. BON. "BON" means the <NAME OF STATE> Board of Nursing.			
Section 2. Other BON. "Other BON" means the comparable regulatory agency in any U.S. state, territory or the District of Columbia.			
Section 3. License. "License" means current authority to practice nursing as an RN, LPN/VN or APRN.			
Section 4. Other Definitions.		3.4 Other Definitions	
Absolute discharge from sentence	Completion of any sentence, including imprisonment, probation, parole, community supervision or any form of court supervision.	Adjunct faculty	Temporary nursing faculty, in addition to regular program faculty, used to enrich student experiences.
Advanced assessment	Assessment by an APRN based on additional knowledge and skill developed; a graduate level nursing education program in the APRN category; and the nurse's experience working in the APRN role.	Advanced nurse refresher course	Formal program with both didactic and clinical components, designed to prepare an APRN who has been out of practice to re-enter into the profession.
Adverse action	A home or remote state disciplinary action.	APRN practice	The scope of practice associated with an APRN role and title.
Alford plea	Plea agreements where the defendant may plead guilty, yet not admit all the facts that comprise the crime. North Carolina v Alford, 40 US 25, 91 S Ct 160, 27 L Ed2d 162 (1970).	BON	A party state's regulatory body responsible for issuing nurse licenses.
Alternative program	A voluntary, non-disciplinary monitoring program approved by a nurse licensing BON.	Clinical judgment	The application of the nurse's knowledge and experience in making decisions about client care.

<p>APRN</p>	<p>A nurse:</p> <ol style="list-style-type: none"> 1. Who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles. 2. Who has passed a national certification examination that measures APRN role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program. 3. Who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; however the defining factor for all APRNs is that a significant component of the education and practice focuses on direct care of individuals. 4. Whose practice builds on the competencies of RNs by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy. 5. Who has been educationally prepared to assume responsibility and accountability for health promotion and/or maintenance, as well as the assessment, diagnosis and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions. 6. Who has clinical experience of sufficient depth and breadth to reflect the intended license. 7. Who has obtained a license as an APRN in one of the four APRN roles: CRNA, CNM, CNS or CNP. 	<p>Clinical learning experiences</p>	<p>The planned, faculty-guided learning experiences that involve direct contact with patients.</p>
<p>APRN licensure/authority to practice</p>	<p>The regulatory mechanism used by a party state to grant legal authority to practice as an APRN.</p>	<p>Competence assessment</p>	<p>Evaluation of the practitioner's knowledge, skills and abilities. Assessment mechanisms may include examination, peer review, professional portfolio and professional certification.</p>

APRN uniform licensure/authority to practice requirements	Those minimum uniform licensure, education and examination requirements as agreed to by the APRN Compact administrators and adopted by licensing boards for the recognized APRN role and title.	Competence development	The method by which a practitioner gains, maintains or refines practice knowledge, skills and abilities. This development can occur through formal education program, continuing education or clinical practice and is expected to continue throughout one's career.
Assignment	Designating nursing activities to be performed by another nurse or assistive personnel that are consistent with his/her scope of practice (licensed person) or role description (unlicensed person).	Content validity	The degree to which an examination is representative of a defined body of knowledge.
Chief administrative nurse	The RN who oversees the provision of nursing services in an organization, regardless of title.	Cultural bias	Non-nursing elements of examination items that may influence the performance of culturally distinct groups of examinees.
Client	A recipient of care; may be an individual, family, group or community.	Direction	Monitoring and guiding the practice of another through written or verbal communication.
Client-centered healthcare plan	Identification of desired goals, strategies for meeting goals and processes for promoting, attaining and maintaining optimal client health outcomes. The multidiscipline health care team partners with the client to develop this plan. Team members identify, respect and care about client differences, values, preferences and expressed needs.	Distance education	Teaching/learning strategies used to meet the learning needs of students when the students and faculty are separate from each other. <i>***This model uses a broad definition that captures many different technological approaches. Other sources may use this term in a more restricted fashion.</i>
Competence	The application of knowledge, and the interpersonal, decision-making and psychomotor skills expected for the practice role within the context of public health, safety and welfare.	Encumbrance	A nurse's license or authority to practice has been disciplined and that the current status of the licensure/authority to practice is subject to conditions and/or limitations or removal from practice.
Competence assessment	Evaluation of the practitioner's knowledge, skills and abilities. Assessment mechanisms may include examination, peer review, professional portfolio and professional certification.	Episodic care	Nursing care that occurs at non-specific intervals; focused on the individual and situation at hand.

Competence conduct	The health and behavior expectations that may be evaluated through reports from the individual practitioner, employer reports and discipline checks. Part of competence conduct is assurance that licensees possess the functional abilities to perform the essential functions of the nursing role and population focus.	Faculty directed clinical practice	The role of nursing program faculty in overseeing student clinical learning, including those programs utilizing preceptors.
Competence development	The method by which a practitioner gains, maintains or refines practice knowledge, skills and abilities. This development can occur through a formal education program, continuing education or clinical practice and is expected to continue throughout the practitioner's career.	Grandfathering	Provision in a new law or regulation exempting those already in or a part of the existing system that is being regulated. An exception to a restriction that allows all those already doing something to continue doing it even if they would be stopped by the new restriction.
Comprehensive nursing assessment by an RN	An extensive data collection (initial and ongoing) used for individuals, families, groups and communities in addressing anticipated changes in client conditions, as well as emergent changes in a client's health status; recognizing alterations to previous client conditions; synthesizing the biological, psychological, spiritual and social aspects of the client's condition; evaluating the impact of nursing care; and using this broad and complete analysis to make independent decisions and nursing diagnoses; plan nursing interventions; evaluate need for different interventions; and assess the need to communicate and consult with other health team members.	Health-related	Any domains that affect the well-being of a population.
Coordinated licensure information system	An integrated process for collecting, storing and sharing information on nurse licensure/authority to practice and enforcement activities related to nurse licensure/authority to practice laws, which is administered by a non-profit organization composed of and controlled by state nurse licensing BONs.	Informatics	Information technology that can be used to communicate, manage knowledge, mitigate error and support decision-making.

Current significant investigative information	Investigative information that a licensing BON, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.	Information system	The coordinated licensure information system.
Delegation	Transferring to a competent individual the authority to perform a selected nursing task in a selected situation.	Interdisciplinary faculty	Faculty from other professions who, in addition to regular program faculty, add diversity and enrich student experiences.
First officer	The presiding officer of the BON who may be called BON president in some jurisdictions and BON chairman in others.	Interdisciplinary team	All individuals involved in providing a client's care; who cooperate, collaborate, communicate and integrate care to ensure that care is continuous and reliable.
Focused nursing assessment by an LPN/VN	An appraisal of an individual's status and situation at hand, contributing to comprehensive assessment by the RN, supporting ongoing data collection, and deciding who needs to be informed of the information and when to inform.	NCLEX-PN®	The National Council Licensure Examinations for Practical Nurses; used in the U.S. and its territories to assess licensure applicants' nursing knowledge, skills and abilities. BONs use passing the examination to inform licensing decisions.
Grandfathering	A provision in a new law or regulation exempting those already in or a part of the existing system that is being regulated. An exception to a restriction that allows all those already doing something to continue doing it even if they would be stopped by the new restriction.	NCLEX-RN®	The National Council Licensure Examinations for Registered Nurses; used in the U.S. and its territories to assess licensure applicants' nursing knowledge, skills and abilities. BONs use passing the examination to inform licensing decisions.
Health care provider	An individual authorized (e.g., licensed or certified) to prescribe and/or administer various aspects of health care.	Nursing program faculty	Individuals employed full or part time by an academic institution; responsible for developing, implementing, evaluating and updating curricula.
Home state	The party state which is the nurse's primary state of residence.	Nurse refresher course	A formal program with both didactic and clinical components; designed to prepare a nurse who has been out of practice to reenter the profession.

Home state action	Any administrative, civil, equitable or criminal action permitted by the home state's laws which are imposed on a nurse by the home state's licensing BON or other authority, including actions against an individual's license, such as revocation, suspension, probation or any other action which affects a nurse's authorization to practice.	Nursing management	The coordination and integration of resources through planning, organizing, directing and controlling the provision of nursing services while managing role differences and staffing to accomplish specific institutional goals and objectives within the context of legal considerations, regulatory issues, patient safety and continuous quality improvement.
Independent nursing strategies	Nursing activities based on nursing assessment; within the nurse's scope of practice and not subject to control by others.	Preceptors	An individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model and/or supervisor in a clinical setting.
Innovative approach	A creative nursing education strategy that departs from the current rule structure and requires Board approval for implementation.	Prescribed devices	An instrument or an apparatus intended for use in diagnosis or treatment and in the prevention of disease or restoration of health.
Internationally educated nurse	A nurse educated outside the U.S. who applies for state licensure or seeks temporary authorization to practice as a graduate nursing student to complete program objectives.	Prescriptive authority	An APRN is qualified and authorized to determine a client's need for medications, drugs and/or prescribed devices and to order such therapy to be dispensed by a licensed pharmacist or other authorized provider.
Interpretive statement	A statement developed by a BON to provide guidance, clarification and direction regarding whether nursing practice procedures or policies comply with acceptable standards of nursing practice as defined in the NPA and rules.	Primary state of residence	The state of a person's declared fixed permanent and principal home for legal purposes; domicile.
Lapsed license	The termination of an individual's privilege to practice nursing due to the individual's failure to renew the nursing license within a specified period of time. ***Some BONs refer to this situation as an inactive license.	Professional boundaries	The space between the nurse's power and the client's vulnerability; the power of the nurse comes from the professional position and access to private knowledge about the patient; establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the patient's needs.
Licensing board	A party state's regulatory body responsible for nurse licensure/ authority to practice.	Professional certification	A credential issued by a national certifying body meeting specified requirements acceptable to the BON that is used as a requirement for APRN licensure.
Licensure by endorsement	The granting of authority to practice based on an individual's licensure in another jurisdiction.	Public	Any individual or entity other than designated staff or representatives of party state BONs or NCSBN.

Licensure by examination	The granting of authority to practice based on an individual's passing of a prescribed examination.	Quality improvement processes	To identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process and outcomes in relation to client and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.
Licensure reinstatement	The procedure of restoring or reestablishing a nursing license that has lapsed or that has been suspended, revoked or voluntarily surrendered.	Single state licensure/ authority to practice	A Compact state has limited a nurse's authority to practice to the home state only, without the multi-state privilege to practice in other party states.
Licensure renewal	The process for periodic reissuing of the legal authority to practice.		
Modified license	A license to practice nursing within a scope of practice with limitations or with accommodations, or both, as specified by the BON through a non-disciplinary process.		
Moral turpitude	Conduct that involves one or more of the following: Intentional, knowing or reckless conduct that causes injury or places another in fear of imminent harm. Conduct done knowingly contrary to justice or honesty. Conduct that is contrary to the accepted and customary rule of right and duty that a person owes to fellow human beings and society in general. Conduct that is wrong in itself even if no statute were to prohibit the conduct.		
Multistate advanced practice privilege	Current authority from a remote state permitting an APRN to practice in that state in the same role and title as the nurse is licensed/authorized to practice in the home state to the extent that the remote state laws recognize such APRN role and title. A remote state has the authority, in accordance with existing state due process laws, to take actions against the APRN's privilege, including revocation, suspension, probation or any other action that affects an APRN's multistate privilege to practice.		

Multistate licensure privilege	Current, official authority from a remote state permitting the practice of nursing as either an RN or an LPN/VN in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege, such as revocation, suspension, probation or any other action which affects a nurse's authorization to practice.		
Nolo contendere	A "no contest" plea in a criminal case that has a similar effect as pleading guilty.		
Nurse	An RN or LPN/VN, as those terms are defined by each party's state practice laws.		
Nursing services	The professional practice and auxiliary functions that support the client's meeting of the client's desired health goals; processes for promoting, attaining and maintaining optimal health outcomes.		
Nursing student	A person studying in an approved nursing education program.		
Party state	Any state that has adopted the NLC or APRN Compact.		
Patient	A recipient of care; may be an individual, family or group.		
Prescribing	Determining which legend drugs and controlled substances shall be used by or administered to a patient; exercised in compliance with applicable state and federal laws.		
Prescriptive authority	The authority to determine the need for drugs, immunizing agents or devices; select the remedy; and write a prescription to be filled by a licensed pharmacist.		
Population focus	The section of the population which the APRN has targeted to practice within. The categories of population foci are: family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric/mental health.		

Primary care provider	The provider who acts as the first point of consultation for all patients with an undiagnosed health concern, as well as providing continuing care of varied medical conditions not limited by cause, organ systems or diagnosis.		
Privilege to practice:	The authority to practice nursing in any compact state that is not the state of residency. Additional license is not granted for this authority.		
Remote state	A party state other than the home state where the patient is located at the time nursing care is provided, or in the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located.		
Second officer	The board member next in line after the first officer to be presiding officer; often called vice-president or vice-chair, but could also be the secretary, treasurer or other title.		
State practice laws	A party state's laws and regulations that govern nurse practice, define the scope of advanced nursing practice, including prescriptive authority, and create the methods and grounds for imposing discipline. State practice laws do not include the requirements necessary to obtain and retain nurse licensure/authority to practice as a nurse, except for qualifications or requirements of the home state.		
Strategy of nursing care	Goal-oriented nursing activities developed within the client-centered health care plan to assist clients achieve optimal health potential.		
Supervision	Provision of guidance by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.		
Unencumbered	A state has no current disciplinary action against a license/authority to practice.		
Unlicensed assistive personnel (UAP)	Any unlicensed personnel, regardless of title, to whom nursing tasks are delegated.		

Article IV. The Board of Nursing	Chapter 4 – The Board of Nursing
<p>Section 1. Membership; Nominations; Qualifications; Appointment; and Term of Office.</p> <p>a. The BON shall consist of < > members to be appointed by the governor < > days prior to the expiration of the term of office of a current member. Nominations for appointment may be made to the governor by any interested individual, association or any other entity, provided that such nominations be supported by a petition executed by no less than < > qualified voters in this state. These nominations shall not be binding upon the governor.</p> <p><i>***The majority of BON members are appointed by the state’s governor. This section’s language may be adapted to meet the needs of a jurisdiction that use a different process for BON appointments.</i></p> <p>b. The membership of the BON shall be at least < > members of RNs, at least < > members of LPN/VNs, at least < > members of APRNs, and at least < > members representing the public.</p> <p>c. Each RN member shall be an eligible voting resident in this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as an RN and shall have no less than five years of experience as an RN, at least three of which immediately preceded appointment.</p> <p>d. Each LPN/VN member shall be an eligible voting resident in this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as an LPN/VN and shall have no less than five years of experience as an LPN/VN, at least three of which immediately preceded appointment.</p> <p>e. Each APRN member shall be an eligible voting resident in this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as an APRN and shall have no less than five years of experience as an APRN, at least three of which immediately preceded appointment.</p> <p>f. The representatives of the public shall be eligible voting residents of this state who are knowledgeable in consumer health concerns and shall not be associated with the provision of health care or be enrolled in any health-related education program.</p> <p>g. Membership shall be restricted to no more than one person who is associated with a particular agency, corporation, other enterprise or subsidiary at one time.</p> <p>h. Members of the BON shall be appointed for a term of < > years.</p> <p>i. The present members of the BON holding office under the provisions of the <NAME OF ACT BEING AMENDED OR REPEALED> shall serve as members for their respective terms.</p> <p>j. No member shall serve more than two consecutive full terms. The completion of an unexpired portion of a full term shall not constitute a full term for purposes of this section. Any board member initially appointed for less than a full term shall be eligible to serve two additional terms.</p>	<p><i>***Article IV of the MNPA and Chapter 4 of the MNAR define the authority of the BON and parameters for how it functions.</i></p>

<p>k. An appointee to a full term on the BON shall be appointed by the governor before the expiration of the term of the member being succeeded and shall become a member of the BON on the first day following the appointment expiration date. Appointees to unexpired terms shall become members of the BON on the day following such appointment.</p> <p>l. Each term of office shall expire at midnight on the last day of the term of the appointment or at midnight on the date on which any vacancy occurs. If a replacement appointment has not been made, the term of the member shall be extended until a replacement is made.</p>	
<p>Section 2. Officers.</p> <p>a. The board shall elect officers from its members. Officers elected by the BON shall serve a term of < > years, beginning on the day of election and ending upon the election of successors.</p> <p><i>**BONs have different titles for their elected officers, e.g., president and vice-president, chairman and vice-chairman, or some other combination of officer titles.</i></p> <p>b. The first officer shall preside at board meetings and shall be responsible for the performance of all duties and functions of the BON required or permitted by this Act. In the absence of the first officer, the second officer shall assume these duties.</p> <p>c. Additional offices shall be established and filled by the BON at its discretion.</p>	<p>4.3.1 Quorum</p> <p>a. A majority of the board members, including the first or second officer, shall constitute a quorum for conducting a board meeting.</p> <p>b. The act of the majority of the members present at a meeting at which a quorum is present shall be the act of the BON.</p> <p>4.3.2 Guidelines</p> <p>a. The BON shall develop guidelines to assist board members in the evaluation of possible conflicts of interests. Members shall abstain from voting when a conflict arises.</p> <p>b. The BON shall develop guidelines to assist board members in the disclosure of ex parte communications.</p> <p>c. The BON may develop other guidelines as needed that would support governance and direction of work.</p>
<p>Section 3. Meetings. The BON shall conduct meetings within the following guidelines:</p> <p>a. The BON shall meet at least once every < > months to transact its business. One meeting shall be designated as the annual meeting for the purpose of electing officers and BON reorganization and planning. The BON shall meet such additional times as it may determine. Such additional meetings may be called by the first officer of the BON or shall be called at the request of two-thirds of the board members.</p> <p>b. The BON shall give official and public notice of the place and time of the meeting. Board meetings and hearings shall be open to the public. In accordance with the law, the BON may, at its discretion, conduct part of the meeting in executive session closed to the public. Notice of all board meetings shall be given in the manner and pursuant to requirements prescribed by the state's applicable statutes and rules and regulations.</p>	

<p>Section 4. Vacancies; Removal; Immunity.</p> <p>a. Any vacancy that occurs for any reason in the membership of the BON shall be filled by the governor in the manner prescribed in the provisions of this article regarding appointments. Vacancies created by reason other than the expiration of a term shall be filled within < > days after such vacancy occurs. A person appointed to fill a vacancy shall serve for the unexpired portion of the term.</p> <p>b. The governor may remove any member from the BON for neglect of any duty required by law, for incompetence, or for unprofessional or dishonorable conduct. The general laws of this state controlling the removal of public officials from office shall be followed in dismissing board members.</p> <p>c. All members of the BON shall have immunity from individual civil liability while acting within the scope of the duties as board members.</p> <p>In the event that the entire BON, an individual member or staff is sued, the attorney general shall appoint an attorney to represent the involved party.</p>	
<p>Section 5. Powers and Duties. The BON shall:</p> <p>a. Be responsible for the interpretation and enforcement of the provisions of this Act. The BON shall have all of the duties, powers and authority specifically granted by and necessary to the enforcement of this Act, as well as other duties, powers and authority as it may be granted by appropriate statute.</p> <p>b. Be authorized to make, adopt, amend, repeal and enforce such administrative rules consistent with the law, as it deems necessary for the proper administration of this Act and to protect public health, safety and welfare.</p> <p>c. Be authorized to do the following without limiting the foregoing:</p> <ol style="list-style-type: none"> 1. Related to the competence development duties of the BON: <ol style="list-style-type: none"> a) Develop standards for nursing education. b) Enforce educational standards and rules set by the BON. c) Provide consultation; conduct conferences, forums, studies and research on nursing education and practice. 	

<p>2. Related to competence assessment duties of the BON:</p> <p>a) Maintain membership in national organizations that develop national licensure examinations and exclusively promote the improvement of the legal standards of the practice of nursing for the protection of public health, safety and welfare.</p> <p>3. Related to the licensing responsibilities of the BON:</p> <p>a) Grant temporary permits for qualified applicants as set forth in rule.</p> <p>b) License qualified applicants for RN, LPN/VN and APRN licenses.</p> <p>4. Related to competence maintenance duties of the BON:</p> <p>a) Develop standards for maintaining competence of licensees.</p> <p>b) Develop standards for maintaining competence of licensees returning to practice.</p> <p>5. Related to the regulation of nursing practice responsibilities of the BON:</p> <p>a) Regulate the practice of LPN/VN, RN and APRN practice.</p> <p>b) Regulate the clinical support of nursing services by UAPs, regardless of title.</p> <p>c) Develop standards for nursing practice.</p> <p>d) Enforce nursing practice standards and rules set forth by the BON.</p> <p>e) Interpret and apply Model Nursing Practicing Act (MNPA) and Model Nursing Administrative Rules (MNAR) through the issuance of advisory opinions, interpretive statements and declaratory statements.</p> <p>f) Regulate the manner in which nurses announce their practice to the public.</p> <p>g) Issue a modified license to practice nursing to an individual to practice within a limited scope of practice or with accommodations, or both, as specified by the BON.</p>	<p><i>***States vary widely as to whether and what process is used for advisory opinions, interpretive statements and declaratory statements. Some states may not have such authority; others find such documents to be useful tools for the BON and the public. The users of these models are advised to seek legal counsel regarding the authority and required process in specific states.</i></p>
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<p>6. Related to the discipline duties of the BON:</p> <ul style="list-style-type: none">a) Implement the discipline process:<ul style="list-style-type: none">i. Issue subpoenas in connection with investigations, inspections and hearings.ii. Obtain access to records as reasonably requested by the BON to assist the BON in its investigation; the BON shall maintain any records pursuant to this paragraph as confidential data.iii. Order licensees to submit to physical, mental health or chemical dependency evaluations for cause.iv. Prosecute alleged violations of this Act.v. Conduct hearings, compel attendance of witnesses and administer oaths to persons giving testimony at hearings.vi. Close discipline sessions and hearings to the public.vii. Provide alternatives to discipline:<ul style="list-style-type: none">1) Establish alternative programs for monitoring of nurses who agree to seek treatment of substance abuse disorders, mental health or physical health conditions that could lead to disciplinary action by the BON.2) Establish programs to educate and re-mediate nurses with practice concerns who meet criteria established in rule.b) Discipline nurses for violation of any provision of this Act. <p>7. Related to the communication and record-keeping duties of the BON:</p> <ul style="list-style-type: none">a) Maintain a record of all persons regulated by the BON.b) Maintain records of proceedings as required by the laws of this state.c) Inform nurses on an established basis about changes in law and rules regarding nursing practice.d) Collect and analyze data regarding nursing education, nursing practice and nursing resources.e) Submit an annual report to the governor summarizing the BON's proceedings and activities.	
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<p>8. Related to other duties of the BON:</p> <p>a) Personnel</p> <ul style="list-style-type: none"> i. Appoint and employ a qualified RN to serve as executive officer and approve such additional staff positions as may be necessary, in the opinion of the BON, to administer and enforce the provisions of the Act. ii. Employ professional and support staff, investigators, legal counsel and other personnel necessary for the BON to carry out its functions. iii. Delegate to the executive director those activities that expedite the functions of the BON. <p>b) Financial</p> <ul style="list-style-type: none"> i. Determine and collect reasonable fees. ii. Require such surety bonds as are deemed necessary. iii. Receive and expend funds in addition to appropriations from this state, provided such funds are received and expended for the pursuit of the authorized objectives of the BON, such funds are maintained in a separate account, and periodic reports of the receipt and expenditures of such funds are submitted to the governor. <p>c) Other</p> <ul style="list-style-type: none"> i. Develop disaster preparedness plans. ii. Adopt a seal that shall be in the care of the executive officer and shall be affixed only in a manner as prescribed by the BON. <p>d) This Act shall not be construed to require the BON to report violations of the provisions of the Act whenever, in the BON's opinion, the public interest will be served adequately by a suitable written notice of warning.</p>	
<p>Section 6. Executive Officer. The executive officer shall be responsible for:</p> <ul style="list-style-type: none"> a. The performance of administrative responsibilities of the BON. b. Employment of personnel needed to carry out the functions of the BON. c. The performance of any other duties as the BON may direct. 	<p>4.6 Executive Officer</p> <ul style="list-style-type: none"> a. The BON shall employ an executive officer with the following qualifications: <ul style="list-style-type: none"> 1. Master's degree or higher from an accredited college or university. 2. Licensed to practice as an RN in this state. 3. At least <> years experience in nursing practice, including administration, teaching or supervision in nursing educational programs, supervision in health agencies, or nursing regulation. b. The BON shall monitor the effectiveness of the executive officer in carrying out the: <ul style="list-style-type: none"> 1. Administrative performance of the BON. 2. Employment of personnel needed to carry out the functions of the BON. c. The BON may authorize the appointment and employment of legal counsel, accountants and such other employees, assistants and agents as may be necessary, in the opinion of the BON, to administer and enforce the provisions of this Act.
<p>Article V. Application of Other Statutes</p>	<p>Chapter 5 – Application of Other Statutes</p>
<p>Proceedings and records of the BON are subject to the state Administrative Procedures Act and other statutes that govern administrative agencies. Nurses are subject to other statutory provisions throughout state law.</p>	<p><i>***There are other state statutes that affect the operation of the BON and the practice of nursing. Examples range from state agencies working with the BON, to provisions governing worksites, to laws addressing the handling of pharmaceuticals and products.</i></p>

Article VI. Licensure	Chapter 6 –Licensure
<p>Section 1. Examinations.</p> <p>a. The BON shall authorize the administration of the examination to applicants for licensure as RNs or LPN/VNs.</p> <p>b. The BON may employ, contract and cooperate with any entity in the preparation and process for determining results of a uniform licensure examination. When such an examination is utilized, the BON shall restrict access to questions and answers.</p> <p>c. The BON shall determine whether a licensure examination may be repeated, the frequency of reexamination and any requisite education prior to reexamination.</p>	<p>6.1 Information</p> <p>The BON will make information available to applicants regarding the:</p> <p>a. Examination.</p> <p>b. Examination registration process.</p> <p>c. Licensure processes.</p> <p>d. Application fees.</p>
<p>Section 2. Licensure by Examination. An applicant for licensure by examination to practice as an RN or LPN/VN who successfully meets the requirements of this section shall be entitled to licensure as an RN or LPN/VN, whichever is applicable.</p> <p>Application for Licensure by Examination as an RN or LPN/VN. An applicant shall:</p> <p>a. Submit a completed application and fees as established by the BON.</p> <p>b. Graduate from or verify successful completion and eligibility for graduation from a BON-approved nursing education program or a program that meets criteria comparable to those established by the BON in its rules.</p> <p>c. Be proficient in the English language as set forth in the BON rules.</p> <p><i>***English proficiency is required of all applicants and may be demonstrated by successful completion of an educational program conducted in English or by passing an approved English proficiency examination.</i></p> <p>d. Pass an examination authorized by the BON.</p> <p>e. Report any pending criminal charge, criminal conviction, nolo contendere plea, Alford plea or other plea arrangements in lieu of conviction.</p> <p><i>*** See Article IX for how the BON is authorized to use this information. Some states require a direct link to nursing practice; other BONs can consider convictions and pleas in making determinations about character and fitness.</i></p> <p>f. Have committed no acts or omissions which are grounds for disciplinary action as set forth in Article X, Section 2 of this Act or, if such acts have been committed and would be grounds for disciplinary action, the BON has found after investigation sufficient restitution has been made.</p> <p>g. Meet other criteria established by the BON.</p>	<p>6.2 Application for Licensure by Examination as an RN or LPN/VN</p> <p>An applicant for licensure as an RN or licensed practice/vocational nurse, whichever is applicable, by examination in this state shall submit to the BON the required fee for licensure by examination, as specified in Chapter 14, and a completed application for licensure by examination that provides the following information:</p> <p>6.2.1 Competence Development</p> <p>Graduation from or verification of completion and eligibility for graduation from a state-approved registered or practical/vocational nursing program as evidenced by official documentation directly from a state approved nursing education program for the level of licensure being sought. This documentation shall verify the date of graduation, credential conferred and evidence of meeting the standards of nursing education in this state. A transcript is required prior to the issuance of a permanent license.</p> <p><i>*** This model does not allow RN students or RN applicants who fail the NCLEX-RN® to apply for LPN/VN licensure and sit for the NCLEX-PN®.</i></p> <p><i>***If a BON allows an RN student to sit for the NCLEX-PN examination, the BON may expect the RN educational program to identify a PN exit point.</i></p> <p><i>***If a BON allows an RN graduate to sit for the NCLEX-PN examination, the BON may require additional coursework addressing the limitations of the LPN/VN scope of practice and the role of the LPN/VN in the health care team.</i></p> <p><i>***If a BON chooses to permit RN graduates to sit for the NCLEX-PN, the BON should advise individuals regarding their ability to endorse to other states.</i></p>

	<p>6.2.2 Competence Assessment</p> <p>a. In order to be licensed in this state, all RN applicants shall take and pass the NCLEX-RN. The results will be reported to the applicant as pass or fail.</p> <p>b. In order to be licensed in this state, all LPN/VNs applicants shall take and pass the NCLEX-PN. The results will be reported to the applicant as pass or fail.</p>
<p>Section 3. Criminal Background Checks.</p> <p>a. Each applicant for initial licensure or licensure by endorsement shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to [state statute] and Public Law 92-544. The [state agency responsible for managing fingerprint data] may exchange this fingerprint data with the Federal Bureau of Investigation (FBI). The information shall be used to:</p> <ol style="list-style-type: none"> 1. Revoke a license of a person (revoke the multi-state licensure privilege of a person pursuant to state statute pertaining to the Nurse Licensure Compact) [NLC] *** or not issue a license or renewal to an applicant who has been convicted of one or more of the following felonies: murder, felonious assault, kidnapping, rape, aggravated robbery, sexual crimes involving children or vulnerable adults, criminal mistreatment of children or vulnerable adults and exploitation of a vulnerable individual (e.g., financial exploitation in an entrusted role). 2. Revoke a license of a person (revoke the multi-state licensure privilege of a person pursuant to state statute pertaining to the NLC) *** or not issue a license or renewal to an applicant who has been convicted of one or more of the following felony convictions: drug trafficking, embezzlement, theft, arson and who has not received an absolute discharge from the sentences for these felony convictions three years or more years prior to the date of filing an application pursuant to this chapter. Persons who have had an absolute discharge from one of the above felony convictions may apply to the BON for licensure. At that time, the BON may issue a license or deny licensure or otherwise discipline the person. 3. Revoke a license of a person (revoke the multi-state licensure privilege of a person pursuant to state statute pertaining to the NLC) *** or not issue a license or renewal to an applicant or otherwise discipline a person who has been convicted of lesser offenses or agreed to a plea agreement. <p>b. The BON may require applicants for reinstatement after lapsed license and shall require applicants for reinstatement after discipline to submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check. The BON may deny reinstatement or otherwise discipline the applicant for reinstatement.</p>	<p>6.2.3 Competence Conduct</p> <p>a. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:</p> <ol style="list-style-type: none"> 1. The number and status of the license or credential. 2. The original state or country of licensure or credentialing. <p><i>***Please note that a professional license may be that of a nurse or other health professional. Asking about any professional license, not just nursing, allows the BON to evaluate the applicant's entire professional background for previous discipline history that could have implications for the applicant's ability to practice nursing safely.</i></p> <p>b. Current employer if employed in health care, including address, telephone number, position and dates of employment.</p> <p>c. Previous employer in health care, if any, if current employment is less than 12 months.</p> <p>d. The date the applicant previously applied for a license in <NAME OF STATE>, if applicable.</p> <p>e. Responses to questions related to the applicant's background in the following areas:</p> <ol style="list-style-type: none"> 1. Pending disciplinary action or investigation regarding any professional license or credential. 2. Pending criminal charges. 3. Criminal conviction, nolo contendere plea, Alford plea or other plea arrangements in lieu of conviction. 4. Any chemical, physical or mental impairment and/or disability that impacts the nurse's ability to practice nursing safely, and a description of accommodations and/or practice limitations needed, if any. 5. Any current substance abuse. <p>f. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.</p>

c. Each applicant for listing on the Nurse Aide Registry, initial nursing assistant I or II, or medication assistant certification or certification by endorsement shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to [state statute] and Public Law 92-544. The [state agency responsible for managing fingerprint data] may exchange this fingerprint data with the FBI. The information shall be used to:

1. Remove from the Nurse Aide Registry and/or revoke the nursing assistant I or II, or medication assistant certification of a person or not list on the Nurse Registry and/or not issue a nursing assistant I or II or medication assistant certification or renewal to an applicant who has been convicted of one or more of the following felonies: murder, felonious assault, kidnapping, rape, aggravated robbery, sexual crimes involving children or vulnerable adults, criminal mistreatment of children or vulnerable adults and exploitation of a vulnerable individual (e.g., financial exploitation in an entrusted role).
2. Remove from the Nurse Aide Registry and/or revoke the nursing assistant I or II, or medication assistant certification of a person or not list on the Nurse Registry and/or not issue a nursing assistant I or II or medication assistant certification or renewal to an applicant who has been convicted of one or more of the following felony convictions: drug trafficking, embezzlement, theft, arson, and an applicant who has not received an absolute discharge from the sentences for these felony convictions three years or more years prior to the date of filing an application pursuant to this chapter.
3. Remove from the Nurse Aide Registry and/or revoke the nursing assistant I or II or medication assistant certification of a person or not list on the Nurse Registry and/or not issue a nursing assistant I or II or medication assistant certification or renewal to an applicant or otherwise discipline a person who has been convicted of lesser offenses or agreed to a plea agreement.

This paragraph does not apply to a person who has filed an application for licensure or renewal before [effective date] and who has disclosed to the BON one or more felony convictions on the person's application.

****Brackets around a phrase or term indicate language that will be state specific. The phrases with both brackets and *** identifies language that would be used by states participating in the NLC and APRN Compact.*

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

**** Details of this procedure will be state specific, depending on requirements of state criminal agencies. In the near future, expect electronic processes to be perfected for accomplishing these background checks.*

****While the majority of states use criminal history of candidates on a case-by-case approach, the MNPA provides a time-limited bar to licensure if an individual has felony convictions. This approach provides protection to the public (as the most recidivism occurs in the first years after a criminal conviction), but also leaves the opportunity for an individual to apply for licensure after a criminal conviction.*

Section 3. Licensure by Examination of Internationally Educated Applicants. An internationally educated applicant for licensure by examination shall meet the requirements in Section 2 above and follow the process for application set forth in rule.

6.3 Application for Licensure by Internationally Educated Applicants

An internationally educated applicant for licensure by examination in this state shall submit to the BON required fee for licensure by examination, as specified in Chapter 14 of these rules, and a completed application for licensure by examination that provides the following information:

6.3.1 Competence Development

a. Graduation from an international nursing program comparable to an approved nursing education program in the U.S.; as documented in an official transcript directly from the international nursing education program and verified by a credentials evaluation by

- a. BON approved/authorized organization for the level of licensure being sought.

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

- b. Acceptable documentation shall verify the date of enrollment, date of graduation and credential conferred. An official transcript and, if not in English, a certified translation is required prior to the approval to take the NCLEX®.

- c. Credentials shall be reviewed internally or by an external agency specializing in international academic credentials review to verify the comparability of the international nursing education program to nursing education programs in the jurisdiction.

****The Commission on Graduates of Foreign Nursing Schools (CGFNS) certificate program for internationally educated and licensed nurses includes credentials review, qualifying examination and English proficiency evaluation and is required by many BONs; other BONs use other private agencies established for credential review or do the credential review internally.*

6.3.2 Competence Assessment

**** Language proficiency is a critical variable in the practice of safe nursing care. Nurses must be able not only to understand, but also to speak English in order to practice safely in the U.S.*

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

****Please note that the focus of the English proficiency examinations has been on reading and listening skills. Health related terminology is not assessed because there are currently no English proficiency examinations that measure an individual's knowledge and understanding of medical terminology.*

****On July 25, 2003, the Department of Homeland Security (DHS) published its final rule related to Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA). Section 343 requires that certain health care workers have their credentials evaluated and certified before they will be allowed to work in their profession in the U.S. A health care certification identifies and documents that an international health care worker has met minimum requirements for training and English proficiency.*

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

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

- b. Evidence of licensure or eligibility for licensure from the original country of nursing education. This documentation shall be in English or a certified translation.
- c. Assessment of nursing knowledge, skills and abilities:
1. In order to be licensed in this state, all RN applicants shall take and pass the NCLEX-RN. The results will be reported to the applicant as pass or fail.
 2. In order to be licensed in this state, all practical/vocational nurse applicants shall take and pass the NCLEX-PN. The results will be reported to the applicant as pass or fail.

	<p>6.3.3 Competence Conduct</p> <p>a. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:</p> <ol style="list-style-type: none"> 1. The license number and status of the license or credential. 2. The original state or country of licensure or credentialing. <p><i>***Please note that a professional license may be that of a nurse or other health professional. Asking about any professional license, not just nursing, allows the BON to evaluate the applicant's entire professional background for previous discipline history that could have implications for the applicant's ability to practice nursing safely.</i></p> <p>b. Current employer if employed in health care, including address, telephone number, position and dates of employment.</p> <p>c. Previous employer in health care, if any, if current employment is less than 12 months.</p> <p>d. The date the applicant previously applied for a license in <NAME OF STATE>, if applicable.</p> <p>e. Responses to questions related to the applicant's background in the following areas:</p> <ol style="list-style-type: none"> 1. Pending disciplinary action or investigation regarding any professional license or credential. 2. Pending criminal charges. 3. Criminal conviction, nolo contendere plea, Alford plea or other plea arrangements in lieu of conviction. 4. Any chemical, physical or mental impairment and/or disability that impacts the nurse's ability to practice nursing safely and a description of accommodations and/or practice limitations needed, if any. 5. Any current substance abuse. <p>f. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.</p> <p>g. Submission of state and federal criminal background checks completed within the last < > months.</p> <p><i>***While the majority of states use criminal history of candidates on a case-by-case approach and use proximity in time, along with other factors, as a consideration in licensure denial on the basis of criminal conviction. However, at least one state uses a time-limited bar to licensure if an individual has felony convictions. The rationale for this approach is that it provides protection to the public (as the most recidivism occurs in the first years after a criminal conviction), but also leaves the opportunity for an individual to still apply for licensure after a criminal conviction.</i></p>
	<p>6.4 BON Review</p> <p>Each program shall be subject to periodic review by the BON to determine whether criteria for approval are being maintained.</p>

<p>Section 5. Modified License. The BON may issue a modified license to an individual who has met licensure requirements and who is able to practice without compromise to the public safety within a modified scope of practice or with accommodations, or both, as specified by the BON.</p>	<p>6.5 Modified License A modified license requires that an individual nurse practice only within a modified scope of practice or with accommodations, or both, as specified by the BON. A modified license may be granted for all levels of licensure.</p>
	<p>6.5.1 Purpose To provide a process to authorize licensure for individuals with current disabilities who can practice nursing safely within a modified scope, or practice safely with accommodations, or both, to be granted a license for modified practice.</p>
	<p>6.5.2 Identification of Need. The BON may be informed of the potential need for a modified license by:</p> <ul style="list-style-type: none"> a. Request by an individual for a modified license. b. Information provided by an individual on application for licensure by examination, licensure by endorsement or licensure renewal. c. Information provided by an endorsing state as part of the license verification process. d. Information provided by nursing educational program that a student required accommodation to accomplish clinical education objectives.
	<p>6.5.3 Process. An applicant for licensure may request a modified license. The issuance of a modified license is documented in a written agreement between the applicant and the BON.</p> <p><i>***Consideration should be given to whether the agreement needs to address practice in other jurisdictions. The BON may require that the nurse holding the modified license inform the BON of an intention to move or work in another state, as well as inform that state as to the modified license status in this state. This is particularly important if the BON participates in the Nurse Licensure Compact (NLC) and the nurse would have a privilege to practice in other compact states.</i></p>
	<p>6.5.4 Reconsideration. A nurse granted a modified license may apply to the BON for reconsideration if the licensee's circumstances change.</p>

<p>Section 6. Licensure by Endorsement. An applicant for licensure by endorsement to practice as an RN or LPN/VN shall:</p> <p>a. Submit a completed application and fees as established by the BON.</p> <p>b. Graduate from or verify successful completion and eligibility for graduation from a BON-approved nursing education program or a program that meets criteria comparable to those established by the BON in its rules, which prepares for the level of licensure being sought.</p> <p>c. Hold an unencumbered license as an RN or an LPN/VN.</p> <p>d. Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article X, Section 2, of this Act, the BON has found after investigation that sufficient restitution has been made.</p> <p>e. Pass an examination authorized by the BON.</p> <p>f. Be proficient in English language as set forth in the BON rules.</p> <p>g. Submit verification of licensure status directly from the U.S. jurisdiction of licensure by examination.</p> <p>h. Meet continued competency requirements as stated in Article VI, Section 9(b) and as set forth in BON rules.</p> <p>i. Report any conviction, nolo contendere plea, Alford plea or other plea arrangements in lieu of conviction.</p> <p>j. Meet other criteria established by the BON.</p>	<p>6.6 Application for Licensure by Endorsement as an RN or LPN/VN.</p> <p><i>*** Acceptance and use of the Uniform Core Licensure Requirements (UCLR) would promote mobility of nurses and decrease challenges arising from the variation between BON licensure requirements. Verification of licensure in another jurisdiction, whether electronically or by paper copy, is the key requirement for licensure by endorsement. BONs are challenged to meet the goal of using technology and trust that other BONs have reviewed transcripts and other information in making licensure decisions.</i></p>
	<p>6.6.1 Competence Development</p> <p>a. An applicant for licensure by endorsement in this state shall submit to the BON the required fee for licensure by endorsement as specified in Chapter 14 and a completed application for licensure by endorsement.</p> <p>b. The BON shall verify licensure by examination by the state of original licensure and receive from that BON information regarding graduation or successful program completion from a nursing education program for the level of license sought, date of original licensure and current licensure status in the jurisdiction.</p> <p>c. The BON shall also verify date of the applicant's licensure and licensure status with the state of most recent employment, if different from the state of original licensure.</p> <p><i>Nursys® offers BONs direct access to licensure information for those participating BONs.</i></p>
	<p>6.6.2 Competence Assessment</p> <p>a. Evidence of having passed the licensure examination required by this jurisdiction at the time the applicant was initially licensed in another jurisdiction.</p> <p>b. Evidence of continued competence as defined in 6.9.3 below.</p> <p><i>*** A refresher course may be required if an individual has not maintained active licensure and practice in the last three years.</i></p>

6.6.3 Competence Conduct

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

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

****Please note that a professional license may be that of a nurse or other health professional. Asking about any professional license, not just nursing, allows the BON to evaluate the applicant's entire professional background for previous discipline history that could have implications for the applicant's ability to practice nursing safely.*

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

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

d. The date the applicant previously applied for a license in <NAME OF STATE>, if applicable.

e. Responses to questions related to the applicant's background in the following areas:

1. Pending disciplinary action or investigation regarding any professional license or credential.
2. Any pending criminal charges.
3. Criminal conviction, nolo contendere plea, Alford plea or other plea arrangements in lieu of conviction.
4. Any chemical, physical or mental impairment and/or disability that impacts the nurse's ability to practice nursing safely and a description of accommodations and/or practice limitations needed, if any.
5. Any current substance abuse.

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

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

<p>Section 7. Temporary Permits. The BON may issue time-limited authorization to practice nursing through the granting of temporary permits, as set forth in BON rules.</p>	<p>6.7 Temporary Permits A temporary permit is a time-limited authorization to practice nursing as specified by the type of permit.</p> <p>6.7.1 Types of Temporary Permits The BON may issue, upon request of the applicant, a temporary permit to practice nursing to:</p> <ul style="list-style-type: none"> a. Applicants for licensure by examination; to practice under the direct supervision of an RN. b. Applicants for endorsement; to practice nursing at the applied level of licensure to an individual who submits an application for licensure by endorsement and with verification of current licensure in another jurisdiction. c. Individuals enrolled in refresher courses; to provide direct client nursing care as part of a nursing refresher course. The individual shall have been previously licensed to practice. The refresher course may be for completing continued competence requirements, for seeking reinstatement of license or application for licensure by endorsement. <p><i>*** Rationale: In the previous version of the Model Rules, "postbasic" was a separate type of permit granted to individuals in certain educational situations. However, the term "post basic" may be confusing in light of some of the new educational programs that have evolved since the last edition of the rules, so this type of permit was deleted. See exemptions in Article XIII for a provision to allow practice by graduate students.</i></p>
	<p>6.7.2 Duration Temporary permits may be issued for a time period not to exceed < > months. Permits are non-renewable and are valid from the submission of a proper request until the date of the BON decision on the application.</p>
	<p>6.7.3 Procedure for Issuing Temporary Permits An applicant may request a temporary permit to practice nursing by submitting application to the BON and paying the required fee, as specified in Chapter 14 of these rules.</p> <ul style="list-style-type: none"> a. Upon submission of application for licensure and to sit for the licensing examination, including submission of request for a criminal background check, an applicant for licensure by examination may receive a temporary permit to practice under the direct supervision of an RN. b. Upon submission of application for licensure, including submission of request for criminal background check and receipt of verification of unencumbered license from another jurisdiction, an applicant for licensure by endorsement may receive a temporary permit to practice nursing. c. Upon verification, made on the applicant's behalf that the individual has been enrolled as a nursing refresher student and agreement by the applicant to practice nursing only as part of the nursing refresher course and under the supervision of an RN, an applicant may receive a temporary permit to enroll in nursing refresher course. This permit is only in effect while the holder is enrolled in a refresher course and authorizes the holder to actively practice only in the clinical portion of the refresher course.

<p>Section 8. Renewal of RN and LPN/VN Licenses. RN and LPN/VN licenses issued under this Act shall be renewed every < > years according to a schedule established by the BON.</p> <p>a. An applicant for license renewal shall submit a verified statement that indicates whether the applicant has been convicted of a felony and if convicted of one or more felonies, indicate the date of absolute discharge from the sentences for all felony convictions.</p> <p>b. A renewal license shall be issued to an RN or LPN/VN who remits the required fee and satisfactorily completes any other requirements established by the BON as set forth in rules.</p> <p>c. No license shall be renewed unless the RN or LPN/VN shows evidence of continued competence as specified in BON rule.</p> <p>Failure to renew the license shall result in forfeiture of the right to practice nursing in this jurisdiction.</p>	<p>6.8 Renewal of Licenses</p> <p>The renewal of a license must be accomplished by <date determined by the BON>. Failure to renew the license on or before the date of expiration shall result in the forfeiture of the right to practice nursing in this state.</p> <p>6.8.1 Notification to Renew</p> <p>At least < > days before the expiration date of a license, the BON shall notify the licensee that it is time to renew and inform the licensee of the timelines and options for completing the application.</p> <p><i>***Many BONs are using new ways to provide notice of renewal to nurses, including the use of postcards and the Internet.</i></p>
	<p>6.8.2 Application for Renewal of License as an RN or LPN/VN</p> <p>An applicant for license renewal shall submit to the BON the required fee for license renewal, as specified in Chapter 14, and a completed application for license renewal that provides the following information:</p> <p>a. Evidence of completion of the continued competence requirements specified in 6.9.3 below.</p> <p>b. Responses to questions related to the applicant’s background in the following areas:</p> <ol style="list-style-type: none"> 1. Pending disciplinary action or investigation regarding any professional license or credential. 2. Pending criminal conviction. 3. Criminal conviction, nolo contendere plea, Alford plea or other plea arrangements in lieu of conviction since the last renewal. 4. Any chemical, physical or mental impairment and/or disability that impacts the nurse’s ability to practice nursing safely, and a description of accommodations and/or practice limitations needed, if any. 5. Any current substance abuse. <p>c. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant’s background.</p>

	<p>6.8.3 License Renewal Practice Hours Requirement for RNs and LPN/VNs</p> <p>a. Purpose. The purpose of requiring practice hours for license renewal is to promote currency of practice for licensed nurses.</p> <p>b. Practice hours requirement. Each RN and LPN/VN shall document 960 hours of nursing practice satisfactory to the BON in the three-year period immediately preceding application for license renewal.</p> <p>c. Documentation and audit. Practice hours requirements shall be documented as directed by the BON and are subject to audit at the discretion of the BON.</p> <p><i>***Examples of satisfactory practice hours may include clinical practice, nursing education (both as educator and as student), nursing research and performance of other activities requiring a nursing license. The BON may provide additional guidelines for nurses regarding the practice requirement through policy development. It is the responsibility of the licensee to demonstrate to the BON how activities constitute nursing practice.</i></p>
	<p><i>Requiring practice hours for license renewal is based on National Council of State Boards of Nursing (NCSBN) research, "Evaluating the Efficacy of Continuing Education Mandates" (Smith, 2003) that indicated that the factor that contributed most to professional development was the practice of that profession. Five other health-care professions participated in this research study with the same outcomes. Continuing education, while an important strategy that is used by many nurses regardless of BON mandate, in and of itself has not been demonstrated to assure competence.</i></p> <p><i>At the 2004 Midyear Meeting, the subcommittee received feedback regarding this approach to continued competency that requested that a specific number of practice hours be recommended to promote uniformity and ease of endorsement. The 960 practice hours in three years requirement was added per this recommendation. Having a set number of practice hours is intended to promote consistency among BONs. This number was selected because it approximates the number of hours of service and training required annually of military reservists. Given that reserve training is intended to prepare personnel for ready deployment, it seemed a reasonable and realistic model to use to show practice currency, until specific research is available to assist in setting this figure. In addition, this number is reflective of practice hours currently required in one state that uses practice hours for renewal of licensure.</i></p> <p><i>Life-long learning and professional development have never been more important. There are several ongoing NCSBN initiatives, as well as several state projects that will provide additional data to support the work in this area. Given the continuous development of new technology and the short half-life for knowledge, it is likely that some form of standardized continued competency assessment, which may include testing, would be used by BONs in the future.</i></p>
	<p>6.8.4 Issuance of License</p> <p>The BON shall renew the license of each renewal applicant who complies with the requirements listed in 6.9.2 and 6.9.3.</p>

<p>Section 9. Reinstatement of License. The BON shall reinstate a nursing license as set forth in BON rules.</p>	<p>6.9 Reinstatement of License An individual whose license has lapsed by failure to renew may apply for reinstatement by submitting an application, paying a fee as specified in Chapter 14 of these rules, meeting all practice requirements for renewal of licensure set forth in Chapter 6.9 and satisfying the conditions listed below. At any time after a license has been lapsed or inactive, the BON may require evidence of the licensee's current nursing knowledge and skill before reinstating the licensee to the status of active license.</p>
	<p>6.9.1 Reinstatement Following Disciplinary Action For those licensees applying for reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specific requirements set forth in the BON's discipline order, is required.</p>
<p>Section 10. Duties of Licensees.</p> <p>a. The nurse shall comply with the provisions of this act. The burden of responsibility is on the licensee to know and practice according to the laws and regulations of the state.</p> <p>b. The nurse shall report to the BON those acts or omissions which are violations of the Act or grounds for disciplinary action as set forth in Articles IX and X of this Act.</p> <p>c. The licensee shall, in response to BON inquiries, provide relevant and truthful personal, professional or demographic information requested by the BON to perform its duties in regulating and controlling nursing practice in order to protect the public health, safety and welfare.</p> <p>d. Failure to provide the requested information may result in non-renewal of the license to practice nursing and/or licensure disciplinary action.</p> <p>e. A licensee or an applicant for licensure shall submit to a BON ordered physical or mental evaluation for cause. The BON shall direct the licensee or applicant in writing of the type of evaluation and shall designate a professional to conduct the evaluation.</p> <ol style="list-style-type: none"> 1. The licensee may also designate another professional to conduct an independent medical examination. 2. Refusal or failure of a licensee or applicant to complete such examinations shall constitute an admission of any allegations relating to such condition. 3. All objections shall be waived as to the admissibility of the examining professional's testimony or examination reports on the grounds that they constitute privileged communication. 4. The medical testimony or examinations reports shall not be used against an RN, LPN/VN or APRN in another proceeding and shall be confidential. 5. At reasonable intervals, an RN or LPN/VN shall be afforded the opportunity to demonstrate competence to resume the practice of nursing with reasonable skill and safety to clients. 	<p>6.10 Duties of Licensees ***The specificity of Article VI in the MNPA precludes the need for additional rules at this time. This chapter is a placeholder until and if rules are needed in the future. This column is used for explanatory comments.</p> <p>***BON ordered evaluations of fitness to practice may include physical, mental, chemical dependency or other types of evaluation.</p>

Article VII. Titles and Abbreviations	Chapter 7 – Titles and Abbreviations
<p>Section 1. Titles and Abbreviations for Licensed Nurses.</p> <p>a. Only those persons who hold a license to practice nursing in this state shall have the right to use the following title abbreviations:</p> <ol style="list-style-type: none"> 1. Title: "Registered Nurse" and the abbreviation "RN." 2. Title: "Licensed Practical/Vocational Nurse" and the abbreviation "LPN/VN." <p>b. It shall be unlawful for any person to use the title "nurse," "registered nurse," "licensed practical/vocational nurse," "advanced practice registered nurse," their authorized abbreviations, or any other title that would lead a person to believe the individual is a licensed nurse unless permitted by this Act.</p>	<p>7.1 Titles and Abbreviations for Licensed Nurses</p>
<p>Section 2. Titles and Abbreviations for Temporary Permits. Any person who has been approved as an applicant for licensure and has been granted a temporary permit shall have the right to use the titles < > and abbreviations < > designated by the state.</p>	
Article VIII. Nursing Assistive Personnel	Chapter 8 – Nursing Assistive Personnel
<p>Section 1. Delegation. Delegation is a management technique used by licensed nurses to work with nursing assistive personnel in a variety of healthcare settings:</p> <p>a. The RN may delegate nursing care tasks/functions/activities to nursing assistive personnel, regardless of title, that are appropriate to the level of knowledge and skill of the nursing assistive personnel and are within the range of functions as defined by the BON for the level of nursing assistive personnel.</p> <p>b. The LPN/VN nurse may, in limited settings, delegate nursing care tasks/functions/activities to nursing assistive personnel, regardless of title, that are appropriate to the level of knowledge and skill of the nursing assistive personnel and are within the range of functions as defined by the BON for the level of nursing assistive personnel.</p> <p>***States vary as to whether LPN/VNs are authorized to delegate. Because the review of BON statutes showed that a majority of BONs do allow LPN/VN delegation in specified settings, they are included in this section.</p> <p>c. Those nursing care tasks/functions/activities that may be delegated to nursing assistive personnel are determined by criteria to be put forth in rule.</p> <p>***For the purposes of this Model Nursing Practice Act and Model Nursing Administrative Rules, the following terms may be used interchangeably: medication assistant/medication aide and nursing assistant/nurse aide.</p>	<p>8.1 Criteria for determining nursing tasks/functions/activities that may be delegated:</p> <ol style="list-style-type: none"> a. Knowledge and skills of the nursing assistive personnel. b. Verification of the clinical competence of the nursing assistive personnel by the employing agency. c. Stability of the patient's condition that involves predictability, absence of risk of complication and rate of change. <p>8.1.1 The variables in each service setting include, but are not limited to:</p> <ol style="list-style-type: none"> a. The accessible resources and established policies, procedures, practices and channels of communication that lend support to the type of nursing tasks/functions/activities being delegated to nursing assistive personnel. b. The complexity and frequency of care needed by a given patient population. c. The proximity of patients to staff. d. The number and qualifications of staff. e. The accessibility of the licensed nurse. <p>Nursing tasks/functions/activities that inherently involve ongoing assessment, interpretation or decision-making that cannot be logically separated from the procedure(s) are not to be delegated to nursing assistive personnel.</p>

<p>Section 2. Nursing assistive personnel. Individuals employed within a health care, residential or community support context that includes a component of direct hands-on care and performing delegated nursing care tasks set forth by the BON in administrative rules. Nursing assistive personnel work under the supervision of an RN or, in limited settings, an LPN/VN.</p> <p><i>***States currently vary as to what types of nursing assistive personnel are regulated.</i></p>	<p><i>This section identifies standards for nursing assistive personnel.</i></p> <p>8.2 Purpose of Standards</p> <p>a. To communicate BON expectations and provide guidance for nursing assistive personnel.</p> <p>b. To articulate BON criteria for evaluating nursing assistive personnel actions and behavior when providing nursing care under the supervision of a licensed nurse.</p> <p><i>***Standards promulgated by BONs provide a broad framework and provide notice to nursing assistive personnel, nurses and employers as to BON expectations regarding the use of assistive personnel.</i></p>
<p>Section 3. Nursing Assistive Personnel Registry. Each individual who successfully meets all requirements for certification shall be entitled to be listed on the Nursing Assistive Personnel Registry as a certified nursing assistant (CNA), certified nursing assistant II (CNA-II) or medication assistant-certified (MA-C).</p> <p>a. An applicant whose certificate or listing in another jurisdiction has been disciplined or who has had a criminal conviction may not be eligible for certification.</p> <p>b. Before listing nursing assistive personnel on the Nursing Assistive Personnel Registry, the BON shall investigate and act upon each application for certification.</p> <p>c. The BON shall require the periodic renewal of certifications and updating of listings in the registry on a biennial basis.</p>	<p>8.3 Nursing Assistant Registry</p> <p>a. The BON shall determine policies and procedures for the operation of the registry. Certified nursing assistants (CNA), certified nursing assistants II (CNA-II) and medication assistant-certified (MA-C) shall all be listed on the registry.</p> <p><i>***States may choose to operate three separate registries or include all levels of nursing assistive personnel on one registry. The advantage of having one registry is that tracking of individuals with multiple certificates would be facilitated. However, this may not be possible if different agencies are responsible for managing different categories of nursing assistive personnel.</i></p> <p>b. Duty to Report. Nursing assistive personnel shall report to the BON criminal convictions substantially related to the functions of their work.</p>

<p>Section 4. CNA Range of Functions. Nursing assistive personnel function within a range of tasks and activities that are typically performed by nursing assistive personnel for patients and that are taught in basic CNA education and training as set forth in rule. A licensed nurse may need to limit the range of tasks based on patient needs, situation or available resources and shall supervise all nursing tasks/functions/activities.</p> <p><i>***The delegating/supervising nurse is accountable for decisions made and actions taken in the course of delegation and supervision.</i></p> <p><i>***Employers may choose to limit or restrict, but cannot expand the range of functions articulated by the BON.</i></p>	<p>8.4 Standards for Assistive Personnel</p> <p>The nursing assistant:</p> <ul style="list-style-type: none"> a. Performs nursing tasks and functions within the range of functions authorized in the NPA and rules governing nursing. b. Demonstrates honesty and integrity in performing nursing tasks/functions/activities. c. Bases nursing tasks/functions/activities on education, training and the direction of the supervising nurse. d. Accepts accountability for one’s behavior and actions while assisting the nurse and providing services to patients. e. Performs delegated aspects of patient’s nursing care. f. Assists in observing patients and identifying patient needs. g. Communicates progress toward completing delegated nursing tasks/functions/abilities, as well as any problems or changes in a patient’s status. h. Seeks clarification if unsure of expectations. i. Uses educational and training opportunities as available. j. Takes preventive measures to protect client, others and self. k. Respects client’s rights, concerns, decisions and dignity. l. Functions as a member of the health care team, contributing to the implementation of an integrated health care plan. m. Respects client property and the property of others. n. Protects confidential information unless obligated by law to disclose the information.
<p>Section 5. CNA-II Range of Functions. A CNA with additional education and training as prescribed in rule may perform more complex nursing skills with emphasis on sterile technique, elimination, oxygenation and nutrition that are learned in a CNA-II education and training program and are performed under the direct supervision of a licensed nurse.</p>	

Section 6. MA-C Range of Functions. A CNA or CNA-II with additional education and training as set forth in rule may administer medications as prescribed by an authorized provider within the parameters set forth in rule. A licensed nurse shall supervise the MA-C.

****Any state restrictions regarding the type and route of medications to be administered by a MA-C should be placed here. Other state restrictions may address the licensure level required of supervising nurses.*

8.6 Medication Administration by an MA-C

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

****MA-Cs may work under the supervision of another professional in some limited settings. Most, however, work in facilities where licensed nurses provide supervision.*

- b. An MA-C shall not perform a task involving the administration of medication if:
1. The medication administration requires an assessment of the patient's need for medication, a calculation of the dosage of the medication or the conversion of the dosage.
 2. The supervising nurse is unavailable to monitor the progress of the patient and the effect on the patient of the medication.
 3. The patient is not stable or has changing nursing needs.

c. An MA-C who has any reason to believe that he or she has made an error in the administration of medication shall follow facility policy and procedure to report the possible or known error to the appropriate superior and shall assist in completing any required documentation of the medication error.

****The tracking of medication errors assists in the identification of any system issues that contributed to the error, as well as identifying any need for retraining or remediation of the MA-C.*

- d. Medication administration policies
1. MA-Cs shall report to the supervising nurse:
 - a) Signs or symptoms that appear life threatening.
 - b) Events that appear health threatening.
 - c) Medications that produce no results or undesirable effects as reported by the patient.
 2. A licensed nurse shall supervise MA-Cs.
 3. AN RN shall periodically review the following:
 - a) Authorized provider orders.
 - b) Patient medication records.

Section 7. CNA, CNA-II, MA-C.

- a. The BON shall regulate the preparation and competency assessment of nursing assistive personnel in this state.
- b. The BON shall issue certification to qualified applicants.
- c. The BON shall adopt rules regarding the certification of nursing assistive personnel, including educational, training and other qualifications for certification that will ensure that the nursing assistive personnel are competent to perform safely within the range of functions.
- d. The BON shall conduct state and federal criminal background checks on all applicants.
- e. The BON will adopt an application process in rule.
- f. Upon meeting all requirements and successful completion of the basic CNA education, training and competency assessment prescribed in rule, an applicant shall be certified as a CNA.
- g. Upon meeting all requirements and successful completion of additional education, training and competency assessment prescribed in rule, an applicant shall be certified as an MA-C.
- h. A person may not use the title "certified nursing assistant," "certified nursing assistant- II," "medication-aide certified," or the abbreviations "CNA," "CNA-II," or "MA-C" unless the person has been duly certified under this section.

8.7 CNAs

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

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

- b. Additional education and training for CNAs-II shall include:
1. Role of the CNA-II in providing nursing care as established routines for stable, predictable patients with limited risk of complication and change under the supervision of a licensed nurse.
 2. Oxygen therapy.
 3. Sterile technique.
 4. Wound care.
 5. Suctioning.
 6. Trach care for patient with well established trachs.
 7. Assisting with peripheral IV fluids.

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

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

- c. Additional training for MA-Cs shall include:
1. Role of the MA-C, including medication administration as a delegated nursing function under nursing supervision and the following acts that cannot be delegated to MA-Cs:
 - a) Conversion or calculation of drug dosage.
 - b) Assessment of patient need for or response to medication.
 - c) Nursing judgment regarding the administration of PRN medications.
 2. Rights of individuals.
 3. Legal and ethical issues.
 4. Agency policies and procedures related to medication administration.
 5. Functions involved in the management of medications, including prescription, dispensing, administration and self-administration.
 6. Principles of safe medication storage and disposal of medication.
 7. Reasons for medication administration.
 8. Classes of drugs, their effects, common side effects and interactions.
 9. Reporting of symptoms or side effects.
 10. Techniques to check, evaluate and record vital signs as part of safe medication administration.
 11. The rights of administration, including right person, right drug, right dose, right time, right route and right documentation.
 12. Documentation of medication administration.
 13. Prevention of medication errors.
 14. Incident reporting.
 15. Location of resources and references.
 16. Overview of the state agencies involved in the regulation of medication administration.
 17. Supervised clinical experience in administering medications.

Section 8. Education and Training Program Approval. The BON shall adopt rules governing the approval of education and training programs for CNAs, CNAs-II and MA-Cs.

8.8 CNA Education and Training Programs

- a. A CNA training program shall be conducted in a manner to assure that clients receive safe and competent care.
- b. To be approved by the BON, CNA education and training programs shall provide:
 1. Curriculum and clinical experience as described in rule 8.7a.
 2. Documentation of each student's demonstration of skills by completion of the CNA skills checklist required by rule 8.9.
 3. Competency assessments for the level of program provided.
- c. To be approved by the BON, CNA-II education and training programs shall provide:
 1. Curriculum and clinical experience as described in rule 8.7b.
 2. Documentation of each student's demonstration of skills by completion of the CNA skills checklist required by rule 8.9.
 3. Competency assessments for the level of program provided.
- d. To be approved by the BON, a MA-C education and training programs shall provide:
 1. Curriculum and clinical experience as described in rule 8.7c.
 2. Documentation of each student's demonstration of skills by completion of the CNA skills checklist required by rule 8.9.
 3. Competency assessments for the level of program provided.
- e. All programs shall provide:
 1. Instructors who meet the requirements of 8.8k.
 2. Classroom and clinical facilities that meet the requirements of 8f.
 3. Maintenance of records to verify class completion and competency evaluation.
 4. Maintenance of records that record the disposition of any complaints regarding the training program.
- f. A basic CNA education and training program preparing CNAs shall consist of a minimum of:
 1. 120 hours of hours of classroom instruction that meets the requirement of 8.7a.1.
 2. 80 hours of supervised clinical experience that meets the requirements of rule 8.7a.2.
- g. An education and training program preparing CNAs-II shall consist of a minimum of:
 1. 120 hours of hours of classroom instruction that meets the requirement of 8.7.b.
 2. 80 hours of supervised clinical experience that meets the requirements of 8.7b.
- h. An education and training program preparing MA-Cs shall consist of:
 1. 120 hours of hours of classroom instruction that meets the requirement of 8.7c.
 2. 80 hours of supervised clinical experience that meets the requirements of 8.7c.
- i. Organization and administration. An approved CNA, CNA-II and MA-C and a state approved educational institution, an independent contractor or a health care agency may conduct competency evaluation programs.

- j. Program coordinator. CNA, CNA-II, and MA-C education, training and competency evaluation programs coordinator shall:
1. Hold a current, unencumbered RN license in the state.
 2. Have at least two years of full time experience as an RN in a health care agency or nursing education program.
 3. Have at least two years experience relevant to areas of responsibility.
- k. Program instructors. CNA, CNA-II and MA-C instructors shall:
1. Hold a current, unencumbered RN license in the state.
 2. Have a minimum of two years practice experience in a health care facility.
 3. Have at least one year clinical experience relevant to areas of responsibility.
 4. Provide documented evidence of preparation for teaching adults.
 5. Have completed periodic training updates.
- l. Classroom and clinical facilities.
1. The resources, facilities and services of the education institutions or health care agency shall be available to the CNA, CNA-II, and MA-C training and competency evaluation programs in order to meet the purpose of the program.
 2. The education and training programs shall receive adequate financial support for faculty, other support personnel, equipment, supplies and services.
 3. The agencies and services used for clinical experiences shall be adequate in number and of the kind to meet the education and training program's curricular objectives.
- m. Application for CNA, CNA-II and MA-C education and training programs approval. An applicant seeking to establish a CNA, CNA-II or a MA-C training program must submit at least 90 days before the date the program is expected to begin:
1. A completed application on a form provided by the BON for each type of program, that includes:
 - a) Summary of the rationale, philosophy and purpose of the program.
 - b) Faculty qualifications.
 - c) Program outline, including program title, type of program, objectives, content and teaching methodology.
 - d) A copy of the curriculum and other instructional materials.
 - e) A copy of the CNA skills, CNA-II and/or MA-C checklist to be used to measure student clinical skills.
 - f) Program location.
 - g) A description of the classroom and clinical facilities.
 - h) A schedule of classroom and clinical instruction hours.
 - i) The fee prescribed in Chapter 15 of these rules.

2. Within 90 days of receipt of the application, the BON will advise the applicant whether additional information is needed to complete the application. Once the application is complete, the BON will provisionally approve the program if it meets the requirements of the intended program type. A program that has received provisional approval is authorized to conduct training until the BON's final decision on the application for approval.

3. The BON will conduct a review of the training facilities and personnel of a provisionally approved program during the first education and training offered by that program.

4. If the program is determined to meet all the requirements of 8.8, the program will be granted full approval.

5. The BON will notify the program of any deficiencies.

a) If there are deficiencies, the program will be allowed <time> for correction. The program will notify the BON when the deficiencies have been corrected.

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

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

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

n. Program changes. The BON shall approve changes in an approved CNA I, CNA-II, or MA-C training program. The program provider shall submit a description of the proposed change in curriculum or other substantive change to the BON for review at least 60 days before the program provider plans to implement the changes. The BON will base its approval on whether the proposed change meets the requirements of 8.8.

o. Periodic training program evaluation. To insure compliance with the standards for CNA, CNA-II and MA-C programs:

1. Each program coordinator shall submit a report every year regarding the program's operation and compliance with the BON rules.

2. Each program shall be surveyed by representatives of the BON and evaluated for ongoing approval every two years.

3. If a program is cited by [applicable state agencies] or by the Center for Medicare and Medicaid Services (CMS), a copy of all deficiencies relating to CNAs, CNAs-II and MA-Cs shall be appended to the report.

4. A copy of the survey visit report will be made available to the education and training program.

p. Withdrawal of approval. The BON shall withdraw approval of CNA, CNA-II and MA-C education and training programs when:

1. The BON determines that there is not sufficient evidence that the program is meeting standards.

2. The program does not permit unannounced survey visits or if the education institution or health agency loses state approval or licensure.

3. The BON shall provide due process rights and adhere to the procedures of the State Administrative Procedures Act, providing notice, opportunity for hearing and correction of deficiencies.

4. The BON may consider reinstatement or approval of a training and competency evaluation program upon submission of satisfactory evidence that the program meets the standards for the type of program.

	<p>q. Closing of education and training programs.</p> <ol style="list-style-type: none">1. Voluntary<ol style="list-style-type: none">a) Notification to the BON, in writing, stating the reason and planned date of intended closing.b) Continue program until the committed class schedule for currently enrolled students is completed.c) Notify the BON of final closing date at least 30 days prior to final closing.d) The BON shall be notified regarding custody and retention of records.2. Other closing – If the BON denies or withdraws approval of any type of training and competency evaluation program, the educational institution or health agency shall:<ol style="list-style-type: none">a) Close the program after the graduation of all students currently enrolled.b) Close the program after the transfer of students to approved programs.c) Submit to the BON a list of students transferred to approved program and date of transfer.d) Consider the date on which the last student was transferred the closing date of the program.e) Comply with the requirements of all applicable state and federal rules and notify the state that the requirements have been fulfilled and give date of final closing.
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Section 9. CNA, CNA-II and MA-C Competency Evaluation.
The BON shall set forth in rule criteria for acceptable CNA, CNA-II and MA-C competency evaluations.

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

- a. To be approved by the BON, a CNA competency evaluation shall:
1. Cover the topics addressed in rule 8.8.b.
 2. Administer an examination that is psychometrically sound and legally defensible.
 3. Be based upon an incumbent job analysis conducted periodically.
 4. Include a practical examination demonstrating the applicant's clinical nursing assistant skills.
 5. Be administered by the BON or by a person approved by the BON.
 6. Notify the applicant of the applicant's performance on the competency evaluation.
- b. To be approved by the BON, a CNA-II competency evaluation shall:
1. Meet all the requirements of 8.9.a.1.b-d, 8.9.a.2 and 8.9.a.3.
 2. Cover the topics addressed in rule 8.8.c.
- c. To be approved by the BON, a MA-C competency evaluation shall:
1. Meet all the requirements of 8.9.a.1.b-d, 8.9.a.2 and 8.9.a.3.
 2. Cover the topics addressed in rule 8.8.d.
- d. The BON may contract with a test service for the development and administration of a competency evaluation.
- e. The BON shall determine the minimum passing standard on the competency evaluation.
- f. CNA skills checklist
1. A CNA training program shall maintain a nursing assistant skills checklist that records the performance of each student. The nursing assistant skills checklist shall include:
 - a) Each of the skills listed in 8.7.a.
 - b) The date each skill was practiced or demonstrated.
 - c) The student's satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated.
 - d) The name and signature of the instructor who supervised the student's performance of a skill.
 2. After a student has completed a CNA education and training program, the program provider shall provide a copy of the CNA skills checklist to the student.
- g. CNA-II skills checklist
1. A CNA-II training program shall maintain a CNA-II skills checklist that records the performance of each student. The CNA-II skills checklist shall include:
 - a) Each of the skills listed in 8.7.a and 8.7.b.
 - b) The date each skill was practiced or demonstrated.
 - c) The student's satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated.
 - d) The name and signature of the instructor who supervised the student's performance of a skill.
 2. After a student has completed a CNA-II training program, the program provider shall provide a copy of the nursing assistant skills checklist to the student.

	<p>h. MA-C skills checklist</p> <ol style="list-style-type: none"> 1. A MA-C training program shall maintain a MA-C skills checklist that records the performance of each student. The MA-C skills checklist shall include: <ol style="list-style-type: none"> a) Each of the skills listed in 8.7c. b) The date each skill was practiced or demonstrated. c) The student's satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated. d) The name and signature of the instructor who supervised the student's performance of a skill. 2. After a student has completed a MA-C education and training program, the program provider shall provide a copy of the nursing assistant skills checklist to the student.
<p>Section 10. Certification. The BON shall develop a certification process in rule.</p>	<p>8.10 Application for Certification</p> <ol style="list-style-type: none"> a. An applicant for CNA shall submit to the BON: <ol style="list-style-type: none"> 1. A completed application form. 2. Proof of successful completion of an approved CNA education and training program. 3. Proof of successful completion of a CNA competency evaluation. 4. Applicable fees. 5. Applicant's fingerprint information. <p><i>*** Prepare educational materials for applicants that describe the purpose of fingerprinting, the procedures for screening, places to get fingerprinted and that the applicant is responsible for any costs from local law enforcement, the state agency and the FBI.</i></p> b. An applicant for CNA-II shall submit to the BON: <ol style="list-style-type: none"> 1. A completed application form. 2. Proof of successful completion of an approved CNA-II education and training program. 3. Proof of successful completion of a CNA-II competency evaluation. 4. Applicable fees. 5. Applicant's fingerprint information. c. An applicant for MA-C shall submit to the BON: <ol style="list-style-type: none"> 1. A completed application form. 2. Proof of successful completion of an approved MA-C education and training program. 3. Proof of successful completion of a MA-C competency evaluation. 4. Applicable fees. 5. Applicant's fingerprint information. d. Temporary certification. <ol style="list-style-type: none"> 1. The BON may issue a temporary certification to an applicant who has submitted all other requirements, including state criminal background check, and is waiting for the federal criminal background report. 2. Temporary certification is valid for six months from the date of issuance or until a permanent certification is issued or denied, whichever occurs first.

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

1. Murder
2. Felonious assault
3. Kidnapping
4. Rape
5. Aggravated robbery
6. Sexual crimes involving children
7. Criminal mistreatment of children or vulnerable adults
8. Exploitation of vulnerable individual, e.g., financial exploitation in an entrusted role

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

1. Drug trafficking
2. Embezzlement
3. Theft
4. Arson

The BONs shall evaluate the behavior underlying plea bargains and lesser offenses on a case-by-case basis, considering any mitigating and/or aggravating factors in their decision-making.

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

g. Acceptance of out-of-state certificates

1. The BON may issue a certificate to a nursing assistant who has a current certificate or an equivalent document issued by another state if the BON receives an application pursuant to 8.10a. and determines that the applicant meets the requirements of this rule.
2. The BON shall evaluate felony convictions according to Rule 8.10 e-g.

h. Certification renewal

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

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

- e) Evidence of completion of < > hours of work as a nursing assistant.

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

- f) Upon satisfactory review of the application, the BON will renew the certification and update the Nursing Assistive Personnel Registry.

	<p>2. The CNA-II shall submit to the BON:</p> <ul style="list-style-type: none"> a) A renewal application on a BON form. b) The applicable fee. c) A verified statement that indicates whether the applicant has been convicted of a felony during the period of time since becoming certified or renewing the certification. d) Evidence of completion of < > hours of continued education. e) Evidence of completion of < > hours of work as a nursing assistant. f) Upon satisfactory review of the application, the BON will renew the certification and update the CNA-II Registry. <p>i. The MA-C shall submit to the BON:</p> <ul style="list-style-type: none"> a) A renewal application on a BON form. b) The applicable fee. c) A verified statement that indicates whether the applicant has been convicted of a felony during the period of time since becoming certified or renewing the certification. d) Evidence of completion of <hours> of continued education. e) Evidence of completion of <hours> of work as a nursing assistant. f) Upon satisfactory review of the application, the BON will renew the certification and update the MA-C registry. <p>j. Lapsed certification. A nursing assistant who has not maintained a current certification but wishes to be reinstated:</p> <ul style="list-style-type: none"> 1. If the certification has been lapsed for less than < >, the nursing assistant may apply and meet the requirements of 8.10 e. 2. If the certification has been lapsed for more than < >, the nursing assistant shall be required to repeat training and competency evaluation for the desired level.
<p>Section 11. Disciplinary Procedures.</p> <p>a. Purpose</p> <ul style="list-style-type: none"> 1. To protect the public from unsafe nursing assistants. 2. To assure minimum competence of CNAs, CNAs-II, and MA-Cs. 3. To provide a process to resolve complaints regarding nursing assistants. <p>b. Authority. For any one or a combination of grounds, the BON shall have the authority to:</p> <ul style="list-style-type: none"> 1. File a letter of concern if the BON believes there is insufficient evidence to support direct action against the CNAs, CNAs II and medication assistants-certified. 2. Indicate on the certificate and registry the existence of any substantiated complaints against the certificate holder. 3. Deny certification or recertification, suspend, revoke or accept the voluntary surrender of a certificate if a CNA, CNA-II or MA-C commits an act of unprofessional conduct. 4. Refer criminal violations of this article to the appropriate law enforcement agency. 5. Revoke the certificate or not issue a certificate or recertification to an applicant who has committed serious felonies as set forth in rule. 6. In addition to any other disciplinary action it may take, impose a civil penalty of not more than one thousand dollars per violation. 7. Recover costs of case prosecution. 	

c. Grounds for denial, suspension, revocation of a certificate or license, or other discipline of a nursing assistant include the inability to function with reasonable skill and safety for the following reasons:

1. Substance abuse/dependency.
2. Client abandonment.
3. Client abuse.
4. Fraud or deceit, which may include but is not limited to:
 - a) Filing false credentials.
 - b) Falsely representing facts on an application for initial certification, reinstatement or certificate renewal.
 - c) Giving or receiving assistance in taking the competency evaluation.
5. Client neglect, abuse or abandonment.
6. Boundary violations.
7. Performance of unsafe client care.
8. Performing acts beyond the CNA, CNA-II or MA-C range of functions or beyond those tasks delegated under provision of Article XVIII, section 1 of this Act.
9. Misappropriation or misuse of property.
10. Obtaining money or property of a client or resident by fraud, misrepresentation or duress.
11. Criminal conviction.
12. Failure to conform to the standards of nursing assistant.
13. Putting clients at risk of harm.
14. Violating the privacy or failing to maintain the confidentiality of client or resident information.

d. Disciplinary process. The BON shall comply with the provisions of the <STATE> Administrative Procedures Act for taking disciplinary actions against certificates.

e. Disciplinary records. The BON shall maintain records of disciplinary actions and make available all public findings of abuse, neglect or misappropriation of client property or other disciplinary findings and any statement disputing the finding by the nursing assistant listed on the registry.

f. Disciplinary notification. The BON will notify the [relevant state and federal agencies] of the disciplinary action.

Article IX. Approval of Nursing Education Programs	Chapter 9 – Nursing Education
<p>Section 1. Approval Standards. The BON shall, by administrative rules, set standards for the establishment and outcomes of nursing education programs, including clinical learning experiences, and approve such programs that meet the requirements of the Act and BON rules.</p>	<p>9.1 Purpose of Nursing Education Standards The purpose of nursing education standards is to:</p> <ul style="list-style-type: none"> a. Ensure that graduates of nursing education programs are prepared for safe and effective nursing practice. b. Provide criteria for the development, evaluation and improvement of new and established nursing education programs. c. Assure candidates are educationally prepared for licensure and recognition at the appropriate level.
	<p>9.1.1 Nursing Education Standards All nursing education programs shall meet these standards:</p> <ul style="list-style-type: none"> a. The purpose and outcomes of the nursing program shall be consistent with the NPA and BON-promulgated administrative rules, regulations and other relevant state statutes. b. The purpose and outcomes of the nursing program shall be consistent with generally accepted standards of nursing practice appropriate for graduates of the type of nursing program offered. c. The input of consumers shall be considered in developing and evaluating the purpose and outcomes of the program. d. The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement. e. The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes. f. Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement. g. The nursing program administrator shall be a professionally and academically qualified RN with institutional authority and administrative responsibility for the program. h. Professionally, academically and clinically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement. i. The fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes. j. Program information communicated by the nursing program shall be accurate, complete, consistent and readily available. <p><i>***This includes all methods of educational program delivery.</i></p>

9.1.2 Required Criteria for Nursing Education Programs

The organization and administration of the nursing education program shall be consistent with the law governing the practice of nursing. The nursing education program shall be an integral part of a governing academic institution that is accredited by an accrediting body that is recognized by the U.S. Secretary of Education.

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

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

1. Students' achievement of program outcomes.
2. Evidence of adequate program resources including fiscal, physical, human, clinical and technical learning resources; and the availability of clinical sites and the viability of those sites to meet the objectives of the program.
3. Multiple measures of program outcomes for graduates.

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

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

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

5. The head of the academic institution and the administration support program outcomes.
6. Program administrator and program faculty meet BON qualifications and are sufficient to achieve program outcomes.
7. Evidence that the academic institution assures security of student information.

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

b. Curriculum

1. The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level, scope and standards of nursing practice consistent with the level of licensure. The curriculum shall include:

- a) Content regarding legal and ethical issues, history and trends in nursing and health care, and professional responsibilities.
- b) Experiences that promote the development of clinical judgment, leadership and management skills, and professional socialization consistent with the level of licensure. This includes demonstration of the ability to supervise others and provide leadership of the profession.
- c) Learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.
- d) Coursework including, but not limited to:
 - i. Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice.
 - ii. Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health in clients across the life span and in a variety of clinical settings to include:
 - 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.
 - 3) Providing client-centered, culturally competent care.
 - (a) Respecting client differences, values, preferences and expressed needs.
 - (b) Involving clients in decision-making and care management.
 - (c) Coordinating and managing continuous client care.
 - (d) Promoting healthy lifestyles for clients and populations.
 - 4) Working in interdisciplinary teams to cooperate, collaborate, communicate and integrate client care and health promotion.
 - 5) Participating in quality improvement processes to measure client outcomes, identify hazards and errors, and develop changes in processes of client care.

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

2. Supervised clinical practice shall include development of skill in making clinical judgments, management and care of groups of clients, and delegation to and supervision of other health care providers.

- a) Clinical experience shall be comprised of sufficient hours to meet these standards, shall be supervised by qualified faculty and ensure students' ability to practice at an entry level.
- b) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

**** Crossing state borders for clinical experiences raises questions regarding who approves these clinical sites, the state of the parent academic institution or the state where the clinical opportunity is located. In addition, schools need to determine whether student practice is covered under an exemption in the state where the practice occurs. [Chapter 14 of these rules provides an exemption for "the practice of nursing that is an integral part of a program by nursing students enrolled in BON approved nursing education programs."]*

****BONs of the involved states need to determine who should approve these clinical sites and what the process should be. Consensus on the essential components of nursing education program approval would facilitate the reliance on program approval by another BON. Interstate clinical presents an opportunity for BONs to communicate and collaborate for the benefit of the student and the protection of the public.*

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

c. Students

- 1. Students shall be provided the opportunity to acquire and demonstrate the knowledge, skills and abilities for safe and effective nursing practice, in theory and clinical experience with faculty oversight.
- 2. All policies relevant to applicants and students shall be available in writing.
- 3. Students shall be required to meet the health standards and criminal background checks as required in the state.
- 4. Students shall receive faculty instruction, advisement and oversight.
- 5. Students shall be held accountable for the integrity of their work.

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

- d. Administrator qualifications
1. Administrator qualifications in a program preparing for LPN/VN licensure shall include:
 - a) A current, active, unencumbered RN license or privilege to practice and meet requirements in the state where the program is approved and/or accredited.
 - b) A minimum of a baccalaureate degree in nursing and masters in nursing or related field, or a nursing doctorate.
 - c) Educational preparation and at least < > years experience in teaching and learning principles for adult education, including curriculum development and administration, and at least two years of clinical experience.
 - d) A current knowledge of nursing practice at the practical/vocational level.
 2. Administrator qualifications in a program preparing for RN licensure shall include:
 - a) A current, active, unencumbered RN license or privilege to practice and meet requirements in the state where the program is approved and/or accredited.
 - b) A doctoral degree in nursing; or a master's degree in nursing and a doctoral degree in a related field.
 - c) Educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration, and at least two years of clinical experience.
 - d) A current knowledge of registered nursing practice.
- e. Faculty
1. There shall be sufficient number of qualified faculty to meet the objectives and purposes of the nursing education program.
 2. The nursing faculty shall hold a current, active, unencumbered RN license or privilege to practice and meet requirements in the state where the program is approved and/or accredited.
 3. Clinical faculty shall hold a license or privilege to practice and meet requirements in the state of the student's clinical site.
 4. Qualifications for nursing faculty who teach in a program leading to licensure as an LPN/VN:
 - a) Have a minimum of a master's degree with a major in nursing.
 - b) Have < > years of clinical experience.
 - c) Have graduate preparation in the science of nursing, including clinical practice, and graduate preparation in teaching and learning, including curriculum development and implementation.
 - d) Have current knowledge of LPN/VN nursing practice.

****It is preferable that the nursing faculty members have a master's degree with major in nursing or a nursing doctorate degree.*

	<p>5. Qualifications for nursing faculty who teach in a program leading to licensure as an RN:</p> <ul style="list-style-type: none"> a) Have a minimum of a master’s degree with a major in nursing or a nursing doctorate degree. b) Have < > years of clinical experience. c) Have graduate preparation in the science of nursing, including clinical practice, and graduate preparation in teaching and learning, including curriculum development and implementation. d) Have current knowledge of RN nursing practice. <p><i>***It is preferable that the nursing faculty hold an earned doctorate related to nursing education and/or the specific content area that the individual teaches.</i></p> <p>6. Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.</p> <p>7. Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content.</p> <p><i>***The purpose of adjunct clinical faculty and interdisciplinary faculty is to supplement and complement the nursing faculty, not to substitute for nursing faculty. A team approach, having adjunct faculty work closely with the nursing faculty, will facilitate the clinical application of the specialized content in nursing practice (e.g., issues and trends, nursing law and ethics, pharmacology, nutrition, research, management and statistics).</i></p> <p>8. Preceptors. Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences. Clinical preceptors should be licensed as a nurse at or above the level for which the student is preparing.</p>
	<p>9.1.3 Models for Determining Compliance with Standards</p> <p>The evaluation model for achievement of these standards is determined by each individual jurisdiction and may be met by state approval and/or through accreditation by a recognized national, regional or state accreditation body.</p> <p><i>***Member Boards vary in the approach used to implement standards. Many BONs are involved in program approval, including school surveys. Some deem the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC) accreditation as meeting state approval requirements. Others perform initial approval and then make joint visits with the accrediting bodies and/or use the accrediting organization reports to inform their decision-making.</i></p>

	<p>9.1.4 Purposes of Nursing Education Program Approval</p> <ul style="list-style-type: none"> a. To promote the safe practice of nursing by implementing standards for individuals seeking licensure as RNs and LPN/VNs. b. To grant legal recognition to nursing education programs that the BON determines have met the standards. c. To assure graduates that they meet the educational and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other states and countries. d. To assure continuous evaluation and improvement of nursing education programs. e. To provide the public and prospective students with a list of nursing programs that meets the standards established by the BON.
<p>a. Establishment of a new nursing education program. The BON shall set requirements for the establishment of a new nursing education program.</p>	<p>9.1.5 Establishment of a New Nursing Education Program</p> <p>Before establishing a new nursing education program, the program shall complete the process outlined below:</p> <ul style="list-style-type: none"> a. Phase I – Application to BON. The proposed program shall provide the following information to the BON: <ul style="list-style-type: none"> 1. Results of a needs assessment, including identification of potential students and employment opportunities for program graduates. 2. Identification of sufficient financial and other resources. 3. Governing institution approval and support. 4. Community support. 5. Type of educational program proposed. 6. Clinical opportunities and availability of resources. 7. Availability of qualified faculty. 8. A pool of available students. 9. A proposed time line for initiating and expanding the program. b. Phase II – Approval for Admission of Students. The proposed program shall verify to the BON that the following program components and processes have been completed: <ul style="list-style-type: none"> 1. Employment of a director and faculty to develop program. 2. Overview of total curriculum: <ul style="list-style-type: none"> a) Content b) Schedule (course sequence) c) Course descriptions d) Contracts for clinical sites e) Program evaluation plan f) BON consultation g) Course syllabi for first year with identified timeline for submission of syllabi for next years. 3. Establishment of student policies for admission, progression, retention and graduation

	<p>When the BON determines that all components and processes are completed and in place, the BON shall authorize the program to admit students.</p> <p>c. Phase III – Approval. The BON shall approve the program upon:</p> <ol style="list-style-type: none"> 1. Graduation of first class. 2. Completion of BON program survey visit concurrent with graduation of first class or eligibility for NCLEX, or with established eligibility for a national certification in an APRN role and specialty. 3. Submission of program’s ongoing evaluation plan and data. 4. Satisfactory completion of survey report that verifies that the program is in compliance with the BON’s Nursing Education Standards in 9.1.1. 5. The BON may request periodic reports from the new program regarding initial program operations before granting approval.
<p>b. Continuing approval of nursing programs. The BON shall periodically review educational nursing programs and require such programs to submit evidence of compliance with standards and administrative rules. If, upon review of evidence, the BON determines that the program(s) meets the established standards, it shall grant continuing approval. The BON will publish a list of approved programs.</p>	<p>9.1.6 Continuing Approval of Nursing Education Programs</p> <p>a. Every < > years, or at the BON’s discretion, previously approved nursing education programs will be evaluated for continuing approval. The BON shall monitor and analyze various sources of information regarding program performance, including, but not limited to:</p> <ol style="list-style-type: none"> 1. Periodic survey visits and/or reports. 2. Accreditation visits and reports. 3. Results of ongoing program evaluations. 4. Other sources of information regarding achievement of program outcomes: <ol style="list-style-type: none"> a) Student retention and attrition. b) Faculty turnover. c) Complaints regarding program. d) Trend data regarding NCLEX performance. e) Trend data regarding success in obtaining national certification for APRN roles and specialties. <p>b. Continuing approval will be granted upon the BON’s verification that the program is in compliance with the BON’s Nursing Education Standards in 9.1.1.</p>

<p>c. Denial or withdrawal of approval. The BON may deny or withdraw approval or take such action as deemed necessary when nursing education programs fail to meet the standards established by the BON, provided that all such actions shall be in accordance with this state's Administrative Procedures Act and/or the Administrative Rules of the BON.</p>	<p>9.1.7 Denial or Withdrawal of Approval</p> <p>a. The BON may deny initial approval if it determines that a new nursing education program will be unable to meet the standards for nursing education.</p> <p>b. The BON may withdraw approval if it determines that:</p> <ol style="list-style-type: none"> 1. A nursing education program fails substantially to meet the standards for nursing education. 2. A nursing education program fails to correct the identified deficiencies within the time specified. <p>9.1.8 Conditional Approval of Nursing Education Programs</p> <p>a. If the BON determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the governing academic institution shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.</p> <p>b. The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.</p> <p>9.1.9 Appeal. A program denied approval or given less than full approval may appeal that decision within a < > month period. All such actions shall be in accordance with due process rights and the <NAME OF STATE> Administrative Procedures Act and/or BON rules.</p>
<p>d. Reinstatement of approval. The BON shall reinstate approval of a nursing education program upon submission of satisfactory evidence that its program meets the standards established by the BON.</p>	<p>9.1.10 Reinstatement of Approval</p> <p>The BON may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.</p>
<p>Section 2. Provision for innovative approaches in nursing education programs. The Board shall, by administrative rule, identify the process for implementing innovative approaches in nursing education programs.</p>	<p>9.2 Innovative approaches in nursing education programs</p> <p>A nursing education program may apply to implement an innovative approach by complying with the provisions of this section. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently, and ethically within the scope of practice as defined in <jurisdiction's> statutes.</p> <p>9.2.1 Purposes</p> <p>a. To foster innovative models of nursing education to address the changing needs in health care.</p> <p>b. To assure that innovative approaches are conducted in a manner consistent with the Board's role of protecting the public.</p> <p>c. To assure that innovative approaches conform to the quality outcome standards and core education criteria established by the Board.</p> <p>9.2.2 Eligibility</p> <p>a. The nursing education program shall hold full Board approval without conditions.</p> <p>b. There are no substantiated complaints in the past 2 years.</p> <p>c. There are no rule violations in the past 2 years.</p>

9.2.3. Application

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

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

9.2.4. Standards for approval

- a. Eligibility criteria in 9.2.2. and application criteria in 9.2.3. are met.
- b. The innovative approach will not compromise the quality of education or safe practice of students.
- c. Resources are sufficient to support the innovative approach.
- d. Rationale with available evidence supports the implementation of the innovative approach.
- e. Implementation plan is reasonable to achieve the desired outcomes of the innovative approach.
- f. Timeline provides for a sufficient period to implement and evaluate the innovative approach.
- g. Plan for periodic evaluation is comprehensive and supported by appropriate methodology.

9.2.5. Review of application and board action

- a. Annually the Board may establish the number of innovative approach applications it will accept, based on available Board resources.
- b. The Board shall evaluate all applications to determine if they meet the eligibility criteria in 9.2.2 and the standards established in section 9.2.4.
- c. The Board shall inform the education program of the approval process timeline within <> days of the receipt of the application.
- d. If the application meets the standards, the Board may:
 1. Approve the application, or
 2. Approve the application with modifications as agreed between the Board and the nursing education program.
- e. If the submitted application does not meet the criteria in 9.2.2 and 9.2.4., the Board may deny approval or request additional information.
- f. The Board may rescind the approval or require the program to make modifications if:
 1. The Board receives substantiated evidence indicating adverse impact.
 2. The nursing program fails to implement the innovative approach as presented and approved.

9.2.6. Periodic Evaluation

- a. The education program shall submit progress reports conforming to the evaluation plan annually or as requested by the Board.
- b. The final evaluation report shall conform to the evaluation plan, detailing and analyzing the outcomes data.
- c. If any report indicates that students were adversely impacted by the innovation, the nursing program shall provide documentation of corrective measures and their effectiveness.
- d. Nursing education program maintains eligibility criteria in 9.2.2.

9.2.7. Requesting continuation of the innovative approach

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

<p>Section 3. Closure of Nursing Education Programs. The Board shall, by administrative rules, identify the process for nursing education programs that cease operation.</p>	<p>9.3 Closure of Nursing Education Program and Storage of Records A nursing education program may close voluntarily or may be closed due to withdrawal of BON approval. Provision shall be made for:</p> <ul style="list-style-type: none"> a. Maintenance of the standards for nursing education during the transition to closure. b. Placement for students who have not completed the program. c. Arrangements for the secure storage and access to academic records and transcripts.
<p>Article X. Violations and Penalties</p> <p><i>***This chapter describes the remedies available to the BON when there is a violation of the NPA or Nursing Administrative Rules (NAR) by a person who is not a licensee or a candidate for licensure, thus not directly subject to the jurisdiction of the BON.</i></p>	<p>Chapter 10 – Violations and Penalties</p> <p><i>***The specificity of Article IX in the MNPA precludes the need for rules at this time. The chapter title is a placeholder until and if rules are needed in the future.</i></p>
<p>Section 1. Violations.</p> <ul style="list-style-type: none"> a. Failure of an employer of a licensed nurse or any person acting as an agent for the nurse in obtaining employment to verify the current status of the licensee’s authorization to practice nursing in this jurisdiction. As used in this section, the term “agent” includes, but is not limited to, nurse recruiters and nurse registries. b. No person shall: <ul style="list-style-type: none"> 1. Engage in the practice of nursing as defined in the Act without a valid, current license, except as otherwise permitted under this Act. 2. Practice nursing under cover of any diploma, license, or record that was illegally or fraudulently obtained, or that was signed or issued unlawfully or under fraudulent representation. 3. Practice nursing during the time a license is suspended, revoked, surrendered, inactive or lapsed. 4. Use any words, abbreviations, figures, letters, title, sign, card or device tending to imply that he or she is an RN, LPN/VN or APRN, unless such person is duly licensed to practice under the provisions of this Act. 5. Fraudulently obtain or furnish a license by or for money or any other thing of value. 6. Knowingly employ unlicensed persons in the practice of nursing. 7. Fail to report information relating to violations of this Act. 8. Conduct a program for the preparation for licensure under this chapter, unless the BON has approved the program. 9. Conduct courses or provide consultation that conflicts with the scope and standards of practice set forth in this Act and in rule. 10. Otherwise violate, aid or abet another person to violate any provision of this Act. 11. Engage in irregular behavior in connection with the licensure examination, including, but not limited to, the giving or receiving of aid in the examination or the unauthorized possession, reproduction, or disclosure of examination questions or answers. 	
<p>Section 2. Penalties. Violation of any provision of this article shall constitute a misdemeanor.</p> <p><i>***A state’s practice act may specify that all violations of the listed provisions are misdemeanors or may choose to specify which violation would constitute a misdemeanor.</i></p>	

<p>Section 3. Criminal Prosecution. Nothing in this Act shall be construed as a bar to criminal prosecution for violation of the provisions of this Act.</p>	
<p>Section 4. Civil Penalties. The BON may, in addition to any other sanctions herein provided, impose on any person violating a provision of this Act or Administrative Rules a civil penalty not to exceed <\$> for each count or separate offense.</p>	
<p>Article XI. Discipline and Proceedings</p>	<p>Chapter 11 – Discipline and Proceedings</p>
<p><i>***This chapter provides remedies for the BON to address violations of the NPA or NAR by licensees or applicants for licensure. The Model Act includes a very detailed list of discipline grounds. The subcommittee that worked on this revision identified two approaches to discipline grounds in the NPA:</i></p> <p><u>APPROACH ONE – BROAD GROUNDS CATEGORIES IN NPA</u> Details would be promulgated in rules/regulations.</p> <p><u>APPROACH TWO – DETAILED GROUNDS IN NPA</u> The detailed language is included as part of the NPA, precluding the need for additional rules.</p> <p><i>***There are advantages to both approaches. Having broad ground category with detail in rules/regulations provides more flexibility for the BON to add to the rules as needed. Having the detail in the Act provides clear notice to nurses as to the types of conduct that the BON sees as problematic.</i></p> <p><i>***This document presents the grounds in a format that will meet both needs; BONs using the broad category approach can use the heading language for each group of grounds in their act, the details in their rules. The BONs using the detailed grounds can use all or selected parts of the detailed language in their law.</i></p>	

<p>Section 1. Authority. For any one or combination of the grounds set forth below, the BON shall have the power to:</p> <ul style="list-style-type: none"> a. Refuse to issue or renew a license. b. Limit/restrict a license. c. Suspend a license. d. Revoke a license. e. Place a license on probation or place conditions on a license. f. Reprimand or otherwise discipline a licensee. g. Impose a civil penalty not exceeding \$10,000 for each separate violation. h. Impose fines of up to (\$). i. Take any other action justified by the facts in the case. j. Recover the costs of the proceedings resulting in revocation, suspension or limitation/restrictions of a nursing license. The cost of proceedings shall include, but is not limited to: the cost paid by the BON to the office of administrative hearings and the office of the attorney general or other BON counsel for legal and investigative services; the costs of a court reporter and witnesses; reproduction of records; BON staff time, travel and expenses; and BON members' per diem reimbursements, travel costs and expenses. <p><i>***States will vary as to how they obtain investigative, legal and administrative proceedings services, and the language of this section would need to be congruent with the state's administrative process and procedures.</i></p> <p><i>***The rationale for the option of large civil penalties is to deprive the nurse of any economic advantage gained by reason of the violation charged, to reimburse the BON for the cost of counsel, investigation and proceeding, and to discourage repeated violations. The "other action" provision gives to the BON flexibility to be creative with remedy provisions.</i></p>	<p><i>***There is variation in the use of the language among BONs to describe the disciplinary process. For example, some BONs are specifically authorized to limit (or restrict) a license as a discipline action while other BONs may incorporate a limitation as an element of probation (or conditional license).</i></p>
<p>Section 2. Grounds for Discipline. The BON may discipline a licensee or applicant for any one or a combination of the following grounds:</p> <ul style="list-style-type: none"> a. Failing to meet requirements: failure to demonstrate the qualifications or satisfy the requirements for licensure contained in Article VI. b. Licensing examination violations: conduct that violates the security of the examination, including, but not limited to: <ul style="list-style-type: none"> 1. Copying, disseminating or receiving of any portion of an examination. 2. Having unauthorized possession of any portion of a future, current or previously administered examination. 3. Violating the standard of test administration. 4. Permitting an impersonator to take the examination on one's behalf or impersonating an examinee. 	<p><i>*** A person applying for a license has the burden of proof to demonstrate the qualifications or satisfaction of the requirements.</i></p> <p><i>***Other examples of examination violations include:</i></p> <ol style="list-style-type: none"> 1. Communicating with another examinee during the examination. 2. Possessing unauthorized materials during the examination.

<p>c. Criminal convictions: convictions by a court, or entry of an Alford plea or a nolo contendere plea to a crime in any jurisdiction that relates adversely to the practice of nursing or to the ability to practice nursing.</p>	<p>***While some states require a specific relationship between the crime and nursing practice, this broader ground provides the opportunity for BONs to review a variety of crimes that, while not directly related to nursing practice, could be relevant to an individual's ability to practice nursing, including information related to judgment and character issues.</p>
<p>d. Fraud and/or deceit: employing fraud or deceit in procuring or attempting to procure a license to practice nursing; in filing any reports or completing client records; in representation of self to BON or public; in authenticating any report or records in the nurse's capacity as an RN, LPN/VN or APRN; or in submitting any information or record to the BON.</p>	<p>***Previous models have focused on fraud in procurement of a nursing license. This broadened language reflects other situations where a nurse's misrepresentation or use of fraud could impact nursing practice. This ground reflects situations observed in other professions and modern society.</p>
<p>e. Unethical conduct: including, but not limited to: conduct likely to deceive, defraud or harm the public; or demonstrating a willful or careless disregard for the health or safety of a client. Actual injury need not be established.</p>	<p>***Unethical conduct may include behavior that demeans the nursing profession at large. Examples of unethical nursing conduct include lying to a client and/or insurer about whether a service was provided, or failing to report an error to avoid difficulty for the nurse.</p>
<p>f. Action in another jurisdiction: a nurse's license to practice nursing, a multi-state practice privilege, or another professional license or other credential has been denied, revoked, suspended, restricted or otherwise disciplined in this or any other state.</p>	
<p>g. Unsafe practice/unprofessional practice: actions or conduct including, but not limited to:</p> <ol style="list-style-type: none"> 1. Failure or inability to perform registered nursing, practical/vocational nursing or advanced practice nursing as defined in Article II of this Act and rule, with reasonable skill and safety. 2. Unprofessional conduct, including but not limited to: <ol style="list-style-type: none"> a) A departure from or failure to conform to nursing standards. b) Improper management of client records. c) Delegating or accepting the delegation of a nursing function or a prescribed health function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective client care. d) Failure to supervise the performance of acts by any individual working at the nurse's delegation or assignment. e) Failure of a clinical nursing instructor to supervise student experiences. 3. Failure of a chief administrative nurse to follow appropriate and recognized standards and guidelines in providing oversight of the nursing organization and nursing services of a health care delivery system. 4. Failure to practice within a modified scope of practice or with the required accommodations, as specified by the BON, in granting a modified license as defined in Article VI, Section 5, or any stipulated agreement with the BON. 5. Conduct or any nursing practice that may create unnecessary danger to a client's life, health or safety. Actual injury to a client need not be established. 6. Demonstration of actual or potential inability to practice nursing with reasonable skill and safety to clients by reason of illness, use of alcohol, drugs, chemicals, or any other material or as a result of any mental or physical conditions. 	<p>***Standards promulgated by BONs provide a broad framework for nursing practice and provide notice to nurses as to BON expectations regarding practice. Violations of such standards may result in unsafe or unprofessional practice.</p> <p>***Appropriate oversight includes causing validation of a nurse's licensure status on initial hire and periodically throughout employment.</p>

<p>h. Misconduct: actions or conduct that include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Falsifying reports, client documentation, agency records or other essential health documents. 2. Failure to cooperate with a lawful investigation conducted by the BON. 3. Failure to maintain professional boundaries with clients and/or client family members. 4. Use of excessive force upon or mistreatment or abuse of any client. 5. Engaging in sexual conduct with a client, touching a client in a sexual manner, requesting or offering sexual favors, or language or behavior suggestive of the same. 6. Threatening or violent behavior in the workplace. <p>i. Drug diversion: diversion or attempts to divert drugs or controlled substances.</p> <p>j. Failure to comply with alternative program requirements: failure of a participant of an alternative (to discipline) program to comply with terms of his/her alternative program agreement.</p> <p>k. Other drug related: actions or conduct that include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Use of any controlled substance, drug, device, or alcoholic beverage to an extent or in a manner dangerous or injurious to himself/herself, any other person or the public, or to the extent that such use may impair his/her ability to practice safely. 2. Falsification of or making incorrect, inconsistent or unintelligible entries in any agency, client or other record pertaining to drugs or controlled substances. 3. A positive drug screen of a drug for which the individual has no lawful prescription. <p>l. Unlawful practice: actions or conduct that include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Knowingly aiding, assisting, advising or allowing an unlicensed person to engage in the unlawful practice of registered or practical nursing. 2. Violating a rule adopted by the BON, an order of the BON, a state or federal law relating to the practice of registered or practical nursing, or a state or federal narcotics or controlled substance law. 3. Practicing beyond the scope of practice as stated in this Act. 4. Failing to report violations of this Act as required in Article XI, Sections 1 and 2. 	<p><i>***Misconduct addresses situations when the client is harmed or placed at risk of harm by the conduct of the nurse, including deliberate acts. It may be useful for BONs using broad grounds categories in the NPA to promulgate rules with the more detailed descriptions and examples.</i></p> <p><i>***Abuse includes all types of verbal and psychological abuse, in addition to physical abuse.</i></p> <p><i>***"Excessive force" means force clearly greater than what would normally be applied in similar clinical situations.</i></p> <p><i>***This section of the Act provides a specific ground for failure to comply with terms of the program agreement with the Alternatives to Discipline Program. This ground addresses the challenge to investigate if a nurse who has been in a program for some time were to relapse and is referred to the BON for possible disciplinary action.</i></p> <p><i>***Drug screening may be conducted as a condition of employment.</i></p> <p><i>***This section of the Act makes not completing or otherwise complying with a BON order a ground for discipline in itself. BON orders are interpreted to include settlement agreements.</i></p> <p><i>***This ground also addresses failure to comply with other laws and rules/regulations.</i></p>
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<p>Section 3. Procedure. The BON shall establish a disciplinary process based on the Administrative Procedure Act of the State of <NAME OF STATE>.</p> <p><i>***The BON disciplinary process assures due process to any nurse who is the subject of a complaint and investigation. The statutory language for due process requirements is set forth in the state's Administrative Procedures Act.</i></p>	<p>11.3 Disciplinary Process</p> <p>11.3.1 Complaint Investigation The BON shall investigate alleged acts or omissions that the BON reasonably believes violate the NPA or Nursing Administrative Rules.</p> <p>11.3.2 Complaint Resolution</p> <p>a. Complaints may be settled through informal negotiations with the subject nurse and/or subject nurse's attorney.</p> <p>b. Negotiated settlements shall be reviewed to determine whether any proposed remedy is appropriate for the facts as admitted or stipulated.</p> <p>c. If a complaint cannot be resolved through informal negotiations, the case may be referred for formal administrative hearings.</p> <p>d. The BON shall review the evidence and record produced at the administrative hearings along with the recommendations of the administrative law judge to determine whether the burden of proof has been met with regards to any violation. The BON is responsible for making complaint resolution decisions.</p>
<p>Section 4. Immunity. Anyone, including board staff or member, who in good faith reports to the BON information relating to alleged incidents of negligence, malpractice, failure to meet qualifications for licensure, or fitness or character issues of a licensee or an applicant for licensure shall not be subject to a civil action for damages as a result of reporting such information. The immunity provided by this section shall extend to the members of any professional review committee and witnesses appearing before the committee authorized by the BON to act pursuant to this section.</p>	
<p>Section 5. Notification. The BON shall communicate disciplinary actions taken as set forth in rule and may report to other entities.</p>	<p>11.5 Notification The BON shall provide information as required by federal law to federal databanks, to the NCSBN centralized licensing and discipline databank (Nursys) and may develop procedures for communicating with others in BON policy.</p>

<p>Section 6. Alternative to Discipline Monitoring Program. The BON shall establish through rules an alternative program to discipline for nurses with chemical dependency.</p>	<p>11.6 Alternative to Discipline Monitoring Program</p> <p>11.6.1 Purpose. Alternative to Discipline Monitoring Programs promote public health and safety by facilitating early intervention and entry into a non-punitive and non-public process for monitoring participants' recovery from substance abuse, as well as their ability to provide safe nursing care.</p> <p>11.6.2 Objectives</p> <ul style="list-style-type: none"> a. To promote early identification and close monitoring of nurses who are impaired due to substance abuse. b. To decrease the time between the nurse's acknowledgement of a substance abuse problem and the time she/he enters a treatment and recovery program. c. To assure that recovering nurses are compliant with treatment, recovery and work plans. d. To provide monitoring when the nurse returns to nursing practice to assure the safety of the public while the nurse progresses in recovery. e. To provide education to nurses, nursing schools and nursing employers regarding the disease of chemical dependency, the implications for nursing practice and to promote nurse self-reporting, as well as earlier identification and treatment.
	<p>11.6.3 Program Structure</p> <ul style="list-style-type: none"> a. A qualified administrator with education and expertise regarding the identification of substance abusers, treatment options and recovery maintenance shall direct the program. b. The program shall meet specific reporting criteria and timelines established by the BON. c. The program shall make aggregate data regarding operations and outcomes available to the BON and interested others.

	<p>11.6.4 Criteria for Entry</p> <p>a. The program shall develop admission criteria for review and approval by the BON.</p> <p>b. Admission to the alternative program may be denied for any of the following conditions, including, but not limited to:</p> <ol style="list-style-type: none"> 1. The nurse is not eligible for licensure in the jurisdiction. 2. The nurse has a history of prior licensure disciplinary action. 3. The nurse has pending criminal action or past criminal conviction. 4. The nurse denies substance abuse or addiction. 5. The nurse has diverted controlled substances for sale or for other than self use. 6. The nurse's participation in the program is determined to pose significant risk for the health care consumer as determined by alternative program staff, a consulting board member, the treatment provider or the nurse. 7. The nurse's practice has caused client harm. <p><i>***Note that the verb in the stem of this provision is may. This section provides discretion for program staff to allow individuals into the program with one or more of these conditions.</i></p> <p><i>***An example of significant client risk would be a situation where there is information available indicating that incidents have occurred where the nurse caused harm, abuse or neglect to clients. In such cases, a disciplinary outcome for the nurse is needed.</i></p>
	<p>11.6.5 Terms and Conditions for Alternative Program Participation</p> <p>a. Each nurse entering the alternative program is responsible for meeting the requirements of the alternative program.</p> <p>b. Each nurse entering the alternative program shall agree to inform any and all employers of participation in the program.</p> <p>c. Alternative Program Agreements define the monitoring requirements, expected reports and information to be provided to the program.</p> <ol style="list-style-type: none"> 1. Standard provisions shall be developed and submitted to the BON to approve use for all participants. 2. Agreements may be individualized to meet specific nurse needs. <p>d. Agreements and supporting data shall be reviewed on a regular basis.</p>
	<p>11.6.6 Successful Program Completion</p> <p>A participant successfully completes the program when the participant complies with all terms and conditions of the program as specified in this chapter and the participant's agreement.</p>

	<p>11.6.7 Causes for Termination from Program</p> <p>Participation from the alternative program may be terminated for any of the following reasons:</p> <ul style="list-style-type: none"> a. The participant fails to comply with any of the terms and conditions of the program specified in this chapter. b. The participant fails to comply with any provision of the participant's agreement. c. The participant is unable to practice according to acceptable and prevailing standards of safe care. d. The program receives information that indicates that the participant may have committed additional violations of the grounds for disciplinary action or the provisions of this chapter. e. The participant receives a felony conviction.
<p>Section 7. Practice Remediation Program (PRP).</p> <p>The BON shall establish through rules a practice remediation program to offer an alternative to discipline opportunity to correct nursing practice deficiencies.</p>	<p>11.7 Practice Remediation Program</p> <p><i>***The Practice Remediation Program (PRP) offers an alternative to discipline opportunity for nurses with demonstrated practice deficiencies to correct those deficiencies. The program serves nurses who work in employment settings where there are no adequate mechanisms in place to take corrective action, monitor effectiveness of remediation, and monitor the nurses' behavior and practice. The program is also available to nurses who request assistance from the BON as an alternative to working with an employer (see minor incident rule, Chapter 12, section 12.3.1).</i></p> <p>11.7.1 Purpose. To offer an alternative to discipline for nurses with practice deficiencies.</p> <p>11.7.2 Objectives</p> <ul style="list-style-type: none"> a. To promote early identification of practice deficiencies. b. To assess the practice deficiencies in relation to the nurse, the practice context and public safety. c. To provide remediation plans for correcting practice deficiencies. d. To monitor the progress of nurses toward meeting remediation goals.
	<p>11.7.3 Program Structure</p> <ul style="list-style-type: none"> a. The program shall be directed by a qualified administrator with adult education and teaching expertise. b. The program shall develop criteria for selection, performance and evaluation of educational providers who participate in the PRP. c. The program shall report to the BON regarding the utilization of the program and meet specific reporting criteria established by the BON. d. The program shall make aggregate data regarding operations and outcomes available to the BON and interested others.

	<p>11.7.4 Identification of Practice Deficiencies</p> <p>a. Reports that a nurse may have practice deficiencies may be referred to the PRP for review.</p> <p>b. Criteria to determine if a licensee's identified practice deficiency can be corrected through participation in the PRP rather than through formal disciplinary action include, but are not limited to:</p> <ol style="list-style-type: none"> 1. The licensee's eligibility to participate in the PRP in accordance with Article X, Section 1(b). 2. The licensee's willingness to participate in the PRP. 3. Whether the reported practice deficiency: <ol style="list-style-type: none"> a) Represented an intentional or willful commission or omission by the licensee. b) Represented a single incident or a pattern of behavior by the licensee and, if a pattern of behavior, the frequency of the occurrence. c) Involved a vulnerable client. 4. The impact of the practice deficiency on patient care and outcomes. 5. The likelihood of correcting the practice deficiency through remediation. 6. Whether remediation and monitoring of the nurse's practice will provide reasonable assurance that the public will be adequately protected from unsafe practice if the licensee enters the PRP.
	<p>11.7.5 Eligibility Requirements for Participation in the PRP</p> <p>A licensee may participate in the PRP if:</p> <ol style="list-style-type: none"> a. The licensee is currently licensed to practice nursing in the state and is eligible to renew the license. b. The licensee has not been the subject of formal disciplinary action by any regulatory BON or entity located in this state or in another jurisdiction, unless the BON determines that the previous disciplinary action was for a violation that would not preclude participation in the PRP. c. The nurse has no pending criminal conviction. d. The review of the criteria in 11.7.4 determines that the licensee's identified practice deficiency is appropriate to correct through remediation and would not pose a significant risk for the health care consumer, as determined by PRP staff.

	<p>11.7.6 Provisions of the Participatory Agreement for the PRP</p> <p>a. When a licensee has been determined by the BON to be eligible for the PRP, the licensee shall execute a participatory agreement with PRP, which includes but, is not limited to:</p> <ol style="list-style-type: none"> 1. A description of the identified practice deficiency. 2. The specific remediation the participant must complete, including identification of educational providers and time frame for compliance with the terms of the participatory agreement. 3. The requirement that the participant pay all expenses the participant incurs as a result of the required remediation. 4. Requires the participant to notify all employers during the course of participation in the PRP. 5. The requirement that the participant agree not to practice in any other jurisdiction during the term of the PRP agreement without prior authorization from the other jurisdiction and the PRP. 6. A monitoring plan and expected progress reports from all employers, education providers and the licensee. 7. The requirement that the participant sign all waivers necessary to secure all reports required by PRP. 8. Expectations for successful completion of the program. 9. The grounds for termination from the PRP. <p>b. A licensee determined eligible for the PRP who refuses to enter into the participatory agreement within the time frame specified by PRP shall be subject to disciplinary action in accordance with Article X, Section 3.</p>
	<p>11.7.7 Successful Completion of Program</p> <p>A participant successfully completes the program when the participant complies with all terms and conditions of the program, as specified in this chapter and the participant's agreement.</p>
	<p>11.7.8 Termination from the Practice Remediation Program</p> <p>a. Participation in the PRP may be terminated from the program for any of the following:</p> <ol style="list-style-type: none"> 1. Failure to comply with any term of the participatory agreement entered into by the participant. 2. Receipt of evidence from the educational provider indicating that the participant has failed to progress through or to successfully complete the remediation in the manner and during the time frame prescribed in the participatory agreement. 3. Receipt of evidence from the workplace monitor indicating that the participant has continued to demonstrate the practice deficiency. 4. Failure to complete the remediation. 5. Failure to maintain eligibility for PRP. <p>b. When a licensee is terminated from PRP for one or more of these reasons, the BON may proceed with disciplinary action in accordance with Article X, Section 3. The BON may consider the licensee's termination from the PRP when determining the discipline to be imposed.</p>

	<p>11.7.9 Disclosure of PRP Records</p> <p>a. Information obtained by the practice program pursuant to an investigation shall be classified as not public information.</p> <p>b. All records regarding a licensee’s participation in the PRP are not public and shall be maintained in the program office in a secure place separate and apart from the BON’s record.</p> <p>c. The records shall be made public only by subpoena and court order.</p> <p>d. All educational providers and workplace monitors selected to provide remediation by a participant in PRP shall, as representatives of the BON, maintain the privacy of all records regarding the participant’s remediation.</p> <p>e. The PRP shall make regular reports to the BON setting forth, in aggregate, information regarding practice deficiencies, the types of educational interventions undertaken to correct the deficiencies and any other statistical information requested by the BON.</p> <p>f. Non-public treatment of PRP records shall be cancelled if the nurse defaults on the PRP agreement and does not comply with the requirements of the program.</p> <p><i>***The Ohio State Board of Nursing Practice Identification and Improvement Program (PIIP) was the model for the PRP.</i></p>
<p>Article XII. Emergency Relief</p>	<p>Chapter 12 – Emergency Relief</p>
<p>Section 1. Summary Suspension.</p> <p>a. Authority. The BON is authorized to temporarily suspend the license of a nurse without a hearing if:</p> <ol style="list-style-type: none"> 1. The BON finds that there is probable cause to believe that the nurse has violated a statute or rule that the BON is empowered to enforce. 2. Continued practice by the nurse would create imminent and serious risk of harm to others. <p>b. Duration. The suspension shall remain in effect until the BON issues a stay of suspension or a final order in the matter after a hearing or upon agreement between the BON and licensee.</p> <p>c. Hearing. The BON shall schedule a disciplinary hearing to be held under the Administrative Procedures Act, to begin no later than < > days after the issuance of the summary suspension order. The licensee shall receive at least < > days notice of the hearing.</p>	<p><i>***Article XII of the MNPA and Chapter 12 of the MNAR provide a process for the BON to intervene quickly in emergency situations in order to protect the public from imminent and serious harm to the public. Although action is taken prior to hearing, the nurse is assured due process because of the provision that a hearing must be held within a specified time frame. Such emergency action is reserved for critical incidents.</i></p> <p><i>***The specificity of Article XII in the MNPA precludes the need for additional rules at this time. This chapter is a placeholder until and if rules are needed in the future. This column has been used for explanatory comments.</i></p> <p><i>***States vary as to how summary suspensions are initiated.</i></p>
<p>Section 2. Automatic Suspension.</p> <p>a. Unless the BON orders otherwise, a license to practice nursing is automatically suspended if:</p> <ol style="list-style-type: none"> 1. A guardian of a nurse is appointed by order of a court under sections <REFERENCE TO GOVERNING STATE LAW>. 2. The nurse is committed by order of a court under <REFERENCE TO GOVERNING STATE LAW>. 3. The nurse is determined to be mentally incompetent, mentally ill, chemically dependent or a person dangerous to the public by a court of competent jurisdiction within or without this state. <p>b. The license remains suspended until the nurse is restored to capacity by a court. The nurse shall petition the BON for reinstatement. The BON may terminate the suspension after a hearing or upon agreement between the BON and the nurse.</p>	<p><i>*** This section allows a BON to act on a previous court action without additional proceedings. The rationale for this section, in addition to the individual already having been in court, is that if a nurse is so ill or incompetent as to require a guardian, he or she would not be able to participate in the discipline process in a meaningful way.</i></p> <p><i>Example: A nurse who has been determined by a court of competent jurisdiction to be dangerous to the public because of serious mental disorder.</i></p> <p><i>Another option is to consider automatic suspension for specified, very serious criminal convictions.</i></p>

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

Article XIII. Reporting	Chapter 13 – Reporting
<p>Section 1. Duty to Report by Licensed Nurses. A licensed nurse shall report names of subject individuals to the BON if the nurse has reasonable cause to suspect that a nurse or an applicant has violated any of the grounds for discipline found in Article X, Section 2, except for minor incidents as described in rule.</p> <p>Section 2. Duty to Report by Others.</p> <p>a. Hospitals, nursing homes, temporary staffing agencies and other employers of RNs, LPN/VNs or APRNs shall report to the BON the names of any licensee or applicant for nursing licensure whose employment has been terminated or who has resigned in order to avoid termination for any reasons stipulated in Article XI, Section 2.</p> <p>b. A state agency that licenses, registers or certifies a hospital, nursing home, home health agency or other type of health care facility or agency section, or surveys one of these facilities or agencies shall report to the BON when that agency has evidence that the nurse has violated Article X, Section 1.</p> <p>c. Each insurer that provides professional liability insurance that covers claims arising from providing or failing to provide nursing care shall report to the BON any payment made on behalf of a nurse in a claim or lawsuit.</p> <p>d. The BON shall develop procedures to identify criminal convictions of licensed nurse involving:</p> <ol style="list-style-type: none"> 1. Moral turpitude. 2. Violation of a state or federal narcotics or controlled substances law. 3. Fraud or abuse under the Medicare or Medicaid program. 4. Court determination that a nurse is mentally ill or mentally incompetent. <p>e. A person who is required to report a nurse under this section because the nurse is impaired or suspected of being impaired by chemical dependency or mental illness may report to the alternative to discipline program instead of reporting to the BON.</p> <p>f. The BON shall inform, in the manner the BON determines appropriate, nurses, facilities, agencies and other persons of their duty to report under this section.</p>	<p>3.2.1 Insurers</p> <p>Four times each year, by the first day of February, May, August and November, each insurer authorized to sell insurance in this state and providing professional liability insurance to RNs, LPN/VNs or APRNs shall submit to the BON a report concerning any nurse against whom a malpractice award has been made or who has been a party to a settlement. The report shall contain at least the following information:</p> <ol style="list-style-type: none"> a. The total number of settlements or awards. b. The date the settlement or award was made. c. The allegations contained in the claim or complaint leading to the settlement or award. d. The dollar amount of each malpractice settlement or award and whether that amount was paid off as a result of a settlement or of an award. e. The name and address of the nurse against whom an award was made or with whom a settlement was made. <p>An insurer shall also report to the BON any information it possesses that tends to substantiate a charge that a nurse may have engaged in conduct violating Article X, Section 1.</p> <p><i>***BONs that require liability insurer reporting may need to reference the state's statutes and rules governing insurance carriers and collaborate with other agencies to enforce this provision.</i></p> <p>13.2.2 Courts</p> <p>The court administrator of any court of competent jurisdiction shall report to the BON any judgment or other determination of the court that adjudges or includes a finding that a nurse is:</p> <ol style="list-style-type: none"> a. Mentally ill. b. Mentally incompetent. c. Chemically dependent. d. Dangerous to the public. e. Guilty of a felony or gross misdemeanor. f. Guilty of a violation of federal or state narcotics laws or controlled substances act. g. Guilty of operating a motor vehicle while under the influence of alcohol or a controlled substance. h. Guilty of an abuse or fraud under Medicare or Medicaid. i. Appointed a guardian. j. Committed under the laws of the state.

	<p>13.2.3 Deadlines; Forms</p> <p>Reports required by 13.2 must be submitted no later than 30 days after the occurrence of the reportable event or transaction. The BON may provide forms for the submission of reports required by this section, may require that the reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting. The BON shall review all reports, including those submitted after the deadline.</p> <p><i>***States vary as to processes for accessing court records. Criminal convictions involving licensed nurses should be reviewed to confirm the identity of the nurse, the nature of the offense committed, and the court's sentence and judgment.</i></p>
<p>Section 3. Exceptions to Duty to Report. Minor incidents are exceptions to reporting requirements for violations of Article X, Section 1, when the continuing practice by the subject nurse does not pose a risk of harm to a client or others and can be addressed through corrective action by the nurse's employer. The BON shall adopt rules governing reporting of minor incidents. The BON may evaluate a complaint and determine that it is a minor incident under this section.</p>	<p>13.3.1 Minor Incidents</p> <p><i>***The reporting of every minor violation of the NPA does not enhance protection of the public. This is particularly true when there are mechanisms in place in the nurse's employment setting to take corrective action and monitor effectiveness of remediation and patterns of nurse behavior and practice. This rule is intended to clarify both what constitutes a minor incident and when a minor incident need not be reported to the BON.</i></p> <p>a. The chief administrative nurse or designee responsible for reviewing incidents of practice breakdown may determine that an incident need not be reported to the BON if all of the following factors exist:</p> <ol style="list-style-type: none"> 1. The potential risk of physical, emotional or financial harm to the client due to the incident is minimal. 2. The nurse exhibits a conscientious approach to and accountability for his or her practice. 3. The nurse has demonstrated the knowledge and skill to practice safely. <p>b. The review of the incident shall include evaluation of the significance of the event in the practice setting, the context of the event, and the presence of contributing or mitigating circumstances in the nursing care delivery system.</p> <p>c. If an event is determined to be a minor incident:</p> <ol style="list-style-type: none"> 1. An incident/variance report shall be completed according to the employing facility's policy, including a complete description of the incident, client record number, names of witnesses, identification of subject nurse and action to correct or remediate the problem. 2. The chief administrative nurse or designee shall maintain a record of each minor incident involving nurses under his/her supervision. <p>d. The chief administrative nurse or designee shall report to the BON if < > minor incidents involving a nurse are documented within a one-year time period; if a nurse leaves employment before completing any employer expectations for reeducation or other remediation; or if the risk of ongoing problems that do not respond to employer remediation expose patients to unsafe nursing care.</p> <p>e. Nothing in this rule is intended to prevent reporting of a potential violation directly to the BON.</p> <p>f. Failure to classify an event appropriately in order to avoid reporting may result in violation of the mandatory reporting statute.</p>

<p>Section 4. Court Order. The BON may seek an order from a court of competent jurisdiction for a report from any of the parties stipulated in Section 1 and 2 of this Article if one is not forthcoming voluntarily.</p>	<p><i>***This provision authorizes the BON to seek court assistance in obtaining information required in Article XII of the MNPA.</i></p>
<p>Section 5. Penalty. The BON may seek a citation for civil contempt if a court order for a report is not obeyed by any of the parties stipulated in Section 1 and 2 of this Article.</p>	
<p>Section 6. Immunity.</p> <p>a. Any organization or person reporting in good faith information to the BON under this Article shall be immune from civil action as provided in Article X, Section 4.</p> <p>b. A physician or other licensed health care professional who, at the request of the BON, examines a nurse shall be immune from suit for damages by the nurse examined if the examining physician or examining health care professional conducted the examination and made findings or diagnoses in good faith.</p>	
<p>Article XIV. Exemptions</p>	<p>Chapter 14 – Exemptions</p>
	<p><i>***Article XIV of the MNPA identifies exceptional situations when an individual may practice nursing without first being granted a license by the jurisdiction. Jurisdictions may use different terminology or mechanism to authorize practice in these temporary situations.</i></p>
<p>Section 1. No provisions of this Act shall be construed to prohibit:</p> <p>a. The practice of nursing that is an integral part of a program by nursing students enrolled in BON approved nursing education programs.</p> <p>b. The clinical practice needed to fulfill program requirements by a graduate nursing student currently licensed in another jurisdiction who meets criteria set forth in rule.</p> <p>c. The rendering of assistance by any nurse in the case of an emergency or disaster.</p> <p>d. The practice of any nurse, currently licensed in another state, in the provision of nursing care in the case of emergency or disaster.</p> <p>e. The incidental and gratuitous care of the sick by members of the family, friends or companions; or household aides at the direction of a person needing such care who resides independently outside any hospital, nursing or health care facility, or other similar institutional setting.</p> <p>f. Caring for the sick in accordance with tenets or practices of any church or religious denomination that teaches reliance upon spiritual means for healing.</p> <p>g. The practice of any nurse currently licensed in another state who is employed by any bureau, division or agency of the U.S. government while in the discharge of official governmental duties.</p> <p>h. The practice of any nurse currently licensed in another state who is in this state on a non-routine basis for a period not to exceed < > days to:</p> <ol style="list-style-type: none"> 1. Provide care to a client being transported into, out of or through this state. 2. Provide professional nursing consulting services. 3. Attend or present a continuing nursing education program. 4. Provide other short-term, non-clinical nursing services. 	<p><i>***Article XIV, Section 1 a. of the MNPA provides an exemption for nursing students enrolled in BON approved nursing education programs and is intended to address practice by students in basic nursing education programs (preparation for initial licensure).</i></p> <p><i>***Clinical practice by a nurse completing a refresher course requires a temporary permit as stipulated in Chapter 6.</i></p> <p>14.1.1 Graduate Nursing Students from Another Jurisdiction Graduate students who are licensed as RNs in another jurisdiction and practicing nursing in this state in fulfillment of graduate nursing program requirements are exempted from licensure if they meet the following criteria:</p> <ol style="list-style-type: none"> a. The graduate program verifies that the student holds an active, unencumbered RN license in another jurisdiction (either in the U.S. or in another country). b. The BON approves the graduate study experience. c. The graduate program advises the student of expectations regarding student practice and required supervision. d. The graduate program provides direct supervision of the clinical experience and informs faculty, preceptors and clinical facilities that the student is practicing under this limited exemption. e. The student limits practice to what is required for completion of the graduate program requirements. <p><i>***This exemption addresses the nursing practice by a graduate nursing student.</i></p>

<p>i. The practice of any other occupation or profession licensed under the laws of this state, provided that such care does not constitute the practice of nursing within the meaning of this Act.</p>	<p>*** Most graduate nursing education programs in the U.S. require students to be licensed as RNs in the state the school is located. There are some exceptions, e.g., some programs waive this requirement for international students coming to the U.S. solely for education, planning to return to their native country and never intending to practice in this country. If a graduate student intends to work as a nurse while enrolled in a graduate nursing education program, the student is expected to apply for licensure. ***In the previous version of the rules, practice by graduate students in schools where RN licensure was not required was covered by a category of permit for "post-basic" students that was included in MNPA, Article V, to provide for those situations when a graduate nurse wishes to practice to meet the clinical requirements of a graduate program, but does not intend to otherwise practice in a jurisdiction. There was concern that the term "post-basic" was confusing, so this type of permit was deleted. Instead, Article XIV, Section 1 b. provides an exemption for graduate students meeting criteria set forth in rule.</p>																																												
	<p>14.1.2 Practice Expectations The practice of any nurse currently licensed in another state who is in this jurisdiction on a time-limited, non-routine basis for the activities identified in Article XIV, Section 1, shall comply with the scope of practice and standards of this jurisdiction.</p>																																												
<p>Article XV. Revenue, Fees</p>	<p>Chapter 15 – Revenue and Fees</p>																																												
<p>Section 1. Revenue. The BON is authorized to establish appropriate fees for licensure by examination, reexamination, endorsement and such other fees and fines as the BON determines necessary.</p>	<p>15.1 Collection of Fees a. The BON shall collect the following fees:</p> <table border="1" data-bbox="815 1050 1502 1948"> <thead> <tr> <th><u>Fee Category</u></th> <th><u>Fee</u></th> </tr> </thead> <tbody> <tr> <td>1. Application for licensure by examination</td> <td></td> </tr> <tr> <td> a. RN</td> <td>< ></td> </tr> <tr> <td> b. LPN/VN</td> <td>< ></td> </tr> <tr> <td> c. APRN</td> <td>< ></td> </tr> <tr> <td>2. Temporary permit for initial licensure applicant</td> <td></td> </tr> <tr> <td> a. RN</td> <td>< ></td> </tr> <tr> <td> b. LPN/VN</td> <td>< ></td> </tr> <tr> <td> c. APRN</td> <td>< ></td> </tr> <tr> <td>3. Application for licensure by endorsement</td> <td></td> </tr> <tr> <td> a. RN</td> <td></td> </tr> <tr> <td> b. LPN/VN</td> <td></td> </tr> <tr> <td> c. APRN</td> <td></td> </tr> <tr> <td>4. Temporary permit for endorsement applicant</td> <td></td> </tr> <tr> <td> a. RN</td> <td>< ></td> </tr> <tr> <td> b. LPN/VN</td> <td>< ></td> </tr> <tr> <td> c. APRN</td> <td>< ></td> </tr> <tr> <td>5. Renewal of licensure</td> <td></td> </tr> <tr> <td> a. RN</td> <td>< ></td> </tr> <tr> <td> b. LPN/VN</td> <td>< ></td> </tr> <tr> <td> c. APRN</td> <td>< ></td> </tr> <tr> <td>6. Temporary permit to practice for the clinical portion of a nursing refresher course</td> <td>< ></td> </tr> </tbody> </table>	<u>Fee Category</u>	<u>Fee</u>	1. Application for licensure by examination		a. RN	< >	b. LPN/VN	< >	c. APRN	< >	2. Temporary permit for initial licensure applicant		a. RN	< >	b. LPN/VN	< >	c. APRN	< >	3. Application for licensure by endorsement		a. RN		b. LPN/VN		c. APRN		4. Temporary permit for endorsement applicant		a. RN	< >	b. LPN/VN	< >	c. APRN	< >	5. Renewal of licensure		a. RN	< >	b. LPN/VN	< >	c. APRN	< >	6. Temporary permit to practice for the clinical portion of a nursing refresher course	< >
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	<p>7. Late renewal</p> <p>8. Reinstatement</p> <p>9. Certified statement that nurse is licensed in state</p> <p>10. Duplicate or reissued license</p> <p>11. Returned check</p> <p>12. Fee for each level of nursing education program survey and evaluation</p> <p>13. Discipline monitoring *** <i>Applicable only to licensees with encumbered licenses</i></p> <p>14. Copying costs</p> <p>15. Other miscellaneous costs</p>	<p>< ></p> <p>< ></p> <p>< ></p> <p>< ></p> <p>< ></p> <p>< ></p> <p>< ></p> <p>< ></p> <p>< ></p> <p>< ></p>
<p>Section 2. Disposition of Fees. All fees collected by the BON shall be administered according to the established fiscal policies of this state and in such manner as to implement adequately the provisions of this Act.</p>	<p>b. Cost of service. Fees collected by the BON shall reflect the cost of service provided.</p> <p>c. Refund of fees. All fees collected by the BON are non-refundable.</p>	
<p>Section 3. Grants and Contributions. The BON may accept grants, contributions, devices, bequests and gifts that shall be kept in a separate fund and shall be used by the BON to enhance the practice of nursing.</p>		

Article XVI. Implementation	Chapter 16 – Implementation
<p>Section 1. Persons Licensed Under a Previous Law.</p> <p>a. Any person holding a license to practice nursing as an RN in this state that is valid on < EFFECTIVE DATE > shall be deemed to be licensed as an RN under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.</p> <p>b. Any person holding a license to practice nursing as an LPN/VN in this state that is valid on < EFFECTIVE DATE > shall be deemed to be licensed as an LPN/VN under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.</p> <p>c. Any person holding a license to practice nursing as an APRN in this state that is valid on < EFFECTIVE DATE > shall be deemed to be licensed as an APRN under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.</p> <p>d. Any person eligible for reinstatement of a license as an RN, LPN/VN or APRN, respectively, under provisions, conditions and standards prescribed in this Act by applying for reinstatement according to rules established by the BON. Application for such reinstatement must be made within < > months of the effective date of this Act.</p> <p>e. Any person holding a lapsed license to practice nursing as an RN, LPN/VN or an APRN on <EFFECTIVE DATE> because of failure to renew may become licensed as an RN, LPN/VN or APRN, respectively, under the provisions of this Act by applying for reinstatement according to rules established by the BON.</p> <p>Application for such reinstatement must be made within < > months of the effective date of this Act.</p> <p>f. Those licensed under the provisions of Article XV, Section 2 (a) through (e) above, shall be eligible for renewal of such license under the conditions and standards prescribed by this Act.</p>	
<p>Section 2. Severability. The provisions of this Act are severable. If any provision of this Act is declared unconstitutional, illegal or invalid, the constitutionality, legality and validity of the remaining portions of this Act shall be unaffected and shall remain in full force and effect.</p>	
<p>Section 3. Repeal. The laws specified below are repealed, except with rights and duties that have matured, penalties that were incurred and proceedings that were begun before the effective date of this Act. <LIST STATUTES TO BE REPEALED, FOR EXAMPLE THE CURRENT NPA OR APPROPRIATE SECTIONS.></p>	

Article XVII. Nurse Licensure Compact	Chapter 17 – Nurse Licensure Compact
<p><i>***Set out below are a series of enabling act provisions, which may be appropriate for states introducing the NLC, depending on specific state requirements.</i></p> <p>Section 1. Enabling Provisions.</p> <p>a. The NLC is hereby enacted and entered into with all other jurisdictions that legally join in the NLC, which is, in form, substantially as follows in Section 2.</p> <p>b. “The head of the nurse licensing BON” as used to define the NLC administrator in Article VIII (a) shall mean <DESIGNATED POSITION>.</p> <p><i>***Each BON designates a compact administrator to oversee the implementation of the NLC. This may be the executive officer of the BON, the head of an umbrella organization or other designee selected by the state.</i></p> <p>c. To facilitate cross-state enforcement efforts, the legislature finds that it is necessary for <this state> to have the power to recover from the affected nurse the costs of investigations and disposition of cases resulting from adverse actions taken by <this state> against that nurse. Coordinating language shall be inserted in the appropriate location in the NPA.</p> <p>d. The NLC is designed to facilitate the regulation of nurses, and does not relieve employers from complying with statutorily imposed obligations.</p> <p>e. The NLC does not supersede existing state labor laws.</p>	

Section 2. NLC.

a. NLC – ARTICLE I. Findings and declaration of purpose.

1. The party states find that:

a) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws.

b) Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public.

c) The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation.

d) New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex.

e) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states.

2. The general purposes of the NLC is to:

a) Facilitate the states' responsibility to protect the public's health and safety.

b) Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation.

c) Facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions.

d) Promote compliance with the laws governing the practice of nursing in each jurisdiction.

e) Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.

b. NLC – ARTICLE II. General provisions and jurisdiction.

1. A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as an RN in such party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as an LPN/VN in such party state. In order to obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal, as well as all other applicable state laws.

2. Party states may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in their state and may take any other actions under their applicable state laws necessary to protect the health and safety of their citizens. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

3. Every nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of a party state. The practice of nursing will subject a nurse to the jurisdiction of the nurse licensing board and the courts, as well as the laws, in that party state.

4. The NLC does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing, if one is required by state law as a precondition for qualifying for APRN authorization.

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

<p>c. NLC – ARTICLE III. Applications for licensure in a party state.</p> <ol style="list-style-type: none"> 1. Upon application for a license, the licensing BON in a party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any restrictions on the multistate licensure privilege and whether any other adverse action by any state has been taken against the license. 2. A nurse in a party state shall hold licensure in only one party state at a time, issued by the home state. 3. A nurse who intends to change primary state of residence may apply for licensure in the new home state in advance of such change. However, new licenses will not be issued by a party state until after a nurse provides evidence of change in primary state of residence satisfactory to the new home state’s licensing board. 4. When a nurse changes primary state of residence by: <ol style="list-style-type: none"> a) Moving between two party states and obtains a license from the new home state, the license from the former home state is no longer valid. b) Moving from a non-party state to a party state and obtains a license from the new home state, the individual state license issued by the non-party state is not affected and will remain in full force, if so provided by the laws of the non-party state. c) Moving from a party state to a non-party state, the license issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states. 	<p>17.1 Issuance of a License by an NLC Party State</p> <p>For the purpose of the NLC:</p> <ol style="list-style-type: none"> a. A nurse applying for a license in a home party state shall produce evidence of the nurse’s primary state of residence. Such evidence shall include a declaration signed by the licensee. Further evidence that may be requested may include, but is not limited to: <ol style="list-style-type: none"> 1. Driver’s license with a home address. 2. Voter registration card displaying a home address. 3. Federal income tax return declaring the primary state of residence. <p>***Statutory basis for these provisions are found in Article II § 5) and Article IV §§ 3) and 4) of the NLC.</p> b. A nurse changing primary state of residence from one party state to another party state may continue to practice under the former home state license and multi-state licensure privilege during the processing of the nurse’s licensure application in the new home state for a period not to exceed 30 days. <p>***Statutory basis: Article IV §§ 2), 3) and 4).</p> c. The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the 30-day period in section 2b. shall be stayed until resolution of the pending investigation. <p>***Statutory basis: Article V § 2).</p> d. The former home state license shall no longer be valid upon the issuance of a new home state license. <p>***Statutory basis: Article IV§ 4) (a).</p> e. If a decision is made by the new home state denying licensure, 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.
	<p>17.2 Limitations on Multistate Licensure Privilege</p> <p>Home state BONs shall include in all licensure disciplinary orders and/or agreements that limit practice and/or require monitoring the requirement that the licensee subject to said order and/or agreement will agree to limit the licensee’s practice to the home state during the pendency of the disciplinary order and/or agreement. This requirement may, in the alternative, allow the nurse to practice in other party states with prior written authorization from both the home state and such other party state BONs.</p> <p>***Statutory basis: State statute.</p>

d. NLC – ARTICLE IV. Adverse actions. In addition to the general provisions described in NLC Article III, the following provisions apply:

1. The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions, including the factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.

2. The licensing board of a party state shall have the authority to complete any pending investigations for a nurse who changes primary state of residence during the course of such investigations. It shall also have the authority to take appropriate action(s) and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.

3. A remote state may take adverse action affecting the multistate licensure privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the license issued by the home state.

4. For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.

5. The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action.

6. Nothing in the NLC shall override a party state's decision that participation in an alternative program may be used in lieu of licensure action and that such participation shall remain non-public if required by the party state's laws. Party states must require nurses who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.

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| <p>e. NLC – ARTICLE V. Additional authorities invested in party state nurse licensing boards. Notwithstanding any other powers, party state nurse licensing boards shall have the authority to:</p> <ol style="list-style-type: none">1. If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse.
2. Issue subpoenas for both hearings and investigations which require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses and/or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located.
3. Issue cease and desist orders to limit or revoke a nurse's authority to practice in their state.
4. Promulgate uniform rules and regulations as provided for in Section h. NLC Article VIII (3). | |
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f. NLC – ARTICLE VI. Coordinated licensure information system.

1. All party states shall participate in a cooperative effort to create a coordinated database of all licensed RNs and LPN/VNs. This system will include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.

2. Notwithstanding any other provision of law, all party states' licensing boards shall promptly report adverse actions, actions against multistate licensure privileges, any current significant investigative information yet to result in adverse action, denials of applications, and the reasons for such denials, to the coordinated licensure information system.

3. Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.

4. Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.

5. Any personally identifiable information obtained by a party states' licensing board from the coordinated licensure information system may not be shared with non-party states or disclosed to other entities or individuals, except to the extent permitted by the laws of the party state contributing the information.

6. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information, shall also be expunged from the coordinated licensure information system.

7. The NLC administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection and exchange of information under the NLC.

17.3 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.
- f) The status of multi-state licensure privileges.

2. Non-party state BONs 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 BONs shall have access to all information system data contributed by the party states and other information as limited by contributing non-party state authority.

***Statutory basis: Article VII § 7).

b. The licensee may request in writing to the home state BON to review the data relating to the licensee in the information system. In the event a licensee asserts that any data relating to him/her is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The BON shall verify and within 10 business days, correct inaccurate data to the information system.

***Statutory basis: Article VII § 7.

c. The BON shall report to the information system within 10 business days:

1. Disciplinary action, agreement or order requiring participation in alternative programs or agreements 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.
3. Change in status of disciplinary action or licensure encumbrance.

***Statutory basis: Article VII, § 2).

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 that limit practice or require monitoring or dismissal of a complaint.

***Statutory basis: Article VII §§ 2) and 6).

e. Changes to licensure information in the information system shall be completed within 10 business days upon notification by a BON.

***Statutory basis: Article VII §§ 2) and 8).

g. NLC – ARTICLE VII. NLC administration and interchange of information.

1. The head of the nurse licensing board, or his/her designee, of each party state shall be the administrator of the NLC for his/her state.

2. The NLC administrator of each party state shall furnish to the NLC administrator of each other party state any information and documents including, but not limited to, a uniform data set of investigations, identifying information, licensure data and disclosable alternative program participation information to facilitate the administration of the NLC.

3. NLC administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of the NLC. These uniform rules shall be adopted by party states under the authority invested under Section f Article VI (4).

h. NLC – ARTICLE VIII. Immunity. No party state or officer, employee or agent of a party state's nurse licensing board who acts in accordance with the provisions of the NLC shall be liable on account of any act or omission in good faith while engaged in the performance of his/her duty under the NLC. Good faith in this article shall not include willful misconduct, gross negligence or recklessness.

i. NLC – ARTICLE IX. Entry into force, withdrawal and amendment.

1. The NLC shall enter into force and become effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from the NLC by enacting a statute repealing the same, but no such withdrawal shall take effect until six months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.

2. No withdrawal shall affect the validity or applicability by the licensing boards of states remaining party to the NLC of any report of adverse action occurring prior to the withdrawal.

3. Nothing contained in the NLC shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of the NLC.

4. The NLC may be amended by the party states. No amendment to the NLC shall become effective and binding upon the party states unless, and until, it is enacted into the laws of all party states.

<p>j. NLC – ARTICLE X. Construction and severability.</p> <p>1. The NLC shall be liberally construed so as to effectuate the purposes thereof. The provisions of the NLC shall be severable and if any phrase, clause, sentence or provision of the NLC is declared to be contrary to the constitution of any party state or of the U.S., or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of the NLC and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If the NLC shall be held contrary to the constitution of any state party thereto, the NLC shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.</p> <p>2. In the event party states find a need for settling disputes arising under the NLC:</p> <p>a) The party states may submit the issues in dispute to an arbitration panel, which will be comprised of an individual appointed by the NLC administrator in the home state; an individual appointed by the NLC administrator in the remote state(s) involved; and an individual mutually agreed upon by the NLC administrators of all the party states involved in the dispute.</p> <p>b) The decision of a majority of the arbitrators shall be final and binding.</p>	
<p>Article XVIII. APRN Scope of Nursing Practice</p>	<p>Chapter 18 – APRN Scope of Practice</p>
<p>Section 1. Practice of APRNs. Advanced practice registered nursing by certified nurse practitioners (CNP), certified registered nurse anesthetists (CRNA), certified nurse midwives (CNM) or clinical nurse specialists (CNS) is based on knowledge and skills acquired in basic nursing education; licensure as an RN; and graduation from or completion of a graduate level APRN program accredited by a national accrediting body and current certification by a national certifying body in the appropriate APRN role and at least one population focus.</p> <p>Practice as an APRN means an expanded scope of nursing in a role and population focus approved by the BON, with or without compensation or personal profit, and includes the RN scope of practice. The scope of an APRN includes, but is not limited to, performing acts of advanced assessment, diagnosing, prescribing and ordering. APRNs may serve as primary care providers of record.</p> <p>APRNs are expected to practice as licensed independent practitioners within standards established and/or recognized by the BON. Each APRN is accountable to patients, the nursing profession and the BON for complying with the requirements of this Act and the quality of advanced nursing care rendered; for recognizing limits of knowledge and experience; planning for the management of situations beyond the APRN’s expertise; and for consulting with or referring patients to other health care providers as appropriate.</p>	<p>18.1 Standards Related to the APRN</p> <p>a. The APRN shall comply with the standards for RNs as specified in Chapter 2 above and to the standards of the national professional nursing associations approved by the BON. Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists.</p> <p>b. APRNs shall practice within standards established by the BON in rule and assure patient care is provided according to relevant patient care standards recognized by the BON, including standards of national professional nursing associations.</p> <p>c. An APRN performing direct patient care shall maintain a method of quality assurance for evaluation of the APRN’s practice. Proof of quality assurance reviews must be maintained for five years. The APRN will make the method and reviews available to the BON upon request.</p>

Section 2: Licensure of APRNs.**a. Initial licensure for an APRN**

An applicant for initial licensure or privilege to practice as an APRN shall:

1. Submit a completed written application and appropriate fees as established by the BON.
2. Hold a current RN license or privilege to practice and shall not hold an encumbered license or privilege to practice as an RN in any state or territory.
3. Have completed an accredited graduate level APRN program in one of the four roles and at least one population focus.
4. Be currently certified by a national certifying body recognized by the BON in the APRN role and population foci appropriate to educational preparation.
5. Report any criminal conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction.
6. Have committed no acts or omissions, which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article X, Section 2, of this Act, the BON has found, after investigation, that sufficient restitution has been made.
7. Provide other evidence as required by rule.

18.2 Licensure as an APRN**18.2.1 Application for Initial Licensure as an APRN**

An applicant for licensure as an APRN in this state shall submit to the BON the required fee as specified in Chapter 15, verification of licensure or eligibility for licensure as an RN in this jurisdiction and a completed application that provides the following information:

a. Competence development

1. Graduation from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA) as acceptable by the BON.

2. Verification of completion as evidenced by official documentation directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA) as acceptable by the BON.

This documentation shall verify the date of graduation, credential conferred, clinical hours completed, role and population focus of the education program, qualifications for prescribing and ordering, and evidence of meeting the standards of nursing education in this state.

b. Competence assessment

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

c. Criteria for evaluating APRN certification programs

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

1. The certification program is national in the scope of its credentialing.
2. Conditions for taking the certification examination are consistent with standards of the testing community.
3. Educational requirements are consistent with the requirements of the advanced practice role and population foci.
4. The standard's methodologies used are acceptable to the testing community, such as incumbent job analysis studies and logical job analysis studies.
5. Certification programs are accredited by a national accreditation body as acceptable by the BON.
6. The examination represents entry-level practice in the APRN role and population focus.
7. The certification program will have an established process of communication with the BON.

	<p>8. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to patients.</p> <p>9. Examination items shall be reviewed for content validity and correct scoring using an established mechanism, both before use and at least every five years. When possible, items will be reviewed for cultural bias.</p> <p>10. Examinations are evaluated for psychometric performance.</p> <p>11. The passing standard is established using acceptable psychometric methods and is reevaluated at least every five years.</p> <p>12. Examination security is maintained through established procedures.</p> <p>13. Certification is issued based upon meeting all certification requirements and passing the examination.</p> <p>14. A retake policy is in place.</p> <p>15. The certification program will notify the BON when individuals are certified, recertified and when there is a change in certification status.</p> <p>16. A certification maintenance program, which includes review of qualifications and continued competence, is in place.</p> <p>17. Mechanisms are in place for communication to BONs for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice.</p> <p>18. An evaluation process is in place to provide quality assurance in the certification program.</p> <p>The BON will notify certification programs when APRNs have encumbrances placed on their licenses or privilege to practice.</p>
	<p>18.2.2 Competence Conduct APRN competence conduct is the same as previously stated for RN and LPN/VN competence conduct in 6.7.3.</p> <p>18.2.3 Application of an Internationally Educated APRN An internationally educated applicant for licensure in this state as an APRN shall:</p> <ul style="list-style-type: none"> a. Graduate from a graduate level APRN program equivalent to an APRN educational program in the U.S. accepted by the BON. b. Submit documentation through an official transcript directly from the international nursing education program and verified through a qualified credentials evaluation process for the license being sought. c. Meet all other licensure criteria required of applicants educated in the U.S.

b. Endorsement of APRNs.

The BON may issue a license by endorsement to an APRN licensed under the laws of another state if, in the opinion of the BON, the applicant meets the qualifications for licensure in this jurisdiction.

An applicant for APRN licensure by endorsement shall:

1. Submit a completed written application and appropriate fees as established by the BON.
2. Hold a current unencumbered license or privilege to practice as an RN and APRN in a state or territory.
3. Not have an encumbered license or privilege to practice in any state or territory.
4. Have completed an accredited graduate level APRN program in one of the four roles and at least one population focus or meets the standards for grandfathering as described in section 19.7.1.
5. Be currently certified by a national certifying body recognized by the BON in the APRN role and at least one population focus appropriate to educational preparation.
6. Meet continued competency requirements as stated in Article VI, Section 9, and as set forth in BON rules.
7. Report any conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction.
 - a) Have committed no acts or omissions, which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article X, Section 2, of this Act, the BON has found, after investigation, that sufficient restitution has been made.
8. Provide other evidence as required by the BON in its rules.

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

18.2.4 Application for Licensure by Endorsement Requirements as an APRN

An applicant for licensure by endorsement as an APRN in this state shall submit to the BON the required fee as specified in Chapter 15, verification of eligibility for an unencumbered license or privilege to practice as an RN in this jurisdiction and a completed APRN application that provides the following information:

- a. Competence development
 1. Graduation from or verification of completion from a graduate level APRN program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or CHEA, as acceptable by the BON. This documentation shall verify the date of graduation, credential conferred, clinical hours completed, role and population focus of the education, qualifications for prescribing and ordering, and evidence of meeting the standards of nursing education in this state.
 2. Verification of completion as evidenced by official documentation directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or CHEA, as acceptable by the BON.

This documentation shall verify the date of graduation, credential conferred, number of clinical hours, completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacotherapeutics, role and population focus of the education program, and evidence of meeting the standards of nursing education in this state.
 3. Demonstration of successful completion of approved APRN certificate program.

	<p>b. Competence assessment</p> <ol style="list-style-type: none"> 1. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation. 2. Primary source of verification of certification is required. 3. If the applicant has not been in clinical practice for more than the past two years, the applicant shall provide evidence of satisfactory completion of 24 contact hours, 12 in pharmacotherapeutics and 12 in the clinical management of patients, within the two years prior to applying for approval to practice. No more than two hours may concern the study of herbal or complementary therapies. 4. If the applicant has not been in clinical practice for more than the past five years, the applicant shall provide evidence of satisfactory completion of 45 contact hours of pharmacotherapeutics within the two years prior to applying for approval to practice. No more than two hours may concern the study of herbal or complementary therapies. The applicant must also successfully complete a refresher course approved by the BON or an extensive orientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor who meets the following requirements: <ol style="list-style-type: none"> a) Holds an active unencumbered license or privilege to practice. b) Is in current practice in the advanced role and population foci. c) Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting. <p><i>***The preceptor may be a practicing physician or other licensed graduate prepared health care provider with comparable practice focus.</i></p> <p>c. Competence conduct</p> <p>APRN competence conduct is the same as previously stated for RN and LPN/VN competence conduct in 6.7.3.</p>
<p>c. Renewal of APRN License.</p> <p>APRN licenses issued under this Act shall be renewed at least every two years according to a schedule established by the BON. An applicant for APRN license renewal shall:</p> <ol style="list-style-type: none"> 1. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule. 2. Maintain national certification in the appropriate APRN role and at least one population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON. 3. Meet other requirements set forth in rule. 	<p>18.2.5 Application for Renewal of License as an APRN</p> <p>An applicant for license renewal as an APRN shall submit to the BON the required fee for license renewal, as specified in Chapter 15, and a completed license renewal application including:</p> <ol style="list-style-type: none"> a. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background. b. Evidence of completion of a minimum of 24 contact hours obtained within the most recent licensure renewal cycle; 12 hours in pharmacotherapeutics and 12 hours in the clinical management of patients from an approved continuing education provider recognized by the BON. No more than two pharmacology contact hours may concern the study of herbal or complementary therapies. c. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 19.2.1.

	<p>18.2.6 Quality Assurance/Documentation and Audit</p> <p>The BON may conduct a random audit of nurses to verify current APRN certification and/or continuing education. Upon request of the BON, licensees shall submit documentation of compliance as described in Chapter 6.</p>
<p>d. Reinstatement of APRN License</p> <p>The BON may reinstate an APRN nursing license as set forth in BON rules.</p>	<p>18.2.7 Reinstatement of APRN License</p> <p>The reinstatement of APRN licensure is the same as previously stated for RNs and LPN/VNs in Chapter 6 plus the following:</p> <p>a. Refresher course required</p> <p>An individual who applies for licensure reinstatement and who has been out of practice for more than five years shall provide evidence of passing an APRN nursing refresher course approved by the BON or an extensive orientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor who meets the following requirements:</p> <ol style="list-style-type: none"> 1. Holds an active unencumbered license. 2. Is in current practice in the advanced role and population foci. 3. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting. <p>The preceptor may be a practicing physician or other licensed graduate prepared health care provider with comparable practice focus.</p> <p>b. Reinstatement following disciplinary action</p> <p>For those licensees applying for licensure reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specified requirements set forth in the BON's discipline order, is required</p>
<p>e. Duties of Licensees</p> <p>The duties of licensees are the same as previously stated for RNs and LPN/VNs in Article VI, Section 12.</p> <p>In addition, at reasonable intervals, the APRN shall be afforded the opportunity to demonstrate competence to resume the practice of nursing with reasonable skill and safety to patients</p>	
<p>Section 3: Titles and Abbreviations for APRNs.</p> <p>Only those persons who hold a license or privilege to practice advanced practice nursing in this state shall have the right to use the title "advanced practice registered nurse" and the roles of "certified registered nurse anesthetist," "certified nurse midwife," "clinical nurse specialist" and "certified nurse practitioner;" and the abbreviations "APRN," "CRNA," "CNM," "CNS" and "CNP," respectively.</p> <p>The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist and for a certified nurse practitioner will be APRN, plus the role title, i.e., CRNA, CNM, CNS and CNP.</p> <p>It shall be unlawful for any person to use the title "APRN" or "APRN" plus their respective role titles, authorized abbreviations or any other title that would lead a person to believe the individual is an APRN, unless permitted by this Act.</p>	<p>18.3. Titles and Abbreviations for APRNs</p> <p>Individuals are licensed or granted privilege to practice as APRNs in the roles of registered nurse anesthetist (CRNA), nurse midwife (CNM), clinical nurse specialist (CNS) and nurse practitioner (CNP) and in the population foci of family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric/mental health.</p> <p>Each APRN shall use the designation "APRN" plus role title as a minimum for purposes of identification and documentation. The APRN with an earned doctorate may use the term doctor or abbreviation "Dr."</p> <p>When providing nursing care, the APRN shall provide clear identification that indicates his/her APRN designation.</p>

<p>Section 4. APRN Nursing Education Programs.</p> <p>a. Approval standards. The BON shall, by administrative rules, set standards for the establishment and outcomes of nursing education programs, including clinical learning experiences, and approve such programs that meet the requirements of the Act and BON rules.</p>	<p>18.4 APRN Nursing Education</p> <p>18.4.1. Purpose of Nursing Education Standards The purpose of APRN nursing education standards is the same as previously stated for RN and LPN/VN in Section 9.1.</p> <p>18.4.2. Required Criteria for APRN Nursing Education Programs The BON shall determine whether an APRN nursing education program meets the qualifications for the establishment of a school based upon the following standards:</p> <p>a. Faculty</p> <ol style="list-style-type: none"> 1. APRN program administrator qualifications shall include: <ol style="list-style-type: none"> a) A current, active, unencumbered APRN license or privilege to practice in the state where the program is approved and/or accredited. b) A doctoral degree in a health-related field. c) Educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration, and at least two years of clinical experience. d) A current knowledge of APRN practice. 2. Qualifications for nursing faculty who teach in the clinical learning experiences leading to licensure as an APRN: <ol style="list-style-type: none"> a) A current, active, unencumbered APRN license or privilege to practice in the state where the program is approved and/or accredited. b) A minimum of a master's degree in nursing or health related field in the clinical specialty. c) Two years of APRN clinical experience. d) Current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities. <p><i>*** Doctorate education is desirable for faculty of the APRN graduate nursing education track.</i></p> <p><i>***There is an evolving field of nursing where the nurse is educated with a practice doctorate, also termed a nurse doctorate. This education emphasizes the science of nursing practice, rather than nursing theory and research. BONs should be aware of this movement and understand how it differs from traditional doctoral education and consider this degree for faculty qualifications for all three types of programs when appropriate.</i></p> <ol style="list-style-type: none"> 3. Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching. 4. Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content.
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5. Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace them. Clinical preceptors will be approved by faculty and meet the following requirements:

- a) Hold an active unencumbered APRN license or privilege to practice.
- b) Is in current practice in the advanced role and population focus.
- c) Function as a supervisor and teacher and evaluates the student's performance in the clinical setting.

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

b. Curriculum

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

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

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

2. Diagnosis and management of diseases across practice settings including diseases representative of all systems and caused by major morbidities.
3. Preparation that provides a basic understanding of the principles for decision making in the identified role.
4. Preparation in the core competencies for the identified APRN role.
5. Role preparation in one of the six population foci of practice.

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

c. Additional required components of graduate education programs preparing APRNs

1. Each student enrolled in an APRN program shall have an unencumbered license or privilege to practice in this state and be currently licensed as an RN in this state prior to involvement in clinical practice as a student APRN, unless exempted from this licensure requirement under §14.1.

****This requirement for RN licensure reflects that APRN roles and population foci build upon educational preparation and experience as an RN.*

2. Education programs offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice role and at least one population focus or post-masters certificate programs offered by an accredited college or university shall include the following components:

a) Clinical supervision congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus.

b) Curriculum that is congruent with national standards for graduate level and advanced practice nursing education, is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to:

- i. Graduate APRN program core courses.
- ii. An advanced practice nursing core, including legal, ethical and professional responsibilities of the APRN.

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

c) Coursework focusing on the APRN role and population focus. The curriculum meets the following criteria:

- i. Shall be consistent with competencies of the specific areas of practice.
- ii. APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci.
- iii. Each instructional track/major shall have a minimum of 500 supervised clinical hours as defined by the BON. The supervised experience is directly related to the role and population foci, including pharmacotherapeutic management of patients.
- iv. There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and population foci. Post-masters nursing students shall complete the requirements of the master's APRN program through a formal graduate level certificate in the desired role and population foci. Post-master students must master the same APRN outcome competencies as the master level students.

	<p>***"The advanced practice nursing student prepared in any of the current direct care provider roles must receive sufficient clinical experience to provide depth and breadth in a given population foci. A 500-hour supervised clinical is the standard of the National Organization of Nurse Practitioners Faculties, the National Task Force on Quality Nurse Practitioner Education, the National Association of Clinical Nurse Specialist and is endorsed by the American Association of Colleges of Nursing. BONs should be aware that other APRN groups are requiring set numbers of cases (nurse anesthetists) or mastery of clinical skills (nurse midwives) to meet the supervised clinical requirement.</p> <p>v. A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component for the role and population foci in the APRN program.</p>
<p>b. Process for determining compliance with standards. The BON shall, by administrative rules, identify the process for determining APRN nursing education program compliance with standards.</p>	<p>18.4.6 Models for Determining Compliance with Standards The models for determining compliance with APRN nursing education standards is the same as previously stated for RNs and LPN/VNs in Chapter 9.2.</p>
<p>c. Establishment of a new nursing education program. The BON shall set requirements for the establishment of a new APRN nursing education program. New programs will be preapproved by an accrediting body.</p>	<p>18.4.8 Establishment of a New APRN Nursing Education Program Before establishing a new nursing education program, the APRN program shall complete the process outlined below:</p> <ol style="list-style-type: none"> a. Application to the professional accrediting body. The proposed program shall provide the following information to the BON: <ol style="list-style-type: none"> 1. Results of a needs assessment, including identification of potential students and employment opportunities for program graduates. 2. Identification of sufficient financial and other resources. 3. Governing institution approval and support. 4. Community support. 5. Type of educational program proposed. 6. Clinical opportunities and availability of resources. 7. Availability of qualified faculty. 8. A pool of available students. 9. A proposed time line for initiating and expanding the program.

<p>Section 5. Prescribing and Ordering Authority. The BON grants prescribing and ordering authority through the APRN license. All licensed APRNs are authorized to diagnose, prescribe and institute therapy or referrals of patients to health care agencies, health care providers and community resources. They are authorized to prescribe, procure, administer and dispense over the counter, legend and controlled substances. They are authorized to plan and initiate a therapeutic regimen that includes ordering and prescribing medical devices and equipment, nutrition, and diagnostic and supportive services including, but not limited to, home health care, hospice, and physical and occupational therapy.</p>	<p>18.5.1 Requirements for Prescribing and Ordering Authority</p> <p>a. Regulating authority. An APRN licensed by the BON may prescribe, procure, administer and dispense over the counter, legend and controlled substances pursuant to applicable state and federal laws. APRNs plan and initiate a therapeutic regimen that includes ordering and prescribing medical devices and equipment, nutrition, diagnostic and supportive services including, but not limited to, home health care, hospice, and physical and occupational therapy. BONs may limit the ability of APRNs to prescribe and order.</p> <p>b. Prescribing practices. Written, verbal or electronic prescriptions and orders shall comply with all applicable state and federal laws.</p> <p>1. All prescriptions shall include, but not be limited to, the following information:</p> <ul style="list-style-type: none"> a) Name, title, address and phone number of the APRN who is prescribing. b) Name of patient. c) Date of prescription. d) The full name of the drug, dosage, route, amount to be dispensed and directions for its use. e) Number of refills. f) Signature of prescriber on written prescription. g) DEA number of the prescriber on all scheduled drugs. <ul style="list-style-type: none"> i. The APRN shall comply with Federal Drug Enforcement Administration (DEA) requirements related to controlled substance. ii. The APRN shall immediately file any and all of the nurse's DEA registrations and numbers with the BON. iii. The BON shall maintain current records of all APRNs with DEA registration and numbers.
	<p>18.5.2 Distribution of Samples</p> <p>a. APRNs may receive, sign for, record and distribute samples to patients.</p> <p>b. Distribution of drug samples shall be in accordance with state law and DEA laws, regulations and guidelines.</p>

<p>Section 6. Discipline. APRN discipline and proceedings shall be the same as stated for RNs and LPN/VNs in Article XI.</p>	<p>18.6 Discipline</p> <p>18.6.1 APRN discipline and proceedings is the same as previously stated for RNs and LPN/VNs in Chapter 11.</p> <p>18.6.2 The BON may limit, restrict, deny, suspend or revoke APRN licensure and/or prescriptive and/or dispensing authority.</p> <p>18.6.3 Grounds for discipline related to prescriptive and/or dispensing authority include, but are not limited to:</p> <ul style="list-style-type: none"> a. Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards. b. Selling, purchasing, trading, or offering to sell, purchase or trade drug samples. c. Prescribing, dispensing, administering or distributing drugs for other than therapeutic or prophylactic purposes. d. Prescribing or distributing drugs to individuals who are not patients of the APRN or who are not within that nurse's role and population focus. <p><i>***These rules are related to the statutes, Article XI, Section 1 (authority) and Article XI, Section 2 (grounds for discipline).</i></p>
<p>Section 7. APRN Implementation. a. Any person holding a license to practice nursing as an APRN in this state that is valid on Dec. 30, 2015, shall be deemed to be licensed as an APRN under the provisions of this Act with their current privileges and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.</p>	<p>18.7.1 APRN Implementation After Dec. 31, 2015, all new graduates applying for APRN licensure must meet the stipulated licensure requirements.</p> <p>An APRN applying for licensure by endorsement in another state would be eligible for licensure if he/she demonstrates that the following criteria have been met:</p> <ul style="list-style-type: none"> a. Current, active practice in the advanced role and population focus area. b. Current active national certification, or recertification as applicable, in the advanced role and population focus area. c. Compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his/her APRN education program. d. Compliance with all other criteria set forth by the state in which the APRN is applying for licensure, e.g. continuing education.

Article XIX. APRN Compact	Chapter 19 – APRN Compact
<p><i>***Set out below are a series of enabling act provisions, which may be appropriate for states introducing the compact, depending on specific state requirements.</i></p> <p>Section 1. APRN Compact Enabling Language. The APRN Compact is hereby enacted and entered into with all other jurisdictions that legally join in the Compact, which is, in form, substantially as follows:</p> <p>a. The head of the licensing board, as used to define the compact administrator in Section h. APRN – Article VIII (1), shall mean <title of role designated as compact administrator>.</p> <p>b. For purposes of the APRN Compact, the term “APRN” includes individuals who are licensed/authorized to practice under <Title> as APRNs, in one of the following categories:</p> <ol style="list-style-type: none"> 1. CNP 2. CNS 3. CRNA 4. CNM <p>c. An APRN practicing in this state under a multi-state licensure privilege may only be granted prescriptive authority if they can document completion of graduate level course work in the following areas:</p> <ol style="list-style-type: none"> 1. Advanced health assessment 2. Pharmacotherapeutics 3. Diagnosis and treatment <p>d. An APRN practicing in this state under a multi-state licensure privilege who desires to obtain prescriptive authority must meet all the requirements of Subsection (2) and this Subsection, and be placed on a registry with the <name of agency>. To be placed on the registry, an APRN must:</p> <ol style="list-style-type: none"> 1. Submit a form prescribed by the <name of BON>. 2. Pay a fee. 3. If prescribing controlled substances: <ol style="list-style-type: none"> a) Obtain a controlled substance license as required under Section < >. b) If prescribing Schedule II or III Controlled Substances, have a consultation and referral plan with a physician licensed in <name of state> as required in Subsection < >. <p>e. To facilitate cross-state enforcement efforts, the legislature finds that it is necessary for <name of state> to have the power to recover from the affected APRN the costs of investigations and disposition of cases resulting from adverse actions taken by this state against that APRN. Coordinating language shall be inserted in the appropriate location in the NPA.</p>	

Section 2. APRN Compact.

a. APRN – ARTICLE I. Findings and declaration of purpose.

1. The party states find that:

- a) The health and safety of the public are affected by the degree of compliance with APRN licensure/authority to practice requirements and the effectiveness of enforcement activities related to state APRN licensure/authority to practice laws.
- b) Violations of APRN licensure/authority to practice and other laws regulating the practice of nursing may result in injury or harm to the public.
- c) The expanded mobility of APRNs and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of APRN licensure/authority to practice and regulation.
- d) New practice modalities and technology make compliance with individual state APRN licensure/authority to practice laws difficult and complex.
- e) The current system of duplicative APRN licensure/authority to practice for APRNs practicing in multiple states is cumbersome and redundant to both APRNs and states.
- f) Uniformity of APRN requirements throughout the states promotes public safety and public health benefits.
- g) Access to APRN services increases the public's access to health care, particularly in rural and underserved areas.

2. The general purposes of this Compact are to:

- a) Facilitate the states' responsibilities to protect the public's health and safety.
- b) Ensure and encourage the cooperation of party states in the areas of APRN licensure/authority to practice and regulation, including promotion of uniform licensure requirements.
- c) Facilitate the exchange of information between party states in the areas of APRN regulation, investigation and adverse actions.
- d) Promote compliance with the laws governing APRN practice in each jurisdiction.
- e) Invest all party states with the authority to hold an APRN accountable.
- f) Meet all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.

b. APRN – ARTICLE II. General provisions and jurisdiction.

1. All party states shall participate in the NLC for RNs and LPN/VNs in order to enter into the APRN Compact.
2. No state shall enter the APRN Compact until the state adopts, at a minimum, the APRN Uniform Licensure/Authority to Practice Requirements for each APRN role and title recognized by the state seeking to enter the APRN Compact.
3. APRN licensure/authority to practice issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate advanced practice privilege to the extent that the role and title are recognized by each party state. To obtain or retain APRN licensure/authority to practice as an APRN, an applicant must meet the home state's qualifications for authority or renewal of authority as well as all other applicable state laws.
4. The APRN multistate advanced practice privilege does not include prescriptive authority and does not affect any requirements imposed by states to grant to an APRN initial and continuing prescriptive authority, according to state practice laws. However, a party state may grant prescriptive authority to an individual on the basis of a multistate advanced practice privilege to the extent permitted by state practice laws.
5. A party state may, in accordance with state due process laws, limit or revoke the multistate advanced practice privilege in the party state and may take any other necessary actions under the party state's applicable laws to protect the health and safety of the party state's citizens. If a party state takes action, the party state shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.
6. An APRN practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is provided. The APRN practice includes patient care and all advanced nursing practice defined by the party state's practice laws. The APRN practice will subject an APRN to the jurisdiction of the licensing board, the courts and the laws of the party state.
7. Individuals not residing in a party state may apply for APRN licensure/authority to practice as an APRN under the laws of a party state. However, the authority to practice granted to these individuals will not be recognized as granting the privilege to practice as an APRN in any other party state unless explicitly agreed to by that party state.

19.1 APRN Uniform Requirements

As required in Article III, Section 2, the APRN Uniform Licensure/Authority to Practice Requirements are:

- a. For initial licensure/authority to practice in a recognized APRN role and title:
 1. Unencumbered RN license.
 2. Education congruent with APRN role and title:
 - a) Graduation from or completion of a graduate level APRN program accredited by a national accrediting body congruent with the APRN role and title.
 - b) Graduation from or completion of an educational program outside the U.S. that meets the same criteria for accreditation equivalent to a U.S. accrediting body.
 - c) Current certification by the national certifying body in the APRN specialty appropriate to educational preparation.
- b. For licensure/authority to practice in a multi-state privilege in a recognized APRN role and title through endorsement from another jurisdiction, an applicant shall provide evidence of:
 1. Meeting education requirements for initial licensure/authority to practice.
 2. Demonstrating successful completion of approved APRN certificate program prior to Dec. 31, 2004.
 3. Unencumbered RN license.
 4. Unencumbered APRN licensure/authority to practice in another jurisdiction.
 5. Education congruent with the APRN role and title.
 6. Current certification by a national certifying body in the APRN specialty appropriate to the educational preparation.
 7. Authorization to practice as an APRN in another jurisdiction through a mechanism to ensure initial competence when no appropriate certification examination exists.
- c. The Grandfathering clause
 1. Option one: The minimum educational requirement in Subsection (2) for a multistate licensure privilege is completion of a graduate level APRN program. Those states that adopt these rules on a date later than Dec. 31, 2003, for implementing a mandatory graduate degree for licensure/authority to practice as an APRN in their respective states shall issue to an individual who does not meet the requirements set forth in Subsection (2) an APRN single state licensure/authority to practice. However, any licensure/authority to practice as an APRN issued prior to Dec. 31, 2003, shall include a multistate licensure privilege.
 2. Option two: The minimum educational requirement in Subsection (2) for a multistate licensure privilege is completion of a graduate level APRN program. However, any licensure/authority to practice as an APRN issued prior to the effective date of these rules shall include a multistate licensure privilege.

c. APRN – ARTICLE III. Applications for APRN licensure/authority to practice in a party state.

1. Once an application for APRN licensure/authority to practice is submitted, a party state shall ascertain through the coordinated licensure information system whether:

a) The applicant has held or is the holder of a nursing license/authority to practice issued by another state.

b) The applicant has had a history of previous disciplinary action by any state.

c) An encumbrance exists on any license/authority to practice.

d) Any other adverse action by any other state has been taken against a license/authority to practice. This information may be used in approving or denying an application for APRN licensure/authority to practice.

2. An APRN in a party state shall hold APRN licensure/authority to practice in only one party state at a time, issued by the home state.

3. An APRN who intends to change primary state of residence may apply for APRN licensure/authority to practice in the new home state in advance of such change. However, new licensure/authority to practice will not be issued by a party state until after an APRN provides evidence of change in primary state of residence satisfactory to the new home state's licensing board.

4. When an APRN changes primary state of residence by:

a) Moving between two party states and obtains APRN licensure/authority to practice from the new home state; the APRN licensure/authority to practice from the former home state is no longer valid.

b) Moving from a non-party state to a party state and obtains APRN licensure/authority to practice from the new home state; the individual state license issued by the nonparty state is not affected and will remain in full force if so provided by the laws of the non-party state.

c) Moving from a party state to a non-party state, the APRN licensure/authority to practice issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.

d. APRN prescriptive authority and registry

1. An APRN working in party states in the same role and title as in the home state, who wishes to prescribe in a remote state, shall comply with the remote state's requirements to obtain prescriptive authority.

2. This rule does not preclude a state that automatically grants prescriptive authority as part of the APRN scope of practice from similarly granting prescriptive authority as part of the APRN privilege.

e. APRN practicing as an RN

1. The APRN multistate privilege includes the authority to practice as an RN in party states.

f. Issuance of a licensure/authority to practice by a Compact party state.

1. An APRN applying for licensure/authority to practice in a party state shall produce evidence of the nurse's primary state of residence. Such evidence shall include a declaration signed by the licensee. Further evidence that may be requested may include, but is not limited to:

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.

***The statutory basis for this rule is Article II § 5) and Article IV §§ 4) and 5).

2. An APRN changing primary state of residence, from one party state to another party state, may continue to practice under the former home state licensure/authority to practice and multistate licensure privilege during the processing of the nurse's licensure application in the new home state for a period not to exceed 30 days.

***The statutory basis for this rule is Article IV, §§ 2), 3) and 4).

3. The licensure application in the new home state of an APRN, under pending investigation by the former home state, shall be held in abeyance and the 30 day period in section be stayed until resolution of the pending investigation.

***The statutory basis for this rule is Article V, § 2).

4. The former home state licensure/authority to practice shall no longer be valid upon the issuance of a new home state license.

***The statutory basis for this rule is Article IV, § 4).

5. If a decision is made by the new home state denying licensure/authority to practice, the new home state shall notify the former home state within 10 business days and the former home state may take action in accordance with that state's laws and rules.

d. APRN – ARTICLE IV. Adverse actions. In addition to the general provisions described in Article III, the following provisions apply:

1. The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions including the factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.
2. The licensing board of a party state shall have the authority to complete any pending investigations for an APRN who changes primary state of residence during the course of such investigations. It shall also have the authority to take appropriate action(s) and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.
3. A remote state may take adverse action affecting the multi-state advanced practice privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the APRN licensure/authority to practice issued by the home state.
4. For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state, as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.
5. The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action.
6. Nothing in this Compact shall override a party state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the party state's laws. Party states must require APRNs who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.
7. All home state licensing board disciplinary orders, agreed or otherwise, that limit the scope of the APRN's practice or require monitoring of the APRN as a condition of the order shall include the requirement that the APRN limit his/her practice to the home state during the pendency of the order. This requirement may allow the APRN to practice in other party states with prior written authorization from both the home state and party state licensing boards.

<p>e. APRN – ARTICLE V. Additional authorities invested in party state licensing boards. Notwithstanding any other powers, party state licensing boards shall have the authority to:</p> <ol style="list-style-type: none"> 1. If otherwise permitted by state law, recover from the affected APRN the costs of investigations and disposition of cases resulting from any adverse action taken against that APRN. 2. Issue subpoenas for both hearings and investigations, which require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located. 3. Issue cease and desist orders to limit or revoke an APRN's privilege or licensure/authority to practice in their state. 4. Promulgate uniform rules and regulations as provided for in Section h. APRN - Article VIII, Section 3. 	
<p>f. APRN – ARTICLE VI. Coordinated licensure information system.</p> <ol style="list-style-type: none"> 1. All party states shall participate in a cooperative effort to create a coordinated database of all APRNs. This system will include information on the APRN licensure/authority to practice and disciplinary history of each APRN, as contributed by party states, to assist in the coordination of APRN licensure/authority to practice and enforcement efforts. 2. Notwithstanding any other provision of law, all party states' licensing boards shall promptly report adverse actions, actions against multistate advanced practice privileges, any current significant investigative information yet to result in adverse action, denials of applications, and the reasons for such denials, to the coordinated licensure information system. 3. Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards. 4. Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state. 5. Any personally identifiable information obtained by a party states' licensing BON from the coordinated licensure information system may not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information. 	<p>19.2 Information System</p> <ol style="list-style-type: none"> a. Levels of access <ol style="list-style-type: none"> 1. The public shall have access to nurse licensure information limited to: <ol style="list-style-type: none"> a) The nurse's name. b) Jurisdiction(s) of licensure/authority to practice. c) License expiration date. d) Licensure classification(s) and status(es). e) Public emergency and final disciplinary actions defined by contributing state authority. f) The status of multistate licensure/authority to practice privilege. 2. Non-party state BONs shall have access to all information system data contributed by the party states and other information as limited by contributing party state authority. 3. Party state BONs shall have access to all information system data contributed by the party states and other information as limited by contributing non-party state authority. <p>***The statutory basis for this rule is Article VII, § 7).</p> <ol style="list-style-type: none"> b. The licensee may request in writing to the home state BON that the BON review the data relating to the licensee in the information system. In the event a licensee asserts that any data relating to him/her is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The BON shall verify and within 10 business days correct inaccurate data to the information system. <p>***The statutory basis for this rule is Article VII, § 7).</p>

<p>6. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.</p> <p>7. The Compact administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection and exchange of information under this Compact.</p>	<p>c. The BON shall report to the information system within 10 business days:</p> <ol style="list-style-type: none"> 1. Disciplinary action, agreement or order requiring participation in alternative programs or agreements that 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. 3. Change in status of disciplinary action, or licensure encumbrance. <p><i>***The statutory basis for this rule is Article VII, § 2).</i></p> <p>d. Current significant investigative information shall be deleted from the information system within 10 business days upon report of the disciplinary action, agreement or order requiring participation in alternative programs or agreements that limit practice or require monitoring or dismissal of a complaint.</p> <p><i>***The statutory basis for this rule is Article VII, §§ 2) and 6).</i></p> <p>e. Changes to licensure information in the Information System shall be completed within ten (10) business days upon notification by a BON.</p> <p><i>***The statutory basis for this rule is Article VII, §§ 2) and 6).</i></p>
<p>g. APRN – ARTICLE VII. Compact administration and interchange of information.</p> <ol style="list-style-type: none"> 1. The head of the licensing board, or his/her designee, of each party state shall be the administrator of this Compact for his/her state. 2. The Compact administrator of each party state shall furnish to the Compact administrator of each other party state any information and documents including, but not limited to, a uniform data set of investigations, identifying information, licensure data and disclosable alternative program participation information to facilitate the administration of this Compact. 3. Compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of this Compact. These uniform rules shall be adopted by party states, under the authority invested under Section f APRN – Article VI (4). <p>h. APRN – ARTICLE VIII. Immunity. No party state or officer, employee or agent of a party state’s nurse licensing board who acts in accordance with the provisions of the NLC shall be liable on account of any act or omission in good faith while engaged in the performance of his/her duty under this Compact. Good faith in this article shall not include willful misconduct, gross negligence or recklessness.</p>	

i. APRN – ARTICLE IX. Entry into force, withdrawal and amendment.

1. This Compact shall enter into force and become effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this Compact by enacting a statute repealing the same, but no such withdrawal shall take effect until six months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.

2. No withdrawal shall affect the validity or applicability by the licensing boards of states remaining party to the Compact of any report of adverse action occurring prior to the withdrawal.

3. Nothing contained in this Compact shall be construed to invalidate or prevent any APRN licensure/authority to practice agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this Compact.

4. This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon the party states unless, and until, it is enacted into the laws of all party states.

j. ARTICLE X. Construction and severability.

1. The NLC shall be liberally construed so as to effectuate the purposes thereof. The provisions of the NLC shall be severable and if any phrase, clause, sentence or provision of the NLC is declared to be contrary to the constitution of any party state or of the U.S., or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of the NLC and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If the NLC shall be held contrary to the constitution of any state party thereto, the NLC shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

2. In the event party states find a need for settling disputes arising under this Compact:

a) The party states may submit the issues in dispute to an arbitration panel, which shall be comprised of an individual appointed by the Compact administrator in the home state; an individual appointed by the Compact administrator in the remote state(s) involved; and an individual mutually agreed upon by the Compact administrators of all the party states involved in the dispute.

b) The decision of a majority of the arbitrators shall be final and binding.

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