

Consideration of Adoption of Amendments to 22 Tex. Admin. Code § 221.4, Relating to Requirements for Full Authorization to Practice; §221.5, Relating to Provisional Authorization; and §221.6, Relating to Interim Approval

Summary of Request: Consider a request to adopt amendments to Rules 221.4, 221.5, and 221.6 for the purpose of aligning Rule 221 with Chapter 305 of the Nursing Practice Act [the Advanced Practice Registered Nurse (APRN) Compact] and national standards. The Board is also requested to consider the comment received and response to that comment.

Historical Perspective: At its July 2008 meeting, the Board proposed revisions to Rules 221.4, 221.5 and 221.6. The proposed rule language included the following changes from current rule:

- Begins referring to nurses in advanced practice as advanced practice registered nurses (APRNs) rather than the term advanced practice nurses that is currently utilized. APRN is the term utilized in the advanced practice compact language, and the term clearly identifies the licensee as both an advanced practice nurse and a registered nurse.
- Refers to authorization to practice as licensure rather than continuing to refer to advanced practice approval as an authorization that is linked to registered nurse (RN) licensure. The process used to review and approve applicants as advanced practice nurses is a licensure process, even though it is not presently called a license. Calling the approval a license will not change the advanced practice nurse's scope of practice in any way. The scope of practice will remain as set forth in current laws and regulations. This change is consistent with the term and process utilized by at least 50% of boards of nursing that are members of the National Council of State Boards of Nursing (Member Board Profiles, data last updated January 22, 2008).
- Retains the requirement for RN licensure. Calling the approval a license is not intended to replace RN licensure; rather, it will assist the public by providing greater clarity in identifying those RNs who are eligible to practice as APRNs in this state. The public is familiar with the concept of licensure for LVNs and RNs, and this change would reinforce to the public that advanced practice nurses require formal education beyond the RN level and must meet certain criteria to practice at the advanced practice level.
- Eliminates provisional authorization to practice for new graduates. The public, employers, and legislators have relayed to staff that the concept of provisional authorization is confusing. Eliminating this level will help to eliminate the confusion associated with it. Additionally, all certifying examinations are available via computer testing methods, allowing applicants to test quickly after graduation. Based on data from the NCSBN, graduates who delay taking VN or RN licensure examinations after graduation are less likely to be successful. It is reasonable to consider that this same concept is applicable to APRNs and certification examinations.
- In order to allow adequate time for test results to be received, the proposed rule increases the interim approval period to 120 days from the current 90.

The proposed rules were published in the August 8, 2008 issue of the *Texas Register* (Attachment A). One comment was received from Josie R. Williams, MD, on behalf of the Texas Medical Association (Attachment B). The comments from Dr. Williams address two areas of concern to the Texas Medical Association.

First, Dr. Williams contends that the preamble should have stated that advanced practice nurses provide medical aspects of patient care under the delegated authority of a physician. The Board does not dispute that physician delegation is required when advanced practice nurses provide medical aspects of patient care, and

this is provided for in current law. Requirements for physician delegation are clearly stated in Rule 221.13(d). The intent of the preamble was to describe the types of activities that advanced practice nurses are engaged in as part of the care they provide. It was not the intent of the preamble to address how the legal authority to provide advanced practice nursing care is derived.

The second comment states that the Board may be exceeding its statutory authority by calling the advanced practice approval process a license. Advanced practice nurses are entitled to due process before that recognition can be taken away. The process utilized to review an advanced practice nurse's qualifications will not change; rather, it is terminology that changes and allows for a logical numerical tracking system of individuals approved to practice as advanced practice nurses..

Pros and Cons: The proposed changes will provide greater clarity and understanding of the requirements for licensure. The language will be more consistent with other boards of nursing as well as national standards. Licensure will enhance the Board's regulatory oversight of advanced practice registered nurses, improving its ability to protect the public.

Recommendation: Move to adopt the amendments to Rules 221.4, 221.5 and 221.6 as proposed in the August 8, 2008 issue of the *Texas Register*. Staff is authorized to publish the response to comments from the Texas Medical Association as provided for in Attachment C.

Proposed Amendments to Rules as Published in the *Texas Register*
(33 TexReg 6305)

CHAPTER 221. ADVANCED PRACTICE NURSES

The Texas Board of Nursing (Board) proposes amendments to §221.4 and §221.6 and the repeal of §221.5, concerning Advanced Practice Nurses. The proposed amendments and repeal are necessary for the purpose of aligning 22 TAC Chapter 221 with Chapter 305 of the Nursing Practice Act (the Advanced Practice Registered Nurse (APRN) Compact) and national standards.

At its October 2007 meeting, the Board charged the Advanced Practice Nursing Advisory Committee (APNAC) with reviewing Rule 221 and discussing issues related to recognition of advanced practice nurses in preparation for implementation of the APRN Compact. As part of its discussion, the Board directed the APNAC to examine two specific issues. First, the issue of whether Texas should begin referring to nurses in advanced practice as APRNs rather than as APNs (advanced practice nurses). APRN is the term utilized in the compact language, and the term clearly identifies the licensee as both an advanced practice nurse and a registered nurse. It was the consensus of the APNAC to recommend that the Board begin using APRN in order to be consistent with Chapter 305 of the Nursing Practice Act.

The other issue the Board directed the APNAC to discuss is whether it would be in the best interest of the public to refer to authorization to practice as licensure rather than continuing to refer to advanced practice approval as an authorization that is linked to registered nurse (RN) licensure. The process used to review and approve applicants as advanced practice nurses is a licensure process, even though it is not presently called a license. Calling the approval a license will not change the advanced practice nurse's scope of practice in any way. The APRN's scope of practice will remain as set forth in current laws and regulations.

The Board utilizes a licensure process because it believes advanced practice nursing has evolved as a result of the complexity of services provided and the level of knowledge, skills, and competence required by individuals who provide such care. The services provided by APRNs exceed the scope of practice of RNs. Therefore, the potential for harm to the public is significantly greater for APRNs than for RNs, and a higher level of accountability is necessary. The Board's approval process ensures public protection through activities that include but are not limited to a detailed review of the individual's advanced practice nursing educational preparation related to the specialty for which he/she is seeking approval, verification of current RN licensure, and verification of appropriate national certification in the role and specialty that is congruent with the advanced practice nursing education. At least 50% of boards that are members of the National Council of State Boards of Nursing (NCSBN) already refer to their approval process for nurse anesthetists, nurse midwives and nurse practitioners as licensure. Nearly 40% also license clinical nurse specialists (NCSBN Member Board Profiles, data last updated January 22, 2008).

Typically, licensure is considered the preferred method of regulation when the regulated activities are complex, requiring specialized knowledge, skills, and decision-making. Licensure in any profession is required when the potential for greater risk of harm to the public exists and the professional must be held to the highest level of accountability. Another key element of licensure is a unique and identifiable scope of practice. APRNs are engaged in activities that may include functions such as making medical diagnoses and ordering appropriate pharmacologic and non-pharmacologic care in collaboration with a delegating physician. The knowledge, skills and abilities required to provide advanced practice nursing care significantly exceed those acquired through entry-level nursing education programs that prepare individuals as RNs. Likewise, their scope of practice goes well beyond that of the RN and cannot be performed without completing an advanced practice nursing educational program. Therefore, the Board has established the minimum qualifications necessary for safe and competent practice, and applications for licensure are reviewed to determine that all qualifications have been met.

Calling the approval a license is not intended to replace RN licensure; rather, it will assist the public by providing greater clarity in identifying those RNs who are eligible to practice as APRNs in this state. The public is familiar with the concept of licensure for LVNs and RNs, and this change would reinforce to the public that APRNs complete formal education beyond the RN level and must meet certain criteria to practice at the advanced practice level. The APNAC recommends that the Board consider using the term licensure to describe the advanced practice recognition process.

One of the biggest changes recommended by the APNAC is to eliminate provisional authorization to practice for new graduates. The public, employers, and legislators have relayed to staff that the concept of provisional authorization is confusing. Eliminating this level will help to eliminate the confusion associated with it. Additionally, all certifying examinations are available via computer testing methods, allowing applicants to test quickly after graduation. Based on data from the NCSBN, graduates who delay taking VN or RN licensure examinations after graduation are less likely to be successful. It is reasonable to consider that this same concept is applicable to APRNs and certification examinations. In order to allow adequate time for test results to be received, the APNAC also recommends changing the interim approval period to 120 days from the current 90.

Katherine Thomas, Executive Director, has determined that for the first five-year period the proposal is in effect there will be no additional fiscal implications for state or local government as a result of enforcing the rules as proposed.

Ms. Thomas has also determined that for each year of the first five years the proposal is in effect, the public benefit will be that those individuals seeking authorization to practice as an advanced practice registered nurse will have demonstrated minimum qualifications necessary for safe and competent practice, and applications for licensure are reviewed to determine that all qualifications have been met. There will not be any foreseeable effect on small or micro businesses. There are no anticipated costs to affected individuals as a result of the implementation of the proposed rules.

Written comments on the proposal may be submitted to Dusty Johnston, General Counsel, Texas Board of Nursing, 333 Guadalupe, Suite 3-460, Austin, Texas 78701, or by e-mail to dusty.johnston@bon.state.tx.us, or by fax to Dusty Johnston at (512) 305-8101.

22 TAC §221.4, §221.6

The amendments are proposed pursuant to the authority of Texas Occupations Code §301.151 which authorizes the Texas Board of Nursing to adopt, enforce, and repeal rules consistent with its legislative authority under the Nursing Practice Act.

No other statutes, articles or codes are affected by this proposal.

§221.4. Advanced Practice Registered Nurse Licensure Requirements [~~for Full Authorization to Practice~~].

(a) Advanced practice registered nurse licensure is issued for the purpose of authorizing a registered nurse to practice in a specific advanced practice role and population-focus area.

(b) [(a)] The applicant for licensure as an advanced practice registered [professional] nurse shall [who seeks authorization to practice as an advanced practice nurse must]:

(1) Hold [hold] a current, valid, unencumbered license or privilege to practice as a registered nurse in the State of Texas [or reside in any party state and hold a current, valid, unencumbered registered nurse license in that state];

(2) Submit [submit] to the board such evidence as required by the board to insure compliance with the advanced practice educational requirements set forth in [~~§221.3 of~~] this chapter . Such evidence shall include official documentation verifying graduation from a graduate level advanced practice registered nurse educational program accredited by a national nursing education accrediting body that is recognized by the

U.S. Department of Education and the Board. This documentation shall verify the date of graduation, credential conferred and provide evidence of meeting the standards of advanced practice registered nursing education in this state as described in this chapter. All applicants, including those seeking licensure by endorsement, must demonstrate that the educational requirements set forth in this chapter have been met. A transcript is required prior to the issuance of a permanent license. [(relating to Education);]

(3) Attest [attest], on forms provided by the board, to having completed a [-met the] minimum of 400 hours of current practice within the last 24 calendar months in the advanced practice role and population-focus area for which the applicant is applying [the preceding biennium] unless the applicant has completed an advanced practice registered nursing educational program in this advanced practice role and population-focus area within the last 24 calendar months. [preceding biennium;]

(A) If less than four years but more than two years have lapsed since completion of the advanced practice nursing educational program and/or the applicant does not have 400 hours of current practice in the advanced practice role and population focus area during the previous 24 calendar months, the advanced practice registered nurse shall be required to demonstrate proof of completion of 400 hours of current practice obtained under the direct supervision of an advanced practice registered nurse licensed by the board in the same role and population focus area or by a physician in the same specialty.

(B) If more than four years have lapsed since completion of the advanced practice nursing educational program and/or the applicant has not practiced in the advanced practice role during the previous four years, the applicant shall successfully complete a refresher course or extensive orientation in the appropriate advanced practice role and population focus area that includes a supervised clinical component by a qualified instructor/sponsor.

(i) The course(s)/orientation shall be of sufficient length to satisfy the learning needs of the applicant and to assure that he/she meets the minimum standard for safe, competent care and include a minimum of 400 hours of current practice as described in subparagraph (A) of this paragraph. The course(s)/orientation shall cover the entire scope of the authorized advanced practice role and population focus area. Content shall include, but not be limited to that which is specified in board guidelines.

(ii) The instructor/sponsor must provide written verification of satisfactory completion of the refresher course/extensive orientation on forms provided by the board and assurance that the individual has reviewed current practice-related information pertinent to his/her advanced practice role and population focus area.

(4) Attest [attest], on forms provided by the board, to having obtained 20 contact hours of continuing education within the last 24 calendar months appropriate for [-in] the advanced practice [specialty and] role and population-focus area for which the applicant is applying [recognized by the board every two years]. Continuing education in the advanced practice [specialty and] role and population-focus area must meet the requirements of Chapter 216 of this title (relating to Continuing Education). The 20 contact hours required for RN licensure may be met by the 20 hours required by this subsection; and

(5) Respond to questions regarding personal background, including, but not limited to, information relating to:

(A) Disciplinary action or investigation regarding any professional license or credential;

(B) Criminal offenses, including those pending appeal;

(C) Current investigation by a grand jury or governmental agency;

(D) Any chemical, physical or mental impairment and/or disability or treatment for such that impacts the advanced practice registered nurse's ability to practice nursing safely, and a description of accommodations and/or practice limitations needed, if any;

(E) Any current substance use, misuse, or abuse; and,

(F) A detailed explanation and supporting documentation regarding any background information disclosed.

(6) ~~(5)~~ Submit ~~[submit]~~ the required ~~, non-refundable application~~ ~~[~~credentiating~~] fee~~[- which is not refundable]~~.~~

(c) ~~(b)~~ Applicants who completed their advanced practice nursing educational programs on or after January 1, 1996 must submit evidence of current certification in an advanced practice role and population focus area recognized by the Board that is congruent with the advanced practice nursing educational preparation. The certification examination shall be recognized by the Board for the role and population-focus area. If a specific certification examination does not exist for the role and population focus area, the board ~~[The applicant for advanced practice nurse authorization who completed an advanced educational programs on or after January 1, 1996 must submit to the board such evidence as required by the board to ensure the applicant holds current certification in an the advanced nursing role and specialty recognized by the board. Such certification must be granted by a national certifying body recognized by the board. The Board]~~ reserves the right to designate a ~~[an available]~~ national certification examination in a closely related population focus area. ~~[specialty which that must be taken in lieu of an examination specifically related to the specialty.]~~ If ~~[an appropriate certification examination is not available and]~~ the Board ~~[board]~~ has not designated an alternate examination, the applicant may petition the board for waiver from the certification requirement, according to the exceptions specified in [§221.7(c) of] this chapter ~~[(relating to Petitions for Waiver)]~~.

(d) ~~(e)~~ Advanced practice ~~registered~~ nurse applicants who wish to practice in ~~[-be authorized by the board for]~~ more than one role and/or population-focus area ~~[designation]~~ shall complete additional education in the desired area(s) of licensure ~~[-approval]~~ in compliance with the educational requirements set forth in [§221.3 of] this chapter and meet all requirements for licensure in each additional role or population-focus area ~~[obtain national certification in the advanced role and specialty from a national certifying body recognized by the board]~~. To apply for licensure ~~[authorization]~~ for more than one title ~~[designation]~~, the applicant shall submit a separate application and fee for each desired title ~~[designation]~~. Additional licensure is required for those licensed advanced practice registered nurses seeking to include an additional:

(1) Advanced practice role and population-focus area.

(2) Population-focus area within the same advanced practice role, or

(3) Advanced practice role within the same population focus area.

(e) ~~(d)~~ After review by the board and verification that all requirements have been met, ~~[-notification of acceptability of credentials and]~~ a certificate verifying licensure ~~[approval]~~ shall be sent to the advanced practice registered nurse.

§221.6. Interim Approval.

(a) Interim approval is a time-limited permit to practice nursing in a specific advanced practice role and population-focus area.

(b) ~~(a)~~ Interim approval may be granted to eligible applicants. Interim approval permits the advanced practice registered nurse applicant to practice without prescriptive authority while ~~[by the board pending completion of]~~ the application is reviewed ~~[process for a period not to exceed 90 days. Extensions of the interim approval period shall not be granted]~~.

(1) The ~~[registered nurse seeking interim approval as an]~~ advanced practice registered nurse applicant who meets all requirements and applies for interim approval must complete documents ~~[documentation]~~ provided by the board attesting ~~[verifying]~~ that: ~~[-he/she meets all requirements of this chapter and has completed and mailed the appropriate documents to the educational program or organization for completion.]~~

(A) He/She meets all requirements for full licensure in an advanced practice registered nurse role and population-focus area in the state of Texas; and,

(B) Has completed and submitted the appropriate documents to the advanced practice nursing educational program or designated organization for completion.

(2) An applicant for licensure as an advanced practice registered nurse who is a new graduate of an advanced practice registered nursing education program may be eligible for interim approval.

(A) The graduate advanced practice registered nurse applicant must apply for interim approval within six months of the program completion date.

(B) The graduate advanced practice registered nurse applicant must provide verification that he/she is approved by a national certifying body to sit for the national certification examination recognized by the Board for the advanced practice role and population focus area that is congruent with his/her advanced practice nursing educational preparation.

(C) The graduate advanced practice registered nurse shall notify the board of the official national certification examination results.

(D) Interim approval to practice as a graduate advanced practice registered nurse shall expire immediately when the applicant receives notice from the national certifying body that he/she has failed the national certification examination.

(i) Failure to pass the certification examination on the first attempt immediately renders the applicant ineligible to practice in the advanced practice role or utilize that advanced practice registered nurse title or titles that imply the bearer is an advanced practice registered nurse.

(ii) The applicant must immediately notify the board of the examination results and return the original interim approval document to the board's office accompanied by a photocopy of the examination results. Upon notification of the examination failure, the board will issue written notification that the interim approval to practice is rescinded and the application for advanced practice registered nurse licensure is denied.

(iii) An applicant who fails to pass the certification examination may continue to practice as a registered nurse.

~~[(2) A letter shall be issued by the board granting interim approval.]~~

(3) Interim approval may be granted for a period of up to 120 days. An eligible applicant may be granted [is eligible for] interim approval one time only per [specialty and] role and population-focus area. Extensions or renewals of the interim approval period shall not be granted.

(4) The Board grants interim approval to eligible advanced practice registered nurse applicants.

(c) ~~[(b)]~~ An advanced practice registered nurse applicant who submits a request for waiver from the requirements for licensure ~~[of the rules as]~~ set forth in ~~[\$221.4 (relating to Full Authorization to Practice) and \$221.5 (relating to Provisional Authorization) of]~~ this chapter shall not be eligible for interim approval unless otherwise indicated in this chapter.

(d) ~~[(e)]~~ If an advanced practice registered nurse applicant is deemed ineligible for licensure ~~[advanced practice authorization]~~, the interim approval will be rescinded immediately, effective on the date the notice is sent by mail. The applicant must cease practicing ~~[-holding him/herself out]~~ as an advanced practice registered nurse and may no longer use any ~~[or using]~~ titles that ~~[(t)]~~ imply to the public that he/she is an advanced practice registered nurse.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's legal authority to adopt.

Filed with the Office of the Secretary of State on July 28, 2008.

TRD-200803911

James W. Johnston
General Counsel
Texas Board of Nursing
Earliest possible date of adoption: September 7, 2008
For further information, please call: (512) 305-6811

22 TAC § 221.5

(Editor's note: The text of the following section proposed for repeal will not be published. The section may be examined in the offices of the Texas Board of Nursing or in the Texas Register office, Room 245, James Earl Rudder Building, 1019 Brazos Street, Austin.)

The repeal is proposed pursuant to the authority of Texas Occupations Code §301.151 which authorizes the Texas Board of Nursing to adopt, enforce, and repeal rules consistent with its legislative authority under the Nursing Practice Act.

No other statutes, articles or codes are affected by this proposal.

§221.5.Provisional Authorization.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's legal authority to adopt.

Filed with the Office of the Secretary of State on July 28, 2008.
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James W. Johnston
General Counsel
Texas Board of Nursing
Earliest possible date of adoption: September 7, 2008
For further information, please call: (512) 305-6811



Physicians Caring for Texans

(Sent via e-mail and USP)
August 25, 2008

James W. "Dusty" Johnston
General Counsel
Texas Board of Nursing
333 Guadalupe, Suite 3-460
Austin, Texas 78701

Re: Proposed Amendments to 22 TAC Sections 221.4 and 221.5 and the repeal of Section 22.5 as published in the Texas Register at Volume: 33 Number: 32 on August 8, 2008.

Dear Mr. Johnston:

The Texas Medical Association ("TMA") is a private, voluntary, nonprofit association of Texas physicians and medical students. TMA was founded in 1853, to serve the people of Texas in matters of medical care, prevention and cure of disease, and improvement of public health. Today, our maxim continues in the same direction: "Improving the Health of all Texans." Or more than 43,000 members practice in all fields of medical specialization. The association is pleased to have the opportunity to provide comments and information concerning the above referenced proposed rule.

The preamble to the proposed change in the way APNs are licensed in Texas states, in part, that "APRNs are engaged in activities that may include functions such as making medical diagnoses and ordering appropriate pharmacologic and non-pharmacologic care in collaboration with a delegating physician." This statement, while not part of the actual proposed rule itself causes some concern as to the intent and implementation of any proposed rule change.

The Nursing Practice Act, in Subtitle E, Chapter 301, Subchapter A, Section 301.002 (2), Occupations Code, states in part, that the definition of "professional nursing" means:

the performance of an act that requires substantial specialized judgment and skill, the proper performance of which is based on knowledge and application of the principles of biological, physical, and social science as acquired by a completed course in an approved school of professional nursing. The term does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures. (Emphasis added.)

Any rule should clearly indicate making a "medical diagnosis" for pharmacologic care is under the delegation of a physician in compliance with the Medical Practice Act. Further, delegated prescriptive authority should not be confused with another delegated act which has different statutory authority in the Medical Practice Act, such as the ordering of "non-pharmacologic" care which could be ordering therapeutic or corrective measures. This sentence lends itself too easily to the inference that APNs have the authority to make medical diagnoses independently of a physician.

August 25, 2008

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The Texas Board of Nursing is mandated to examine, license and discipline nurses in this state. As such, it licenses all nurses under the same standard. The board, by rule, may recognize a nurse to specialize in a particular field of nursing health care. The board may utilize any reasonable means to satisfy itself that a particular individual has the qualifications for a designation of APN. It may utilize a process that is similar to a "licensure process" but one must recognize that the nurse already has a license to practice nursing and any designation is just that, a designation and not an additional license. The board is statutorily empowered to license all nurses in this state and to issue one license. The board is not empowered to issue different licenses (other than those of RN or LVN).

Even the recently passed Nursing Compact does not empower the board to issue multiple licenses. Each state judges the nurses from another state wishing to practice in that state under its own laws and definitions. Therefore, the board has only one type of license to issue. It may recognize or approve designations for specialized practice, but such are not licenses and should not be considered such.

Any changes to the rules should clearly indicate that there is only one license to be given. Any designation of a specialty field of practice should be clearly identified as a designation approved by the board. Any other changes should not be made. The Texas Medical Association objects to any proposed change that would provide the board with the cloak of authority to issue another or different license.

Thank you for the opportunity to comment upon the above reference proposed rules.

Sincerely,

A handwritten signature in black ink, appearing to read "Josie R. Williams". The signature is written in a cursive style with a long, sweeping underline.

Josie R. Williams, MD
President

JRW:df

Response to Comments on 22 Tex. Admin. Code, §§ 221.4, 221.5, and 221.6

Summary of Comment 1: The Board failed to clarify in its preamble that advanced practice registered nurses make medical diagnoses under the delegated authority of a physician rather than independently. This could mislead advanced practice registered nurses.

Response to Comment 1: The Board disagrees with the comment that the preamble is misleading. It does not dispute that physician delegation is required when advanced practice nurses provide medical aspects of patient care, and this is provided for in current law. Requirements for physician delegation are clearly stated in Rule 221.13(d). It was not the intent of the preamble to address how the legal authority to provide medical aspects of care is derived. The term medical diagnosis was not intended to be part of the rule and was not included in the rule. Advanced practice nurses are required to know and comply with the laws and regulations that govern their practice, including those requirements for physician delegation when providing medical aspects of patient care, and there is no intent to change the requirements provided for in state law.

Summary of Comment 2: The Board's proposal to call the advanced practice approval process "licensure" exceeds its statutory authority.

Response to Comment 2: The Board disagrees with the comment that the Board is without lawful authority to call approval for advance practice a license. Advance practice approval is Board recognition that the individual has met the minimum requirements necessary to hold themselves out as an advance practice nurse and to practice advance nursing. A person approved for advanced practice is entitled to due process before such recognition is taken away. Using the term licensure or license in the context of rule 221 does not change any substantive aspect of the Board's approval process for advance practice other than to simplify the terminology and provide a logical numbering system to the approval.