

**National Council of State Boards of Nursing  
Annual Meeting and Delegate Assembly  
August 14-16, 2013**

**Summary:**

The Annual Meeting and Delegate Assembly meeting of the National Council of State Boards of Nursing will be held in August 14-16, 2013 in Providence, Rhode Island.

The Texas Board of Nursing President, Kathy Shipp, has designated the following Delegates to represent the Board:

Deborah Bell, Board Member, Delegate  
Kristin Benton, Staff, Delegate

Kathy Leader-Horn, Board Member, First Alternate Delegate  
Mark Majek, Staff, Second Alternate Delegate

The Summary of Recommendations to the 2013 Delegate Assembly and the 2013 Slate of Candidates are attached.

**Recommended Action:**

Move to direct the Delegates to vote on these issues after hearing and considering the discussion on the issues.

# Delegate Assembly

The Delegate Assembly, NCSBN's voting body, convenes during the organization's annual meeting in August. Activity includes discussion and voting on NCSBN business items and election of individuals to the Board of Directors and Leadership Succession Committee. The Delegate Assembly is composed of two representatives from each member board of nursing. Before every Delegate Assembly you will find materials posted here related to the Delegate Assembly's business agenda and other NCSBN Annual Meeting activities.

## 2013 NCSBN Annual Meeting Information

A Delegate Orientation will take place 8:00-9:00 am on Weds., Aug. 14, 2013 in Providence, Rhode Island.

Elections will take place on Thurs., Aug. 15, 2013 in Providence, Rhode Island at 8:30 am. At this time, Delegates will vote on the election of officers. If you are a delegate, please be in the general session room to vote.

All voting at the 2013 Delegate Assembly will be done electronically. Elections Staff will assist Delegates with this process. Each delegate will be given a hand-held voting device. Specific instructions will be given at the time of voting. We look forward to seeing you at the NCSBN 2013 Annual Meeting!

## Key Meeting Materials

Annual Meeting current registration and details (TBA)

Standing Rules

Annual Meeting Member Board and Associate Member Updates (TBA)

## Proposed Recommendations

The following summary outlines proposed recommendations for adoption by the membership.

### 2013 Board of Director Recommendations

#### **1. Adopt the proposed 2014-2016 Strategic Initiatives.**

**Rationale:** The Board of Directors developed the proposed 2014-2016 Strategic Initiatives through a facilitated strategic planning process and solicited feedback from the membership during the fiscal year. The proposed plan identifies critical strategic direction for the next three years in accordance with NCSBN's Mission and Vision.

**Fiscal Impact:** The strategic initiatives will serve as a basis for allocating financial resources for the next three years. Annual operating budgets will be developed to fund strategic objectives and performance measures designed to carry out the strategic plan

#### **2. Adopt the proposed amendments to the NCSBN Bylaws.**

**Rationale:** The proposed amendments clarify Board of Director meeting and vacancy requirements, address congruence in the nomination process for election and a new composition for the Board of Directors and Leadership Succession Committee for the purpose of building a more responsive organization and to better

meet the needs of the membership. The board at its May 8-10, 2013 meeting moved to present to the 2013 Delegate Assembly the Bylaws Committee proposal to substitute a public member for a director-at-large position without recommendation, encouraging discussion and debate with a decision made by the Delegate Assembly.

**Fiscal Impact:** Incorporated into the FY2014 budget.

**3. *Adopt the proposed revision to the Member Board Agreement.***

**Rationale:** The goal for the revision is to update the agreement to best serve the current and future needs of the membership and NCSBN..

**Fiscal Impact:** None.

**4. *Approve setting the Member Board membership fee to zero upon adoption of the revised Member Board agreement.***

**Rationale:** Eliminating the membership fee facilitates state processing of the agreement.

**Fiscal Impact:** Elimination of \$180,000 or annual revenue.

**5. *Adopt proposed Model Education Rules.***

**Rationale:** The current model education rules do not specify where faculty who teach distance education courses should be licensed; both educators and BONs have asked for clarification. Didactic faculty should hold an active, unencumbered license or privilege to practice where the program has a physical presence recognizing that teaching nursing is the practice of nursing. Instruction originates where the program is located since the program is approved by that jurisdiction. For patient safety, faculty and preceptors who supervise students in patient care should hold an active, unencumbered license or privilege to practice in the jurisdiction where the clinical experience takes place. Faculty who travel to distant jurisdictions to provide clinical oversight of clinical faculty and/or preceptors should hold an active, unencumbered license or privilege to practice in the jurisdiction where the program has a physical presence and where the clinical practicum is conducted when in contact with patients or patient data.

**Fiscal Impact:** None.

**6. *Adopt the Association of Registered Nurses of Newfoundland & Labrador as an Associate Member of NCSBN.***

**Rationale:** The NCSBN Bylaws state that an Associate Member is a *nursing regulatory body or empowered regulatory authority from another country or territory*. The Bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for Associate Membership meet the qualifications as stated in the NCSBN Bylaws.

**Fiscal Impact:** Upon acceptance each new associate member will pay a \$1,500 annual fee.

**7. Adopt the College of Licensed Practical Nurses of Manitoba as an Associate Member of NCSBN.**

**Rationale:** The NCSBN Bylaws state that an Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory. The Bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for Associate Membership meet the qualifications as stated in the NCSBN Bylaws.

**Fiscal Impact:** Upon acceptance each new associate member will pay a \$1,500 annual fee.

**8. Adopt the Nursing & Midwifery Board of Ireland as an Associate Member of NCSBN.**

**Rationale:** The NCSBN Bylaws state that an Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory. The Bylaws require approval of the membership by the full membership of the Delegate Assembly. The current applications for Associate Membership meet the qualifications as stated in the NCSBN Bylaws.

**Fiscal Impact:** Upon acceptance each new associate member will pay a \$1,500 annual fee.

**NCLEX® Examination Committee Recommendation**

**1. Adopt the proposed 2014 NCLEX-PN® Test Plan.**

**Rationale:** The NCLEX® Examination Committee reviewed and accepted the *Report of Findings from the 2012 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice* (NCSBN, 2013) as the basis for recommending revisions to the 2011 NCLEX-PN® Test Plan to the Delegate Assembly. Empirical evidence from the practice analysis, feedback from the Members Boards and legal counsel, and the professional judgment of the NCLEX® Examination Committee provide support for the recommendation to the Delegate Assembly to adopt the proposed 2014 NCLEX-PN® Test Plan.

**Fiscal Impact:** Incorporated into the FY2014 budget.

**Leadership Succession Committee Recommendation**

**1. Adopt the 2013 Slate of Candidates.**

**Rationale:** The Leadership Succession Committee has prepared the 2013 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees, and attention to the goals and purpose of the NCSBN. Full biographical information and personal statement for each candidate is posted in the Business Book under the Report of the Leadership Succession Committee. Candidates will present himself or herself at the Candidate's Forum on Wednesday, August 14, 2013.

**Fiscal Impact:** Incorporated into the FY2014 budget.

**Attachments**

Proposed 2014-2016 Strategic Initiatives

Proposed Bylaw Amendments

Proposed Revision to Member Board Agreement

Proposed Revision to Model Education Rules

Association of Registered Nurses of Newfoundland & Labrador Application

College of Licensed Practical Nurses of Manitoba Application

Nursing & Midwifery Board of Ireland Application

Proposed 2014 NCLEX-PN® Test Plan

2013 Slate of Candidates

## Proposed 2014-2016 Strategic Initiatives

- A. Advance regulatory relevance (and responsiveness) to changes in health care.
- B. Promote regulatory solutions to address borderless health care delivery.
- C. Expand the active engagement and leadership potential of all members.
- D. Develop competency assessments to support the future of health care and the advancement of regulatory excellence.
- E. Promote evidenced-based regulation.

# NCSBN Bylaws

Revisions adopted - 8/29/87  
Amended - 8/19/88  
Amended - 8/30/90  
Amended - 8/01/91  
Revisions adopted - 8/05/94  
Amended - 8/20/97  
Amended - 8/8/98  
Revisions adopted - 8/11/01  
Amended - 08/07/03  
Revisions adopted - 08/08/07  
Amended - 8/13/10  
[Amended -08/16/13](#)

## Article I

### ■ Name

The name of this organization shall be the National Council of State Boards of Nursing, Inc. (NCSBN).

## Article II

### ■ Purpose and Functions

**Section 1. Purpose.** The purpose of the NCSBN is to provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing [that are valid, reliable, legally defensible and in compliance with professionally accepted psychometric standards.](#)

**Section 2. Functions.** The NCSBN's functions shall include but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. The NCSBN provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.

## Article III

### ■ Members

#### Section 1. Definitions.

- a) State Board of Nursing. A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.
- b) Member Board. A Member board is a state board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.
- c) Associate Member. An Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory, which is approved by the Delegate Assembly.

**Section 2. Qualifications.** To qualify for approval, [and to maintain membership](#) as a Member Board, a state board of nursing that regulates registered nurses and/or practical/vocational nurses must use ~~one or more~~[applicable](#) NCSBN Licensing Examinations (the "NCLEX® examination") for licensure of registered nurses and/or practical/vocational nurses, [cause candidates for licensure in its jurisdiction to pay NCSBN the examination fee established by the Delegate Assembly and, execute a current Terms and Conditions of NCSBN Membership, as amended from time to time by Delegate Assembly, agreement](#)

~~with NCSBN specifying the~~ and agree to comply with all applicable terms and conditions for the use of the NCLEX® examination(s). ~~where applicable.~~

**Section 3. Admission.** A state board of nursing shall become a member of the NCSBN and be known as a Member Board upon approval by the Delegate Assembly, as described in Article IV, and payment of the required fees, ~~if and execution of a contract for using the NCLEX® examination where~~ applicable.

**Section 4. Areas.** The Delegate Assembly shall divide the membership into numbered geographical Areas. At no time shall the number of Areas be less than three nor more than six. New members shall be assigned to existing Areas by the Board of Directors. The purpose of this division is to facilitate communication, encourage regional dialogue on NCSBN issues and provide diversity of representation on the Board of Directors and on committees.

**Section 5. Fees.** The annual membership fees, for a Member Board and an Associate Member shall be set by the Delegate Assembly and shall be payable each October 1.

**Section 6. Privileges.** Member Board privileges include but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of the NCLEX® examination, except that a Member Board that uses both the NCLEX® examination and another examination leading to the same license shall not participate in the development of the NCLEX® examination to the extent that such participation would jeopardize the integrity of the NCLEX® examination.

**Section 7. Noncompliance.** Any member whose fees remain unpaid after January 15 is not in good standing. Any member who does not comply with the provisions of the bylaws, and where applicable, the membership agreement, shall be subject to immediate review and possible termination by the Board of Directors.

**Section 8. Appeal.** Any termination of membership by the Board of Directors is subject to appeal to the Delegate Assembly.

**Section 9. Reinstatement.** A member in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership which has been terminated for nonpayment of fees shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.

## Article IV

### ■ Delegate Assembly

#### Section 1. Composition.

- a) *Designation of Delegates.* The Delegate Assembly shall be comprised of no more than two (2) delegates designated by each Member Board as provided in the Standing Rules of the Delegate Assembly ("Standing Rules"). An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges.
- b) *Qualification of Delegates.* Members and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. A NCSBN officer or director may not represent a Member Board as a delegate.
- c) *Term.* Delegates and alternates serve from the time of appointment until replaced.

#### Section 2. Voting.

- a) *Annual Meetings.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. There shall be no proxy or absentee voting at the Annual Meeting.

- b) *Special Meetings.* A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the corporate secretary of the NCSBN or a delegate of another Member Board to cast its votes.

**Section 3. Authority.** The Delegate Assembly, the membership body of the NCSBN, shall provide direction for the NCSBN through resolutions and enactments, including adoption of the mission and strategic initiatives, at any Annual Meeting or special session. The Delegate Assembly shall approve all new NCSBN memberships; approve the substance of all ~~NCLEX® examination contracts~~ Terms and Conditions of NCSBN Membership between the NCSBN and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; and establish the fee for the NCLEX® examination.

**Section 4. Annual Meeting.** The NCSBN Annual Meeting shall be held at a time and place as determined by the Board of Directors. The Delegate Assembly shall meet each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to each Member Board at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two-thirds vote may cancel the Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the NCSBN.

**Section 5. Special Session.** The Board of Directors may call, and upon written petition of at least ten Member Boards made to the Board of Directors, shall call a special session of the Delegate Assembly. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each Member Board at least ten days before the date for which such special session is called.

**Section 6. Quorum.** The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and two officers present in person or, in the case of a special session, by proxy.

**Section 7. Standing Rules.** The Board of Directors shall present and the Delegate Assembly shall adopt Standing Rules for each Delegate Assembly meeting.

## Article V

### ■ Officers and Directors

**Section 1. Officers.** The elected officers of the NCSBN shall be a president, a ~~vice-president~~ elect and a treasurer.

**Section 2. Directors.** The directors of the NCSBN shall consist of three directors-at-large, a public director, and a director from each Area.

#### **Section 3. ~~Qualifications~~ Eligibility.**

a) Board Members of Member Boards and employees of Member Boards shall be eligible to serve as NCSBN officers and at-large or Area directors until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.

b) The public director shall be an individual not currently serving as a board member or employee of a Member Board.

**Section 4. Qualifications for President-elect.** The president-elect shall have served NCSBN as either a delegate, a committee member, a director or an officer before being elected to the office of pPresident-elect.

**Section 5. Election of Officers and Directors.**

- a) *Time and Place.* Election of officers and directors, except the public director, shall be by ballot of the Delegate Assembly during the Annual Meeting.
- b) *Officers and Directors-at-Large.* Officers and directors-at-large shall be elected by majority vote of the Delegate Assembly.
- c) *Area Directors.* Each Area shall elect its Area director by majority vote of the delegates from each such Area.
- d) *Run-Off Balloting.* If a candidate for officer or director does not receive a majority vote on the first ballot, rebaloting shall be limited to the two candidates receiving the highest numbers of votes for each position. In the case of a tie on the rebaloting, the final selection shall be determined by lot.
- e) *Voting.*
  - e) (i) Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.
  - (ii) Notwithstanding any provision of this Section, in the event there is only one candidate for an officer or director position, election for that position shall be declared by acclamation. No ballot shall be necessary.
- f) Public Director. The public director shall be elected by majority vote of the Board of Directors.

**Section 6. Terms of Office.**

- a) The president-elect, vice president, treasurer, Area directors, directors-at-large and public director shall be elected for a term of two years or until their successors are elected. The president shall serve for a term of two years.
- b) , vice president treasurer, and The president-elect, the public director, and the directors-at-large shall be elected in even-numbered years. The treasurer and Area directors and two directors at large shall be elected in odd-numbered years.
- c) Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected.
- d) No personThe treasurer and the directors shall serve no more than four consecutive years in the same position excluding time served by appointment and/or election pursuant to Section 8 of this Article. The president and president-elect shall serve no more than two years in the same position, except when a vacancy occurs pursuant to Section 8 of this Article.

**Section 7. Limitations.** No person may hold more than one officer position or directorship at one time. No officer or director shall hold elected or appointed office or a salaried position in a state, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with the NCSBN, as determined by the Leadership Succession Committee before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors win an election for another office or director position, the term in their current position shall terminate at the close of the Annual Meeting at which the election is held.

**Section 8. Vacancies.**

- a) A vacancy in the office of president shall be filled by the vice president president-elect pursuant to subsection (b) in this section. The Board of Directors shall fill all other vacancies by appointment. The person filling the vacancy shall serve until the next Annual Meeting and a successor is elected. The Delegate Assembly shall elect a person to fill any remainder of the term.
- b) If the office of the president becomes vacant, the president-elect shall assume the presidency and shall serve the remainder of that term as well as the term for which she or he was elected.

- c) If the office of the president-elect becomes vacant, then the position shall remain vacant until an election can be held at the next annual meeting for the remainder of the term for which the president-elect was elected.
- d) In the event of a vacancy of the president and the president-elect, the board of directors shall appoint one of its members to assume the responsibilities of the president until an election can be held for the president and president-elect position at the next annual meeting for the remainder of the term for which the president and president-elect were elected.

**Section 9. Responsibilities of the President.** The president shall preside at all meetings of the Delegate Assembly and the Board of Directors, assume all powers and duties customarily incident to the office of president, and speak on behalf of and communicate the policies of the NCSBN.

**Section 10. Responsibilities of the ~~Vice-President-elect~~.** The ~~vice-president-elect~~ shall assist the president, perform the duties of the president in the president's absence, be assigned responsibilities by the president, and assume the office of the president at the conclusion of the president's term and fill any vacancy in the office of the president. ~~until the next Annual Meeting.~~

**Section 11. Responsibilities of the Treasurer.** The treasurer shall serve as the chair of the Finance Committee and shall assure that quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the Delegate Assembly.

## Article VI

### ■ Board of Directors

**Section 1. Composition.** The Board of Directors shall consist of the elected officers and directors of the NCSBN.

**Section 2. Authority.** The Board of Directors shall transact the business and affairs and act on behalf of the NCSBN except to the extent such powers are reserved to the Delegate Assembly as set forth in these bylaws and provided that none of the Board's acts shall conflict with resolutions or enactments of the Delegate Assembly. The Board of Directors shall report annually to the Delegate Assembly and approve the NCLEX® examination test service.

**Section 3. Meetings of the Board of Directors.** The Board of Directors shall hold ~~its~~an annual meeting ~~in association with the Annual Meeting. The Board and~~ may schedule other regular meetings ~~of the Board at other times~~ as necessary to accomplish the work of the Board. Publication of the dates for such regular meetings in the minutes of the Board meeting at which the dates are selected shall constitute notice of the scheduled regular meetings. Special meetings of the Board of Directors may be called by the president or shall be called upon written request of at least three members of the Board of Directors. At least twenty-four hours notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.

**Section 4. Removal from Office.** A member of the Board of Directors may be removed with or without cause by a two-thirds vote of the Delegate Assembly or the Board of Directors. The individual shall be given 30 days' written notice of the proposed removal.

**Section 5. Appeal.** A member of the Board of Directors removed by the Board of Directors may appeal to the Delegate Assembly at its next Annual Meeting. Such individual may be reinstated by a two-thirds vote of the Delegate Assembly.

## Article VII

### ■ Leadership Succession Committee

### **Section 1. Leadership Succession Committee**

- a) *Composition.* The Leadership Succession Committee shall be comprised of ~~eight~~seven members elected by the Delegate Assembly. ~~One member shall be elected from each of the four areas. Three members shall be at large members of the eight elected positions shall be designated members to include a past Board of Directors member, a current or former NCSBN committee chair, a board member of a Member Board and an employee of a Member Board. The remaining four members shall be elected from each of the four areas.~~
- b) *Term.* The term of office shall be two years. ~~One half of the Committee members~~Area members shall be elected in even numbered years, ~~and one half in odd number years.~~ At large members shall be elected in odd numbered years. A committee member shall serve no more than two consecutive terms excluding time served by appointment and/or election pursuant to Section 1e. of this Article. Members shall assume duties at the close of the Annual Meeting at which they are elected.
- c) *Election.* The Committee shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. In the event there is only one candidate for a committee position, election for that position shall be declared by acclamation. No ballot shall be necessary. The Chair shall be selected by the Board of Directors.
- d) *Limitation.* A member elected or appointed to the Leadership Succession Committee may not be nominated for an officer or director position during the term for which that member was elected or appointed.
- e) *Vacancy.* A vacancy occurring in the committee shall be filled from the remaining candidates from the previous election, in order of votes received. If no remaining candidates can serve, the Board of Directors shall fill the vacancy with an individual who meets the qualifications of Section 1a. of this Article. The person filling ~~the~~a vacancy shall serve the remainder of the term.
- f) *Duties.* The Leadership Succession Committee shall recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; present a slate of candidates through a determination of qualifications, eligibility and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee. The Committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. The Leadership Succession Committee shall determine qualifications, eligibility, and geographic distribution of individuals seeking nominations from the floor for recommendations to the Delegate Assembly. No person shall be nominated from the floor without the recommendation of the Leadership Succession Committee.
- g) *Eligibility.* Any board member of a Member Board or employee of a Member Board is eligible to serve as a member of the Leadership Succession Committee.

## **Article VIII**

### **■ Meetings**

#### **Section 1. Participation.**

- a) *Delegate Assembly Session.*
  - (i) *Member Boards.* Members and employees of Member Boards shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only delegates shall be entitled to vote and only delegates and members of the Board of Directors may make motions at the Delegate Assembly, except the Examination Committee may bring motions to approve test plans pursuant to Article X, Section 1(a).
  - (ii) *Public.* All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.
- b) *Delegate Assembly Forums.* Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.

- c) *Meetings.* NCSBN, including all committees thereof, may establish methods of conducting its business at all other meetings provided that the meetings of the Board of Directors and committees are open to members and employees of Member Boards.
- d) *Interactive Communications.* Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the NCSBN Office.
- e) *Manner of Transacting Business.* To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

## Article IX

### ■ Chief Executive Officer

**Section 1. *Appointment.*** The Chief Executive Officer shall be appointed by the Board of Directors. The selection or termination of the Chief Executive Officer shall be by a majority vote of the Board of Directors.

**Section 2. *Authority.*** The Chief Executive Officer shall serve as the agent and chief administrative officer of the NCSBN and shall possess the authority and shall perform all duties incident to the office of Chief Executive Officer, including the management and supervision of the office, programs and services of NCSBN, the disbursement of funds and execution of contracts (subject to such limitations as may be established by the Board of Directors). The Chief Executive Officer shall serve as corporate secretary and oversee maintenance of all documents and records of the NCSBN and shall perform such additional duties as may be defined and directed by the Board.

**Section 3. *Evaluation.*** The Board of Directors shall conduct an annual written performance appraisal of the Chief Executive Officer, and shall set the Chief Executive Officer's annual salary.

## Article X

### ■ Committees

**Section 1. *Standing Committees.*** NCSBN shall maintain the following standing committees.

- a) *NCLEX® Examination Committee.* The NCLEX® Examination Committee shall be comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The NCLEX® Examination Committee shall advise the Board of Directors on matters related to the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The Examination Committee shall recommend test plans to the Delegate Assembly. Subcommittees may be appointed to assist the Examination Committee in the fulfillment of its responsibilities.
- b) *Finance Committee.* The Finance Committee shall be comprised of at least four members and the treasurer, who shall serve as chair. The Finance Committee shall review the annual budget, the NCSBN's investments and the audit. The Finance Committee shall recommend a budget to the Board of Directors and advise the Board of Directors on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.

**Section 2. *Special Committees.*** The Board of Directors may appoint special committees as needed to accomplish the mission of the NCSBN and to assist any Standing Committee in the fulfillment of its

responsibilities. Special committees may include subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board of Directors.

**Section 3. Delegate Assembly Committees.** The president shall appoint such Delegate Assembly Committees as provided in the Standing Rules and as necessary to conduct the business of the Delegate Assembly.

**Section 4. Committee Membership.**

- a) *Composition.* Members of Standing and Special committees shall be appointed by the Board of Directors from the membership, provided, however, that Associate Members may not serve on the NCLEX® Examination, Bylaws, or Finance committees. Committees may also include other individuals selected for their special expertise to accomplish a committee's charge. In appointing committees, one representative from each Area shall be selected unless a qualified member from each Area is not available considering the expertise needed for the committee work. The president, or president's designee, shall be an ex-officio member of all committees except the Leadership Succession Committee. Associate Members shall have full voting rights as committee members.
- b) *Term.* The standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for re-appointment to the committee. Members of special committees shall serve at the discretion of the Board of Directors.
- c) *Vacancy.* A vacancy may occur when a committee member resigns or fails to meet the responsibilities of the committee as determined by the Board of Directors. The vacancy may be filled by appointment by the Board of Directors for the remainder of the term.

## Article XI

### ■ Finance

**Section 1. Audit.** The financial records of the NCSBN shall be audited annually by a certified public accountant appointed by the Board of Directors. The annual audit report shall be provided to the Delegate Assembly.

**Section 2. Fiscal Year.** The fiscal year shall be from October 1 to September 30.

## Article XII

### ■ Indemnification

**Section 1. Direct Indemnification.** To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 5741 through 5750 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.

**Section 2. Insurance.** To the full extent permitted by Section 5747 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is, or was serving at the request of the

corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section 1 of this Article.

**Section 3. *Additional Rights.*** Pursuant to Section 5746 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provisions of any future Pennsylvania statute, any indemnification provided pursuant to Sections 1 or 2 of this Article shall:

- a) not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote of members or disinterested directors or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such official position; and
- b) continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.

## **Article XIII**

### **■ Parliamentary Authority**

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the NCSBN in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the NCSBN.

## **Article XIV**

### **■ Amendment of Bylaws**

Section 1. *Amendment and Notice.* These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly upon:

- a) written notice to the Member Boards of the proposed amendments at least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting; or
- b) written notice that proposed amendments may be considered at least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present and voting.

In no event shall any amendments be adopted without at least five days written notice prior to the Delegate Assembly session that proposed amendments may be considered at such session.

Section 2. *Bylaws Committee.* A Bylaws committee composed of board members from Member Boards and/or employees of Member Boards may be appointed by the Board of Directors to review and make recommendations on proposed bylaw amendments as directed by the Board of Directors or the Delegate Assembly.

## **Article XV**

### **■ Dissolution**

**Section 1. *Plan.*** The Board of Directors at an annual, regular or special meeting may formulate and adopt a plan for the dissolution of the NCSBN. The plan shall provide, among other things, that the assets of the NCSBN be applied as follows:

Firstly, all liabilities and obligations of the NCSBN shall be paid or provided for.

Secondly, any assets held by the NCSBN which require return, transfer or conveyances, as a result of the dissolution, shall be returned, transferred or conveyed in accordance with such requirement.

Thirdly, all other assets, including historical records, shall be distributed in considered response to written requests of historical, educational, research, scientific or institutional health tax exempt organizations or associations, to be expended toward the advancement of nursing practice, regulation and the preservation of nursing history.

**Section 2. *Acceptance of Plan.*** Such plan shall be acted upon by the Delegate Assembly at an Annual or legally constituted special session called for the purpose of acting upon the proposal to dissolve. A majority of all Delegates present at a meeting at which a quorum is present must vote affirmatively to dissolve.

**Section 3. *Conformity to Law.*** Such plan to dissolve must conform to the law under which NCSBN is organized and to the Internal Revenue Code concerning dissolution of exempt corporations. This requirement shall override the provisions of Sections 1 and 2 herein.

# NCSBN Bylaws

Revisions adopted - 8/29/87  
Amended - 8/19/88  
Amended - 8/30/90  
Amended - 8/01/91  
Revisions adopted - 8/05/94  
Amended - 8/20/97  
Amended - 8/8/98  
Revisions adopted - 8/11/01  
Amended - 08/07/03  
Revisions adopted - 08/08/07  
Amended - 8/13/10  
[Amended -08/16/13](#)

## Article I

### ■ Name

The name of this organization shall be the National Council of State Boards of Nursing, Inc. (NCSBN).

## Article II

### ■ Purpose and Functions

**Section 1. Purpose.** The purpose of the NCSBN is to provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing [that are valid, reliable, legally defensible and in compliance with professionally accepted psychometric standards.](#)

**Section 2. Functions.** The NCSBN's functions shall include but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. The NCSBN provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.

## Article III

### ■ Members

#### Section 1. Definitions.

- a) State Board of Nursing. A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.
- b) Member Board. A Member board is a state board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.
- c) Associate Member. An Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory, which is approved by the Delegate Assembly.

**Section 2. Qualifications.** To qualify for approval, [and to maintain membership](#) as a Member Board, a state board of nursing that regulates registered nurses and/or practical/vocational nurses must use ~~one or more~~[applicable](#) NCSBN Licensing Examinations (the "NCLEX® examination") for licensure of registered nurses and/or practical/vocational nurses, [cause candidates for licensure in its jurisdiction to pay NCSBN the examination fee established by the Delegate Assembly and, execute a current Terms and Conditions of NCSBN Membership, as amended from time to time by Delegate Assembly, agreement](#)

~~with NCSBN specifying the~~ and agree to comply with all applicable terms and conditions for the use of the NCLEX® examination(s). ~~where applicable.~~

**Section 3. Admission.** A state board of nursing shall become a member of the NCSBN and be known as a Member Board upon approval by the Delegate Assembly, as described in Article IV, and payment of the required fees, ~~if and execution of a contract for using the NCLEX® examination where~~ applicable.

**Section 4. Areas.** The Delegate Assembly shall divide the membership into numbered geographical Areas. At no time shall the number of Areas be less than three nor more than six. New members shall be assigned to existing Areas by the Board of Directors. The purpose of this division is to facilitate communication, encourage regional dialogue on NCSBN issues and provide diversity of representation on the Board of Directors and on committees.

**Section 5. Fees.** The annual membership fees, for a Member Board and an Associate Member shall be set by the Delegate Assembly and shall be payable each October 1.

**Section 6. Privileges.** Member Board privileges include but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of the NCLEX® examination, except that a Member Board that uses both the NCLEX® examination and another examination leading to the same license shall not participate in the development of the NCLEX® examination to the extent that such participation would jeopardize the integrity of the NCLEX® examination.

**Section 7. Noncompliance.** Any member whose fees remain unpaid after January 15 is not in good standing. Any member who does not comply with the provisions of the bylaws, and where applicable, the membership agreement, shall be subject to immediate review and possible termination by the Board of Directors.

**Section 8. Appeal.** Any termination of membership by the Board of Directors is subject to appeal to the Delegate Assembly.

**Section 9. Reinstatement.** A member in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership which has been terminated for nonpayment of fees shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.

## Article IV

### ■ Delegate Assembly

#### Section 1. Composition.

- a) *Designation of Delegates.* The Delegate Assembly shall be comprised of no more than two (2) delegates designated by each Member Board as provided in the Standing Rules of the Delegate Assembly ("Standing Rules"). An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges.
- b) *Qualification of Delegates.* Members and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. A NCSBN officer or director may not represent a Member Board as a delegate.
- c) *Term.* Delegates and alternates serve from the time of appointment until replaced.

#### Section 2. Voting.

- a) *Annual Meetings.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. There shall be no proxy or absentee voting at the Annual Meeting.

- b) *Special Meetings.* A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the corporate secretary of the NCSBN or a delegate of another Member Board to cast its votes.

**Section 3. Authority.** The Delegate Assembly, the membership body of the NCSBN, shall provide direction for the NCSBN through resolutions and enactments, including adoption of the mission and strategic initiatives, at any Annual Meeting or special session. The Delegate Assembly shall approve all new NCSBN memberships; approve the substance of all ~~NCLEX® examination contracts~~ Terms and Conditions of NCSBN Membership between the NCSBN and Member Boards; adopt test plans to be used for the development of the NCLEX® examination; and establish the fee for the NCLEX® examination.

**Section 4. Annual Meeting.** The NCSBN Annual Meeting shall be held at a time and place as determined by the Board of Directors. The Delegate Assembly shall meet each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to each Member Board at least 90 days before the Annual Meeting. In the event of a national emergency, the Board of Directors by a two-thirds vote may cancel the Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the NCSBN.

**Section 5. Special Session.** The Board of Directors may call, and upon written petition of at least ten Member Boards made to the Board of Directors, shall call a special session of the Delegate Assembly. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each Member Board at least ten days before the date for which such special session is called.

**Section 6. Quorum.** The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and two officers present in person or, in the case of a special session, by proxy.

**Section 7. Standing Rules.** The Board of Directors shall present and the Delegate Assembly shall adopt Standing Rules for each Delegate Assembly meeting.

## Article V

### ■ Officers and Directors

**Section 1. Officers.** The elected officers of the NCSBN shall be a president, a ~~vice-president-elect~~ and a treasurer.

**Section 2. Directors.** The directors of the NCSBN shall consist of three directors-at-large, a public director, and a director from each Area.

**Section 3. ~~Qualifications~~ Eligibility.**

a) Board Members of Member Boards and/or employees of Member Boards shall be eligible to serve as NCSBN officers and at-large or Area directors until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.

b) The public director shall be an individual not currently serving as a board member or employee of a Member Board.

**Section 4. Qualifications for President-elect.** The president-elect shall have served NCSBN as either -a delegate, a committee member, a director or an officer before being elected to the office of pPresident-elect.

**Section 5. Election of Officers and Directors.**

- a) *Time and Place.* Election of officers and directors, except the public director, shall be by ballot of the Delegate Assembly during the Annual Meeting.
- b) *Officers and Directors-at-Large.* Officers and directors-at-large shall be elected by majority vote of the Delegate Assembly.
- c) *Area Directors.* Each Area shall elect its Area director by majority vote of the delegates from each such Area.
- d) *Run-Off Balloting.* If a candidate for officer or director does not receive a majority vote on the first ballot, rebaloting shall be limited to the two candidates receiving the highest numbers of votes for each position. In the case of a tie on the rebaloting, the final selection shall be determined by lot.
- e) *Voting.*
  - e) (i) Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write-in votes shall be prohibited.
  - (ii) Notwithstanding any provision of this Section, in the event there is only one candidate for an officer or director position, election for that position shall be declared by acclamation. No ballot shall be necessary.
- f) Public Director. The public director shall be elected by majority vote of the Board of Directors.

**Section 6. Terms of Office.**

- a) The president-elect, vice-president, treasurer, Area directors, directors-at-large and public director shall be elected for a term of two years or until their successors are elected. The president shall serve for a term of two years.
- b) , vice-president treasurer, and The president-elect, the public director, and the directors-at-large shall be elected in even-numbered years. The treasurer and Area directors and two directors-at-large shall be elected in odd-numbered years.
- c) Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected.
- d) No personThe treasurer and the directors shall serve no more than four consecutive years in the same position excluding time served by appointment and/or election pursuant to Section 8 of this Article. The president and president-elect shall serve no more than two years in the same position, except when a vacancy occurs pursuant to Section 8 of this Article.

**Section 7. Limitations.** No person may hold more than one officer position or directorship at one time. No officer or director shall hold elected or appointed office or a salaried position in a state, regional or national association or body if the office or position might result in a potential or actual, or the appearance of, a conflict of interest with the NCSBN, as determined by the Leadership Succession Committee before election to office and as determined by the Board of Directors after election to office. If incumbent officers or directors win an election for another office or director position, the term in their current position shall terminate at the close of the Annual Meeting at which the election is held.

**Section 8. Vacancies.**

- a) A vacancy in the office of president shall be filled by the vice-presidentpresident-elect pursuant to subsection (b) in this section. The Board of Directors shall fill all other vacancies by appointment. The person filling the vacancy shall serve until the next Annual Meeting and a successor is elected. The Delegate Assembly shall elect a person to fill any remainder of the term.
- b) If the office of the president becomes vacant, the president-elect shall assume the presidency and shall serve the remainder of that term as well as the term for which she or he was elected.

- c) If the office of the president-elect becomes vacant, then the position shall remain vacant until an election can be held at the next annual meeting for the remainder of the term for which the president-elect was elected.
- d) In the event of a vacancy of the president and the president-elect, the board of directors shall appoint one of its members to assume the responsibilities of the president until an election can be held for the president and president-elect position at the next annual meeting for the remainder of the term for which the president and president-elect were elected.

**Section 9. Responsibilities of the President.** The president shall preside at all meetings of the Delegate Assembly and the Board of Directors, assume all powers and duties customarily incident to the office of president, and speak on behalf of and communicate the policies of the NCSBN.

**Section 10. Responsibilities of the ~~Vice-President-elect~~.** The ~~vice-president-elect~~ shall assist the president, perform the duties of the president in the president's absence, be assigned responsibilities by the president, and assume the office of the president at the conclusion of the president's term and fill any vacancy in the office of the president. ~~until the next Annual Meeting.~~

**Section 11. Responsibilities of the Treasurer.** The treasurer shall serve as the chair of the Finance Committee and shall assure that quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the Delegate Assembly.

## Article VI

### ■ Board of Directors

**Section 1. Composition.** The Board of Directors shall consist of the elected officers and directors of the NCSBN.

**Section 2. Authority.** The Board of Directors shall transact the business and affairs and act on behalf of the NCSBN except to the extent such powers are reserved to the Delegate Assembly as set forth in these bylaws and provided that none of the Board's acts shall conflict with resolutions or enactments of the Delegate Assembly. The Board of Directors shall report annually to the Delegate Assembly and approve the NCLEX® examination test service.

**Section 3. Meetings of the Board of Directors.** The Board of Directors shall hold ~~its~~an annual meeting ~~in association with the Annual Meeting. The Board and~~ may schedule other regular meetings ~~of the Board at other times~~ as necessary to accomplish the work of the Board. Publication of the dates for such regular meetings in the minutes of the Board meeting at which the dates are selected shall constitute notice of the scheduled regular meetings. Special meetings of the Board of Directors may be called by the president or shall be called upon written request of at least three members of the Board of Directors. At least twenty-four hours notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.

**Section 4. Removal from Office.** A member of the Board of Directors may be removed with or without cause by a two-thirds vote of the Delegate Assembly or the Board of Directors. The individual shall be given 30 days' written notice of the proposed removal.

**Section 5. Appeal.** A member of the Board of Directors removed by the Board of Directors may appeal to the Delegate Assembly at its next Annual Meeting. Such individual may be reinstated by a two-thirds vote of the Delegate Assembly.

## Article VII

### ■ Leadership Succession Committee

### **Section 1. Leadership Succession Committee**

- a) *Composition.* The Leadership Succession Committee shall be comprised of ~~eight~~seven members elected by the Delegate Assembly. One member shall be elected from each of the four areas. Three members shall be at large members.~~of the eight elected positions shall be designated members to include a past Board of Directors member, a current or former NCSBN committee chair, a board member of a Member Board and an employee of a Member Board. The remaining four members shall be elected from each of the four areas.~~
- b) *Term.* The term of office shall be two years. One half of the Committee members~~Area members~~ shall be elected in even numbered years, and one half in odd number years. At large members shall be elected in odd numbered years. A committee member shall serve no more than two consecutive terms excluding time served by appointment and/or election pursuant to Section 1e. of this Article. Members shall assume duties at the close of the Annual Meeting at which they are elected.
- c) *Election.* The Committee shall be elected by plurality vote of the Delegate Assembly at the Annual Meeting. In the event there is only one candidate for a committee position, election for that position shall be declared by acclamation. No ballot shall be necessary. The Chair shall be selected by the Board of Directors.
- d) *Limitation.* A member elected or appointed to the Leadership Succession Committee may not be nominated for an officer or director position during the term for which that member was elected or appointed.
- e) *Vacancy.* A vacancy occurring in the committee shall be filled from the remaining candidates from the previous election, in order of votes received. If no remaining candidates can serve, the Board of Directors shall fill the vacancy with an individual who meets the qualifications of Section 1a. of this Article. The person filling ~~the~~a vacancy shall serve the remainder of the term.
- f) *Duties.* The Leadership Succession Committee shall recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; present a slate of candidates through a determination of qualifications, eligibility and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee. The Committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee. The Leadership Succession Committee shall determine qualifications, eligibility, and geographic distribution of individuals seeking nominations from the floor for recommendations to the Delegate Assembly. No person shall be nominated from the floor without the recommendation of the Leadership Succession Committee.
- g) *Eligibility.* Any board member of a Member Board or employee of a Member Board is eligible to serve as a member of the Leadership Succession Committee.

## **Article VIII**

### **■ Meetings**

#### **Section 1. Participation.**

- a) *Delegate Assembly Session.*
  - (i) *Member Boards.* Members and employees of Member Boards shall have the right, subject to the Standing Rules of the Delegate Assembly, to speak at all open sessions and forums of the Delegate Assembly, provided that only delegates shall be entitled to vote and only delegates and members of the Board of Directors may make motions at the Delegate Assembly, except the Examination Committee may bring motions to approve test plans pursuant to Article X, Section 1(a).
  - (ii) *Public.* All sessions of the Delegate Assembly held in accordance with Sections 4 and 5 of Article IV of these bylaws shall be open to the public, except executive sessions, provided that the minutes reflect the purpose of, and any action taken in, executive session.
- b) *Delegate Assembly Forums.* Participation in forums conducted in association with the Annual Meeting shall be governed by the Standing Rules of the Delegate Assembly.

- c) *Meetings.* NCSBN, including all committees thereof, may establish methods of conducting its business at all other meetings provided that the meetings of the Board of Directors and committees are open to members and employees of Member Boards.
- d) *Interactive Communications.* Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the NCSBN Office.
- e) *Manner of Transacting Business.* To the extent permitted by law and these bylaws, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

## Article IX

### ■ Chief Executive Officer

**Section 1. *Appointment.*** The Chief Executive Officer shall be appointed by the Board of Directors. The selection or termination of the Chief Executive Officer shall be by a majority vote of the Board of Directors.

**Section 2. *Authority.*** The Chief Executive Officer shall serve as the agent and chief administrative officer of the NCSBN and shall possess the authority and shall perform all duties incident to the office of Chief Executive Officer, including the management and supervision of the office, programs and services of NCSBN, the disbursement of funds and execution of contracts (subject to such limitations as may be established by the Board of Directors). The Chief Executive Officer shall serve as corporate secretary and oversee maintenance of all documents and records of the NCSBN and shall perform such additional duties as may be defined and directed by the Board.

**Section 3. *Evaluation.*** The Board of Directors shall conduct an annual written performance appraisal of the Chief Executive Officer, and shall set the Chief Executive Officer's annual salary.

## Article X

### ■ Committees

**Section 1. *Standing Committees.*** NCSBN shall maintain the following standing committees.

- a) *NCLEX® Examination Committee.* The NCLEX® Examination Committee shall be comprised of at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board. The committee chair shall have served as a member of the committee prior to being appointed as chair. The NCLEX® Examination Committee shall advise the Board of Directors on matters related to the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations. The Examination Committee shall recommend test plans to the Delegate Assembly. Subcommittees may be appointed to assist the Examination Committee in the fulfillment of its responsibilities.
- b) *Finance Committee.* The Finance Committee shall be comprised of at least four members and the treasurer, who shall serve as chair. The Finance Committee shall review the annual budget, the NCSBN's investments and the audit. The Finance Committee shall recommend a budget to the Board of Directors and advise the Board of Directors on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board needs.

**Section 2. *Special Committees.*** The Board of Directors may appoint special committees as needed to accomplish the mission of the NCSBN and to assist any Standing Committee in the fulfillment of its

responsibilities. Special committees may include subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board of Directors.

**Section 3. Delegate Assembly Committees.** The president shall appoint such Delegate Assembly Committees as provided in the Standing Rules and as necessary to conduct the business of the Delegate Assembly.

**Section 4. Committee Membership.**

- a) *Composition.* Members of Standing and Special committees shall be appointed by the Board of Directors from the membership, provided, however, that Associate Members may not serve on the NCLEX® Examination, Bylaws, or Finance committees. Committees may also include other individuals selected for their special expertise to accomplish a committee's charge. In appointing committees, one representative from each Area shall be selected unless a qualified member from each Area is not available considering the expertise needed for the committee work. The president, or president's designee, shall be an ex-officio member of all committees except the Leadership Succession Committee. Associate Members shall have full voting rights as committee members.
- b) *Term.* The standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for re-appointment to the committee. Members of special committees shall serve at the discretion of the Board of Directors.
- c) *Vacancy.* A vacancy may occur when a committee member resigns or fails to meet the responsibilities of the committee as determined by the Board of Directors. The vacancy may be filled by appointment by the Board of Directors for the remainder of the term.

## Article XI

### ■ Finance

**Section 1. Audit.** The financial records of the NCSBN shall be audited annually by a certified public accountant appointed by the Board of Directors. The annual audit report shall be provided to the Delegate Assembly.

**Section 2. Fiscal Year.** The fiscal year shall be from October 1 to September 30.

## Article XII

### ■ Indemnification

**Section 1. Direct Indemnification.** To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 5741 through 5750 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.

**Section 2. Insurance.** To the full extent permitted by Section 5747 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is, or was serving at the request of the

corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section 1 of this Article.

**Section 3. *Additional Rights.*** Pursuant to Section 5746 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provisions of any future Pennsylvania statute, any indemnification provided pursuant to Sections 1 or 2 of this Article shall:

- a) not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote of members or disinterested directors or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such official position; and
- b) continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.

## **Article XIII**

### **■ Parliamentary Authority**

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the NCSBN in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the NCSBN.

## **Article XIV**

### **■ Amendment of Bylaws**

Section 1. *Amendment and Notice.* These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly upon:

- a) written notice to the Member Boards of the proposed amendments at least 45 days prior to the Delegate Assembly session and a two-thirds affirmative vote of the delegates present and voting; or
- b) written notice that proposed amendments may be considered at least five days prior to the Delegate Assembly session and a three-quarters affirmative vote of the delegates present and voting.

In no event shall any amendments be adopted without at least five days written notice prior to the Delegate Assembly session that proposed amendments may be considered at such session.

Section 2. *Bylaws Committee.* A Bylaws committee composed of board members from Member Boards and/or employees of Member Boards may be appointed by the Board of Directors to review and make recommendations on proposed bylaw amendments as directed by the Board of Directors or the Delegate Assembly.

## **Article XV**

### **■ Dissolution**

**Section 1. *Plan.*** The Board of Directors at an annual, regular or special meeting may formulate and adopt a plan for the dissolution of the NCSBN. The plan shall provide, among other things, that the assets of the NCSBN be applied as follows:

Firstly, all liabilities and obligations of the NCSBN shall be paid or provided for.

Secondly, any assets held by the NCSBN which require return, transfer or conveyances, as a result of the dissolution, shall be returned, transferred or conveyed in accordance with such requirement.

Thirdly, all other assets, including historical records, shall be distributed in considered response to written requests of historical, educational, research, scientific or institutional health tax exempt organizations or associations, to be expended toward the advancement of nursing practice, regulation and the preservation of nursing history.

**Section 2. *Acceptance of Plan.*** Such plan shall be acted upon by the Delegate Assembly at an Annual or legally constituted special session called for the purpose of acting upon the proposal to dissolve. A majority of all Delegates present at a meeting at which a quorum is present must vote affirmatively to dissolve.

**Section 3. *Conformity to Law.*** Such plan to dissolve must conform to the law under which NCSBN is organized and to the Internal Revenue Code concerning dissolution of exempt corporations. This requirement shall override the provisions of Sections 1 and 2 herein.

## **TERMS AND CONDITIONS OF NCSBN MEMBERSHIP**

The [Name of Member Board] (“Member Board” or “Board”) with principal offices at [address] is a Member Board of the National Council of State Boards of Nursing (“NCSBN”) within the meaning of NCSBN’s Bylaws and is entitled to participate in the affairs of NCSBN as provided in the Bylaws-and agrees to the following terms and conditions of membership (“Terms and Conditions”):

1. Compliance with Membership Requirements.

(a) As a condition of membership in NCSBN, Board shall comply with all NCSBN requirements necessary to maintain its status as a Member Board in good standing as set out in the NCSBN Bylaws.

2. Nurse Licensure Examinations

(a) NCSBN shall develop and administer examinations for the licensure of Registered Nurse (RN) and Practical/Vocational Nurse (PN) licensure (“Nurse Licensure Examination”) that are valid, reliable, legally defensible and in compliance with professionally accepted psychometric standards. NCSBN shall establish passing standards for the Nurse Licensure Examinations that appropriately and reliably evaluate licensure candidates’ competence for safe and effective entry level nursing practice and report to Member Board the examination results of candidates for licensure in its jurisdiction in accordance with the applicable provisions of the NCSBN Policy and Procedures Manual.

(b) NCSBN shall provide Member Board, at no cost to the Member Board and as a privilege of membership in NCSBN, the Nurse Licensure Examination(s) and related services for use in nurse licensure in its jurisdiction.

(c) In providing Member Board the Nurse Licensure Examination(s) for use in its nurse licensing, NCSBN shall comply with all applicable federal and state non-discrimination laws and shall provide accessibility to, and Member Board authorized reasonable accommodations in, the administration of the examination(s) in compliance with the Americans with Disabilities Act and applicable law of the Member Board jurisdiction.

(d) Member Board shall use the Nurse Licensure Examination(s) as the sole and exclusive licensure examination(s) for registered and/or practical/vocational nurses in Board's jurisdiction in accordance with the terms and conditions set forth in the NCSBN Bylaws and applicable NCSBN policies and procedures. In the event Board is required by law to offer any other licensing examination in addition to said Nurse Licensure Examination(s), NCSBN shall exempt Member Board from this provision, subject to terms and conditions set by NCSBN.

(e) In using the Nurse Licensure Examination(s) for purpose of licensing in its jurisdiction, Member Board shall comply with all applicable terms and conditions for the use of the Nurse Licensure Examination(s) set out in the Bylaws, these Terms and Conditions and the NCSBN Policy and Procedures Manual.

(f) In using the Nurse Licensure Examination(s) for nurse licensure in its jurisdiction, Member Board shall be responsible for determining candidate eligibility to take the examination and the authorization for any accommodation in the administration of the examination and for complying with all applicable security and confidentiality requirements set out in the NCSBN policies and procedures.

3. NCSBN Use of Candidate Data. Member Board hereby authorizes NCSBN to use any and all candidate data collected for the purposes of (1) administering the nurse licensure examinations, including, but not limited to, identifying candidates approved for the examination,

determining their status as first-time, repeat and/or multiple application candidates, preparing the examination results related to the validity and psychometric integrity of the nurse licensure examinations and (2) developing and maintaining a comprehensive national data bank of information on nurse licensees for use by Member Boards of the NCSBN in evaluating applicants for endorsement, in monitoring disciplinary actions and in any other licensing-related actions authorized by applicable state and federal law. Candidate data collected hereunder shall not be disseminated to parties other than the Member Boards or used for other purposes without prior approval by the Member Board. Nothing in this paragraph shall limit or supercede any authorization or requirement for the disclosure and use of candidate data pursuant to, where applicable, a NURSYS® Participation Agreement, Data Access Authorization and Restriction Requirements Form, a HIPDB Data Reporting Agent Agreement duly executed by Board and/or the Nurse Licensure Compact and rules and regulations.

4. Indemnification.

(a) NCSBN hereby agrees to indemnify and hold harmless Board from all claims, losses, deficiencies, liabilities, costs, damages, liens, fines, penalties, expenses, fees and interest which Board may sustain or incur, or with which Board may be threatened, which are (i) solely caused by, or solely arising out of the breach, default, or nonfulfillment of any covenant, warranty, or agreement made by, referred to in, or to be performed by NCSBN or any of its agents or subcontractors under these Terms and Conditions or (ii) solely caused by or arising out of the acts of, or failure to act by, NCSBN, its subcontractors or directors, officers, employees, agents of any of them and resulting in injury or death of persons or damage to property; provided that NCSBN retains the right to defend any such action on behalf of Board. Board shall provide NCSBN immediate notice of any claims, suits or actions instituted against

Board by reason of its use of the Nurse Licensure Examinations. NCSBN, in its sole discretion, may permit Board to conduct such defense; however, in the event that Board undertakes such defense on its own behalf without prior written approval by NCSBN, the indemnity described within this provision shall not attach.

[NAME OF MEMBER BOARD]

By: \_\_\_\_\_  
Executive Director

Dated: \_\_\_\_\_

## NCSBN MODEL RULES (2012)

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### Chapter 1. Title and Purpose

### Chapter 2. Definitions

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

- a. "Dual relationship" means when a nurse is involved in any relationship with a patient in addition to the therapeutic nurse-patient relationship
- b. "NCLEX-PN®" means the National Council Licensure Examinations for Practical Nurses
- c. "NCLEX-RN®" means the National Council Licensure Examinations for Registered Nurses
- d. "Nursing faculty" means individuals employed full or part time by an academic institution who are responsible for developing, implementing, evaluating and updating nursing program curricula
- e. "Preceptor" means an individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model, or supervisor in a clinical setting
- f. "Professional boundaries" means the space between the nurse's power and the patient's vulnerability; the power of the nurse comes from the professional position and access to private knowledge about the patient; establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the patient's needs.
- g. "Professional-boundary crossing" means a deviation from an appropriate boundary for a specific therapeutic purpose with a return to established limits of the professional relationship
- h. "Professional-boundary violation" means failure of a nurse to maintain appropriate boundaries with a patient and key parties
- i. "Sexualized body part" means a part of the body not conventionally viewed as sexual in nature that evokes arousal

### Chapter 3. Scope of RN and LPN/VN Practice

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

The LPN/VN:

- a. Practices within the legal boundaries for practical nursing through the scope of practice authorized in the Nurse Practice Act (NPA) and rules governing nursing
- b. Demonstrates honesty and integrity in nursing practice
- c. Bases nursing decisions on nursing knowledge and skills, the needs of patients and licensed practical nursing standards

- d. Accepts responsibility for individual nursing actions, competence, decisions and behavior in the course of practical nursing practice
- e. Maintains competence through ongoing learning and application of knowledge in practical nursing practice and
- f. Reports violations of the act or rules by self or other licensees

### 3.1.2 Standards Related to LPN/VN Scope of Practice

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

- a. Participates in nursing care, health maintenance, patient teaching, counseling, collaborative planning and rehabilitation, to the extent of his/her generic and continuing education and experience
- b. Conducts a focused nursing assessment, which is an appraisal of the patient's health status and needs that contributes to ongoing data collection
- c. Plans for patient care, including:
  - 1. Planning episodic nursing care for a patient whose condition is stable or predictable
  - 2. Assisting the registered nurse or supervising physician in identification of patient needs and goals and
  - 3. Determining priorities of care together with the supervising registered nurse or physician
- d. Demonstrates attentiveness and provides patient surveillance and monitoring
- e. Seeks clarification of orders when needed
- f. Assists and contributes in the evaluation of the patient-centered health care plan
- g. Obtains orientation/training for competency when encountering new equipment and technology or unfamiliar care situations
- h. Recognizes patient characteristics that may affect the patient's health status
- i. Implements nursing interventions and prescribed medical regimens in a timely and safe manner
- j. Documents nursing care provided accurately and timely
- k. Collaborates and communicates relevant and timely patient information with patients and other health team members to ensure quality and continuity of care, including:
  - 1. Patient status and progress
  - 2. Patient response or lack of response to therapies
  - 3. Changes in patient condition and
  - 4. Patient needs and special requests
- l. Takes preventive measures to promote an environment that is conducive to safety and health for patients, others and self.
- m. Respects patient diversity and advocates for the patient's rights, concerns, decisions and dignity
- n. Maintains appropriate professional boundaries
- o. Participates in the health teaching required by the patient and family
- p. Participates in systems, clinical practice and patient care performance improvement efforts to improve patient outcomes
- q. Contributes to evaluation of the plan of care by:
  - 1. Gathering, observing, recording, and communicating patient responses to nursing interventions; and
  - 2. Modifying the plan of care in collaboration with a registered nurse based on an analysis of patient responses
- r. Assigns and delegates nursing activities. The LPN shall:
  - 1. Assign nursing care within the LPN scope of practice to other LPNs;
  - 2. Delegate to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely. In maintaining accountability for the delegation, an LPN shall ensure that the:
    - a) Unlicensed assistive personnel (UAP) has the education, legal authority, and demonstrated competency to perform the delegated task
    - b) Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions
    - c) Results of the task are reasonably predictable
    - d) Task does not require assessment, interpretation, or independent decision making during its performance or at completion

- e) Selected patient and circumstances of the delegation are such that delegation of the task poses minimal risk to the patient and the consequences of performing the task improperly are not life-threatening
- f) LPN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable patients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task
- g) LPN provides supervision and feedback to the UAP and
- h) LPN observes and communicates the outcomes of the delegated task
- s. Functions as a member of the health care team, contributing to the implementation of an integrated patient-centered health care plan.
- t. Acts as an advocate for the patient
- u. Assumes responsibility for nurse's own decisions and actions
- v. Attends to patient concerns or requests

### **3.2.1 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 nursing decisions on nursing knowledge and skills, the needs of patients and registered nursing standards
- d. Accepts responsibility for judgments, individual nursing actions, competence, decisions and behavior in the course of nursing practice
- e. Maintains competence through ongoing learning and application of knowledge in registered nursing practice and
- f. Reports violations of the act or rules by self or other licensees

### **3.2.2 Standards Related to RN Scope of Practice**

The RN:

- a. Conducts a comprehensive nursing assessment
- b. Applies nursing knowledge based upon the biological, psychological and social aspects of the patient's condition
- c. Detects faulty or missing patient information
- d. Plans nursing care and nursing interventions consistent with the patient's overall health care plan
- e. Utilizes 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 patient surveillance and monitoring
- j. Identifies changes in patient's health status and comprehends clinical implications of patient's signs, symptoms and changes as part of expected and unexpected patient course or emergent situations
- k. Evaluates the patient's response to nursing care and other therapy, including:
  - 1. Patient's response to interventions
  - 2. Need for alternative interventions
  - 3. Need to communicate and consult with other health team members and
  - 4. Need to revise the plan of care
- l. Communicates and consults with other health team members, including:
  - 1. Patient concerns and special needs
  - 2. Patient status and progress
  - 3. Patient response or lack of response to interventions and
  - 4. Significant changes in patient condition

- m. Documents nursing care
- n. Revises care plan as needed
- o. Takes preventive measures to protect patient, others and self and
- p. Provides comprehensive nursing and health care education in which the RN:
  1. Assesses and analyzes educational needs of learners
  2. Plans educational programs based on learning needs and teaching-learning principles
  3. Ensures implementation of an educational plan either directly or by delegating selected aspects of the education to other qualified persons and
  4. Evaluates the education to meet the identified goals

### **3.2.3 Standards Related to RN Responsibility to Act as an Advocate for Patient**

The RN:

- a. Respects the patient's rights, concerns, decisions and dignity
- b. Identifies patient needs
- c. Attends to patient concerns or requests
- d. Promotes safe patient environment
- e. Communicates patient choices, concerns and special needs with other health team members regarding:
  1. Patient status and progress
  2. Patient response or lack of response to therapies and
  3. Significant changes in patient condition
- f. Maintains appropriate professional boundaries and
- g. Assumes responsibility for nurse's own decisions and actions

### **3.2.4 Standards Related to RN Responsibility to Organize, Manage and Supervise the Practice of Nursing**

The RN:

- a. Assigns to another only those nursing measures that fall within that nurse's scope of practice, education, experience and competence or unlicensed person's role description, including:
  1. Assigning nursing care within the RN scope of practice to other RNs
  2. Assigning nursing care to an LPN within the LPN scope of practice based on the RN's assessment of the patient and the LPN's ability
  3. Supervising, monitoring and evaluating the care assigned to an LPN
- b. Delegates to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely. In maintaining accountability for the delegation, an RN shall ensure that the:
  1. Unlicensed assistive personnel (UAP) has the education, legal authority, and demonstrated competency to perform the delegated task
  2. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions
  3. Results of the task are reasonably predictable
  4. Task does not require assessment, interpretation, or independent decision making during its performance or at completion
  5. Selected patient and circumstances of the delegation are such that delegation of the task poses minimal risk to the patient and the consequences of performing the task improperly are not life-threatening
  6. RN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable patients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task
  7. RN provides supervision and feedback to the UAP and
  8. RN observes and communicates the outcomes of the delegated task
- c. Matches patient 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
- j. Promotes a safe and therapeutic environment by:
  - 1. Providing appropriate monitoring and surveillance of the care environment
  - 2. Identifying unsafe care situations and
  - 3. Correcting problems or referring problems to appropriate management level when needed
- k. Teaches and counsels patient and families regarding their health care regimen, which may include, but is not limited to, general information about health and medical condition, specific procedures and wellness and prevention

#### **Chapter 4. Board of Nursing (BON)**

##### **4.1 Membership, Nominations, Qualifications, Appointment and Term of Office**

##### **4.2 Officers**

##### **4.3 Meetings**

##### **4.4 Guidelines**

##### **4.5 Vacancies, Removal and Immunity**

##### **4.6 Powers and Duties**

##### **4.7 Collection of Fees**

- a. The BON shall collect the following fees:
  - 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 < >
  - 7. Late renewal < >
  - 8. Reinstatement < >
  - 9. Certified statement that nurse is licensed in jurisdiction < >
  - 10. Duplicate or reissued license < >
  - 11. Returned check < >
  - 12. Fee for each level of nursing education program survey and evaluation < >
  - 13. Discipline monitoring < >
  - 14. Copying costs < >
  - 15. Criminal background check processing fees < >

- 16. Other miscellaneous costs
- b. Fees collected by the BON shall reflect the cost of service provided.
- c. All fees collected by the BON are non-refundable.

#### **4.8 Executive Officer**

### **Chapter 5. RN and LPN/VN Licensure and Exemptions**

#### **5.1 Titles and Abbreviations for Licensed Nurses**

#### **5.2 Examinations**

#### **5.3 Application for Licensure by Examination as an RN or LPN/VN**

An applicant for licensure as an RN or LPN/VN, whichever is applicable, by examination in this state shall submit to the BON the required fees for licensure by examination, as specified in Chapter 4, and a completed application for licensure by examination that provides the following information:

- a. Documentation of graduation shall verify the date of graduation or graduation eligibility and the credential conferred. An official transcript is required prior to the issuance of a permanent license.
- b. In order to be licensed in this state, all RN applicants shall take and pass the NCLEX-RN®.
- c. In order to be licensed in this state, all LPN/VN applicants shall take and pass the NCLEX-PN®.
- d. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:
  - 1. The number and status of the license or credential and
  - 2. The original state or country of licensure or credentialing
- e. Current employer if employed in health care, including address, telephone number, position and dates of employment
- f. Previous employer in health care, if any, if current employment is less than 12 months
- g. The date and jurisdiction the applicant previously applied for a license in another jurisdiction and either was denied a license, or withdrew the application or allowed the application to expire, if applicable
- h. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background and
- i. Submission of state and federal criminal background checks completed within the last < > months

#### **5.4 Application for Licensure by Internationally Educated Applicants**

An internationally educated applicant for licensure by examination in this state shall submit to the BON required fees for licensure by examination, as specified in Chapter 4 of these rules, and a completed application for licensure by examination that provides the following information:

- a. 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®.
- b. Credentials shall be reviewed by a credential review agency to verify the comparability of the international nursing education program to nursing education programs in this jurisdiction.
- c. In order to be licensed in this state, all RN applicants shall take and pass the NCLEX-RN®.
- d. In order to be licensed in this state, all LPN/VN nurse applicants shall take and pass the NCLEX-PN®.
- e. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:
  - 1. The license number and status of the license or credential and
  - 2. The original state or country of licensure or credentialing
- f. Current employer if employed in health care, including address, telephone number, position and dates of employment
- g. Previous employer in health care, if any, if current employment is less than 12 months

- h. The date and jurisdiction the applicant previously applied for a license in another jurisdiction and either was denied a license or withdrew the application, if applicable
- i. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background and
- j. Submission of state and federal criminal background checks completed within the last < > months

### **5.5 Application for Licensure by Endorsement as an RN or LPN/VN**

- a. An applicant for licensure by endorsement in this state shall submit to the BON the required fees for licensure by endorsement as specified in Chapter 4 and a completed application for licensure by endorsement.
- b. The BON shall verify licensure by examination by the state of original licensure and receive from that BON information regarding graduation or eligibility for graduation from a nursing education program for the level of license sought, date of original licensure and current licensure status in the jurisdiction.
- c. The BON shall also verify date of the applicant's licensure, licensure status or privilege with the state of most recent employment, if different from the state of original licensure.
- d. Evidence of having passed the licensure examination required by this jurisdiction at the time the applicant was initially licensed in another jurisdiction and
- e. Evidence of continued competence as defined in 5.6.2 below
- f. Identification of any state, territory or country in which the applicant holds a health profession license or credential, if applicable. Required information includes:
  - 1. The number and status of the license or credential and
  - 2. The original state or country of licensure or credentialing
- g. Current employer if employed in health care, including address, telephone number, position and dates of employment
- h. Previous employer in health care, if any, if current employment is less than 12 months
- i. The date and jurisdiction the applicant previously applied for a license in another jurisdiction and either was denied a license or withdrew the application, if applicable
- j. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background and
- k. Submission of state and federal criminal background checks completed within the last < > months.

#### **5.5.1 Temporary Permits**

- a. A temporary permit is a time-limited authorization to practice nursing as specified by the type of permit.
- b. The BON may issue, upon request of the applicant, a temporary permit to practice nursing to 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. 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.
- d. An applicant may request a temporary permit to practice nursing by submitting application to the BON and paying the required fee, as specified in Chapter 4 of these rules.
- e. Upon submission of application for licensure, including submission of request for criminal background check and receipt of verification that the license from another jurisdiction is not encumbered, an applicant for licensure by endorsement may receive a temporary permit to practice nursing.

### **5.6 Renewal of Licenses**

The renewal of a license must be accomplished by <date determined by the BON>. Failure to renew the license on or before the date of expiration shall result in the forfeiture of the right to practice nursing in this jurisdiction.

#### **5.6.1 Application for Renewal of License as an RN or LPN/VN**

An applicant for license renewal shall submit to the BON the required fee for license renewal, as specified in Chapter 4, and a completed application for license renewal that provides the following information:

- a. Evidence of completion of the continued competence requirements specified in 5.6.2 below and
- b. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background

#### **5.6.2 Continued Competence**

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

#### **5.6.3 Issuance of License**

The BON shall renew the license of each renewal applicant who complies with the requirements of this Section.

#### **5.7 Reactivation of License**

An individual whose license is inactive by failure to renew may apply for reactivation by submitting an application, paying a fee as specified in Chapter 4 of these rules, meeting all practice requirements for renewal of licensure and satisfying the conditions listed below. At any time after a license has been inactive, the BON may require evidence of the licensee's current nursing knowledge and skill before reactivating the licensee to the status of active license.

#### **5.7.1 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.

#### **5.8 Duties of Licensees**

#### **5.9 Criminal Background Checks**

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

#### **5.10 Exemptions**

### **Chapter 6. Prelicensure Nursing Education**

#### **6.1 Purpose of Nursing Education Standards**

The purposes of nursing education standards are to:

- a. Ensure that graduates of nursing education programs are prepared for safe and effective nursing practice
- b. Provide criteria for the development, evaluation and improvement of new and established nursing education programs and
- c. Ensure candidates are educationally prepared for licensure and recognition at the appropriate level

#### **6.1.1 Prelicensure Nursing Education Standards**

All nursing education programs shall meet these standards:

- a. The purpose and outcomes of the nursing program shall be consistent with the Act and BON promulgated administrative rules, regulations and other relevant state statutes
- b. The purpose and outcomes of the nursing program shall be consistent with accepted standards of nursing practice appropriate for graduates of the type of nursing program offered
- c. The input of stakeholders 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 and
- j. Program information communicated by the nursing program shall be accurate, complete, consistent and readily available

#### **6.1.2 Required Criteria for Prelicensure Nursing Education Programs**

The organization and administration of the nursing education program shall be consistent with the law governing the practice of nursing. The nursing education program shall be an integral part of a governing academic institution that is accredited by an accrediting agency that is recognized by the U.S. Department of Education. The nursing education program shall provide evidence of current accreditation by a national nursing accrediting agency recognized by the United States Department of Education by January 1, 2020.

##### **a. Curriculum**

1. The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure. Curriculum will be revised as necessary to maintain a program that reflects advances in health care and its delivery.
2. The curriculum, as defined by nursing education, professional and practice standards, shall include:
  - a) Experiences that promote the development and subsequent demonstration of evidence-based clinical judgment, skill in clinical management, and the professional commitment to collaborate in continuously improving the quality and safety of the healthcare system for patients
  - b) Evidence-based learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.
  - c) Coursework including, but not limited to:
    - i. Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice
    - ii. Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care
    - iii. Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds. Patient experiences will occur in a variety of clinical settings and will include:
      - 1) Integrating patient safety principles throughout the didactic and clinical coursework
      - 2) Implementing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care
      - 3) Providing patient-centered, culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by:
        - (a) Respecting patient differences, values, preferences and expressed needs
        - (b) Involving patients/designees in decision-making and care management
        - (c) Coordinating and managing patient care across settings
        - (d) Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles.
      - 4) Collaborating with interprofessional teams to foster open communication, mutual respect,

- and shared decision-making in order to achieve quality patient care
- 5) Participating in quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors, and collaborate in the development and testing of changes that improve the quality and safety of health care systems and
  - 6) Using information technology to communicate, mitigate error and support decision making
3. Faculty supervised clinical practice shall include development of skills in direct patient care; making clinical judgments; care and management of both individuals and groups of patients across the lifespan; and delegation to and supervision of, as appropriate to level of education, other health care providers.
    - a) The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program.
    - b) Clinical experiences shall be supervised by qualified faculty.
    - c) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.
    - d) Measurement of students' competencies shall focus on the students' demonstration of care management and decision making skills when providing patient care in a variety of clinical situations and care settings.
    - e) BON determines the approval process when clinical experiences cross state/jurisdiction borders, and nursing education programs shall comply with the process.
  4. Delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and outcomes of the educational program and standards of the BON.
- b. Students
1. The program shall provide students the opportunity to acquire and demonstrate the knowledge, skills, and abilities required for safe and effective nursing practice, in theory and clinical experience, through faculty supervision.
  2. The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.
  3. All policies relevant to applicants and students shall be readily available in writing.
  4. Students shall meet health standards and criminal background check requirements.
- c. Administrator qualifications
1. Administrator qualifications in a program preparing for LPN/VN licensure shall include:
    - a) A current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved
    - b) A minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree
    - c) Experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration, and evaluation and
    - 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 RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved
    - b) A doctoral degree in nursing; or a graduate degree in nursing and a doctoral degree
    - c) Educational preparation or experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation and
    - d) A current knowledge of registered nursing practice
- d. Faculty
1. There shall be sufficient number of qualified faculty to meet the outcomes and purposes of the nursing education program.
  2. The nursing faculty shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the state where the program is approved.
  3. Faculty supervising clinical experiences shall hold a current active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the clinical practicum is conducted.
  4. Faculty in distance education programs:
    - a) Faculty teaching in didactic courses shall hold a current, active RN license or privilege to

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practice that is not encumbered and meet requirements in the jurisdiction where the program has a physical presence.

b) Faculty and preceptors supervising students in clinical experiences shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the clinical experience takes place.

3- c) Faculty who travel to distant jurisdictions to provide clinical oversight of clinical faculty and/or preceptors shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program has a physical presence and where the clinical practicum is conducted when in contact with patients or patient data.

~~4-5.~~ Qualifications for nursing faculty who teach in a program leading to licensure as an LPN/VN should be academically and experientially qualified with a minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree.

~~5-6.~~ Qualifications for nursing faculty who teach in a program leading to licensure as an RN should be academically and experientially qualified with a minimum of a graduate degree in nursing.

~~6-7.~~ Interprofessional faculty teaching non-clinical nursing courses shall have advanced preparation appropriate for the content being taught.

~~7-8.~~ Clinical preceptors shall demonstrate competencies related to the area of assigned clinical teaching responsibilities and will serve as role models and educators for students. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences. Clinical preceptors shall have an unencumbered license to practice as a nurse at or above the level for which the student is being prepared, in the jurisdiction where they are precepting students.

#### **6.1.3 Determination of Compliance with Standards**

BON initial and continuing approval is the model used for determining compliance with these standards. National nursing accreditation shall be required by January 1, 2020, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval. Nursing programs must submit to the BON copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt. The BON shall identify the required correspondence that the programs must submit.

#### **6.1.4 Purposes of Prelicensure Nursing Education Program Approval**

- a. To promote the safe practice of nursing by implementing standards for individuals seeking licensure as RNs and LPN/VNs.
- b. To grant legal recognition to nursing education programs that the BON determines have met the standards.
- c. To ensure graduates meet the educational and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other states and countries.
- d. To ensure continuous evaluation and improvement of nursing education programs.
- e. To provide the public and prospective students with a published list of nursing programs that meets the standards established by the BON.

#### **6.1.5 Establishment of a New Prelicensure Nursing Education Program**

Before establishing a new nursing education program, the program shall contact the BON and complete the process outlined below:

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

9. Availability of qualified faculty and program director and
10. A proposed time line for initiating and expanding the program
- b. Phase II – Initial Approval for Admission of Students. The proposed program shall provide the BON with verification that the following program components and processes have been completed:
  1. Employment of a director and faculty to develop program
  2. Overview of total curriculum:
    - a) Content
    - b) Schedule (course sequence)
    - c) Course descriptions
    - d) Contracts for clinical sites
    - e) Program evaluation plan
    - f) Course syllabi for first year with identified timeline for submission of syllabi for next years
  3. Establishment of student policies for admission, progression, retention and graduation
  4. The BON shall deny initial approval if it determines that a proposed nursing education program is unable to meet the standards for nursing education
  5. When the BON determines that all components and processes are completed and in place, the BON shall authorize the program to admit students
- c. Phase III – Full Approval of Program. The BON shall fully approve the program upon:
  1. Completion of BON program survey visit concurrent with graduation of first class or eligibility for NCLEX
  2. Submission of program's ongoing systematic evaluation plan
  3. Satisfactory completion of survey report that verifies that the program is in compliance with the BON's Nursing Education Standards
  4. The BON may request periodic reports from the new program regarding initial program operations before granting approval

#### **6.1.6 Continuing Approval of Prelicensure Nursing Education Programs**

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

#### **6.1.7 Conditional Approval of Prelicensure Nursing Education Programs**

- a. The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.
- b. If the BON determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the nursing program shall be given a reasonable period of time to submit an action plan

and to correct the identified program deficiencies.

#### **6.1.8. Withdrawal of Approval**

- a. The BON shall withdraw approval if, after proper notice and opportunity, it determines that:
  1. A nursing education program fails to meet the standards of this Rule and
  2. A nursing education program fails to correct the identified deficiencies within the time specified
- b. After January 1, 2020, a program that has not received national nursing accreditation by a U.S. Department of Education recognized agency shall, upon request, be granted a one year extension by the BON to comply with this requirement.

#### **6.1.9 Appeal**

A program denied approval or given less than full approval may appeal that decision. All such actions shall be in accordance with due process rights.

#### **6.1.10 Reinstatement of Approval**

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

### **6.2 Closure of Prelicensure Nursing Education Program and Storage of Records**

A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily. Provisions shall be made for maintenance of the standards for nursing education during the transition to closure.

#### **6.2.1. Closure of a Prelicensure Nursing Education Program as a Result of Withdrawal of BON Approval**

The program shall submit to the BON:

- a. An acceptable plan for students to complete a BON approved program
- b. Confirmation in writing that the plan has been fully implemented and
- c. Arrangements for the secure storage and access to academic records and transcripts

#### **6.2.2. Prelicensure Nursing Education Program Closed Voluntarily**

The program shall submit to the BON:

- a. Reason for the closing of the program and date of intended closure
- b. An acceptable plan for students to complete a BON approved program and
- c. Arrangements for the secure storage and access to academic records and transcripts

### **6.3 Innovative Approaches in Prelicensure Nursing Education Programs**

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

#### **6.3.1 Purposes**

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

#### **6.3.2 Eligibility**

- a. The nursing education program shall hold full BON approval without conditions.
- b. There are no substantiated complaints in the past 2 years.

- c. There are no rule violations in the past 2 years.

#### **6.3.3. Application**

The following information (no longer than < > pages with a 1-page executive summary) shall be provided to the BON at least < > days prior to a BON 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 BON approval status
- c. Identification of the regulation(s) affected by the proposed innovative approach
- d. Length of time for which the innovative approach is requested
- e. Description of the innovative approach, including objective(s)
- f. Brief explanation of why you want to implement an innovative approach at this time
- g. Explanation of how the proposed innovation differs from approaches in the current program
- h. Rationale with available evidence supporting the innovative approach
- i. Identification of resources that support the proposed innovative approach
- j. Expected impact innovative approach will have on the program, including administration, students, faculty, and other program resources
- k. Plan for implementation, including timeline
- l. Plan for evaluation of the proposed innovation, including measurable criteria/outcomes, method of evaluation, and frequency of evaluation and
- m. Additional application information as requested by the BON

#### **6.3.4. Standards for Approval**

- a. Eligibility criteria in 6.3.2. and application criteria in 6.3.3. are met
- b. The innovative approach will not compromise the quality of education or safe practice of students
- c. Resources are sufficient to support the innovative approach
- d. Rationale with available evidence supports the implementation of the innovative approach
- e. Implementation plan is reasonable to achieve the desired outcomes of the innovative approach
- f. Timeline provides for a sufficient period to implement and evaluate the innovative approach and
- g. Plan for periodic evaluation is comprehensive and supported by appropriate methodology

#### **6.3.5. Review of Application and BON Action**

- a. Annually the BON may establish the number of innovative approach applications it will accept, based on available BON resources.
- b. The BON shall evaluate all applications to determine if they meet the eligibility criteria in 6.3.2 and the standards established in section 6.3.4.
- c. The BON shall inform the education program of the approval process timeline within < > days of the receipt of the application.
- d. If the application meets the standards, the BON may:
  - 1. Approve the application, or
  - 2. Approve the application with modifications as agreed between the BON and the nursing education program
- e. If the submitted application does not meet the criteria in 6.3.2 and 6.3.4., the BON may deny approval or request additional information.
- f. The BON may rescind the approval or require the program to make modifications if:
  - 1. The BON receives substantiated evidence indicating adverse impact or
  - 2. The nursing program fails to implement the innovative approach as presented and approved

#### **6.3.6. Periodic Evaluation**

- a. The education program shall submit progress reports conforming to the evaluation plan annually or as requested by the BON.
- b. The final evaluation report shall conform to the evaluation plan, detailing and analyzing the outcomes data.
- c. If any report indicates that students were adversely impacted by the innovation, the nursing program shall provide documentation of corrective measures and their effectiveness.
- d. Nursing education program maintains eligibility criteria in 6.3.2.

### **6.3.7. 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 BON meeting.
- c. The BON may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with core nursing education criteria.

## **Chapter 7. Discipline and Proceedings**

### **7.1 Authority**

### **7.2 Accountability**

### **7.3 Grounds for Discipline**

- a. Non-Compliance with federal, jurisdictional or contractual requirements, including, but not limited to:
  - 1. Failing to meet the initial requirements of a license
  - 2. Engaging in conduct that violates the security of the licensure examination or the integrity of the examination results, including, but not limited to:
    - a) Copying, disseminating or receiving of any portion of an examination
    - b) Having unauthorized possession of any portion of a future, current or previously administrated examination
    - c) Violating the standard of test administration
    - d) Permitting an impersonator to take the examination on one's behalf.
    - e) Impersonating an examinee
    - f) Communicating with another examinee during the examination
    - g) Possessing unauthorized materials during the examination or
    - h) Any other conduct that violates the security or integrity of the exam
  - 3. Having a license to practice nursing, a multi-state privilege to practice or another professional license or other credential denied, revoked, suspended, restricted or otherwise disciplined in this or any other state, territory, possession or country or by a branch of the United States military
  - 4. Failing to cooperate with a lawful BON investigation
  - 5. Practicing without an active license
  - 6. Drug screening violation or failure of a participant in an alternative to discipline program to comply with the program requirements.
  - 7. Failing to comply with continuing education or competency requirements
  - 8. Failing to meet licensing board reporting requirements
  - 9. Violating or failing to comply with BON order
  - 10. Practicing beyond the legal scope of practice
  - 11. Failing to comply with health and safety requirements established by an employer, health facility, or federal or jurisdictional laws or rules
  - 12. Violating federal or jurisdictional tax code pursuant to the procedural laws and rules of the jurisdiction
  - 13. Failing to pay child support or delinquent child support pursuant to the procedural laws and rules of the jurisdiction
  - 14. Defaulting on health education loan or scholarship obligations pursuant to the procedural laws and rules of the jurisdiction
  - 15. Violating jurisdictional health code
- b. Criminal conviction or adjudication in any jurisdiction under Article VII section 3 of the <Jurisdiction's> Nurse Practice Act
- c. Confidentiality, patient privacy, consent or disclosure violations, including, but not limited to:

1. Failing to safeguard the patient's dignity, the right to privacy and confidentiality of patient information. This does not prohibit or affect reporting responsibilities under other statutes such as Child Abuse or Older Adults Protective Services Acts.
  2. Failure to obtain informed consent
  3. Failure to comply with patient consultation requirements
  4. Breach of confidentiality
- d. Misconduct or abuse, including, but not limited to:
1. Soliciting, borrowing or misappropriating money or property from a patient or a patient's family.
  2. Violating principles of professional boundaries. The following principles shall delineate the responsibilities of the nurse regarding the establishment and maintenance of appropriate professional boundaries with a current or former patient and key party. Patient consent to, or initiation of a personal relationship, is not a defense. The nurse shall:
    - a) Establish, maintain and communicate professional boundaries with the patient;
    - b) Not engage in relationships with patients that could impair the nurse's professional judgment;
    - c) Not exploit in any manner the professional relationship with a patient for the nurse's emotional, financial, sexual, or personal advantage or benefit;
    - d) Not engage in dual relationships to the extent possible for <years>, making alternate arrangements for care when necessary, if a nurse's ability to provide appropriate care would be impaired due to the nature of the additional relationship with the patient (always avoid dual relationships in mental health nursing);
    - e) Not engage in self-disclosure to a patient unless it is limited in terms of amount, nature and duration, and does not adversely impact the patient's care and well-being;
    - f) Recognize the potential for negative patient outcomes of professional-boundary crossings;
    - g) Not use any confidence of a patient to the patient's disadvantage or for the advantage of the nurse;
    - h) Have a clear agreement with the patient regarding financial matters. For nurses practicing independently, arrangements for reimbursement must be made at the initiation of the nurse-patient relationship. A nurse shall not engage in loans to or from a patient and shall not barter with a patient;
    - i) Only accept gifts of minimal value from a patient or key party;
    - j) Make no statements or disclosures that create a risk of compromising a patient's privacy, confidentiality and dignity. This includes, but is not limited to, statements or disclosures via electronic media; and
    - k) Make no suggestions or have no discussions of the possibility of dating or a sexual or romantic relationship after the professional relationship ends.
  3. Sexual misconduct, including, but not limited to, the following behavior with a current or former patient or key party. Patient consent to, or the initiation of a sexual or romantic relationship, is not a defense:
    - a) Sexual intercourse;
    - b) Touching of the breasts, genitals, anus or any sexualized body part initiated by the nurse or patient, except as consistent with accepted standards of nursing practice;
    - c) Rubbing against current or former patient or key party, initiated by the nurse, current or former patient, or key party, for sexual gratification;
    - d) Hugging, kissing or caressing of a romantic or sexual nature;
    - e) Failing to provide adequate patient privacy to dress or undress, except as may be medically necessary or required for patient safety;
    - f) Failing to provide the patient with an appropriate gown or draping, except as may be medically necessary or required for patient safety;
    - g) Dressing or undressing in the presence of the patient;
    - h) Encouraging masturbation or other sex acts in the presence of the nurse;
    - i) Masturbation or other sex acts performed by the nurse in the presence of the current or former patient or key party;
    - j) Discussing sexual history, behaviors or fantasies of the nurse;
    - k) Behavior, gestures, statements or expressions that may reasonably be interpreted as romantic or sexual;

- l) Making inappropriate statements to current or former patients or key parties regarding their body parts, appearance, sexual history or sexual orientation;
  - m) Sexually demeaning behavior, which may be reasonably interpreted as humiliating, embarrassing, threatening, or harmful to current or former patients or key parties;
  - n) Showing a current or former patient or key party sexually explicit materials, other than for health care purposes;
  - o) Posing, photographing or recording the body or any body part of a current or former patient or key party, other than for health care purposes with consent;
  - p) Transmitting information via electronic media that can be reasonably interpreted as sexual or sexually demeaning by the current or former patient or key party; and
  - q) Engaging in sexual or romantic conduct with a key party when that person is being manipulated into such a relationship by the nurse.
4. Engaging or attempting to engage in sexual or romantic conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation of the former patient. Factors which the BON may consider in determining risk of harm or exploitation include, but are not limited to:
    - a) The length of time the nurse-patient relationship existed;
    - b) The circumstances of the cessation or termination of the nurse-patient relationship;
    - c) The amount of time that has passed since nursing services were terminated;
    - d) The nature of the patient's health status and the extent of care received;
    - e) The degree of the patient's dependence and vulnerability;
    - f) The extent to which there exists an ongoing nurse-patient relationship following the termination of services, and whether the patient is reasonably anticipated to become a patient of the nurse in the future; and
    - g) Any statements or actions made by the nurse during the course of treatment suggesting or inviting the possibility of sexual or romantic conduct.
  5. Due to the unique vulnerability of mental health patients, including patients with substance use or dependency disorders, nurses are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former patients or key parties for a period of at least two years after termination of nursing services.
  6. These rules do not prohibit providing health care services to a person with whom the nurse has a preexisting, established personal relationship where there is no evidence of, or potential for, exploiting the patient; and contact that is necessary for a health care purpose that meets the standards of the profession.
  7. Non-sexual dual relationship or boundary violation
  8. Exploiting a patient for financial gain
  9. Abusive conduct toward staff
  10. Disruptive conduct in the workplace
  11. Conduct evidencing moral unfitness
  12. Conduct evidencing ethical unfitness
  13. Physical or emotional abuse of a patient
  14. Misappropriation of patient property or other property
  15. Conflict of interest
- e. Fraud, deception, or misrepresentation, including, but not limited to:
    1. Committing fraud or deceit in the practice of nursing
    2. Submitting false documentation or information, such as credentials, letters of recommendations, resumes, curriculum vitae, certificates, educational certificates or transcripts, or licenses to an employer or potential employer for the purpose of securing or maintaining employment.
    3. Submitting false documentation or information to an employer for the purpose of receiving remuneration or reimbursement of costs to which the licensee is not entitled.
    4. Submitting false information in the course of an investigation or as part of any application.
    5. Failing to document and maintain accurate records, includes, but is not limited to;
      - a) Falsifying reports, patient documentation, agency records, or other essential health documents.
      - b) Knowingly making incorrect entries a patient's medical record or other related documents.
    6. Improper or abusive billing practices

7. Submitting false claims
8. Misrepresentation of credentials
9. Insurance fraud (Medicare, Medicaid or other insurance)
10. Providing or ordering unnecessary tests or services
11. Filing false reports or falsifying records
12. Fraud, deceit or material omission in obtaining license or credentials
13. Misleading, false or deceptive advertising or marketing
14. Failure to disclose
- f. Unsafe practice, substandard care or unprofessional conduct, including, but not limited to:
  1. Failing or inability to perform registered nursing, practical/vocational nursing or advanced practice registered nursing as defined in Article II of this Act and rule, with reasonable skill and safety.
  2. Departing from or failing to conform to an ethical or quality standard of the nursing profession.
  3. Improperly managing patient records.
  4. Failing to supervise student experiences as a clinical nursing instructor
  5. Failing to respect and consider the patient's right to freedom from psychological and physical abuse.
  6. Failing to act to safeguard the patient from the incompetent, abusive or illegal practice of any individual.
  7. Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status or disability while providing nursing services.
  8. Leaving a nursing assignment prior to the proper reporting and notification to the appropriate department head or personnel of such an action.
  9. Knowingly abandon a patient in need of nursing care. Abandonment is defined as the intentional deserting of or leaving a patient for whom the nurse is responsible without providing for another nurse or appropriate caretaker to assume care upon the nurse's leaving.
  10. Engaging in conduct or any nursing practice that may create unnecessary danger to a patient's life, health or safety. Actual injury to a patient need not be established.
  11. Demonstrating an actual or potential inability to practice nursing with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material or as a result of any mental or physical illnesses or conditions.
  12. Immediate threat to health or safety of a patient or the public
  13. Unable to practice safely by reason of alcohol or other substance use
  14. Unable to practice safely by reason of psychological impairment or mental disorder
  15. Unable to practice safely by reason of physical illness or impairment
  16. Unable to practice safely
  17. Substandard or inadequate care
  18. Substandard or inadequate skill level
  19. Failure to consult or delay in seeking consultation with supervisor/proctor
  20. Patient abandonment
  21. Inappropriate refusal to treat
  22. Incompetence
  23. Malpractice
  24. Negligence
  25. Patient neglect
  26. Inadequate or improper infection control practices
  27. Failure to provide medically reasonable and/or necessary items or services
- g. Improper supervision or allowing unlicensed practice, including, but not limited to:
  1. Delegating a nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care
  2. Accepting the delegation of a nursing function or undertaking a specific practice without the necessary knowledge, preparation, experience and competency to properly execute the practice that could reasonably be expected to result in unsafe or ineffective patient care
  3. Failing to supervise the performance of acts by any individual working at the nurse's delegation or assignment

4. Failing to follow appropriate and recognized standards and guidelines in providing oversight of the nursing organization and nursing services of a health care delivery system as a chief administrative nurse
  5. Inappropriate or inadequate supervision or delegation or
  6. Knowingly aiding, abetting assisting, advising or allowing an unlicensed person to engage in the unlawful practice of registered or practical nursing or in violating or circumventing a law or BON regulation or rule
- h. Drug related offenses, including, but not limited to:
1. Narcotics violation or other violation of drug statutes
  2. Unauthorized prescribing medicine
  3. Unauthorized dispensing of medication
  4. Unauthorized administration of medication
  5. Error in prescribing, dispensing or administering medication
  6. Diversion of controlled substance

## **7.4 Procedure**

### **7.4.1 Complaint Investigation**

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

### **7.4.2 Complaint Resolution**

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

## **7.5 Immunity**

## **7.6 Notification**

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

## **7.7 Alternative to Discipline Monitoring Program**

### **7.7.1 Responsibilities of the Program**

- a. The alternative to discipline monitoring program shall have the following functions and responsibilities:
  1. Protect the public while monitoring the nurse to assure safe practice
  2. Encourage early identification, entry into treatment and entry into a contractual agreement for monitoring of compliance with treatment and practice monitoring
  3. Identify, respond to and report noncompliance to the BON in a timely manner
  4. Facilitate nurses to enter and maintain an ongoing recovery consistent with patient safety
  5. Be transparent and accountable to the public by providing information to the public, which also includes:
    - a) Policies and procedures of the program
    - b) Annual reports, audits and aggregate data
    - c) Educational materials and other resources and

- d) Conferences and continuing education offerings and
- 6. Provide adequate resources and staffing to implement policies and procedures and all contract requirements
- b. All nurse participants or nurse licensure applicants in alternative programs may be reported to a non-public national database that gives access to all states.

#### **7.7.2 Eligibility Criteria**

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

#### **7.7.3 Screening and Assessment**

- a. All individuals entering into the programs shall undergo appropriate screening and assessment.
- b. An individual seeking admission into the alternative program shall initially be screened by staff to determine the person's motivations for entering the alternative program and whether the person meets admission requirements and is willing to participate.
- c. The individual seeking admission shall obtain a current chemical dependency evaluation, which may include a complete physical and psychosocial assessment performed by a licensed or certified medical, mental health or psychological specialist.

#### **7.7.4 Contracts**

- a. The alternative program shall have a written contract, which the participant must sign voluntarily upon entering the program. Each contract shall bear the witnessed signature of the nurse participating in the alternative program and the alternative program coordinator or designated representative.
- b. The contract shall address the following areas:
  - 1. The voluntary and non-disciplinary nature of the program
  - 2. The program records that are non-public and have necessary exceptions for disclosure such as to the BON members, other state boards and other states' alternative programs regarding the participants in the alternative program
  - 3. The dates of the nurse's participation and the expected length of participation
  - 4. The requirements of drug and alcohol screens, 12-step, support, therapeutic meeting attendance and self and supervisory reports
  - 5. The requirements for work-site monitoring upon return to work

6. The consequences of relapse and noncompliance with the alternative program contract including a dismissal from the alternative program or referral to the BON for disciplinary action because of noncompliance with alternative program contract requirements
  7. The parameters for referral to the BON, including the non-public records of program participation that are shared with the BON
  8. Definitions of relevant terms such as relapse
  9. Appropriate waivers and releases and
  10. The period of monitoring which shall be three to five years
- c. The contract shall provide that the participant is expected to:
1. Abstain from all alcohol and alcohol-containing products without prior approval from the alternative program
  2. Abstain from drug use, including all over-the-counter medications and other mind-altering substances unless lawfully prescribed with prior approval of the alternative program
  3. Obtain a current evaluation of co-occurring conditions such as psychiatric or medical disorders as indicated
  4. Maintain current state nursing licensure, including meeting any continued competence or continuing education requirements and
  5. Cease nursing practice and agree to inactivate their license until or unless approved to continue or return to practice by the treatment professional and the alternative program
- d. The participant shall execute any releases that are necessary to sign for monitoring and consents to information exchange between:
1. Employer and alternative program
  2. Healthcare providers and alternative program
  3. Alternative program and BON
  4. Treatment professionals and alternative program and
  5. Other state boards and alternative programs
- e. The contract shall also provide that the participant agrees to:
1. Enter treatment and participate in all treatment recommendations
  2. Provide counselors with the necessary forms to complete and give back to the program
  3. Obtain an assessment by a medical doctor who is approved by the alternative program and has a sub-specialty in addictions and pain management
  4. Sign and adhere to pain management contracts if there are pain issues as well as addiction issues
  5. Undergo any additional evaluation as requested by the alternative program or treatment provider and
  6. Complete substance disorder, dependency or mental health assessment, treatment, continuing care and aftercare

#### **7.7.5 Recovery Monitoring Requirements**

The participant is expected to:

- a. Attend three 12-step or other approved self-help meetings a week and one peer support group per week and submit documentation to the alternative program at least monthly
- b. Maintain an active and consistent relationship with a sponsor
- c. Select and provide the contact information for one pharmacy for prescription needs, one health care provider for health care needs and one dentist for dental needs to the alternative program
- d. Report any prescriptions for mood-altering drugs as well as over-the-counter medications within 24 hours of receipt of prescription to the alternative program and prior to returning to nursing practice
- e. Notify any and all health care providers of substance use history prior to receiving any prescription
- f. Provide a written statement from the prescribing provider that confirms the provider's awareness of the participant's history of substance use or dependence and the participant's responsibility to confirm any prescription within 24 hours of prescribing
- g. Have practitioners complete medication verification forms and medication logs provided by the program and submit quarterly
- h. Submit medication forms quarterly
- i. Provide written self-reports as specified by the alternative program, but at least monthly and

- j. Submit to random drug and alcohol testing at a minimum of two to three times per month for the first 12 months of participating in the alternative program. Drug and alcohol testing may then be gradually reduced in frequency. Upon return to nursing practice, drug screenings must increase for the first 12 months of clinical practice. Drug and alcohol testing may include body fluid testing, hair testing or any other valid and reliable method of testing such as saliva.

#### **7.7.6 Practice Requirements and Limitations**

- a. The participant shall limit nursing practice to this state only. Permission to work in any other state requires written approval from the alternative program and the BON in both states.
- b. If licensed in another state or seeking licensure in another state, the participant shall authorize the alternative program to release participant information to any other state of licensure or where seeking application for licensure.
- c. The participant shall maintain continuous employment in a nursing position for at least one year of the three- to five-year contract in order to be eligible for successful discharge from the program.
- d. The participant shall notify and obtain approval from the alternative program of any health care related position or job change prior to making the change or relocating.
- e. The participant shall abide by return-to-work restrictions and requirements.
- f. The participant shall abide by all policies, procedures and contracts of employer.
- g. The participant shall inform all employers or schools of participation in the alternative program and provide a copy of the contract, stipulations or final orders from the BON to any prospective or current nursing position employers.
- h. The participant shall ensure that the supervisor at the place of employment is given a copy of the contract and any other necessary forms.
- i. The participant shall ensure that the alternative program receives the agreement form signed by the direct supervisor at the place of employment prior to beginning a new or resuming an existing position.
- j. The participant shall schedule at least monthly check-in meetings with the supervisor at the place of employment for the purpose of addressing any concerns of either party. Documentation of such meetings shall be available to the alternative program staff if requested.
- k. The participant shall notify the alternative program within two days of any change in supervisor, workplace monitor or employment.
- l. Any exceptions to work restrictions may be approved in writing by the alternative program. Approval must be obtained from the alternative program prior to any position acceptance, job responsibility change or other related employment activity.
- m. The participant shall discontinue access to and administration of controlled substances or any potentially addictive medications for a minimum of six months of returning to work.

#### **7.7.7 Program Notification Requirements**

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

1. He or she has had or is having problems with substance use or have a substance use disorder
  2. He or she has violated the nurse practice act and that any violation of the contract is a further violation of the nurse practice act and grounds for referral to the BON
  3. Entry into the alternative program was voluntary, there was an opportunity to seek advice of legal counsel or personal representative and there was opportunity to clarify any terms or conditions that were not understood and
  4. He or she has read and will abide by the terms and conditions of the program handbook or manual as well as any new policies or procedures received in writing throughout participation in the alternative program.
- c. By signing the contract, the participant waives all rights to appeal, grievances, complaints or otherwise contest licensure actions arising out of alternative program participation, and the right to contest the imposition of discipline arising from a breach of this agreement with the exception of contesting a determination that one or more terms of the agreement have been violated.
  - d. The identity of participants and the terms of the contract are non-public but may be shared with parties who have an official need to know such as state BON members, other state boards, other state's alternative programs and participant's employers.
  - e. The participant shall give the supervisor a copy of the contract and any other necessary forms prior to beginning a new or resuming an existing position and agrees to notify the program immediately of any change in supervision. Failure to comply will result in an immediate cease and desist of all work-related activities from the alternative program.
  - f. Any noncompliance with the contract or unsuccessful termination from the program is unprofessional conduct, is in violation of the rules and laws regarding the practice of nursing and may be used to support any future progressive disciplinary actions.
  - g. If any single part or parts of the contract are violated by the participant, the remaining parts remain valid and operative.
  - h. Any unauthorized missed drug or alcohol testing will be considered non-compliance with the program.
  - i. Any confirmed positive drug screen may be considered noncompliance if the program has not received the proper documentation from the prescribing practitioner.
  - j. Any confirmed positive drug screen for which the alternative program has not received prior written authorization and confirmation from an approved provider and any drug screen that is confirmed as an adulterated or substituted specimen shall result in the participant ceasing nursing practice until further evaluation and receipt of written authorization to return to practice from the alternative program.
  - k. Noncompliance with drug and alcohol testing will result in an increased level of testing and will result in a report to the BON.
  - l. In the event of any non-compliance with any of the terms of the contract in any respect, the alternative program may require the participating nurse to cease practice, notify the nurse's employer and the length and terms of this contract may be extended and modified.
  - m. In the event of any non-compliance with the terms of the contract, the participant may be discharged from the alternative program or reported to the BON while remaining in monitoring.
  - n. If discharged from the alternative program for non-compliance or referred to the BON for non-compliance, the BON may use any misconduct that may have occurred while enrolled in the program in disciplinary proceedings and the BON may obtain complete records of participation in the alternative program.
  - o. The contract does not preclude the program from initiating or taking appropriate action regarding any other misconduct not covered by the contract. Such action could include reporting the offense to the BON.

#### **7.7.8 Standards for Treatment Programs**

- a. Treatment programs that meet the standards set forth in this rule shall be approved by the alternative program for use by participants.
- b. The minimum standards for approved treatment providers include:
  1. Licensure by the state
  2. Provide a geographically convenient location for treatment to encourage the participation of family members in the nurse's primary treatment
  3. Offer family involvement in the treatment
  4. Adhere to an abstinence-based program

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

#### **7.7.9 Return to Work**

- a. Upon entry into the alternative program, the participant agrees that their license will be placed on inactive status until return to work is recommended by the alternative program.
- b. In order to ensure patient safety, the nurse's practice must be monitored through the following:
  1. The participant's supervisor and whenever possible at least one nurse monitor must be identified in the participant's return-to-work contract
  2. Supervisors or work-site monitors shall be licensed or privileged to practice nursing, shall not have an encumbered license, shall not be a current participant in any alternative program and shall avoid any conflicts of interest that could impede the ability to objectively monitor the nurse
  3. Supervisors and work-site monitors are nurses who have assumed responsibility for overseeing the participant's practice and at least one monitor or the supervisor must be available on-site in order to intervene if there is a concern or an incident involving the participant
  4. Supervisors and work-site monitors must be knowledgeable of the participant's nursing role and the nurse's participation in the alternative program including the nurse's return-to-work agreement and any associated practice restrictions
  5. Nurse monitors or supervisors must provide to the alternative program regular and as-needed reports on the nurse's ability to practice safely
  6. Nurse monitors, supervisors and program staff must have continuous and ongoing communication to ensure the nurse's compliance with the contract and workplace policies and procedures
  7. There shall be periodic face-to-face visits with the nurse, work-site monitor or supervisor
  8. Nurse employers must make reasonable accommodations for nurses with a substance use disorder under the Americans with Disabilities Act of 1990
  9. The employer shall have the authority to request a for-cause specimen for drug testing when warranted or when requested by the alternative program and
  10. A meeting shall be held with the nurse's co-workers who have a legitimate need to know regarding the nurse's work restrictions
- c. Upon return to work, the participant is not allowed to work any of the following for a minimum of 12 months:
  1. Odd schedules such as overtime, night shift or anything in excess of a 12-hour shift
  2. More than three consecutive 12-hour shifts
  3. Without direct supervision
  4. With limited or full access to controlled substances
  5. In a home health or hospice type of setting, travel, registry or agency, float or on-call PRN pool, tele-nursing and disaster relief nursing or
  6. In any other unsupervised nursing position
- d. If relapse, diversion or other violations of the work-related requirements occur, the alternative program will require the participant to immediately cease practice and the alternative program will notify the employer and the BON.
- e. The program will continue to monitor the nurse even after referring the nurse to the BON or the discipline program until the discipline program can begin monitoring or pending board action.

#### **7.7.10 Program Completion**

A participant successfully completes the program when the participant complies with all terms and conditions of the program as specified in this chapter and the participant's contract.

### **7.7.11 Termination from the Program**

Participation in the alternative program may be terminated for any of the following reasons:

- a. The participant fails to comply with any of the terms and conditions of the program specified in this chapter
- b. The participant fails to comply with any provision of the participant's contract
- c. The participant is unable to practice according to acceptable and prevailing standards of safe care
- d. The program receives information that indicates that the participant may have committed additional violations of the grounds for disciplinary action or the provisions of this chapter or
- e. The participant receives a criminal conviction

### **7.8 Practice Remediation Program (PRP) Structure**

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

#### **7.8.1 Identification of Practice Deficiencies**

- a. Reports that a nurse may have practice deficiencies may be referred to the PRP for review.
- b. Criteria to determine if a licensee's identified practice deficiency can be corrected through participation in the PRP rather than through formal disciplinary action include, but are not limited to:
  1. The licensee's willingness to participate in the PRP
  2. Whether the reported practice deficiency:
    - a) Represented an intentional or willful commission or omission by the licensee
    - b) Represented a single incident or a pattern of behavior by the licensee and, if a pattern of behavior the frequency of the occurrence
    - c) Involved a vulnerable patient
  3. The impact of the practice deficiency on patient care and outcomes.
  4. The likelihood of correcting the practice deficiency through remediation.
  5. Whether remediation and monitoring of the nurse's practice will provide reasonable assurance that the public will be adequately protected from unsafe practice if the licensee enters the PRP.

#### **7.8.2 Eligibility Requirements for Participation in the PRP**

A licensee may participate in the PRP if:

- a. The licensee is currently licensed to practice nursing in the jurisdiction 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 and
- d. The review of the criteria in 7.8.1 determines that the licensee's identified practice deficiency is appropriate to correct through remediation and would not pose a significant risk for the health care consumer, as determined by PRP staff

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

- a. 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:
  1. A description of the identified practice deficiency
  2. The specific remediation the participant must complete, including identification of educational providers and time frame for compliance with the terms of the participatory agreement
  3. The requirement that the participant pay all expenses the participant incurs as a result of the required remediation
  4. Requires the participant to notify all employers during the course of participation in the PRP

5. The requirement that the participant agree not to practice in any other jurisdiction during the term of the PRP agreement without prior authorization from the other jurisdiction and the PRP
  6. A monitoring plan and expected progress reports from all employers, education providers and the licensee
  7. The requirement that the participant sign all waivers necessary to secure all reports required by PRP.
  8. Expectations for successful completion of the program and
  9. The grounds for termination from the PRP
- 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 VII.

#### **7.8.4 Successful Completion of Program**

A participant successfully completes the program when the participant complies with all terms and conditions of the program, as specified in this chapter and the participant's agreement.

#### **7.8.5 Termination from the Practice Remediation Program**

- a. Participation in the PRP may be terminated for any of the following:
  1. Failure to comply with any term of the participatory agreement entered into by the participant
  2. Receipt of evidence from the educational provider indicating that the participant has failed to progress through or to successfully complete the remediation in the manner and during the time frame prescribed in the participatory agreement
  3. Receipt of evidence from the workplace monitor indicating that the participant has continued to demonstrate the practice deficiency
  4. Failure to complete the remediation or
  5. Failure to maintain eligibility for PRP
- b. When a licensee is terminated from PRP for one or more of these reasons, the BON may proceed with disciplinary action in accordance with Article VII. The BON may consider the licensee's termination from the PRP when determining the discipline to be imposed.

#### **7.8.6 Disclosure of PRP Records**

- a. Information obtained by the practice program pursuant to an investigation shall be classified as not public information.
- b. All records regarding a licensee's participation in the PRP are not public and shall be maintained in the program office in a secure place separate and apart from the BON's record.
- c. The records shall be made public only by subpoena and court order.
- d. All educational providers and workplace monitors selected to provide remediation by a participant in PRP shall, as representatives of the BON, maintain the privacy of all records regarding the participant's remediation.
- e. The PRP shall make regular reports to the BON setting forth, in aggregate, information regarding practice deficiencies, the types of educational interventions undertaken to correct the deficiencies and any other statistical information requested by the BON.
- f. Non-public treatment of PRP records shall be cancelled if the nurse defaults on the PRP agreement and does not comply with the requirements of the program.

### **7.9 Reporting**

#### **7.9.1 Insurers**

Four times each year, by the first day of February, May, August and November, each insurer authorized to sell insurance in this jurisdiction and providing professional liability insurance to RNs, LPN/VNs or APRNs shall submit to the BON a report concerning any nurse against whom a malpractice award has been made or who has been a party to a settlement. The report shall contain at least the following information:

- a. The total number of settlements or awards
- b. The date the settlement or award was made
- c. The allegations contained in the claim or complaint leading to the settlement or award

- d. The dollar amount of each malpractice settlement or award and whether that amount was paid off as a result of a settlement or of an award and
- e. The name and address of the nurse against whom an award was made or with whom a settlement was made

### **7.9.2 Deadlines and Forms**

Reports required 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.

### **7.9.3 Minor Incidents**

- 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:
  - 1. The potential risk of physical, emotional or financial harm to the patient 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 and
  - 4. The nurse maintains employment at the health care facility where the incident occurred
- b. The review of the incident shall include evaluation of the significance of the event in the practice setting, the context of the event, and the presence of contributing or mitigating circumstances in the nursing care delivery system.
- c. If an event is determined to be a minor incident:
  - 1. An incident/variance report shall be completed according to the employing facility's policy, including a complete description of the incident, patient record number, names of witnesses, identification of subject nurse and action to correct or remediate the problem.
  - 2. The chief administrative nurse or designee shall maintain a record of each minor incident involving nurses under his/her supervision.
- d. The chief administrative nurse or designee shall report to the BON if < > minor incidents involving a nurse are documented within a one-year time period; if a nurse leaves employment before completing any employer expectations for reeducation or other remediation; or if the risk of ongoing problems that do not respond to employer remediation expose patients to unsafe nursing care.
- e. Nothing in this rule is intended to prevent reporting of a potential violation directly to the BON.
- f. Failure to classify an event appropriately in order to avoid reporting may result in violation of the mandatory reporting statute.

## **7.10 Emergency Action**

### **Chapter 8. Violations and Penalties**

### **Chapter 9. Implementation**

### **Chapter 10. Unlicensed Assistive Personnel**

#### **10.1 Certified Nursing Assistant (CNA)**

##### **10.1.1 Basic Curriculum Required of All CNAs**

- a. All CNAs shall complete at least < > hours of instruction which can be met by completing at least < > hours of classroom instruction with < > hours of clinical instruction at a long-term or comparable facility.
- b. A CNA training program shall provide a written curriculum plan to each student that includes overall course goals and for each required subject:
  - 1. Measurable learner-centered objectives
  - 2. An outline of the material to be taught
  - 3. The time allotted for each unit of instruction and
  - 4. The learning activities or reading assignments

- c. A CNA training program shall provide classroom and clinical instruction regarding each of the following subjects:
1. Communication, interpersonal skills and documentation
  2. Infection control
  3. Safety and emergency procedures, including the Heimlich® maneuver and cardiopulmonary resuscitation instruction
  4. Patient or resident independence
  5. Patient or resident rights, including:
    - a) The right to confidentiality
    - b) The right to privacy
    - c) The right to be free from abuse, mistreatment, and neglect
    - d) The right to make personal choices
    - e) The right to obtain assistance in resolving grievances and disputes
    - f) The right to care and security of a patient's or resident's personal property and
    - g) The right to be free from restraints;
  6. Recognizing and reporting abuse, mistreatment or neglect to a supervisor
  7. Basic CNA skills, including:
    - a) Taking vital signs, height, and weight
    - b) Maintaining a patient's or resident's environment
    - c) Observing and reporting pain
    - d) Assisting with diagnostic tests
    - e) Providing care for patients or residents with drains and tubes
    - f) Recognizing and reporting abnormal changes to a supervisor
    - g) Applying clean bandages
    - h) Providing perioperative care and
    - i) Assisting in admitting, transferring, or discharging patients or residents
  8. Personal care skills, including:
    - a) Bathing, skin care, and dressing
    - b) Oral and denture care
    - c) Shampoo and hair care
    - d) Fingernail care
    - e) Toileting, perineal and ostomy care and
    - f) Feeding and hydration, including proper feeding techniques and use of assistive devices in feeding
  9. Age specific, mental health, and social service needs, including:
    - a) Modifying the CNA's behavior in response to patient or resident behavior
    - b) Demonstrating an awareness of the developmental tasks associated with the aging process
    - c) Responding to patient or resident behavior
    - d) Promoting patient or resident dignity
    - e) Providing culturally sensitive care
    - f) Caring for the dying patient or resident and
    - g) Interacting with the patient's or resident's family
  10. Care of the cognitively impaired patient or resident including:
    - a) Addressing the unique needs and behaviors of patients or residents with dementia
    - b) Communicating with cognitively impaired patients or residents
    - c) Understanding the behavior of cognitively impaired patients or residents and
    - d) Reducing the effects of cognitive impairment
  11. Skills for basic restorative services, including:
    - a) Body mechanics
    - b) Resident self-care
    - c) Assistive devices used in transferring, ambulating, eating and dressing
    - d) Range of motion exercises
    - e) Bowel and bladder training
    - f) Care and use of prosthetic and orthotic devices and
    - g) Family and group activities

- 12. Health care team member skills including time management and prioritizing work
- 13. Legal aspects of CNA practice, including:
  - a) BON prescribed requirements for certification and re-certification
  - b) Delegation
  - c) Ethics and
  - d) Advance directives and do-not-resuscitate orders, and
- 14. Body structure and function, together with common diseases and conditions of the elderly
- d. A CNA training program shall provide a student with a minimum of 16 hours instruction in the subjects identified in subsections c.1-6 before allowing a student to care for patients or residents.
- e. A CNA training program shall utilize a CNA textbook that has been published within the previous five years.

#### **10.1.2 Standards for CNAs**

The CNA shall meet the following standards:

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

#### **10.2 Medication Assistant Certified (MAC)**

An MAC is a CNA who meets the additional qualifications and training requirements to administer selected medications under the delegation of a licensed nurse.

##### **10.2.1 Additional Training for MACs**

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

- a. Role of the MAC
- b. Medication administration as a delegated nursing function under nursing supervision
- c. Acts that cannot be delegated to MACs, including:
  - 1. Conversion or calculation of drug dosage
  - 2. Assessment of patient need for or response to medication and
  - 3. Nursing judgment regarding the administration of PRN medications
- d. Rights of individuals
- e. Legal and ethical issues
- f. Agency policies and procedures related to medication administration
- g. Functions involved in the management of medications, including prescription, dispensing, administration and self-administration
- h. Principles of safe medication storage and disposal of medication
- i. Reasons for medication administration
- j. Classes of drugs, their effects, common side effects and interactions
- k. Reporting of symptoms or side effects

- l. Techniques to check, evaluate and record vital signs as part of safe medication administration
- m. The rights of administration, including right person, right drug, right dose, right time, right route and right documentation
- n. Documentation of medication administration
- o. Prevention of medication errors
- p. Incident reporting
- q. Location of resources and references
- r. Overview of the state agencies involved in the regulation of medication administration
- s. Supervised clinical experience in administering medications

#### **10.2.2 Medication Administration by an MAC**

- a. An MAC may perform a task involving the administration of medications when the MAC's assignment is to administer medications under the supervision of a licensed nurse in accordance with provisions of this Act and rules.
- b. An MAC shall not perform a task involving the administration of medication when:
  - 1. The medication administration requires an assessment of the patient's need for medication, a calculation of the dosage of the medication or the conversion of the dosage
  - 2. The supervising nurse is unavailable to monitor the progress of the patient and the effect on the patient of the medication
  - 3. The patient is not stable or has changing nursing needs or
  - 4. The medication order includes the following medications and routes: < >
- c. MACs shall report to the supervising nurse:
  - 1. Signs or symptoms that appear life threatening
  - 2. Events that appear health threatening
  - 3. Medications that produce no results or undesirable effects as reported by the patient and
  - 4. Any medication error

#### **10.2.3 Standards for MACs**

The MAC shall meet the following standards:

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

#### **10.3 Safe Delegation**

Nursing tasks/functions/activities that inherently involve ongoing assessment, interpretation or decision-making that cannot be logically separated from the procedure(s) are not to be delegated to nursing assistive personnel.

##### **10.3.1 Criteria**

The following criteria shall be used to determine which nursing tasks/functions/activities that may be delegated:

- a. Knowledge and skills of the nursing assistive personnel

- b. Verification of the clinical competence of the nursing assistive personnel by the employing agency and
- c. Stability of the patient's condition that involves predictability, absence of risk of complication and rate of change

#### **10.3.2 Variables**

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

- a. The accessible resources and established policies, procedures, practices and channels of communication that lend support to the type of nursing tasks/functions/activities being delegated to nursing assistive personnel
- b. The complexity and frequency of care needed by a given patient population
- c. The proximity of patients to staff
- d. The number and qualifications of staff and
- e. The accessibility of the licensed nurse

### **10.4 CNA and MAC Certification**

#### **10.4.1 Application for Certification**

- a. An applicant for certification as a CNA shall submit to the BON:
  - 1. A completed application form
  - 2. Proof of successful completion of an approved CNA education and training program
  - 3. Proof of successful completion of a CNA competency evaluation
  - 4. Applicable fees
  - 5. Applicant's fingerprint information and
  - 6. Declaration of status of all CNA registration in other jurisdictions
- b. An applicant for certification as an MAC shall submit to the BON:
  - 1. A completed application form
  - 2. Proof of successful completion of an approved MAC education and training program
  - 3. Proof of successful completion of an MAC competency evaluation
  - 4. Applicable fees and
  - 5. Applicant's fingerprint information
- c. Acceptance of out-of-state certificates
  - 1. The BON may issue a certificate to a CNA who has a current certificate or an equivalent document issued by another state if the BON receives an application pursuant to 10.10.a. and determines that the applicant meets the requirements of this rule.
  - 2. The BON shall evaluate felony convictions according to rule 5.9.

#### **10.4.2 Renewal of Certification**

- a. The CNA shall submit to the BON:
  - 1. A renewal application on a BON form
  - 2. The applicable fee
  - 3. A verified statement that indicates whether the applicant has been convicted of a crime during the period of time since becoming certified or renewing the certification
  - 4. Evidence of completion of < > hours of continued education and
  - 5. Evidence of completion of < > hours of work as a CNA
- b. Upon satisfactory review of the application, the BON shall renew the certification.
- c. The MAC shall submit to the BON:
  - 1. A renewal application on a BON form
  - 2. The applicable fee
  - 3. A verified statement that indicates whether the applicant has been convicted of a crime during the period of time since becoming certified or renewing the certification
  - 4. Evidence of completion of <hours> of continued education and
  - 5. Evidence of completion of <hours> of work as an MAC
- d. Upon satisfactory review of the application, the BON shall renew the certification.

#### **10.4.3 Lapse of Certification**

A CNA who has not maintained current certification but wishes to be reinstated:

- a. If the certification has been lapsed for less than < >, the CNA may apply and meet the requirements of 10.4.2.
- b. If the certification has been lapsed for more than < >, the CNA shall be required to repeat training and competency evaluation for the desired level of certification.

#### **10.4.4 Reporting Criminal Convictions**

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

### **10.5 Titles and Abbreviations**

### **10.6 CNA and MAC Education and Training Programs**

#### **10.6.1 Initial Application**

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

may request a hearing by filing a written request with the BON within 30 days of service of the BON's order denying the application for approval.

#### 10.6.2 Program Requirements

- a. All CNA training programs shall provide:
  1. A minimum of one clinical instructor for every <10> students if students perform one or more CNA activities for a patient or resident. The program shall ensure that the instructor is physically present in the health care setting during each performance of a CNA activity for a patient or resident
  2. An instructor-supervised clinical experience for each CNA student, which consists of at least < > hours of direct patient or resident care, and includes at least < > hours caring for long-term care facility residents. If there is no long-term care facility available within a 50-mile radius of the program, the program may conduct clinical sessions in a healthcare institution that provides experiences with patients or residents who have nursing care needs similar to those of long-term care facility residents.
  3. A method to ensure that each CNA student is identified as a student by a name badge or another means readily observable to staff, patients, or residents and not utilize students as staff during clinical experiences
  4. Instructional and educational resources for implementing the program, for the planned number of students and instructional staff, including:
    - a) Current reference materials, related to the level of the curriculum
    - b) Equipment in functional condition for simulating patient care, including:
      - ii. A patient bed, overbed table and nightstand
      - iii. Privacy curtains and call bell
      - iv. Thermometers, stethoscopes, including a teaching stethoscope, blood pressure cuffs and a balance-type scale
      - v. Hygiene supplies, elimination equipment, drainage devices and linens
      - vi. Hand washing equipment and clean gloves and
      - vii. Wheelchair, gait belt, walker, anti-embolic hose, and cane
    - c) Audio-visual equipment and media and
    - d) Designated space for didactic teaching and skill practice that provides a clean, distraction-free learning environment for accomplishing the educational goals of the program and is comparable to the space provided by a previously approved program of similar size and type, if any
  5. Evidence of successful program completion to the student
  6. A CNA training program shall maintain the following program records for three years:
    - a) Curriculum and course schedule for each cohort group
    - b) Results of state-approved written and manual skills testing
    - c) Completed student program evaluation forms, a summary of the evaluations for each cohort group, and measures taken by the program, if any, to improve the program based on student and instructor evaluation and
    - d) A copy of any BON reports, applications or correspondence related to the program
  7. A CNA training program shall maintain the following student records for three years:
    - a) A record of the student's name, date of birth, and Social Security number, if available
    - b) Skills checklist for each student that shall include:
      - i. Each of the skills listed in sections 10.1.1 or 10.2.1 as applicable to the type of program
      - ii. The date each skill was practiced or demonstrated
      - iii. The student's satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated and
      - iv. The name and signature of the instructor who supervised the student's performance of a skill
    - c) Attendance record, which describes any make-up class sessions
    - d) Scores on each test, quiz or exam and, if applicable, whether such test quiz or exam was retaken and
    - e) A copy of the certificate of completion issued to the student upon successful completion of the training program
- b. All MAC training programs shall provide:

1. A minimum of one clinical instructor for every <> students during the administration of medications to ensure that each administration of medication is verified by a licensed nurse. The program shall ensure that the instructor is physically present in the health care setting during each performance of an MAC activity for a patient or resident
2. An instructor-supervised clinical experience for each MAC student, which consists of at least < > hours of medication administration
3. A method to assure that each MAC student is identified as a student by a name badge or another means readily observable to staff, patients or residents and assure that no students are utilized as staff during clinical experiences
4. Instructional and educational resources for implementing the program, for the planned number of students and instructional staff, including:
  - a) Current reference materials related to the level of the curriculum
  - b) Equipment in functional condition for simulating medication administration
  - c) Audio-visual equipment and media and
  - d) Designated space for didactic teaching and skill practice that provides a clean, distraction-free learning environment for accomplishing the educational goals of the program and is comparable to the space provided by a previously approved program of similar size and type, if any
5. Evidence of successful program completion to the student
6. An MAC training program shall maintain the following program records for three years:
  - a) Curriculum and course schedule for each cohort group
  - b) Results of state-approved testing
  - c) Completed student program evaluation forms, a summary of the evaluations for each cohort group, and measures taken by the program, if any, to improve the program based on student and instructor evaluation and
  - d) A copy of any BON reports, applications or correspondence related to the program
7. An MAC training program shall maintain the following student records for three years:
  - a) A record of the student's name, date of birth and Social Security number, if available
  - b) Skills checklist for each student that shall include:
    - i. The student's satisfactory or unsatisfactory performance of each medication administration skill each time it was practiced or demonstrated and
    - ii. The name and signature of the instructor who supervised the student's performance of a skill
  - c) Attendance record, which describes any make-up class sessions
  - d) Scores on each test, quiz or exam and, if applicable, whether such test quiz or exam was retaken and
  - e) A copy of the certificate of completion issued to the student upon successful completion of the training program
- c. A CNA and MAC education, training and competency evaluation programs coordinator shall:
  1. Hold a current RN license or privilege in the state that is not encumbered
  2. Have at least two years of full time experience as an RN in a health care agency or nursing education program
  3. For a CNA program, at least one year nursing experience in the provision of long term care services
- d. CNA and MAC instructors shall:
  1. Hold a current RN license or privilege in the state that is not encumbered
  2. Have a minimum of two years practice experience in a health care facility and
  3. For a CNA training program have at least one of the following:
    - a) A year's experience supervising CNAs
    - b) A year's experience teaching adults or
    - c) Completion of a course in teaching adults
  4. For an MAC training program provide documented evidence of preparation for teaching adults.

#### **10.6.3 Renewal of Program**

- a. A training program applying for renewal of approval shall submit an application packet to the BON before expiration of the current approval. An applicant shall submit application documents that are unbound, typed or word processed, single-sided, and on white, letter-size paper.

1. The application packet shall include the following:
  - a) A program description and course goals
  - b) Name, license number and qualifications of the current program coordinator and instructors
  - c) A copy of the current curriculum plan, which meets the requirements set forth in this Chapter
  - d) Number of classes held, number of students who have completed the program, and the results of the state-approved competency evaluation including first-time pass rate since the last program review
  - e) A copy of course policies
  - f) Any change in resources, contracts, or clinical facilities since the previous approval;
  - g) A copy of current student program evaluation forms, a summary of the evaluations for each cohort group, and measures taken by the program, if any, to improve the program based on student and instructor evaluation
  - h) A sample of the certificate of completion issued to a graduate of the program and
  - i) Textbook author, name, year of publication and publisher
2. Following receipt of the application packet, a BON representative shall review the application packet for completeness.
3. Upon receipt and review of a complete application packet the BON, through its authorized representative, shall evaluate the entity offering the program either by site visit or conferring with program representatives.
4. If the BON finds deficiencies with the program:
  - a) The BON shall notify the program of any deficiencies.
  - b) The program shall be allowed <time> for correction.
  - c) The program shall notify the BON when the deficiencies have been corrected.
  - d) The BON shall conduct a follow-up site visit to verify that the program provider has corrected the deficiencies.
  - e) If, after follow-up review, the program has not corrected the deficiencies, the BON shall deny approval of the program.
  - f) A program provider whose application has been denied may request a hearing to appeal the denial of training program approval.
- b. Following evaluation, the BON shall renew program approval for two years if a program complies with requirements of this Article and renewal is in the best interest of the public. If the program does not comply, the BON shall issue a notice of deficiency.
- c. If the BON denies renewal of approval, a program may request a hearing by filing a written request with the BON within 30 days of service of the BON's order denying the application for renewal of approval.
- d. A program that is denied renewal of approval shall not apply for reinstatement of approval for two years from the date of the denial.

#### **10.6.4 Continuation of Approval**

- a. The BON shall approve changes in an approved CNA or MAC training program. The BON will base its approval on whether the proposed change meets the requirements of 10.6.2.
- b. A training program shall submit written documentation and information to the BON regarding the following changes within 30 days of instituting the change:
  1. For a change or addition of an instructor or coordinator: the name, license number and documentation of meeting coordinator or instructor requirements of this Section
  2. For a decrease in the number of program hours: a description of the change, the reason for the change, a revised curriculum outline and a revised course schedule
  3. For a change in classroom location: the address of the new location, if applicable, and a description of the new classroom
  4. For a change in a clinical facility: the name of the new facility and a copy of the clinical contract and
  5. For a change in the name or ownership of the facility: the former, present and new name of the facility

#### **10.6.5 Site Visits and Investigations**

- a. A training program shall permit the BON, or a state agency designated by the BON, to conduct an onsite scheduled evaluation for initial BON approval and renewal of approval.

- b. For reasonable cause, as determined by the BON, a training program shall permit the BON, or a state agency designated by the BON, to conduct an onsite announced or unannounced evaluation of the program.

#### **10.6.6 Withdrawal of Approval**

- a. The BON shall withdraw approval of CNA and MAC education and training programs when:
  - 1. The BON determines that there is not sufficient evidence that the program is meeting standards
  - 2. The education institution or health agency loses state approval or licensure
  - 3. The program fails to correct deficiencies within the period set by the BON in the notice of deficiency
  - 4. The program is noncompliant with federal, state, or if applicable, private postsecondary requirements
  - 5. The program fails to permit a scheduled or unannounced onsite evaluation, authorized by this Article
  - 6. The program loans or transfers program approval to another entity or facility, including a facility with the same ownership
  - 7. The program conducts a CNA training program before approval is granted
  - 8. The program conducts a CNA training program after expiration of approval without filing an application for renewal of approval before the expiration date or
  - 9. The program is conducted by a long-term care facility, charging for any portion of the program
- b. The BON shall provide due process rights and adhere to the procedures of the <state administrative procedures act>, providing notice, opportunity for hearing and correction of deficiencies.
- c. The BON may consider reinstatement or approval of a training and education program upon submission of satisfactory evidence that the program meets the standards for the type of program after a period of two years.

#### **10.6.7 Closing of Education and Training Programs**

- a. In order for a program to voluntarily close, the program shall:
  - 1. Notify the BON, in writing, stating the reason and planned date of intended closing
  - 2. Continue program until the committed class schedule for currently enrolled students is completed
  - 3. Notify the BON of final closing date at least 30 days prior to final closing and
  - 4. Notify the BON regarding custody and retention of records
- b. If the BON denies or withdraws approval of any type of training and competency evaluation program, the educational institution or health agency shall cease admitting students and any of the following:
  - 1. Close the program after the graduation of all students currently enrolled or
  - 2. Close the program after the transfer of students to approved programs and submit to the BON a list of students transferred to approved program and date of transfer and
  - 3. Consider the date on which the last student was transferred the closing date of the program
- c. The program shall comply with the requirements of all applicable state and federal rules and notify the state that the requirements have been fulfilled and give date of final closing.

#### **10.7 CNA and MAC Competency Evaluation**

- a. To be approved by the BON, a CNA competency evaluation shall:
  - 1. Cover the topics addressed in 10.1.1
  - 2. Administer an examination that is psychometrically sound and legally defensible
  - 3. Be based upon an incumbent job analysis conducted periodically
  - 4. Include a practical examination demonstrating the applicant's CNA skills
  - 5. Be administered by the BON or by a person approved by the BON and
  - 6. Notify the applicant of the applicant's performance on the competency evaluation
- b. To be approved by the BON, an MAC competency evaluation shall:
  - 1. Meet all the requirements of the CNA evaluation and
  - 2. Cover the topics addressed in 10.2.1
- c. The BON may contract with a test service for the development and administration of a competency evaluation.
- d. The BON shall determine the minimum passing standard on the competency evaluation.

## 10.8 Discipline of CNAs and MACs

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

- a. Failing to maintain professional boundaries or engaging in a dual relationship with a patient, resident, or any member of the patient's or resident's family
- b. Engaging in sexual conduct with a patient, resident, or any member of the patient's or resident's family who does not have a pre-existing relationship with the CNA or MAC, or any conduct in the work place that a reasonable person would interpret as sexual
- c. Leaving an assignment or abandoning a patient or resident who requires care without properly notifying the immediate supervisor
- d. Failing to accurately document care and treatment provided to a patient or resident
- e. Falsifying or making a materially incorrect entry in a health care record
- f. Failing to follow an employer's policies and procedures, designed to safeguard the patient or resident
- g. Failing to take action to protect a patient or resident whose safety or welfare is at risk from potential or actual incompetent health care practice, or to report the practice to the immediate supervisor or a facility administrator
- h. Failing to report signs, symptoms, and changes in patient or resident conditions to the immediate supervisor in an ongoing and timely manner
- i. Violating the rights or dignity of a patient or resident
- j. Violating a patient or resident's right of privacy by disclosing confidential information or knowledge concerning the patient or resident, unless disclosure is otherwise required by law
- k. Neglecting or abusing a patient or resident physically, verbally, emotionally, or financially
- l. Soliciting, or borrowing, property or money from a patient or resident, or any member of the patient's or resident's family
- m. Removing, without authorization, any money, property or personal possessions, or requesting payment for services not performed from a patient, resident, employer, co-worker or member of the public
- n. Use or being under the influence of alcohol, medication, or any other substance to the extent that judgment may be impaired and practice detrimentally affected or while on duty in any work setting
- o. Accepting patient or resident care tasks that the CNA or MAC lacks the education or competence to perform
- p. Removing, without authorization, narcotics, drugs, supplies, equipment, or medical records from any work setting
- q. Obtaining, possessing, using, or selling any narcotic, controlled substance, or illegal drug in violation of any employer policy or any federal or state law
- r. Permitting or assisting another person to use the CNA's or MAC's certificate or identity for any purpose
- s. Making untruthful or misleading statements in advertisements of the individual's practice as a CNA or MAC
- t. Offering or providing CNA or MAC services for compensation without a designated RN supervisor
- u. Threatening, harassing or exploiting an individual
- v. Using violent or abusive behavior in any work setting
- w. Failing to cooperate with the BON during an investigation by:
  1. Not furnishing in writing a complete explanation of a matter reported under the Act
  2. Not responding to a subpoena issued by the BON
  3. Not completing and returning a BON-issued questionnaire within 30 days or
  4. Not informing the BON of a change of address or phone number within 10 days of each change
- x. Engaging in fraud or deceit regarding the certification exam or an initial or renewal application for certification
- y. Making a written false or inaccurate statement to the BON or the BONs designee during the course of an investigation
- z. Making a false or misleading statement on a CNA, MAC or health care related employment or credential application concerning previous employment, employment experience, education, or credentials
- aa. Failing to notify the BON, in writing, of any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction within 90 days of the conviction. The CNA or MAC or applicant shall include the following in the notification:

1. Name, current address, telephone number, Social Security number and certification number, if applicable
  2. Date of the conviction and
  3. Nature of the offense
- bb. Practicing in any other manner that gives the BON reasonable cause to believe that the health of a patient, resident, or the public may be harmed.

## **Chapter 11. APRN**

### **11.1 Standards**

- a. The APRN shall comply with the standards for RNs as specified in Chapter 3 and to the standards of the national professional nursing associations recognized by the BON. Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists.
- b. APRNs shall practice within standards established by the BON in rule and assure patient care is provided according to relevant patient care standards recognized by the BON, including standards of national professional nursing associations.

### **11.2 Licensure**

#### **11.2.1 Application for Initial Licensure**

- a. An applicant for licensure as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of licensure or eligibility for licensure as an RN in this jurisdiction and a completed application that provides the following information:
  1. Graduation from an APRN graduate or post-graduate program as evidenced by official documentation received directly from an APRN program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the BON and
  2. This documentation shall verify the date of graduation; credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.
- b. In order to be licensed in this state, all APRN applicants must be currently licensed as an RN or hold a privilege to practice as an RN in this state.
- c. 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.
- d. 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 program is national in the scope of its credentialing.
  2. Conditions for taking the certification examination are consistent with acceptable standards of the testing community and are intended to ensure minimal competence to practice at an advanced level of nursing.
  3. Educational requirements are consistent with the requirements of the advanced practice role and population focus.
  4. The standard methodologies used are acceptable to the testing community such as incumbent job analysis studies and logical job analysis studies.
  5. Certification programs are accredited by a national accreditation body as acceptable by the BON.
  6. The examination represents entry-level practice, with minimal, though critical competencies, in the advanced nursing practice role and population.
  7. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to patients.

8. Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically.
  9. Examinations are evaluated for psychometric performance.
  10. The passing standard is established using acceptable psychometric methods and is reevaluated periodically.
  11. Examination security is maintained through established procedures.
  12. Certification is issued based upon passing the examination and meeting all other certification requirements.
  13. A retake policy is in place.
  14. A certification maintenance program, which includes review of qualifications and continued competence, is in place.
  15. 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.
  16. An evaluation process is in place to provide quality assurance in its certification program.
- e. Requirements of 5.3.d.-i. shall apply to APRNs.

#### **11.2.2 Application of an Internationally Educated APRN**

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

- a. Graduate from a graduate or post-graduate level APRN program equivalent to an APRN educational program in the U.S. accepted by the BON
- b. Submit documentation through an official transcript directly from the international nursing education program and verified through a BON approved qualified credentials evaluation process for the license being sought and
- c. Meet all other licensure criteria required of applicants educated in the U.S.

#### **11.2.3 Application for Licensure by Endorsement**

- a. An applicant for licensure by endorsement as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of eligibility for an license or privilege to practice as an RN in this jurisdiction and a completed APRN application that provides the following information:
  1. Graduation from a graduate or post-graduate level APRN program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or CHEA, or its successor organization, as acceptable by the BON
  2. This documentation shall verify the date of graduation; credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.
  3. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.
    - a) Primary source of verification of certification is required.
    - b) If the applicant has not been in clinical practice for more than the past two years, the applicant shall provide evidence of satisfactory completion of 24 contact hours, 12 in pharmacotherapeutics and 12 in the clinical management of patients, within the two years prior to applying for approval to practice.
    - c) If the applicant has not been in clinical practice for more than the past five years, the applicant shall provide evidence of satisfactory completion of 45 contact hours of pharmacotherapeutics within the two years prior to application. 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.
    - d) Preceptor must meet the following requirements:

- i. Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus and
  - ii. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting
- b. Requirements of 5.3.d.-i. shall apply to APRNs.

#### **11.2.4 Application for License Renewal**

An applicant for license renewal as an APRN shall submit to the BON the required fee for license renewal, as specified in Chapter 4, and a completed license renewal application including:

- a. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background and
- b. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 11.2.1

#### **11.2.5 Quality Assurance/Documentation and Audit**

The BON may conduct a random audit of nurses to verify current APRN certification and/or continuing education. Upon request of the BON, licensees shall submit documentation of compliance.

#### **11.2.6 Reinstatement of License**

The reinstatement of APRN licensure is the same as previously stated for RNs and LPN/VNs in Chapter 5 plus the following:

- a. An individual who applies for licensure reinstatement and who has been out of practice for more than five years shall provide evidence of successfully completing < > hours of a reorientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor.
- b. Preceptor must the following requirements:
  - 1. Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus and
  - 2. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting
- c. 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.

#### **11.3. Titles and Abbreviations**

- a. Individuals are licensed or granted privilege to practice as APRNs in the roles of certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS) and certified nurse practitioner (CNP) and in the population focus of family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric/mental health.
- b. Each APRN shall use the designation "APRN" plus role title as a minimum for purposes of identification and documentation. The APRN with an earned doctorate may use the term doctor or abbreviation "Dr."
- c. When providing nursing care, the APRN shall provide clear identification that indicates his or her APRN designation.

#### **11.4 APRN Education**

##### **11.4.1. Required Criteria for APRN Education Programs**

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

- a. An APRN program shall appoint the following personnel:
  - 1. An APRN program administrator whose qualifications shall include:
    - a) A current, active APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited
    - b) A doctoral degree in a health-related field
    - c) At least two years of clinical experience as an APRN and

- d) Current national APRN certification
- 2. A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component, including curriculum development, for the role and population foci in the APRN program.
- 3. Nursing faculty to teach any APRN nursing course that includes a clinical learning experience shall meet the following qualifications:
  - a) A current, active APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited
  - b) A minimum of a master's degree in nursing or health related field in the clinical specialty
  - c) Two years of APRN clinical experience and
  - d) Current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities
- 4. 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.
- 5. Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content.
- 6. 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.
- 7. Clinical preceptors will be approved by faculty and meet the following requirements:
  - a) Hold an active license or privilege to practice that is not encumbered as an APRN or physician and practices in a comparable practice focus and
  - b) Function as a supervisor and teacher and evaluate the individual's performance in the clinical setting
- b. The curriculum of the APRN nursing education program must prepare the graduate to practice in one of the four identified APRN roles, i.e., CRNA, CNM, CNS and CNP, and at least one of the six population foci, i.e., family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric /mental health. The curriculum shall include:
  - 1. Three separate graduate level courses (the APRN core) in:
    - a) Advanced physiology and pathophysiology, including general principles that apply across the lifespan
    - b) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches and
    - c) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents
  - 2. Diagnosis and management of diseases across practice settings including diseases representative of all systems
  - 3. Preparation that provides a basic understanding of the principles for decision making in the identified role
  - 4. Preparation in the core competencies for the identified APRN role and
  - 5. Role preparation in one of the six population foci of practice
- c. Additional required components of graduate or post-graduate education programs preparing APRNs shall include the following:
  - 1. Each student enrolled in an APRN program shall have an RN license or privilege to practice that is not encumbered in the state of clinical practice, unless exempted from this licensure requirement under Article 5 section 10.
  - 2. Education programs offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice role and at least one population focus or post-masters certificate programs offered by an accredited college or university shall include the following components:
    - a) Clinical supervision congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus and

- b) Curriculum that is congruent with national standards for graduate level and advanced practice nursing education, is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to:
  - i. Graduate APRN program core courses and
  - ii. An advanced practice nursing core, including legal, ethical and professional responsibilities of the APRN
- 3. The curriculum shall be consistent with competencies of the specific areas of practice
- 4. APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci
- 5. Each instructional track/major shall have a minimum of 500 supervised clinical hours as defined by the BON. The supervised experience is directly related to the role and population foci, including pharmacotherapeutic management of patients and
- 6. There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and population focus. Post-masters nursing students shall complete the requirements of the master's APRN program through a formal graduate level certificate in the desired role and population focus. Post-master students must meet the same APRN outcome competencies as the master level students.

#### **11.4.2 Models for Determining Compliance with Standards**

The models for determining compliance with APRN education standards are the same as previously stated for RN and LPN/VN programs in Chapter 6.

#### **11.4.3 Establishment of a New APRN Education Program**

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

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

### **11.5 Prescriptive Authority**

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

- a. An APRN licensed by the BON may prescribe, order, procure, administer, dispense and furnish over the counter, legend and controlled substances pursuant to applicable state and federal laws and within the APRN's role and population focus.
- b. Written, verbal or electronic prescriptions and orders shall comply with all applicable state and federal laws.
- c. All prescriptions shall include, but not be limited to, the following information:
  - 1. Name, title, address and phone number of the APRN who is prescribing
  - 2. Name of patient
  - 3. Date of prescription
  - 4. Full name of the drug, dosage, route, amount to be dispensed and directions for its use
  - 5. Number of refills
  - 6. Signature of prescriber on written prescription and
  - 7. DEA number of the prescriber on all scheduled drugs

- a) The APRN shall comply with Federal Drug Enforcement Administration (DEA) requirements related to controlled substances.
- b) The APRN shall immediately file any and all of the nurse's DEA registrations and numbers with the BON.
- d. The BON shall maintain current records of all APRNs with DEA registration and numbers.

#### **11.5.2 Distribution of Samples**

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

#### **11.6 Discipline**

- a. APRN discipline and proceedings is the same as previously stated for RN and LPN/VN in Chapter 7.
- b. The BON may limit, restrict, deny, suspend or revoke APRN licensure, or prescriptive or dispensing authority.
- c. Additional grounds for discipline related to prescriptive or dispensing authority include, but are not limited to:
  - 1. Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards
  - 2. Selling, purchasing, trading, or offering to sell, purchase or trade drug samples
  - 3. Prescribing, dispensing, administering or distributing drugs for other than therapeutic or prophylactic purposes or
  - 4. 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

#### **11.7 Implementation**

- a. After <date>, all new graduates applying for APRN licensure must meet the stipulated licensure requirements.
- b. An APRN applying for licensure by endorsement in another state may be eligible for licensure if the applicant demonstrates that the following criteria have been met:
  - 1. Current, active practice in the advanced role and population focus area
  - 2. Current active national certification or recertification, as applicable, in the advanced role and population focus area
  - 3. Compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his or her APRN education program and
  - 4. Compliance with all other criteria set forth by the state in which the APRN is applying for licensure, e.g. continuing education

### **Chapter 12. Nursing Licensure Compact**

### **Chapter 13. APRN Compact**



**NCSBN**

*National Council of State Boards of Nursing*

111 E. Wacker Drive, Suite 2900  
Chicago, IL 60601-4277

312.525.3600  
www.ncsbn.org

## NCSBN Associate Member Application

### Applicant Contact Information

|                       |                            |                             |
|-----------------------|----------------------------|-----------------------------|
| Name<br>Lynn Power    |                            | Title<br>Executive Director |
| Phone<br>709-753-6173 | Fax Number<br>709-753-4940 | E-mail<br>lpower@arnnl.ca   |

### Organization Information

|  |                            |                                  |                          |
|--|----------------------------|----------------------------------|--------------------------|
| Full Name<br>Association of Registered Nurses of Newfoundland and Labrador (ARNNL) |                            | Chief Staff Person<br>Lynn Power |                          |
| Mailing Address<br>55 Military Road  |                            |                                  |                          |
| City<br>St. John's   | State<br>NL                | Country<br>Canada                | Postal Code<br>A1C 2C5   |
| Street Address (if not the same)   |                            |                                  |                          |
| City   | State                      | Country                          | Postal Code              |
| Phone Number<br>709-753-6040   | Fax Number<br>709-753-4940 | E-mail<br>info@arnnl.ca          | Web site<br>www.arnnl.ca |

### Organization Description

1. Please list all the professions your organization regulates:

*We regulate all the Registered Nurses (RNs) and Nurse Practitioners (NPs) in the province of Newfoundland and Labrador.*

2. Please list the number of persons regulated (by profession):

*Approximately 6300 members. Registration changes annually but only by approximately 1%. For the past 10 years we have experienced steady increases in our numbers.*

3. Please describe the authority under which your organization regulates:

*RN Act 2008 and related regulations (revisions still in progress). Existing Nurse Practitioner Regulations (2009) will be replaced once new version available (combined RN/NP registration regulations).*

4. Please describe why your organization wants to be an Associate Member of NCSBN:

*To avail of educational and networking options offered by your organization. In particular, to be as best informed about the NCLEX Exam as we are a part of the Canadian jurisdictional group who purchased the exam.*

5. Is your organization incorporated or not? If yes, are you considered for profit or non-profit?

*We are a not for profit organization.*

*RN Act s. 3(1): The Association of Registered Nurses of Newfoundland and Labrador is continued as a corporation without share capital for the purposes of Part XXI of the Corporations Act.*

6. Are you a membership organization?

*Yes but membership is mandatory for all practicing RNs. Membership is only optional for non-practicing nurses (approximately 500).*

**Upon completion, you must submit this application form via email to [memberrelations@ncsbn.org](mailto:memberrelations@ncsbn.org) along with a copy of your Bylaws and Mission Statement as attachments.**

*By signing this application the undersigned understands that, if approved for membership, applicants are required to abide by NCSBN bylaws and the NCSBN Board Policy Manual. Failure to pay annual associate membership fee may result in termination of status. Decisions of the NCSBN Delegate Assembly regarding membership are final.*

*Sym Power*  
Signature

*Executive Director*  
Title  
*ARNNL*

*March 15, 2013*  
Date



**NCSBN**

*National Council of State Boards of Nursing*

111 E. Wacker Drive, Suite 2900  
Chicago, IL 60601-4277

312.525.3600  
www.ncsbn.org

## NCSBN Associate Member Application

### Applicant Contact Information

|       |                 |            |  |
|-------|-----------------|------------|--|
| Name  | Jennifer Breton | Title      | Executive Director                                     |
| Phone | 204-663-1212    | Fax Number | 204-663-1207   |
|       |                 | E-mail     | <a href="mailto:jbreton@clpnm.ca">jbreton@clpnm.ca</a> |

### Organization Information

|                                  |  |                    |  |
|----------------------------------|--|--------------------|--|
| Full Name                        | College of Licensed Practical Nurses of Manitoba | Chief Staff Person | Jennifer Breton                                |
| Mailing Address                  | 463 St. Anne's Road                              |                    |  |
| City                             | Winnipeg   | State              | Manitoba                                       |
|                                  |  | Country            | Canada   |
|                                  |  | Postal Code        | R2M 3C9  |
| Street Address (if not the same) |  |                    |  |
| City                             |  | State              |  |
|                                  |  | Country            |  |
|                                  |  | Postal Code        |  |
| Phone Number                     | Fax Number                                       | E-mail             | Web site                                       |
|                                  |  |                    | <a href="http://www.clpnm.ca">www.clpnm.ca</a> |

### Organization Description

1. Please list all the professions your organization regulates:

Licensed Practical Nurses (LPNs)

2. Please list the number of persons regulated (by profession):

Approximately 3100 registrants

3. Please describe the authority under which your organization regulates:

The Licensed Practical Nurses Act

4. Please describe why your organization wants to be an Associate Member of NCSBN:

The College of Licensed Practical Nurses of Manitoba's vision is to demonstrate excellence in nursing practice and regulation. Our College upholds the following values: knowledge, collaboration, respect, professionalism, organizational integrity and continuous quality. We believe that an Associate Membership with the NCSBN will assist us to continue to strive towards excellence. Our organization also supports the sharing of best practices in nursing regulation on both a national and an international level, and being an Associate Member of NCSBN would help us to share and learn with our peers. As regulators, it is important to have opportunities to share common trends, concerns, ideas, initiatives and innovations; ergo, we believe that an Associate Membership will be mutually beneficial.

5. Is your organization incorporated or not? If yes, are you considered for profit or non-profit?

Yes, our organization is incorporated and we are considered non-profit.

6. Are you a membership organization?

No.

**Upon completion, you must submit this application form via email to [memberrelations@ncsbn.org](mailto:memberrelations@ncsbn.org) along with a copy of your Bylaws and Mission Statement as attachments.**

*By signing this application the undersigned understands that, if approved for membership, applicants are required to abide by NCSBN bylaws and the NCSBN Board Policy Manual. Failure to pay annual associate membership fee may result in termination of status. Decisions of the NCSBN Delegate Assembly regarding membership are final.*

  
Signature

  
Title

  
Date



**NCSBN**

National Council of State Boards of Nursing

111 E. Wacker Drive, Suite 2900  
Chicago, IL 60601-4277

312.525.3600  
www.ncsbn.org

## NCSBN Associate Member Application

### Applicant Contact Information

|                        |            |                          |
|------------------------|------------|--------------------------|
| Name: Maura Pidgeon    |            | Title: CEO               |
| Phone : +353-1-6398537 | Fax Number | E-mail: mpidgeon@nmbi.ie |

### Organization Information

|  |            |  |                           |
|--|------------|--|---------------------------|
| Full Name:<br>Nursing & Midwifery Board of Ireland |            | Chief Staff Person :<br>Silean Shortle                             |                           |
| Mailing Address: 18-20 Carysfort Avenue, Blackrock |            |  |                           |
| City : Co Dublin                                   | State      | Country : Ireland  | Postal Code:<br>Co Dublin |
| Street Address (if not the same)                   |            |  |                           |
| City   | State      | Country  | Postal Code               |
| Phone Number:<br>+353-1-6398537                    | Fax Number | E-mail :<br><a href="mailto:sshortle@nmbi.ie">sshortle@nmbi.ie</a> | Web site:<br>www.nmbi.ie  |

### Organization Description

1. Please list all the professions your organization regulates:

(1) Nursing and (2) Midwifery

2. Please list the number of persons regulated (by profession):

91,000 (of which 66,000 are on the Active Register)

3. Please describe the authority under which your organization regulates:

Statute – we are a self-funded (Registrants) independent body under the aegis of the Department of Health.

4. Please describe why your organization wants to be an Associate Member of NCSBN:

Recommended by Kathy Apple – our two organisations work closely together

5. Is your organization incorporated or not? If yes, are you considered for profit or non-profit?

No

6. Are you a membership organization?

No

**Upon completion, you must submit this application form via email to [memberrelations@ncsbn.org](mailto:memberrelations@ncsbn.org) along with a copy of your Bylaws and Mission Statement as attachments.**

*By signing this application the undersigned understands that, if approved for membership, applicants are required to abide by NCSBN bylaws and the NCSBN Board Policy Manual. Failure to pay annual associate membership fee may result in termination of status. Decisions of the NCSBN Delegate Assembly regarding membership are final.*



Chief Executive Officer

07 November 2012

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Signature

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Title

---

Date

1 [Comparison of 2011 to the proposed 2014 NCLEX-PN® Test Plan](#)

2 [\(Track Changes: Strikethroughs represent deletions; underscore represents additions\)](#)

3 [Proposed 2014 NCLEX-PN® Test Plan 2011](#)

4 **National Council Licensure Examination for Practical/Vocational Nurses**  
5 **(NCLEX-PN® Examination)**

6 **Introduction**

7 Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of  
8 Nursing (NCSBN®) member board jurisdictions (state, commonwealth, and territorial boards of nursing). To ensure public  
9 protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that  
10 measures the competencies needed to perform safely and effectively as a newly licensed, entry-level practical/vocational nurse  
11 ([LPN/VN](#)). NCSBN develops a licensure examination, the National Council Licensure Examination for Practical/Vocational  
12 Nurses (NCLEX-PN® ~~Examination~~), which is used by member board jurisdictions to assist in making licensure decisions.

13  
14 Several steps occur in the development of the NCLEX-PN® Test Plan. The first step is conducting a practice analysis that is used  
15 to collect data on the current practice of entry-level practical/vocational nurses ([Report of Findings from the 2012](#)  
16 [LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice](#) [NCSBN, ~~2009~~2013]). [Twelve](#)  
17 [thousand](#) ~~Newly~~ licensed practical/vocational nurses are asked about the frequency and priority of performing ~~150-160~~ nursing  
18 care activities. Nursing care activities are then analyzed in relation to the frequency of performance, impact on maintaining client  
19 safety and client care settings where the activities are performed. This analysis guides the development of a framework for entry-  
20 level nursing practice that incorporates specific client needs as well as processes that are fundamental to the practice of nursing.  
21 The next step is the development of the NCLEX-PN® Test Plan, which guides the selection of content and behaviors to be  
22 tested. Variations in jurisdiction laws and regulations are considered in the development of the test plan.

23  
24 The NCLEX-PN® Test Plan provides a concise summary of the content and scope of the licensing examination. It serves as a  
25 guide for examination development as well as candidate preparation. ~~Each examination~~ [The NCLEX® examination](#) assesses the  
26 knowledge, skills and abilities that are essential for the entry-level practical/vocational nurse to use in order to meet the needs of  
27 clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and  
28 nursing that are integral to the examination, cognitive abilities that will be tested in the examination, and specific components of  
29 the NCLEX-PN® Test Plan.

30  
31 **Beliefs**

32 Beliefs about people and nursing influence the NCLEX-PN® Test Plan. People are finite beings with varying capacities to function  
33 in society. They are unique individuals who have defined systems of daily living that reflect their values, cultures, motives and  
34 lifestyles. Additionally, people have the right to make decisions regarding their health care needs and to participate in meeting  
35 those needs. The profession of nursing makes a unique contribution in helping clients (individuals, family, or group) achieve an  
36 optimal level of health in a variety of settings. [For the purposes of the NCLEX Examination, a client is defined as the individual,](#)  
37 [family, or group which includes significant others and population.](#)

38  
39 Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts  
40 and the biological, physical, psychological and social sciences. It is a learned profession based on an understanding of the  
41 human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a  
42 dynamic, continually evolving discipline that employs critical thinking to integrate increasingly complex knowledge, skills,  
43 technologies, and client care activities into evidence-based nursing practice. The goal of nursing for client care is preventing  
44 illness; promoting comfort; protecting, promoting, and restoring health; and promoting dignity in dying.

45  
46 The practical/vocational nurse uses “specialized knowledge and skills which meet the health needs of people in a variety of  
47 settings under the direction of qualified health professionals” (NFLPN, 2003). The practical/vocational nurse uses a clinical  
48 problem-solving process (the nursing process) to collect and organize relevant health care data, assist in the identification of the

49 health needs/problems throughout the client's life span and contribute to the interdisciplinary team in a variety of settings. The  
 50 entry-level practical/vocational nurse demonstrates the essential competencies needed to care for clients with commonly  
 51 occurring health problems that have predictable outcomes. "Professional behaviors, within the scope of nursing practice for a  
 52 practical/vocational nurse, are characterized by adherence to standards of care, accountability of one's own actions and  
 53 behaviors, and use of legal and ethical principles in nursing practice" (NAPNES, 2007).  
 54

## 55 Classification of Cognitive Levels

56 Bloom's taxonomy for the cognitive domain is used as a basis for writing and coding items for the examination (Bloom et al.,  
 57 1956; Anderson & Krathwohl, 2001). The practice of practical/vocational nursing requires application of knowledge, skills and  
 58 abilities; therefore, the majority of items are written at the application or higher levels of cognitive ability.

## 59 Test Plan Structure

60 The framework of Client Needs was selected because it provides a universal structure for defining nursing actions and  
 61 competencies for a variety of clients across all settings and is congruent with state laws/ rules.

## 62 Client Needs

63 | The content of the NCLEX-PN<sup>®</sup> Test Plan is organized into four major Client Needs categories. Two of the four categories are  
 64 divided into subcategories:

- 65
- 66 Safe and Effective Care Environment
  - 67 ▪ Coordinated Care
  - 68 ▪ Safety and Infection Control
- 69
- 70 Health Promotion and Maintenance
- 71
- 72 Psychosocial Integrity
- 73
- 74 Physiological Integrity
  - 75 ▪ Basic Care and Comfort
  - 76 ▪ Pharmacological Therapies
  - 77 ▪ Reduction of Risk Potential
  - 78 ▪ Physiological Adaptation

## 79 Integrated Processes

80 The following processes fundamental to the practice of practical/vocational nursing are integrated throughout the Client Needs  
 81 categories and subcategories:  
 82

- 83 ▪ *Clinical Problem-Solving Process (Nursing Process)* – a scientific approach to client care that includes data collection,  
 84 planning, implementation and evaluation.
- 85
- 86 ▪ *Caring* – interaction of the practical/vocational nurse and client in an atmosphere of mutual respect and trust. In this  
 87 collaborative environment, the practical/vocational nurse provides support and compassion to help achieve desired  
 88 therapeutic outcomes.
- 89
- 90 ▪ *Communication and Documentation* – verbal and nonverbal interactions between the practical/vocational nurse and the  
 91 client, as well as other members of the health care team. Events and activities associated with client care are  
 92 validated in written and/or electronic records that reflect standards of practice and accountability in the provision of  
 93 care.
- 94
- 95 ▪ *Teaching and Learning* – facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting a change  
 96 in behavior.

97  
98  
99

100 **Distribution of Content**

101 | The percentage of test items assigned to each Client Needs category and subcategory in the NCLEX-PN® Test Plan is based on  
102 | the results of the study entitled *Report of Findings from the 2009-2012 LPN/VN Practice Analysis: Linking the NCLEX-PN®*  
103 | *Examination to Practice* (NCSBN, [20092013](#)), and expert judgment provided by members of the NCLEX® Examination  
104 | Committee.  
105 |  
106 |

Client Needs

Percentage of Items from each Category/Subcategory

Safe and Effective Care Environment

- Coordinated Care
- Safety and Infection Control

16-22% ~~13-19%~~  
10-16% ~~11-17%~~

Health Promotion and Maintenance

7-13% ~~7-13%~~

Psychosocial Integrity

8-14% ~~7-13%~~

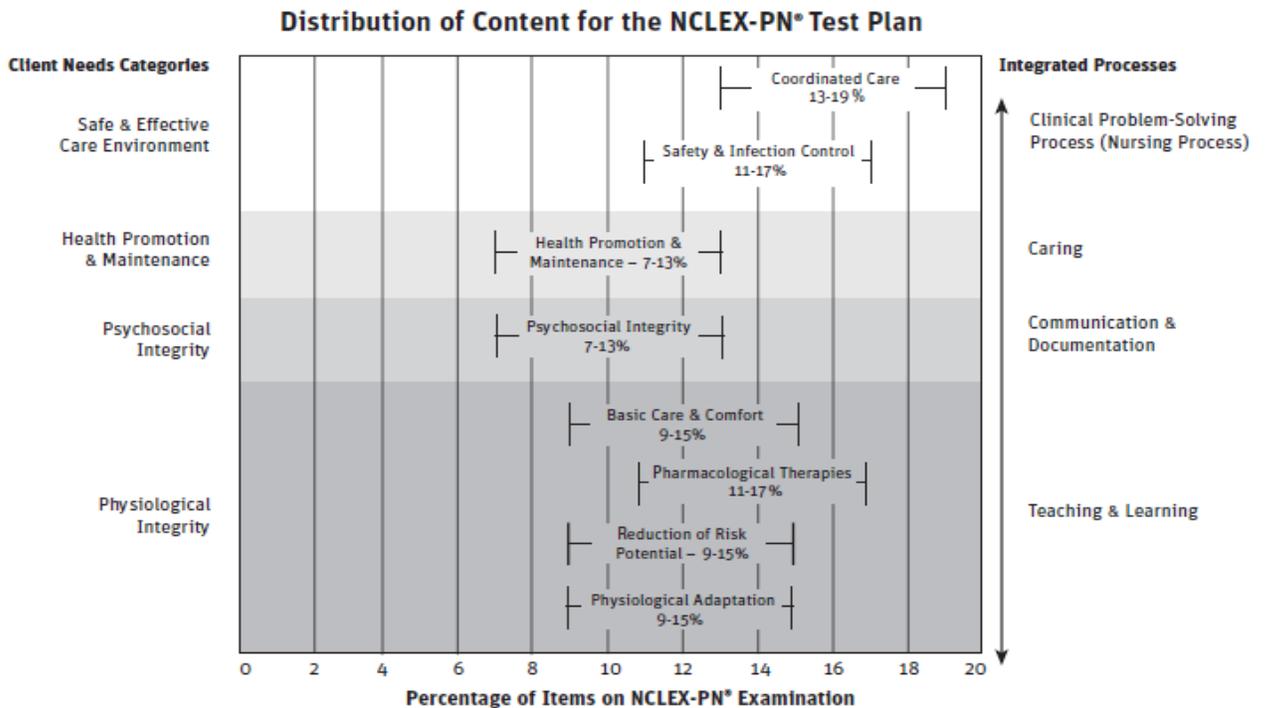
Physiological Integrity

- Basic Care and Comfort
- Pharmacological Therapies
- Reduction of Risk Potential
- Physiological Adaptation

7-13% ~~9-15%~~  
11-17% ~~11-17%~~  
10-16% ~~9-15%~~  
7-13% ~~9-15%~~

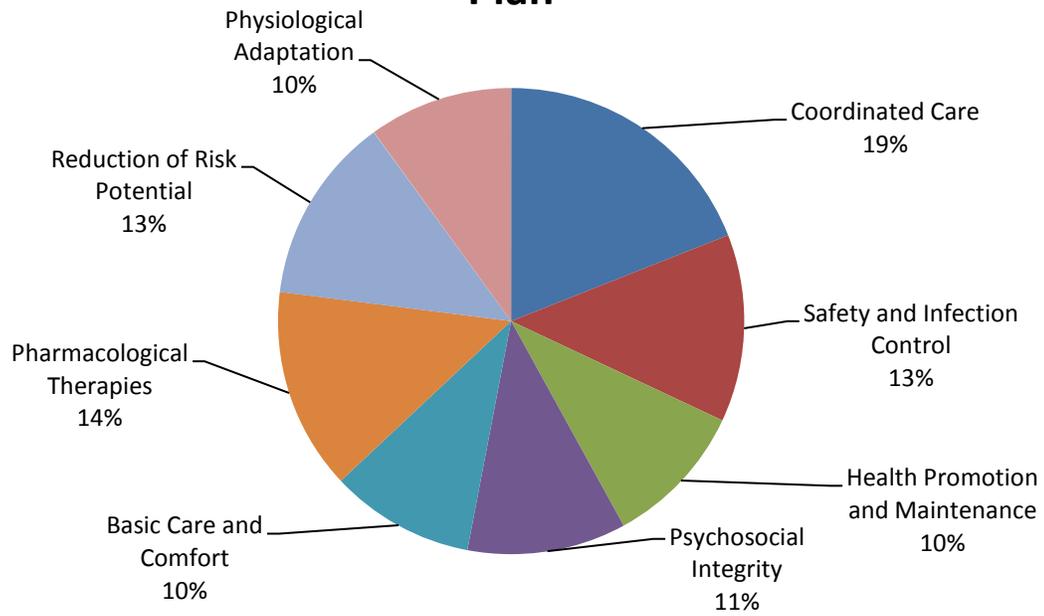
107

108



109

## Distribution of Content for the NCLEX-PN® Test Plan



110

111 [NCLEX PN examinations are administered adaptively in variable length format to target candidate-specific ability. To](#)  
112 [accommodate possible variations in test length, content area distributions of the individual examinations may differ up to ±3% in](#)  
113 [each category.](#)

**114 Overview of Content**

**115** All content categories and subcategories reflect client needs across the life span in a variety of settings.  
**116**

**117 Safe and Effective Care Environment**

**118** The practical/vocational nurse provides nursing care that contributes to the enhancement of the health care delivery setting and  
**119** protects clients and health care personnel.  
**120**

- *Coordinated Care* – The practical/vocational nurse collaborates with health care team members to facilitate effective client care

Related content includes but is **not limited to**:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>▪ Advance Directives</li> <li>▪ Advocacy</li> <li>▪ Client Care Assignments</li> <li>▪ Client Rights</li> <li>▪ Collaboration with Interdisciplinary Team</li> <li>▪ Concepts of Management and Supervision</li> <li>▪ Confidentiality/Information Security</li> <li>▪ Continuity of Care</li> </ul> | <ul style="list-style-type: none"> <li>▪ Establishing Priorities</li> <li>▪ Ethical Practice</li> <li>▪ Informed Consent</li> <li>▪ Information Technology</li> <li>▪ Legal Responsibilities</li> <li>▪ Performance Improvement (Quality Improvement)</li> <li>▪ Referral Process</li> <li>▪ Resource Management</li> </ul> |
|---|---|

- *Safety and Infection Control* – The practical/vocational nurse contributes to the protection of clients and health care personnel from health and environmental hazards.

Related content includes but is **not limited to**:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>▪ Accident/Error/Injury Prevention</li> <li>▪ Emergency Response Plan</li> <li>▪ Ergonomic Principles</li> <li>▪ Handling Hazardous and Infectious Materials</li> <li>▪ Home Safety</li> </ul> | <ul style="list-style-type: none"> <li>▪ Reporting of Incident/Event/Irregular Occurrence/Variance</li> <li>▪ <u>Least Restrictive</u> Restraints and Safety Devices</li> <li>▪ Safe Use of Equipment</li> <li>▪ Security Plan</li> <li>▪ Standard Precautions/Transmission-Based Precautions/Surgical Asepsis</li> </ul> |
|---|---|

**133 Health Promotion and Maintenance**

**134** The practical/vocational nurse provides nursing care for ~~clients that incorporate~~ clients that incorporate the knowledge of  
**135** expected stages of growth and development and prevention and/or early detection of health problems.  
**136**

Related content includes but is **not limited to**:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ Aging Process</li> <li>▪ Ante/Intra/Postpartum and Newborn Care</li> <li>▪ Data Collection Techniques</li> <li>▪ Developmental Stages and Transitions</li> </ul> | <ul style="list-style-type: none"> <li>▪ Health Promotion/Disease Prevention</li> <li>▪ High Risk Behaviors</li> <li>▪ Lifestyle Choices</li> <li>▪ Self-Care</li> </ul> |
|---|--|

**141**  
**142**

- 143  
144 **Psychosocial Integrity**  
145 The practical/vocational nurse provides care that assists with promotion and support of the emotional, mental and social well-being of clients.  
146  
147  
148 Related content includes but is **not limited to**:  
149
- Abuse or Neglect
  - Behavioral Management
  - Chemical and ~~e~~Other ~~d~~ependencies
  - Coping Mechanisms
  - Crisis Intervention
  - Cultural Awareness
  - End of Life Concepts
  - Grief and Loss
  - Mental Health Concepts
  - Religious and Spiritual Influences on Health
  - Sensory/Perceptual Alterations
  - Stress Management
  - Support Systems
  - Therapeutic Communication
  - Therapeutic Environment
- 150  
151 **Physiological Integrity**  
152 The practical/vocational nurse assists in the promotion of physical health and well-being by providing care and comfort, reducing risk potential for clients and assisting them with the management of health alterations.  
153  
154
- *Basic Care and Comfort* – The practical/vocational nurse provides comfort to clients and assistance in the performance of ~~their~~ activities of daily living.
- 155 Related content includes but is **not limited to**:  
156  
157
- Assistive Devices
  - Elimination
  - Mobility/Immobility
  - Non-Pharmacological Comfort Interventions
  - Nutrition and Oral Hydration
  - Personal Hygiene
  - Rest and Sleep
- 160  
161  
162  
163  
164  
165
- *Pharmacological Therapies* – The practical/vocational nurse provides care related to the administration of medications and monitors clients who are receiving parenteral therapies.
- Related content includes but is **not limited to**:
- Adverse Effects/Contraindications/Side Effects/Interactions
  - Dosage Calculations
  - Expected Actions/Outcomes
  - Medication Administration
  - Pharmacological Pain Management
- 166  
167  
168  
169  
170  
171
- *Reduction of Risk Potential* – The practical/vocational nurse reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.
- Related content includes but is **not limited to**:
- Changes/Abnormalities in Vital Signs
  - Diagnostic Tests
  - Laboratory Values
  - Potential for Alterations in Body Systems
  - Potential for Complications of Diagnostic Tests/Treatments/ Procedures
  - Potential for Complications from Surgical Procedures and Health Alterations
  - Therapeutic Procedures
- 172

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174  
175  
176  
177
- *Physiological Adaptation* – The practical/vocational nurse participates in providing care for clients with acute, chronic or life-threatening physical health conditions.

Related content includes but is **not limited to**:

- Alterations in Body Systems
- Basic Pathophysiology
- Fluid and Electrolyte Imbalances
- Medical Emergencies
- ~~Radiation Therapy~~
- Unexpected Response to Therapies

## 178 Administration of the NCLEX-PN® Examination

179 | The NCLEX-PN® Examination is administered to candidates by Computerized Adaptive Testing (CAT). CAT is a method of  
180 | delivering examinations that uses computer technology and measurement theory. With CAT, each candidate's examination is  
181 | unique because it is assembled interactively as the examination proceeds. Computer technology selects items to administer that  
182 | match the candidate's ability. The items, which are stored in a large item pool, have been classified by test plan category and  
183 | level of difficulty. After the candidate answers an item, the computer calculates an ability estimate based on all of the previous  
184 | answers the candidate selected. The next item administered is chosen to measure the candidate's ability in the appropriate test  
185 | plan category. This process is repeated for each item, creating an examination tailored to the candidate's knowledge and skills  
186 | while fulfilling all NCLEX-PN® Test Plan requirements. The examination continues with items selected and administered in this  
187 | way until a pass or fail decision is made.

188  
189 | All practical/vocational nurse candidates must answer a minimum of 85 items. The maximum number of items that a  
190 | practical/vocational nurse candidate may answer is 205 during the allotted five-hour time period. The maximum five-hour time  
191 | limit to complete the examination includes the tutorial, sample questions and all breaks. Candidates may be administered  
192 | multiple choice items as well as items written in [alternate formats](#). These formats may include but are not limited to multiple  
193 | response, fill-in-the-blank calculation, ordered response, and/or hot spots. All item types may include multimedia such as charts,  
194 | tables, graphics, sound and video. All items go through an extensive review process before being used as items on the  
195 | examination.

196  
197 | More information about the NCLEX® examination, including CAT methodology, items, the candidate bulletin and Web tutorials, is  
198 | listed on the NCSBN Web site: <http://www.ncsbn.org>.

199

## 200 Examination Security and Confidentiality

201 | Any candidate that violates test center regulations or rules, or engages in irregular behavior, misconduct and/or does not follow a  
202 | test center administrator's warning to discontinue inappropriate behavior may be dismissed from the test center. Additionally,  
203 | exam results may be withheld or cancelled and the licensing board may take other disciplinary action such as denial of a license  
204 | and/or disqualifying the candidate from future registrations for licensure. Refer to the current candidate bulletin for more  
205 | information.

206 | Candidates should be aware and understand that the disclosure of any examination materials including the nature or content of  
207 | examination items, before, during or after the examination is a violation of law. Violations of confidentiality and/or candidates'  
208 | rules can result in criminal prosecution or civil liability and/or disciplinary actions by the licensing agency including the denial of  
209 | licensure. Disclosure of examination materials includes but is not limited to discussing examination items with faculty, friends,  
210 | family, or others.

**211** Bibliography

**212**

**213** Anderson, L. W. & Krathwohl, D. R. (eds). (2001). *A taxonomy for learning, teaching, and assessing. a revision of Bloom's taxonomy of educational objectives*. New York: Addison Wesley Longman, Inc.

**214**

**215**

**216** Bloom, B. S., Engelhart, M. D., Furst, E. J., Hill, W. H., & Krathwohl, D. R. (1956). *Taxonomy of educational objectives: the classification of educational goals. Handbook I. Cognitive Domain*. New York: David McKay.

**217**

**218**

**219** National Association for Practical Nurse Educators and Service (NAPNES). (2007). *Standards of practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs*. Silver Spring, MD: Author.

**220**

**221**

**222** | National Council of State Boards of Nursing (~~2010~~2013). *Report of the findings from the 2009-2012 LPN/VN practice analysis: linking the NCLEX-PN examination to practice*. Chicago, Author.

**223**

**224**

**225** National Council of State Boards of Nursing. (2006). *Model nursing administrative rules*. Chicago: Author.

**226**

**227** National Council of State Boards of Nursing. (2006). *Model nursing practice act*. Chicago: Author.

**228**

**229** National Federation of Licensed Practical Nurses, Inc. (NFLPN). (2003). *Nursing practice standards for the licensed practical/vocational nurse*. Raleigh, NC: Author.

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## 2013 Slate of Candidates

The following is the slate of candidates developed and adopted by the Leadership Succession Committee. Each candidate profile is taken directly from the candidate's nomination form. The Candidate Forum will provide the opportunity for candidates to address the 2013 Delegate Assembly.

### **Board of Directors**

#### **Area I Director**

|               |    |        |
|---------------|----|--------|
| Susan Odom    | ID | Area I |
| Joey Ridenour | AZ | Area I |

#### **Area II Director**

|                  |       |         |
|------------------|-------|---------|
| Lanette Anderson | WV-PN | Area II |
|------------------|-------|---------|

#### **Area III Director**

|                  |    |          |
|------------------|----|----------|
| Ann-Lynn Denker  | FL | Area III |
| Katherine Thomas | TX | Area III |

#### **Area IV Director**

|                |    |         |
|----------------|----|---------|
| Ann O'Sullivan | PA | Area IV |
|----------------|----|---------|

#### **Director-at-Large(2 positions)**

|                |    |         |
|----------------|----|---------|
| Nathan Goldman | KY | Area II |
| Betsy Houchen  | OH | Area II |

### **Leadership Succession Committee**

#### **Designated Member. Board Member of NCSBN Member Board**

|                 |    |         |
|-----------------|----|---------|
| Georgina Howard | NY | Area IV |
| Deborah Meyer   | MN | Area II |

#### **Designated Member. Employee of NCSBN Member Board**

|              |    |          |
|--------------|----|----------|
| Tony Graham  | MS | Area III |
| Paula Schenk | KY | Area III |

#### **Designated Member. Former NCSBN Board of Directors Member**

Vacancy

#### **Designated Member. Current or Former NCSBN Committee Chair**

|            |    |          |
|------------|----|----------|
| Mark Majek | TX | Area III |
|------------|----|----------|