

BOARD OF NURSING

Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

AGENDA

Date: Thursday, July 3, 2025

Time: 9:00 a.m.

In-Person Meeting Location: Queen Liliuokalani Conference Room
HRH King Kalakaua Building
335 Merchant Street, 1st Floor
Honolulu, Hawaii 96813

Virtual Participation: Virtual Videoconference Meeting – Zoom Meeting
(use link below)

<https://dcca-hawaii-gov.zoom.us/j/81246310121?pwd=9I4O5Mpab0wd6X9yHLkDALO8LdVWe.1>

Phone: (669) 900 6833

Meeting ID: 812 4631 0121

Passcode: 652749

AGENDA: The agenda was posted on the State electronic calendar as required by Hawaii Revised Statutes (“HRS”) section 92-7(b).

If you wish to submit written testimony on any agenda item, please submit your testimony to nursing@dcca.hawaii.gov or by hard-copy mail to Attn: Board of Nursing, P.O. Box 3469, Honolulu, HI 96801. We request submission of testimony at least 24 hours prior to the meeting to ensure that it can be distributed to the Board members.

INTERNET ACCESS:

To view the meeting and provide live oral testimony, please use the link at the top of the agenda. You will be asked to enter your name. The Board requests that you enter your full name, but you may use a pseudonym or other identifier if you wish to remain anonymous. You will also be asked for an email address. You may fill in this field with any entry in an email format, e.g., *****@***mail.com.

Your microphone will be automatically muted. When the Chairperson asks for public testimony, you may click the Raise Hand button found on your Zoom screen to indicate that you wish to testify about that agenda item. The Chairperson will individually enable each testifier to unmute their microphone. When recognized by the Chairperson, please unmute your microphone before speaking and mute your microphone after you finish speaking.

PHONE ACCESS:

If you cannot get internet access, you may get audio-only access by calling the Zoom Phone Number listed at the top on the agenda.

Upon dialing the number, you will be prompted to enter the Meeting ID which is also listed at the top of the agenda. After entering the Meeting ID, you will be asked to either enter your panelist number or wait to be admitted into the meeting. You will not have a panelist number. So, please wait until you are admitted into the meeting.

When the Chairperson asks for public testimony, you may indicate you want to testify by entering “*” and then “9” on your phone’s keypad. After entering “*” and then “9”, a voice prompt will let you know that the host of the meeting has been notified. When recognized by the Chairperson, you may unmute yourself by pressing “*” and then “6” on your phone. A voice prompt will let you know that you are unmuted. Once you are finished speaking, please enter “*” and then “6” again to mute yourself.

For both internet and phone access, when testifying, you will be asked to identify yourself and the organization, if any, that you represent. Each testifier will be limited to five minutes of testimony per agenda item.

If connection to the meeting is lost for more than 30 minutes, the meeting will be continued on a specified date and time. This information will be provided on the Board’s website at:

<https://cca.hawaii.gov/pvl/boards/nursing/board-meeting-schedule/>.

Instructions to attend State of Hawaii virtual board meetings may be found online at: <https://cca.hawaii.gov/pvl/files/2020/08/State-of-Hawaii-Virtual-Board-Attendee-Instructions.pdf>.

1. Roll Call, Quorum, Call to Order – HRS §92-3 Open Meetings and HAR §16-89-70 Oral testimony
2. Chair’s Report
 - a. Announcements
3. Approval of the Open and Executive Session Minutes of the June 5, 2025 Meeting

The Board may enter into Executive Session to consult with the Board’s attorney on questions and issues pertaining to the Board’s powers, duties, privileges, immunities, and liabilities in accordance with HRS section 92-5(a)(4) to review the executive session minutes.

4. Proposed Changes to NCSBN Model Act and Rules

The Board will discuss proposed changes to the NCSBN Model Act and Rules.

5. Executive Officer's Report

- a. Twenty-Third Proclamation Relating to Wildfires
- b. Conclusion of the Renewal Period

6. Reports:

- a. Hawai'i State Center for Nursing – Laura Reichhardt, Executive Director
- b. Hawai'i American Nurses Association – Elizabeth Kahakua, Executive Director
- c. Hawai'i Association of Professional Nurses – Jeremy Creekmore, President

7. Applications:

The Board may move into Executive Session in accordance with HRS §92-4 and §92-5(a)(1) and (4) "To consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;" and "To consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities;" (Board will vote in Open Meeting.)

- a. Ratification Lists
- b. Nurse License Applications

1) Registered Nurses

- i. Nicholas Hanson
- ii. Kristine Phansaithong
- iii. Cynthia Geise
- iv. Rebecca Reed
- v. Tomoko Fukatsu

8. Election of Chair and Vice Chair Pursuant to HRS 436B-6

9. Chapter 91, HRS – Adjudicatory Matters

- a. In the Matter of the License to Practice Nursing of Jennifer Lee Tully, RNS 2024-42-L; Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order

10. Next Meeting:
- | | |
|------------|--|
| Date: | Thursday, August 7, 2025 |
| Time: | 9:00 a.m. |
| In-Person: | Queen Liliuokalani Conference Room
King Kalakaua Building, 1st Floor
335 Merchant Street
Honolulu, Hawaii 96813 |
| Virtual: | Zoom Meeting |

11. Adjournment

06/26/25

If you need an auxiliary aid/service or other accommodation due to a disability, contact Alexander Pang at (808) 587-8859 or nursing@dcca.hawaii.gov as soon as possible, preferably by July 1, 2025. Requests made as early as possible have a greater likelihood of being fulfilled. Upon request, this notice is available in alternate/accessible formats.

Board of Nursing – Ratification List
July 3, 2025

Licensed Practical Nurses (LPN)

LPN-21395	DEIRDRE REYNOLDS	LPN-21400	STEPHANIE MICHELE RAGLAND
LPN-21396	MARYANNE JEAN WOYKE	LPN-21401	JOVELYN CAGALPIN DUMELOD
LPN-21397	LAURIE RENE VOSLER	LPN-21402	MARISSA D ANDRES
LPN-21398	TIERRA LEVONNE JOHNSON	LPN-21403	THERASA LYNN PFEIL
LPN-21399	ERIKA CUARIO AGUSTIN	LPN-21404	SHERRY M LUGO-HERNANDEZ

Registered Nurses (RN)

RN-125060	JANINE BUGAOISAN GARAN	RN-125093	MA. GUADALUPE PERUSQUIA RUBIO
RN-125061	ELIZABETH REN	RN-125094	LYNNA TORAYNO CARCAMO
RN-125062	ALEXIS ANN SMITH	RN-125095	KRISTEN LEIGH JOHNSTON
RN-125063	XIOMARA TENELLE DELUCA	RN-125096	EMILY MCBRIDE
RN-125064	MARCUS CASE	RN-125097	KARA LINDEMAN
RN-125065	FATIMA WEHELIE	RN-125098	MARILYN GALVEZ
RN-125066	ALYSSA GRACE CRAWFORD	RN-125099	DEBRA CHISHOLM BROWN
RN-125067	CINDY ANN ADCOCK	RN-125100	KELLY BUTEYN
RN-125068	LISA ORTIZ MOFFETT	RN-125101	TRACY LYNN DAVIS
RN-125069	MARIELA ADELENE MORENO NAVA	RN-125102	ZARAY ENID SANTIAGO-ZABALA
RN-125070	SHANTEL DACEY SHADE	RN-125103	AMELIA LYNN CESANEK
RN-125071	ALEXANDER HEWETT	RN-125104	MYRA JOY ALIADO GUZMAN
RN-125072	DONGHEE DEE KIM	RN-125105	KIMBERLEY LYNN CROUTHAMEL-SMITH
RN-125073	WALTER SCOTT TILLMAN	RN-125106	MINI THOMAS
RN-125074	BRANDY CLARISE GARCIA	RN-125107	BRITTANY MICHELLE JARBOE
RN-125075	TELLEASE WILLIAMS	RN-125108	RAYMOND REYNA
RN-125076	JULIE KINOSHITA	RN-125109	CANDIE M WELLWOOD
RN-125077	JULIA LADNER	RN-125110	VALENTINA BROWN
RN-125078	JACQUELINE BUDNICK	RN-125111	DEBRA DOUGLAS
RN-125079	SANDRA CHRISTINE KANANI HUGHES	RN-125112	TRICIA LEE HELTON
RN-125080	YUKA KUWAHARA	RN-125113	AMY SUE HOOVER
RN-125081	SYLVIA L CARPENTER	RN-125114	EMILY WILLIAMSON
RN-125082	EVERLYN CHEPNGETICH BLAKE	RN-125115	AREONA MICHELLE REYNOLDS
RN-125083	PRISCILLA NOEMY CHINCHILLAS	RN-125116	GRACE HARBISON
RN-125084	TITUS JAMES FLAHERTY	RN-125117	KAIANNA NAHINA
RN-125085	ILONA ORGILL	RN-125118	ANNA CAROLINE TILLMAN
RN-125086	EMILY BLEH	RN-125119	ERMA LASHAY WISE
RN-125087	SHEILAH RABII	RN-125120	DEVIN TOSHIYUKIKEKOA IWAHASHI
RN-125088	JESIKA MARIE RIZO	RN-125121	JOEUN LEE
RN-125089	TAMMI PATTERSON	RN-125122	MARY JANE TAN
RN-125090	ASHLEY ANN LINDSEY	RN-125123	ERIN MICHELLE BUHRMANN
RN-125091	JOSHUA DERINGTON	RN-125124	VANESSA OLISMA
RN-125092	DEBRA JEANNE WATSON	RN-125125	JUDITH HONAKER

Board of Nursing – Ratification List
July 3, 2025

RN-125126	SOHA KHAN	RN-125170	CHARITY D DEBRAH
RN-125127	BIANCA UNIQUE BROWN	RN-125171	DONNA DENISE DUCLOW
RN-125128	JEMM DUNAGAN	RN-125172	ALISON MCCAULLEY
RN-125129	LORI KAY DEAN	RN-125173	COURTNEY RAE DUGGAN
RN-125130	JOHN DAVID BUTTICE	RN-125174	DOMINIQUE LYNN JONES
RN-125131	RAQUEL PULHIN	RN-125175	POULYNE AUBREY DE VILLA PONCIANO
RN-125132	KAYLA MCCANN	RN-125176	ANGELA JOY HELLAND
RN-125133	STEVIE N FREMOUW	RN-125177	GRACE VALLIERES
RN-125134	TASHA NICOLE SANNAR	RN-125178	SAMANTHA NUGENT
RN-125135	OLAWALE ABIDEMI SOLAJA	RN-125179	AKILAH ANN-MARIE QUALLO
RN-125136	VICTORIA ARIEL THORNOCK	RN-125180	DON LEENARD DUBOUZET
RN-125137	QUANYTTA JOHNSON	RN-125181	QIANA MASAKO MIPRANO
RN-125138	AMBERLEE JO KOLAR	RN-125182	BERGINIA RHODE GAELLE BERRETTE AVRIL
RN-125139	CRYSTAL RENE ALLRED	RN-125183	DOUGLAS ALAN BALUH
RN-125140	JESSICA ASHLEY HILLYARD	RN-125184	JESSICA BAWUAH
RN-125141	DANIELLE TAYLOR	RN-125185	NICOLE BOCALBOS
RN-125142	CHERMEINE FINE	RN-125186	PENNY WYNETTE DENNISON
RN-125143	JASEN ULEP OCOL	RN-125187	ALLISON JEAN GIBSON
RN-125144	AMBER LASHE BEELER	RN-125188	OLIVIA VANG YANG
RN-125145	COURTNEY SHEREE PERKINS	RN-125189	LINDSAY BRAY CORTEZ
RN-125146	SHEREEN O'DELL GREY	RN-125190	EMILY SCHROEDER
RN-125147	PAVEL EDUARDO DE LA NOVAL LORENZO	RN-125191	MARKEISHA PATTERSON
RN-125148	FAITH HARRIS	RN-125192	LAUREN ELIZABETH TAYLOR
RN-125149	MARQUE LESLEY LUSTER	RN-125193	ANNE MICHELLE G EVERHART
RN-125150	MATTHEW SHANE SOBOTA	RN-125194	JAMEELSA AYALA-SILVA
RN-125151	YESENIA ESPERANZA BELTRAN	RN-125195	TARA ELLEN RAMOS
RN-125152	MYISHIA ALEXANDER	RN-125196	VALERIE GONGORA
RN-125153	MARTHE INES PENE DJINE SIEWEBE	RN-125197	GABRIEL DUTRA
RN-125154	JI SOO CHOI	RN-125198	DEIRDRE IGOE
RN-125155	RYLAND TURNER	RN-125199	JALYN DALLIS RAZON
RN-125156	RUTH N STARKEY	RN-125200	MARIA ISABEL RUIZ DEL VIZO
RN-125157	JEANNINE BARGER	RN-125201	ALYSSA PATRICK
RN-125158	LAWANDA TANEKIA GEE	RN-125202	SAVANNAH KOTT
RN-125159	YASMINE KARA	RN-125203	DANIEL THOMAS SALTER
RN-125160	BRANDEN LOUIS CORDERO	RN-125204	GERLYN MAE AZUCENA TAMAYO
RN-125161	REBECCA KREMER	RN-125205	JANELLE LYNNE HOBBS
RN-125162	ELIZABETH ANNE GOOCH CHARLES	RN-125206	JESSICA IRIS KRISTEN MOSER
RN-125163	LINDA LENORE ROBERTS	RN-125207	PILAR MELCHOR
RN-125164	MARIA BERNADINE IBARRA SISON	RN-125208	BREANNA LENA E BRANAM
RN-125165	DAVIECA SINGH	RN-125209	KAITLIN RENEE PRENTICE
RN-125166	CATHERINE KIXMILLER	RN-125210	TORRY ELAINE BEAVEN
RN-125167	JENALYN RAGUINI PANELA	RN-125211	GLENN MICHELLE WOLF
RN-125168	JAMES GIUSEFFI	RN-125212	FLORENCE NAYOUNG CHI
RN-125169	ANA EYXSSA RIOS	RN-125213	CONNIE SUZANNE LOOTS

Board of Nursing – Ratification List
July 3, 2025

RN-125214	TRACY L WEST	RN-125258	KORTNIE RAE CASTLE
RN-125215	LEONARD JOSEPH DE LA CRUZ JONSON	RN-125259	CAISA BARBARA PRITCHARD
RN-125216	SHERI LYNN HENDERSON	RN-125260	REBECCA GARZA
RN-125217	JENNIFER CLEMENZ	RN-125261	SARAH JANE STARKMAN
RN-125218	JAMIE LEE FAUROT	RN-125262	NICOLE AUGUSIAK
RN-125219	SHELBY ANN ELDREDGE	RN-125263	SEAN ROBERT WOODARD
RN-125220	ERIN TAYLOR	RN-125264	KATHLYN JOYCE DINO PANG
RN-125221	SHAYLA KRISTINE BENITO ARREOLA	RN-125265	MEGAN MALINAK
RN-125222	TAYLOR AUSTIN DOW	RN-125266	LAUREN SNOW
RN-125223	COLLEEN DIANA LEE	RN-125267	ALLISON MARY BLASHINSKY
RN-125224	CHELSEA MORIN	RN-125268	APRIL SIMON
RN-125225	EMILY LYNNE SMITH	RN-125269	JESUS ADRIAN RUIZ
RN-125226	AMBER DRAKE	RN-125270	ASHLEY MICHELLE SUN JOO ALLRED
RN-125227	LISA MARIE CARNES	RN-125271	RACHELLE DENISE HARRIS
RN-125228	MEGAN LINDSEY FULCHER	RN-125272	ABBEL CARRANZA
RN-125229	DUNEL RACHID FRICO DORSAINVIL	RN-125273	LUCINDA STACY
RN-125230	ISABELLA MOREIRA AMADOR	RN-125274	JESSICA MARINEZ
RN-125231	DORALISA GUZMAN	RN-125275	REBECCA ANN PORTER
RN-125232	FERMISA LIM ONG	RN-125276	VAN S PAR
RN-125233	RIANNE MEDEIROS	RN-125277	KAYLA LARRY
RN-125234	JONATHAN LEE WOURMAN	RN-125278	ROGER KAINOA TUMBAGA
RN-125235	KIMO I K HERFEL	RN-125279	JOHN JOSEPH TONER III
RN-125236	CRAIG A WILKINSON	RN-125280	JODI LYNN BURNES
RN-125237	BIANCA ADELICIA ALTAMIRANO	RN-125281	ELISE EUNJI LIN
RN-125238	CAITLIN JULIANA DMITRENKO	RN-125282	SUMMER KAY HEINEN
RN-125239	MICHELLE LAO	RN-125283	CLAUDIA HERMOSILLO-SERRANO
RN-125240	BRYAN KENT COOPER	RN-125284	AUTUMN HAMILTON
RN-125241	BRITTANY NETTO	RN-125285	DALLEN K ORMOND
RN-125242	KEYLANN KORDELL HINSON	RN-125286	JESSICA CARLA YOUNGBLOOD
RN-125243	DEBORAH JOAN BURRILL	RN-125287	SAMANTHA EMIKO TAGA
RN-125244	KATHLEEN MAE SANTOS BALAO	RN-125288	DANIELA RUIZ
RN-125245	KATHRYN HENSLEY	RN-125289	ANDREA SAENZ
RN-125246	ROWENA VERBO SANTIAGO	RN-125290	SANDRA BAILEY MARSHALL
RN-125247	KATHERINE G J KICHLINE	RN-125291	KANISHA CHAPMAN
RN-125248	TERISA MARIA WOYCH	RN-125292	JOY PRYOR
RN-125249	MOLLY ESTES	RN-125293	KATHRYN BUDGEON
RN-125250	VIVIAN CHIANG	RN-125294	KAITLIN DAVIS
RN-125251	NALANI NAUGHTON MUNEOKA-NAGY	RN-125295	ROCHELLE ALEXI LEE
RN-125252	JULIE TSURUKO HAMBLIN	RN-125296	MARKJASON TABUDLO CABUDOL
RN-125253	VANESSA MARIE VARGAS	RN-125297	BARBARA A PALINCHIK
RN-125254	TANYA J MESQUITA	RN-125298	MELODY ANGEL PASION
RN-125255	MAYGEN LINDSEY ANN FARBER	RN-125299	ISSA GABRIELLE CARBONELL
RN-125256	JESSICA WHITAKER	RN-125300	DOLORES ANN BRANIN
RN-125257	FRANCINE TAVARES DIAS	RN-125301	KAORU SAKIYAMA

Board of Nursing – Ratification List
July 3, 2025

RN-125302	DOMINIQUE SHAMACA FAIRWEATHER	RN-125335	LEANDRA REESE SODERS
RN-125303	RAIATEA SAMANTHA REYNOLDS	RN-125336	THERESA MAE CALLO ERECE
RN-125304	HALEY BREANN LANE	RN-125337	SHAWN CRUNK
RN-125305	MIRANDA LEE NORRISH		
RN-125306	KIMBERLY JAMILA KHAYLOV		
RN-125307	KENYA LEAH THOMAS		
RN-125308	SUMMER JEWEL WISEMAN		
RN-125309	SAMANTHA WING		
RN-125310	AUSTIN YOCKEY		
RN-125311	MEGHAN LYN FAWLEY		
RN-125312	EMELY CORDERO		
RN-125313	KAYLA MARIE QUARLES		
RN-125314	DONG AH SEO		
RN-125315	MICHELE PUTNAM		
RN-125316	RICHARD ALLEN BRITTON		
RN-125317	JAMIE MARIE LASSITER		
RN-125318	CRYSTEN KAWEHILANI BINGO		
RN-125319	NICOLE HORTON		
RN-125320	ANDREA NANIA		
RN-125321	AARON AUGUSTUS BARBEE		
RN-125322	NIKI NOEL TORREZ		
RN-125323	TEMIKA U OWUAMANAM		
RN-125324	CAROLINE MAE RAQUINO		
RN-125325	MEGAN M WOODDELL		
RN-125326	JENNY BROWN		
RN-125327	KAITLIN LEANN WAGERMAN		
RN-125328	JESSICA MARAN		
RN-125329	APRIL DAWN CINO		
RN-125330	PAUL TORRES		
RN-125331	MICHAL SUMERALL		
RN-125332	ERIC PAUL LANDRY		
RN-125333	BRIANTE BRUNSON		
RN-125334	RUBY P BOFF		

**Board of Nursing – Ratification List
July 3, 2025
ADVANCED PRACTICE REGISTERED NURSES**

RATIFICATION LIST

JULY 3, 2025

National Certification

APRN ONLY:

APRN-5254	DERIK GOTAY	NURSE ANESTHETISTS
APRN-5255	EMILY CHANG	NURSE ANESTHETISTS
APRN-5257	TAMMI PATTERSON	NURSE ANESTHETISTS
APRN-5262	SHEREEN O'DELL GREY	NURSE ANESTHETISTS
APRN-5264	KALLYN BROOKE SMITH	FAMILY NURSE PRACTITIONER
APRN-5269	LINDSAY BRAY CORTEZ	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
APRN-5273	CANDIE M WELLWOOD	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
APRN-5274	VICTORIA PATEL	FAMILY NURSE PRACTITIONER
APRN-5279	DALLEN K ORMOND	FAMILY NURSE PRACTITIONER

APRN W/PRESCRIPTIVE AUTHORITY:

APRN-5253	ALYSSA GRACE CRAWFORD	FAMILY NURSE PRACTITIONER
APRN-5256	MEGAN KAYLE WEEKS	FAMILY NURSE PRACTITIONER
APRN-5258	MARILYN GALVEZ	FAMILY NURSE PRACTITIONER
APRN-5259	DONGHEE DEE KIM	FAMILY NURSE PRACTITIONER, ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTITIONER
APRN-5260	TASHA NICOLE SANNAR	FAMILY NURSE PRACTITIONER
APRN-5261	DEBRA LYNNE KILKENNY	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
APRN-5263	DAWN ELYSE ROSE	FAMILY NURSE PRACTITIONER
APRN-5265	JOHN CONRAD WITHROW	FAMILY NURSE PRACTITIONER
APRN-5266	JUSTIN J ATKINS	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
APRN-5267	DEANDREA BISHOP	FAMILY NURSE PRACTITIONER
APRN-5268	DAYNNIE GRACE CAPILI GRAMZA	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
APRN-5270	MAGGIE K LONG	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
APRN-5271	DANIEL THOMAS SALTER	FAMILY NURSE PRACTITIONER
APRN-5272	SHIRNEL K E SOONG	FAMILY NURSE PRACTITIONER
APRN-5275	LINDSEY MARIE FLORENS	FAMILY NURSE PRACTITIONER
APRN-5276	KALEIGH M OSWALD	FAMILY NURSE PRACTITIONER
APRN-5277	OSTAP DVORAKEVYCH	NURSE ANESTHETISTS
APRN-5278	KATHLYN JOYCE DINO PANG	FAMILY NURSE PRACTITIONER
APRN-5280	CRYSTAL LYNN GULOTTA	FAMILY NURSE PRACTITIONER
APRN-5281	BARBARA A PALINCHIK	FAMILY NURSE PRACTITIONER
APRN-5282	KAORU SAKIYAMA	FAMILY NURSE PRACTITIONER
APRN-5283	MARY OCANADA	FAMILY NURSE PRACTITIONER
APRN-5284	CAMILA BORJA	CERTIFIED NURSE MIDWIVES

Board of Nursing – Ratification List
July 3, 2025

APRN-5285	VINH T NGUYEN	FAMILY NURSE PRACTITIONER
APRN-5286	MEGHAN UPDIKE	FAMILY NURSE PRACTITIONER

BOARD OF NURSING

Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

MINUTES OF MEETING

Date: Thursday, June 5, 2025

Time: 9:00 a.m.

In-Person Meeting Location: Queen Liliuokalani Conference Room
HRH King Kalakaua Building, 1st Floor
335 Merchant Street
Honolulu, Hawaii 96813

Virtual: Virtual Videoconference Meeting – Zoom Meeting (use link below)
<https://dcca-hawaii.gov.zoom.us/j/82581838247?pwd=WgHoeLcBhNyVVK9YsHeyxOPacZhkFl.1>

Recording Link: <https://youtu.be/m8Fe2nZbOys?si=Gd9pm5eZnoolz9og>

Agenda: The agenda was posted on the State electronic calendar as required by HRS section 92-7(b).

Members Present: Diana Jill Riggs, RN, MSN, Vice Chair
Karen Boyer, RN, MS, FNP
Bradley Kuo, DNP, APRN, FNP-BC, CARN-AP, PMHNP
Rebecca Moore, RN
Terrence Aratani, Public Member

Members Excused: Carrie Oliveira, Chair
Sheri Shields-Hanson, MSN, RN

Staff Present: Chelsea Fukunaga, Executive Officer (“EO Fukunaga”)
Andrew Kim, Deputy Attorney General (“DAG Kim”)
Marc Yoshimura, Secretary (“Staff”)

Guests: Denise Cohen, President, Hawai’i-American Nurses Association
Jeremy Creekmore, Hawaii Association of Professional Nurses
Augustine
Denise Cohen
Darryn’s iPhone
Kimi Gabbard
John Garibaldi

Penny Denison

Virtual Meeting Instructions:

A short video regarding virtual meetings was played for attendees. The Chair provided information on internet and phone access for today's virtual meeting and announced that today's meeting was being recorded and that the recording will be posted on the Board's web page.

Call to Order:

The Vice-Chair took roll call of the Board members.

In accordance with Act 220, SLH 2021, all Board members attending virtually confirmed that they were alone in their nonpublic location.

After taking roll, quorum was established, and the meeting was called to order at 9:07 a.m.

Chair's Report:

The Chair indicated she will be the pro tem Chair for this meeting due as the Chair is excused from this meeting.

She thanked Karen Boyer for her time on the Board and all she has contributed over her two terms, as this meeting is her final meeting, while also recognizing Ms. Boyer for her contributions as part of the Education Committee Meeting.

EO Fukunaga presented a Certificate of Appreciation, signed by Board members and staff, and outgoing letter signed by the Licensing Administrator.

Approval of Minutes:

Approval of the Open and Executive Session Minutes of the May 1, 2025 Meeting

Upon a motion by Ms. Boyer, seconded by Mr. Kuo, it was voted on and unanimously carried to approve the executive session minutes of the February 6, 2025 meeting and the open and executive session minutes of the April 3, 2025 meeting.

Correspondence:

Discussion on whether teaching nursing courses meets the continuing competency requirements

The Vice Chair stated this first inquiry is asking for confirmation if teaching a total of 240 hours of clinicals, amongst 16 students, at the University of Hawaii meets the learning activity option of completing 120 hours as a preceptor for one nursing student or employee transitioning into a new clinical practice.

Mr. Kuo expressed that an instructor typically creates the coursework and objectives and would not fulfill a learning activity option provided in the Board's continuing competency booklet, as compliance with a learning activity constitutes learning new information outside of an individual's daily practice.

Ms. Boyer agreed with Mr. Kuo, reiterating that continuing competency is to promote self-development of learning needs rather than teaching students to achieve pre-established goals within a program.

Mr. Kuo added that he does partake in precepting students, but teaching students is not part of his job, which would comply with the preceptor learning activity option.

Upon a motion by Ms. Boyer, seconded by Mr. Kuo, it was voted on and unanimously carried that teaching nursing courses as part of a nurse's employment does not meet compliance of continuing competency with a learning activity option, including 120 hours of preceptorship.

Review of Certified Clinical Transplant Coordinator certification from the American Board of Transplant Certification

The Vice Chair stated this inquiry is to determine whether the Certified Clinical Transplant Coordinator certification is acceptable to exempt a nurse from the continuing competency requirements.

Mr. Kuo asked EO Fukunaga which learning activity option this inquiry would fall under.

EO Fukunaga stated there is a listing of recognized certifying organizations within the continuing competency booklet that acts as a guideline, though this specific certification is not currently listed which is the reason for this inquiry being brought to the Board for determination.

The Vice Chair indicated the Board opined at the previous meeting that the listing of approved certifications within the booklet will continuously require updating and is not meant to be an exhaustive list.

Ms. Boyer added that the Board has previously approved acceptance of certifications as long as there is evidence it is accredited by a national certifying organization.

EO Fukunaga stated the certifications are listed by certifying national organizations then by sub-programs.

The Vice Chair indicated she performed research and located that this certification is accredited by the National Commission for Certifying Agencies.

Upon a motion by Mr. Kuo, seconded by Mr. Aratani, it was voted on and unanimously carried to approve the Certified Clinical Transplant certification as an accepted certification in compliance with the continuing competency requirement.

Executive Officer's Report:

Twenty-First Proclamation Relating to Wildfires

EO Fukunaga stated that the twenty-first proclamation was still in effect at the time of filing this agenda, as the twenty-second proclamation was issued on June 3, 2025 with an extension until August 2, 2025, unless terminated or superseded by separate proclamation.

2025 Legislative Session

a. SB 119, SD1, HD1 RELATING TO NURSING

EO Fukunaga stated this bill passed through conference and has been sent to the Governor's office.

b. SB 1373 SD2 HD1 RELATING TO ADMINISTRATIVE LICENSURE ACTIONS AGAINST SEX OFFENDERS

EO Fukunaga stated this bill passed through conference and has been sent to the Governor's office.

Reports:

**Hawai'i State Center for Nursing –
Laura Reichhardt, Executive Director**

There was no representative present.

**Hawai'i American Nurses Association –
Denise Cohen, President**

Ms. Cohen filled in for Elizabeth Kahakua, Executive Director, and reported:

- HANA currently has 483 members
- May Nurses Day event on May 15, 2025 was a success

- Free one hour CE was offered
- Notebooks and pens were sent to all members for nurses week
- Attending an ANA conference at the end of this month with 5 delegates
- A major change has been implemented in the ANA's Code of Ethics which needs to be updated in the nurse practice act
- On the ANA Hill Day, where HANA representative will be in collaboration with national representatives, HANA will address the following concerns:
 - In the "big beautiful bill" introduced by the nation's president, Medicaid totals will be decreased which will affect hospitals and nurses responsibilities;
 - Title VIII funding is on the chopping block with the Department of Health and Human Services; and,
 - The lack of clarity in vaccine recommendations and supports which harms the pediatric, special needs, and geriatric populations
- September 27, 2025 annual conference will be held at the Honolulu Country Club
 - 5 hours of CE will be offered for all attendees, and 1.5 hours of CE to attendees of the business meeting

**Hawai'i Association of Professional Nurses –
Jeremy Creekmore, President**

Mr. Creekmore reported:

- Continue to shift internal structure to pass the baton over to their president-elect at the end of this year
- Goal, prior to leaving his position, is to beef up HAPN's ability to provide comprehensive educational services to Hawaii APRN's, which will eventually be made available on their website.

Executive
Session:

The Vice Chair motioned to move into executive session in accordance with HRS §92-4 and 92-5(a)(1) and (4) "To consider and evaluate personal information relating to individuals applying for professional or vocational cited in section 29-6 or both;" and "To consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities;".

It was seconded by Mr. Kuo, voted on and unanimously carried to move into executive session at 9:24 a.m.

Upon a motion by Mr. Kuo, seconded by Ms. Boyer, it was voted on and unanimously carried to move out of executive session at 10:07 a.m.

Applications:

Ratification Lists

Upon a motion by the Chair, seconded by the Vice Chair, it was voted on and unanimously carried to approve the following ratification lists:

LPNs, license numbers 21372 – 21394
LPN temporary permit, license number 5
RNs, license number 124707 – 125059; and
APRNs and APRNs with prescriptive authority

Applications

The Chair called for a motion regarding the applications.

Licensed Practical Nurses

Upon a motion by Ms. Boyer, seconded by Mr. Kuo, it was voted on and unanimously carried to approved the following applications:

**Stephanie Ragland
Latsha Harrell
Augustine Okororie**

Registered Nurses

Upon a motion by Ms. Boyer, seconded by Mr. Kuo, it was voted on and unanimously carried to approve the following application:

Penny Dennison

Upon a motion by Ms. Boyer, seconded by Ms. Moore, it was voted on and unanimously carried to approve the following application with conditions pursuant to HRS §436B-19(13):

Ashton Garrett

Advanced Practice Registered Nurse

Upon a motion by Ms. Boyer, seconded by Mr. Kuo, it was voted on and unanimously carried to approve the following application:

Debra Kilkenny

Chapter 91, HRS
Adjudicatory
Matters:

In the Matter of the License to Practice Nursing of Christine D. Caguioa, RNS 2024-19-L; Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order

After due consideration of the information received, it was moved by Ms. Boyer, seconded by Ms. Moore, and unanimously carried to approve the aforementioned Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order.

Next Meeting: Date: Thursday, July 3, 2025
 Time: 9:00 a.m.
 In-Person: Queen Liliuokalani Conference Room
 King Kalakaua Building, 1st Floor
 335 Merchant Street
 Honolulu, Hawaii 96813
 Virtual: Zoom Meeting

Adjournment: The meeting was adjourned at 10:11 a.m.

Taken by:

Reviewed by:

/s/ Marc Yoshimura
Marc Yoshimura
Administrative Assistant

/s/ Alexander Pang
Alexander Pang
Executive Officer

[] Minutes approved as is.

[] Minutes approved with changes; see minutes of _____

6/20/25

Board of Nursing – Ratification List
December 5, 2024

Licensed Practical Nurses (LPN)

LPN-21372	JENNIFER LYNN PHILLIPS	LPN-21385	TRENT LYDELL THOMAS
LPN-21373	JASTINE HAZEL CAVE	LPN-21386	SANDRA LYNN DELANEY-CUNNIFF
LPN-21374	TINAAZ SHAPOOR KELLAR	LPN-21387	TORI ALISSA PONCE
LPN-21375	BREYANA KJALYANA HERNANDEZ	LPN-21388	IRENE DIMAYA PASCUA
LPN-21376	RHEA LYNNE CORRALES TABBAY	LPN-21389	JANAE LEEANN NORMAN
LPN-21377	ELIZABETH CAMPOS TAYLAN	LPN-21390	BRIDGETTE RENEE' BRODNICKI
LPN-21378	MARY ANN ULIBAS GARCIA	LPN-21391	BETHANY JOY DAY
LPN-21379	SYDNEY GENEVIEVE NICE	LPN-21392	ANTOINISE ST JEAN
LPN-21380	SHONDA YVETTE THOMPSON	LPN-21393	KARISSA-ANN K KALEHUaweHE
LPN-21381	ANTHONY GERARD DURDEN	LPN-21394	JONALYN CAGALPIN DUMELOD
LPN-21382	MA. JHESSICA DE GUZMAN BAUTISTA		
LPN-21383	LEILANI KAILELEWAILANI KELI'IKIPI		
LPN-21384	LANI C REALIN		

Licensed Practical Nurse Temporary Permit (LPNT)

LPNT-5 TANIQUA C SMITH

Registered Nurses (RN)

RN-124707	IRENE MCCOY	RN-124729	ALYSSA MARIE BUMSTED
RN-124708	REGINA ROSE GENTRY	RN-124730	ELON LEE
RN-124709	JAY ARCHER	RN-124731	DEBORAH HELEN MEDARI
RN-124710	BRYAN KAMOOPILI AGBAYANI	RN-124732	AMBER D'ANN NASH
RN-124711	LAURA BROWN	RN-124733	STEPHANIE CONSTANTIN
RN-124712	SHENANIAH K ROMIAS	RN-124734	JORDAN S ATIENZA
RN-124713	LATASHA ANN BROWN	RN-124735	KELLY DUNHAM
RN-124714	CARRA BLAIN	RN-124736	JANET LYNN GAINES
RN-124715	ERICA QUARLES	RN-124737	ANNA MINETTE GORE
RN-124716	KAREN BUNTING	RN-124738	RENEE MUSER
RN-124717	TYLER JOHN CLARE	RN-124739	EMILY FRANCES BUTZ
RN-124718	CHELSEY MAE HANEN	RN-124740	MARIA AZUCENA MCGUE
RN-124719	CHANTAL LEAH MCMURRAY	RN-124741	AMANDA MICHELLE MYERS
RN-124720	LARRY CHRISTOPHER PASCUA PASCUAL	RN-124742	DYLAN JACOB ROSA
RN-124721	JAMES STACHOWIAK	RN-124743	SIERRA LYNN GARCIA
RN-124722	SANDRA JAYUSSI	RN-124744	ATA ANGMOR-TEYE
RN-124723	LAWRENCE NICHOLAS USTONOFSKI	RN-124745	LLOYDETTE L ZIEMAN
RN-124724	DIANA JARRELL FISCHER	RN-124746	MISTI APRIL MAREADY
RN-124725	APRIL EMILY DRAKE	RN-124747	CYNTHIA ARCISO VENTURA
RN-124726	JONATHAN M BONIE	RN-124748	SHAENA ERMITANIO SANCHEZ
RN-124727	EVELIZA BENITEZ	RN-124749	CASEY DALE CASTILLO
RN-124728	SYDNEY HUGHES	RN-124750	SANDRA ELLIOTT MOSS

RN-124751	CARLOTA BARDE CINCO	RN-124796	ANTONIO GARCIA MERINO
RN-124752	TYRONE KENT ASHFORD II	RN-124797	JENNIFER WEEKS
RN-124753	FARRAH SELAH JALLALVANDI	RN-124798	AMY L SMITH
RN-124754	JUSTINE PAULO BARLAAN NUEVO	RN-124799	EMILY ELIZABETH DAVIDSON MCMAHAN
RN-124755	CECELIA LOUISE KRESIC	RN-124800	KATELYN ELIZABETH HAMILTON
RN-124756	EDWINA FAY SPENCE	RN-124801	KRISTEN ISAACS
RN-124757	ROSABEL WU	RN-124802	SAMUEL JOSEPH ALLEMAN
RN-124758	MICHAEL JOHN BAGUISA SAYO	RN-124803	STEPHANY JEAN
RN-124759	TERRY SUE HILEY	RN-124804	MARIAH-CARLA MAURICIO CORPUZ
RN-124760	MARIVEL MARTINEZ CUEVAS	RN-124805	RAQUEL PASTRANA
RN-124761	VENIECE WINSTON	RN-124806	MAUREEN HELEN STOREY
RN-124762	KATHY LYN KELL	RN-124807	SHELLIA LINDSAY
RN-124763	JORDAN DERY	RN-124808	SHALOM KIM
RN-124764	MAYA ISABELLA HAMAOKA	RN-124809	JACQUELINE LOPEZ
RN-124765	ALYSIA SYVELLE TYLER	RN-124810	KIMBERLY MARIE SNELL
RN-124766	JEFFREY SUMAT GONZALES	RN-124811	HAYLEY JORDAN BRADLEY
RN-124767	ANNA DIMALALUAN	RN-124812	CHRISTINA LAUREN BAISLEY
RN-124768	BRETT NATHAN WHALEY	RN-124813	ISABELLA CAIRNS
RN-124769	SHANE E BAER	RN-124814	ASHLEY TAYLOR MARTINO
RN-124770	SHARON JOHNSON	RN-124815	CHELSEA THOMPSON-HUDSON
RN-124771	EDWARD KAY	RN-124816	ABBIGAYLE LYN PESTERFIELD
RN-124772	RACHAL ANDRISSE PURGASON	RN-124817	ERIKA LOWRY
RN-124773	HANNAH LYNN HOLETS	RN-124818	EMMA R KIENE
RN-124774	EKATERINA HORTON	RN-124819	CASSIDY ANN PADDOCK
RN-124775	JESSICA MARIA MAKI	RN-124820	JACOB EARL MIKUS
RN-124776	JAMILLE DE SOUZA DIAS-SRIVASTAVA	RN-124821	ASHLEY ANN BRASHER
RN-124777	KAY LYN MUETING	RN-124822	JENNIFER LYNN YOUNG
RN-124778	EMILY GUILDENBECHER	RN-124823	KATRINA SOLANGON
RN-124779	VICTORIA MERAUTI ADAMS	RN-124824	MARY VIRGINIA SHARP
RN-124780	REBECCA LYNN HARRIS	RN-124825	LOVELY FAITH SUFICIENCIA RUBIO
RN-124781	ERIN M SEARS	RN-124826	ERIKA BORLIE-CRAWFORD
RN-124782	RHONDA SUE CARNICOM	RN-124827	DAELYN TASHA CLAWSON
RN-124783	RICHARD BRUNO	RN-124828	ASHLEY KATHERINE KOONG
RN-124784	NOELLE JACOBSEN	RN-124829	KELLEY LYNNE BOULET
RN-124785	MELLANY MAKALINTAL VELASCO	RN-124830	KRISTIN EVONNE WHITE
RN-124786	ALEACIA HOBBS	RN-124831	SHANNON-MARIE SALAZAR SALAS
RN-124787	COURTNEY N FERRINGTON	RN-124832	TAMMIE DIANE SANDER
RN-124789	MEAGAN CHAPMAN	RN-124833	VANETA R CYRUS
RN-124790	TAMMY LYNNETTE BATES	RN-124834	HAILEY THOMAS
RN-124791	JENNA NICOLE MIDORI CAMARA	RN-124835	KRISANDRA LEE POLLARD
RN-124792	SHELBI E ANN MAYS	RN-124836	RYAN BYRNES
RN-124793	STEPHANIE MAYNARD	RN-124837	MARISSA LYNNE HENDERSON
RN-124794	AMANDA MARIE HOLMQUIST	RN-124838	ROSE PATRICIA FREDRICKSON
RN-124795	ANTHONY JOSEPH BALUKOFF	RN-124839	KATHRYN LYN BAILEY

RN-124840	LAURICE ANN PUSONG PANALIGAN	RN-124884	KELLY MICHELLE BARTON
RN-124841	ANGELA DENEY CROSSLEY	RN-124885	BARBARA ANN JULIAN
RN-124842	LINDA KRYSTEK	RN-124886	ADRIANA KRUSKA
RN-124843	LESLIE DENISSE GUTIERREZ RODRIGUEZ	RN-124887	CAROLINE STEWART
RN-124844	JENNIFER R DURAN	RN-124888	VANESSA MCBRIDE
RN-124845	ANGELICA KATHRYN MARIE BURKE	RN-124889	CHLOEYLYNN MALONZO
RN-124846	STEPHANIE MAGARINO	RN-124890	STEPHANY KOLHOFF PENA
RN-124847	LLUBICA MARITJA BARKOVIC	RN-124891	JOHN CONRAD WITHROW
RN-124848	UDU OLADEINDE	RN-124892	CALI KING CALTA
RN-124849	CATHERINE ANNE KISSEL	RN-124893	GINA TIANI
RN-124850	DIANE SHAPIRO	RN-124894	KATRENA INMAN
RN-124851	DYLAN SARGEANT	RN-124895	CIANA SEMINO ROBERTS
RN-124852	BRIAN HARLEY	RN-124896	DEANDREA BISHOP
RN-124853	TOSCHIA SHANAE DIXON	RN-124897	JACQUELINE ADAO KAHULUGAN
RN-124854	KEVIN GALLARDO	RN-124898	LINDA ELIZABETH MENDOZA
RN-124855	MA THEA LACASTESANTOS	RN-124899	ALYSSA MEILI MCKAY
RN-124856	HILARY PASILIAO LAGUD	RN-124900	NADIA VALERIA ALBONETTI
RN-124857	ERICKA TABULOC COSTALES	RN-124901	KIA MCDONALD
RN-124858	ANGELICA PASCUA	RN-124902	AMY ELIZABETH VAUGHN
RN-124859	TAQUISHA DAWN EDWARDS	RN-124903	ELIZABETH GRACE YARMOSKI
RN-124860	KRISTIN SULLIVAN	RN-124904	SARAH KATELYN JONES
RN-124861	GABRIELA DEPUYO	RN-124905	JACILYN M CARTER
RN-124862	CYNTHIA KELLEY	RN-124906	KRIZELLE JOYCE FESTEJO DOMAOAL
RN-124863	DELICIA RENEE ROLAND	RN-124907	ROBERT TYLER COGAR
RN-124864	NICHOLAS COOK	RN-124908	STEPHANIE CURRIE
RN-124865	MADISON WILLIAMS	RN-124909	BOBBY JAMES LEE
RN-124866	KAITLYN LEIGH GOODWIN	RN-124910	SHIRLEY CASTELLON
RN-124867	ANNMARIE CONNELL	RN-124911	RODNEY A RHOADES
RN-124868	LINDSAY CORNELIUS	RN-124912	EDITH MARIE MUEHLSTEIN
RN-124869	ANJANEAN TRACHELE HICKS	RN-124913	CARLISSLE ANNE OAMIL BANAG
RN-124870	MICHAEL JOHN EGARR	RN-124914	MILILANI MALIA YAMAMOTO
RN-124871	MACKENZIE STARK	RN-124915	LISA ANN KALET
RN-124872	CHARMAINE KATE ROSE ROGERS	RN-124916	ALEXANDRIA MARTIN
RN-124873	YUNJIN KWON	RN-124917	KENDRA BROOKE PAULEY
RN-124874	CHARLESA SOLMIANO CARAANG	RN-124918	AMANDA RILEY POWERS
RN-124875	TIFFANI TRAINA MCKNIGHT	RN-124919	KALLYN BROOKE SMITH
RN-124876	TAMMY JEAN HARRIS	RN-124920	SHIRA DIANA LOVE
RN-124877	OYENIKE SANNI	RN-124921	NICOLE UEDA
RN-124878	ROBERTA LYN LUMIA	RN-124922	GEMINI DELLO SALAZAR
RN-124879	TIFFANY ANNE DE LEON	RN-124923	MARA ANNE SAUNDERS
RN-124880	JHOANNA MARIE RIGOR	RN-124924	YOLANDA R ROBERTSON
RN-124881	NERDEGE ST LOUIS	RN-124925	LINDSEY HOPE VANSHOYCK
RN-124882	JENNIFER JO MADDOX	RN-124926	CANDACE BOOKER
RN-124883	LISA RENEE SCHNEIDER	RN-124927	YONGQI ZHAO

RN-124928	KATHRYN GUTHRIE	RN-124972	LACEY NICOLE TILLERY
RN-124929	MELANIE LOU BRITT	RN-124973	MCKAE LARSON
RN-124930	JESSICA QUIROZ	RN-124974	ANGELA NICOLE THORN
RN-124931	KELSEY ELIZABETH BETTEN	RN-124975	NICOLE SHIN
RN-124932	DENISE LYNN ANDERSON	RN-124976	MORGAN PAIGE WILBERDING
RN-124933	RAFAEL SANCHEZ	RN-124977	SHELLY R COPPOCK
RN-124934	NIKOLAS BOBBY PETROVSKI	RN-124978	EZOBIA FELDER
RN-124935	EMMA ELAYNE NISBET	RN-124979	ALEX KIM
RN-124936	CHELSEA NOELE HUMPHREY	RN-124980	CHRISTOPHER MERCADO
RN-124937	HEATHER MAHONEY WEATHERSPOON	RN-124981	MICHELE MARIE THOMAS
RN-124938	NICOLE L HOLLINGSWORTH	RN-124982	JOSEPH MICHAEL SANCHEZ
RN-124939	LUCY ELAINE MOTHERSHEAD	RN-124983	ANNIE ELAINE TORRES
RN-124940	RICHARD CHRISTIAN LAZAGA	RN-124984	LYNDA HALL LEO
RN-124941	NOLAN TAMOTSU MORITA	RN-124985	ROBIN ASHLEY TAYLOR
RN-124942	LILLY LIAWA TAM	RN-124986	CHEYANNE NISCHON HILL
RN-124943	RAMAICA BRANDI BROADNAX	RN-124987	VICTORIA PATEL
RN-124944	ELIZABETH MARIE TANNEHILL	RN-124988	MICHELLE MARIE HITTLE
RN-124945	BRIANNA LEIGH DAVIS	RN-124989	KATRINA CHRONISTER
RN-124946	DAWN ELYSE ROSE	RN-124990	JENNIFER LOUISE GREGOIRE
RN-124947	DANIEL FRANCIS O'BRIEN	RN-124991	KELSEY LEIGH SHEETS
RN-124948	HUE T CRAWFORD	RN-124992	CRYSTAL RENEE DANIELS
RN-124949	CRIMIE JHEN SANTE	RN-124993	KELLY BARNEY
RN-124950	JESSICA LEA DERY	RN-124994	LYNDA MOREL DONALDSON
RN-124951	CHRISTINE JOHNSON	RN-124995	HANNAH MARIE SHAFER
RN-124952	REINA BROOKS	RN-124996	JESSICA RENEE BUTCHER
RN-124953	THOMAS ALLEN COOK	RN-124997	KELIS MISANO ISHIHARA
RN-124954	PAMELA GAIL HOUG	RN-124998	JANNA L HALL
RN-124955	KELSEY ALLYN MANTZ	RN-124999	MJ JORDAN CAPAYA DELACRUZ
RN-124956	CECELIA JIMENEZ	RN-125000	BRICIA GUADALUPE BANOS
RN-124957	ELIZABETH MARY PURDY	RN-125001	MARIA LUISA TRUNDLE
RN-124958	LANA MARIE BUNTING	RN-125002	CLAUDIA MELODIE ALTIDOR
RN-124959	JILL ANN PAQUETTE	RN-125003	DIANA FRANCES MILLER
RN-124960	TABATHA EUGENIA BRADSHER	RN-125004	SHIRLEY BONILLA GODOY
RN-124961	DYANA CAMILE LARA LIM	RN-125005	TRACY BETH HAGEN
RN-124962	DANIELLE TOLENTINO QUEJA	RN-125006	LAURA B MERRILL
RN-124963	REBECCA LEIGH MINGLE	RN-125007	NICOLE ELLEN SHEVOKAS
RN-124964	SABRINA JEANETTE HAMILTON	RN-125008	CYNTHIA AMMONS
RN-124965	BART DANIEL BRINKMANN	RN-125009	KIMBERLY UNG
RN-124966	KYLA FESTEJO	RN-125010	MATAU SAILAU MASAGA
RN-124967	NILAB NAZANIN SAFI	RN-125011	LORIELYNN ESTILLER ALEDIA
RN-124968	TALITHA MERARI DALAMCIO TOMAS	RN-125012	SATRINA ROBINSON
RN-124969	KIMBERLY ROSATTA ROBBINS	RN-125013	RUSTICO LEGASPI
RN-124970	JOANNE INES	RN-125014	COLLEEN ANN LENERS
RN-124971	MADISON GUDMANN	RN-125015	CAROL ENDOZO

RN-125016 JUNALYN JOYCE AURELIO
RN-125017 ASHLEY ANN VITO
RN-125018 SHAIRA OCAMPO
RN-125019 RONALYN NAGUIT BUNDA
RN-125020 SUJIN AN
RN-125021 ELIZABETH ANNE FEUCHT
RN-125022 CARMEN KAY BOSLER
RN-125023 CHRISTINA BROOKE BRANCO
RN-125024 ROMNICK V SALINAS
RN-125025 KRISTEN LEIA ABERNATHY
RN-125026 CLARA LOUISE ELIUK
RN-125027 GERLIE CARAG GALARIO
RN-125028 CHRISTOPHER ALLEN BOFF
RN-125029 JESSICA FOGASSA
RN-125030 ALEXANDRA HANSARD ROBERTSON
RN-125031 SYDNEY MEGHAN WRIGHT
RN-125032 KATHRYN LOUISE MASON
RN-125033 ALEXIS NICOLE BOURG
RN-125034 CLAUDINE CALIZAIRE
RN-125035 KAYLA CHURA
RN-125036 KATHYJO ATKINSON
RN-125037 CAMILA BORJA
RN-125038 PRISCILLA ROSE ZINSITZ
RN-125039 MARIA FERNANDA VALDEZ SALINAS
RN-125040 CRISTAL PEREZ-JORDAN

RN-125041 TARAH HARRINGTON
RN-125042 WENDY ROSMOND DARLING
RN-125043 JACOB WINSTON RANGE
RN-125044 ABDELRAHMAN ABOUELNOUR
RN-125045 NANCY BUTTICE
RN-125046 GLENDA ANN ELLIOTT
RN-125047 SHAWN MATHEW WEINBERGER
RN-125048 THERESA DENISE MCKNIGHT
RN-125049 KAYLEE M MALDONADO
RN-125050 BRENDA MAYRINA RICAFORT
RN-125051 RANDI CATHRYN MILNER
RN-125052 MATTHEW MARTIN MAHAN
RN-125053 KENZIE VALUSEK
RN-125054 HANH TRAN
RN-125055 PAUL ANDREW ODABASHIAN
RN-125056 UCHENNA UGOKWE
RN-125057 SARINA MOOL SINGHI
RN-125058 ALEXANDRA MARIE ANSLEY
RN-125059 TATUM HUNT COLE

Registered Nurses Temporary Permit (RNT)

RNT-2 GLENDA MARIE BEASLEY

ADVANCED PRACTICE REGISTERED NURSES

RATIFICATION LIST

JUNE 5, 2025

National Certification

APRN ONLY:

APRN-5199	NICOLE L FRANCO	PEDIATRIC NURSE PRACTITIONER
APRN-5212	MARIVEL MARTINEZ CUEVAS	FAMILY NURSE PRACTITIONER
APRN-5218	ASHLEY ANN BRASHER	PEDIATRIC NURSE PRACTITIONER
APRN-5226	JENNIE ANNA WOLFRAM	NURSE ANESTHETISTS
APRN-5231	JOSEPHINE CALUYA OCENAR	FAMILY NURSE PRACTITIONER
APRN-5232	SHIRA DIANA LOVE	FAMILY NURSE PRACTITIONER
APRN-5233	MELISSA OLIN	FAMILY NURSE PRACTITIONER
APRN-5240	LUCY ELAINE MOTHERSHEAD	FAMILY NURSE PRACTITIONER
APRN-5242	NATALIE O HEATHER	NURSE ANESTHETISTS
APRN-5247	ELIZABETH ANNE FEUCHT	ADULT-GERONTOLOGICAL NURSE PRACTITIONER
APRN-5250	UCHENNA UGOKWE	NURSE ANESTHETISTS

APRN W/PRESCRIPTIVE AUTHORITY:

APRN-5196	SARAH KLETZLI	FAMILY NURSE PRACTITIONER
APRN-5197	SANDRA JAYUSSI	ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTITIONER
APRN-5198	HUSSEIN ALI SAAD	FAMILY NURSE PRACTITIONER
APRN-5200	OLIVIA I GIBSON	FAMILY NURSE PRACTITIONER
APRN-5201	DEBORAH HELEN MEDARI	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
APRN-5202	MAECHELLE ESPIRITU	FAMILY NURSE PRACTITIONER
APRN-5203	EDWINA FAY SPENCE	FAMILY NURSE PRACTITIONER
APRN-5204	CRYSTAL NICOLE GANN	FAMILY NURSE PRACTITIONER
APRN-5205	FIJI SIMMONS	FAMILY NURSE PRACTITIONER
APRN-5206	ERIN M SEARS	FAMILY NURSE PRACTITIONER, ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTITIONER
APRN-5207	BRETT NATHAN WHALEY	ACUTE CARE NURSE PRACTITIONER
APRN-5208	JAMIE CROMPTON	CERTIFIED NURSE MIDWIVES
APRN-5209	ANNA MINETTE GORE	FAMILY NURSE PRACTITIONER
APRN-5210	KRISTEN ANNE HALL	FAMILY NURSE PRACTITIONER
APRN-5211	MAUREEN HELEN STOREY	FAMILY NURSE PRACTITIONER
APRN-5213	LOVELY FAITH SUFICIENCIA RUBIO	FAMILY NURSE PRACTITIONER
APRN-5214	ERIKA BORLIE-CRAWFORD	WOMEN'S HEALTH CARE NURSE PRACTITIONER
APRN-5215	MARISSA LYNNE HENDERSON	FAMILY NURSE PRACTITIONER
APRN-5216	KAYLIN KIANI WONG KAAUA	FAMILY NURSE PRACTITIONER
APRN-5217	UDU OLADEINDE	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
APRN-5219	NOELLE JACOBSEN	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER

APRN-5220	DAELYN TASHA CLAWSON	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
APRN-5221	FARRAH SELAH JALLALVANDI	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
APRN-5222	ASHLEY KATHERINE KOONG	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
APRN-5223	ANJANEAN TRACHELE HICKS	FAMILY NURSE PRACTITIONER
APRN-5224	ARIANNA MARIE VILLA	FAMILY NURSE PRACTITIONER
APRN-5225	TERRIE LEE VANN WARD	FAMILY NURSE PRACTITIONER, PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
APRN-5227	VICTORIA MERAUTI ADAMS	FAMILY NURSE PRACTITIONER
APRN-5228	MONICA HAMM	FAMILY NURSE PRACTITIONER
APRN-5229	TAMMY JEAN HARRIS	ADULT NURSE PRACTITIONER
APRN-5230	LILY M MARTIN	FAMILY NURSE PRACTITIONER
APRN-5234	LINDSEY HOPE VANSHOYCK	FAMILY NURSE PRACTITIONER
APRN-5235	CHELSEY MAE HANEN	FAMILY NURSE PRACTITIONER
APRN-5236	JESSICA LEA DERY	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
APRN-5237	CECILIA ANGELA CURRIER	CERTIFIED NURSE MIDWIVES
APRN-5238	SABRINA JEANETTE HAMILTON	FAMILY NURSE PRACTITIONER
APRN-5239	BART DANIEL BRINKMANN	FAMILY NURSE PRACTITIONER
APRN-5241	TIFFANI TRAINA MCKNIGHT	FAMILY NURSE PRACTITIONER
APRN-5243	AMY ELIZABETH GAINES	FAMILY NURSE PRACTITIONER
APRN-5244	ESTHER W NJORGE	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
APRN-5245	ASHLEY MCGOVERN	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
APRN-5246	ALEX KIM	NURSE ANESTHETISTS
APRN-5248	AUTUMN U DOWLING	FAMILY NURSE PRACTITIONER
APRN-5249	MARA ANNE SAUNDERS	ADULT NURSE PRACTITIONER
APRN-5251	CASEY T MOON	FAMILY NURSE PRACTITIONER
APRN-5252	SARINA MOOL SINGHI	PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER

NCSBN MODEL ACT (2021)

Table of Contents

Article I. Title and Purpose	1
Article II. Definitions	1
Article III. Scope of RN, LPN/VN and APRN Practice	3
Article IV. Board of Nursing (BON)	6
Article V. RN, LPN/VN and APRN Licensure and Exemptions	9
Article VI. Prelicensure Nursing Education	14
Article VII. Discipline <u>Board Action</u> and Proceedings	22
Article VIII. Violations and Penalties	25
Article IX. Severability	26
Article X. <u>Emerging Technologies</u>	
<u>Article XI.</u> Nursing Licensure Compact	
Article XI. APRN Compact	26

Article I. Title and Purpose

- a. This Act shall be known and may be cited as <the JURISDICTION> Nurse Practice Act (NPA), which creates and empowers the board of nursing (BON) to regulate nursing and to enforce the provisions of this Act.
- b. The purpose of this Act is to protect the health, safety, and welfare of the public.

Article II. Definitions

As used in Articles III through XII of this Act, unless the context thereof requires otherwise:

- a. “Advanced assessment” means the taking by an advanced practice registered nurse (APRN) of the history, physical and psychological assessment of a patient’s signs, symptoms, pathophysiologic status, and psychosocial variations in the determination of differential diagnoses and treatment.
- b. “Advanced practice registered nurse” (“APRN”) means an individual with knowledge and skills acquired in basic nursing education; licensure as a registered nurse (“RN”); and graduation from or completion of a graduate-level APRN program accredited by a national accrediting body and current certification by a national certifying body in the appropriate APRN role and at least 1 population focus. “Advanced practice registered nurse” includes certified nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, or clinical nurse specialists. Advanced practice nursing means an expanded scope of nursing in a role and population focus approved by the Board of Nursing, with or without compensation or personal profit, and includes the RN scope of practice. The scope of an APRN includes performing acts of advanced assessment, diagnosing, prescribing, and ordering.
- ~~b.c. “Assign” means the process of transferring responsibility and accountability between licensed nurses based on their skills, qualifications, and workload~~
- ~~c. “Clinical learning experiences” means the planned, faculty guided learning experiences that involve direct contact with patients.~~
- d. “Competence” means the ability of the nurse to integrate knowledge, skills, judgment, and personal attributes to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice.
- ~~e. “Delegated responsibility” means a nursing activity, skill, or procedure that is transferred from a licensed nurse to a delegatee.~~
- ~~f.e. “Delegatee” means one who is delegated a nursing responsibility by either an APRN, RN, or LPN/ VN (where state NPA allows), is competent to perform it, and verbally accepts the responsibility. A delegatee may be an RN, LPN/VN, or nursing assistive personnel.~~
- ~~g.f. “Delegating” means transferring to a competent individual the authority to perform a selected nursing task in a selected situation.~~
- ~~G. “Emerging Technologies” means innovations or new applications of existing technology which represent evolving developments aimed at improving the nursing profession and practice.~~
- ~~h. “Delegator” means one who delegates a nursing responsibility. A delegator may be an APRN, RN, or LPN/VN (where state NPA allows).~~
- ~~i. “Eligible for graduation” means having met all program and institutional requirements pending conferment of the degree.~~

~~j.~~ h. “Encumbered” means a license with current discipline, conditions, or restrictions.

- ~~k.~~ “Inactive license” means the voluntary termination of an individual’s license to practice nursing or failure to renew a license.
- ~~i.~~ “Unprofessional or dishonorable conduct” means a behavior, practice or condition that is contrary to the ethical standards adopted by the board.
- ~~j.~~ “Incompetence” means failure to perform due to lack of knowledge, skills, judgment, or interest in performing the role.
- ~~l.k.~~ “Internationally educated applicants” means a person educated outside the U.S. who applies for licensure or seeks temporary authorization to practice.
- ~~m.l.~~ “License” means the legal authority granted by the BON to practice as a registered nurse, licensed practical/vocational nurse, certified nurse midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist.
- ~~n.m.~~ “Licensed Nurse” means APRNs, RNs and LPN/VNs.
- ~~o.n.~~ “Nursing” means a profession focused on the care of individuals, families, and populations to attain, maintain, or recover optimal health and quality of life from conception to death.
- ~~p.o.~~ “Nursing assessment” means, within the scope of the licensee, the collection, analysis, and synthesis of data used to establish a health status baseline, plan care, and address changes in a patient’s condition.
- ~~q.p.~~ “Nursing assistive personnel” means any personnel trained to function in a supportive role, regardless of title, to whom a nursing responsibility may be delegated. This includes but is not limited to CNAs, patient care technicians, CMAs, certified medication aides, and home health aides.
- ~~r.q.~~ “Patient” means a recipient of care; may be an individual, family, group, or community. May also be referred to as client.
- ~~s.r.~~ “Patient-centered health care plan” means, in active collaboration with the patient, incorporating the patient’s values, beliefs and preferences, the identification of desired goals, strategies for meeting goals and processes for promoting, attaining, and maintaining optimal patient health outcomes.
- ~~t.s.~~ “Practical/ Vocational nursing” as a licensed practical/vocational nurse means the performance with or without compensation of acts involving the care of the ill, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in regulations established by the Board under the direction of a registered professional nurse, an advanced practice registered nurse, a licensed physician, a licensed dentist, or other appropriate healthcare provider which acts do not require the substantial specialized skill, judgment and knowledge required in professional nursing the nursing profession.
- ~~u.~~ “Professional nursing” as a registered nurse means the performance of professional nursing services with or without compensation by a person who holds a valid license pursuant to the terms of this act, and who bears primary responsibility and accountability for nursing practices based on specialized knowledge, judgment, and skill derived from the principles of biological, physical, and behavioral sciences.
- ~~v.t.~~ “Reactivation” means reissuance of a license that has lapsed, expired, or been placed on inactive status in absence of disciplinary action.
- ~~w.u.~~ “Reinstatement” means reissuance of a license following disciplinary action by the BON.
- ~~x.v.~~ “Reissuance” means restoring a license (or authorization to practice) following non-disciplinary

licensure action.

- w. “Supervision” means provision of guidance or oversight by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.
- x. “Temporary permit” means, issuance of a time-limited permit to a qualified applicant for licensure by examination.
- y. “Temporary license” means, issuance of a time-limited license to a qualified applicant for licensure by endorsement or under emergency provisions in Section 7 of Article V.

Article III. Scope of RN, LPN/VN and APRN Practice

Section 1. Licensed Practical/Vocational Nurse (LPN/VN)

- a. Licensed Practical/Vocational Nurse is the title given to an individual licensed to practice practical/ vocational nursing.
- b. A person may not practice or offer to practice practical/ vocational nursing in this state unless the person is licensed as provided by this chapter.
- c. The practice of licensed practical/vocational nurses shall include the following guided by nursing standards established or recognized by the BON:
 - 1. ~~Conducting nursing assessments~~~~Collecting data and conducting nursing assessments~~ of the health status of patients as defined within the scope of practice.
 - 2. Participating with other health care providers and contributing in the development, modification and implementation of the patient centered health care plan.
 - 3. Implementing nursing interventions within a patient centered health care plan.
 - 4. Assisting in the evaluation of responses to interventions.
 - 5. Providing for the maintenance of safe and effective nursing care rendered directly or indirectly.
 - 6. Advocating for the best interest of patients.
 - 7. Communicating and collaborating with patients and members of the health care team.
 - 8. Providing health care information to patients.
 - 9. Delegating nursing interventions to implement the plan of care while maintaining accountability of the outcome.
 - 10. Assigning nursing interventions to implement the plan of care.
 - 11. Wearing identification which clearly identifies the nurse as an LPN/VN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient.
 - 12. Other acts that require education and training consistent with professional standards as prescribed by the BON and commensurate with the LPN/VN’s education, demonstrated competencies and experience.

Section 2. Registered Nurse (RN)

- a. Registered Nurse is the title given to an individual licensed to practice registered nursing.
- b. A person may not practice or offer to practice as a registered nurse in this state unless the person is licensed as provided by this chapter.
- c. The practice of registered nurses shall ~~include the following~~be guided by nursing standards established or recognized by the BON and include the following:
 1. Conducting nursing assessments of the health status of patients as defined within the scope of practice.
 - ~~1. Providing nursing assessment of the health status of patients.~~
 2. Collaborating with health care team to develop and coordinate an integrated patient centered health care plan.
 3. Developing the comprehensive patient centered health care plan, including:
 - a. Applying knowledge based on the biological, psychological, and social aspects of the patient's condition.
 - b. Participates in and establishes patient diagnoses;
 - c. Setting goals to meet identified health care needs; and
 - d. Prescribing nursing interventions.
 4. Implementing nursing care through the execution of independent nursing strategies, and the provision of regimens requested, ordered or prescribed by authorized health care providers.
 5. Evaluating responses to interventions and the effectiveness of the plan of care.
 6. Provides education by:
 - a. Designing and implementing teaching plans based on patient needs or patient populations.
 - b. Teaching the theory and practice of nursing.
 - c. Educating others as appropriate.
 7. Delegating nursing interventions to implement the plan of care while maintaining accountability of the outcome.
 - ~~8. Delegates to another only those nursing measures for which that delegatee has the necessary skills and competence to accomplish safely~~
 - 9.8. Assigning nursing interventions to implement the plan of care.
 - 10.9. Providing for the maintenance of safe and effective nursing care rendered directly or indirectly.
 - 11.10. Advocating for the best interest of patients.
 - 12.11. Communicating, consulting, and collaborating with other health care team members and others in the management of health care and the implementation of the total health care regimen within and across care settings.
 - 13.12. Managing, supervising and evaluating the practice of nursing.

~~14. Teaching the theory and practice of nursing.~~

~~15.13.~~ Active engagement in ~~Participating in development of~~ health care policies, procedures and systems.

~~16.14.~~ Wearing identification that clearly identifies the nurse as an RN when providing direct patient care,
unless wearing identification creates a safety or health risk for either the nurse or the patient.

~~17.15.~~ Other acts that require education and training consistent with professional standards as prescribed by
the BON and commensurate with the RN's education, demonstrated competencies and experience.

Section 3. APRN Title and Scope of Practice

a. Title

1. Advanced Practice Registered Nurse (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM) or clinical nurse specialist (CNS).

b. Population focus shall include:

1. Family/individual across the lifespan.
2. Adult-gerontology.
3. Neonatal.
4. Pediatrics.
5. Women's health/gender-related.
6. Psychiatric/mental health.

~~6.~~ In addition to the RN scope of practice, stated in Article III Section 2, and within the APRN academic education and national certification, role and population focus, APRN practice shall include:

~~—certification, role and population focus, APRN practice shall include:~~

1. Conducting an advanced assessment.
2. Ordering and interpreting diagnostic procedures.
3. Establishing a diagnosis.
4. Prescribing, ordering, administering, and dispensing therapeutic measures and, pharmacological agents including over-the-counter, legend, and controlled substances.
5. Delegating and assigning therapeutic measures to assistive personnel.
6. Consulting with other disciplines and providing referrals to health care agencies, health care providers and community resources.
7. Other acts that require education and training consistent with professional standards and commensurate with the APRN's education, certification, demonstrated competencies and experience.

8. Wearing identification which clearly identifies t-he nurse as an APRN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient.

~~d.c.~~ Prescribing, Ordering, Dispensing and Furnishing Authority

1. The BON shall grant prescribing, ordering, dispensing and furnishing authority through the APRN license.
2. Prescribing, ordering, dispensing and furnishing shall include the authority to:
 - a. Diagnose, prescribe and institute therapy or referrals of patients to health care agencies, health care providers and community resources.
 - b. Prescribe, procure, administer, dispense and furnish pharmacological agents, including over the counter, legend and controlled substances.
 - c. Plan and initiate a therapeutic regimen that includes ordering and prescribing non- pharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services including, but not limited to, home health care, hospice, and physical and occupational therapy.

Article IV. Board of Nursing (BON)

Section 1. Membership

- a. The BON shall consist of < > members to be appointed by the <applicable authority>.
- b. In order to carry out the provisions of this act, the membership of the BON shall consist of a majority of RNs, LPN/VNs, and APRNs who are licensees under this act and have knowledge and experience necessary for expertly regulating the nursing profession. The membership ~~of the BON~~ shall ~~be include~~ < > RNs, < > LPN/VNs, < > APRNs, and < > public members.
- c. Each RN member shall be a resident in this jurisdiction, hold an active unencumbered license under the provisions of this chapter, be currently engaged in RN practice and have no less than five years of experience as an RN, at least three of which immediately preceded appointment.
- d. Each LPN/VN member shall be a resident in this jurisdiction, hold an active unencumbered license under the provisions of this chapter, be currently engaged in LPN/VN practice and have no less than five years of experience as an LPN/VN, at least three of which immediately preceded appointment.
- e. Each APRN member shall be a resident in this jurisdiction, hold an active unencumbered license under the provisions of this chapter, be currently engaged in APRN practice and have no less than five years of experience as an APRN, at least three of which immediately preceded appointment.
- f. The public member(s) of the BON shall be a resident of this jurisdiction and shall not be, nor shall ever have been, a person who has ever had any material financial interest in the provision of health care services or who has engaged in any activity directly related to health care services.
- g. Members of the BON shall be appointed for a term of < > years. Terms shall be staggered. Appointment of a person to an unexpired term is not considered a full term for this purpose. Each member may serve until a qualified successor has been appointed. At the expiration of a term, or if a vacancy occurs, the <appointing authority> shall appoint a new board member. The appointee's term expires on < > in the <> year of appointment.
- h. ≤No member shall serve more than <> consecutive full terms or <> consecutive years.≥

Section 2. Officers

- a. The BON shall elect a first and second officers who shall serve a term of < > years, beginning < > and ending < >.
- b. The <first officer> shall preside at board meetings and shall be responsible for the performance of all duties and functions of the BON required or permitted by this Act. In the absence of the first officer, the <second officer> shall assume these duties. In the absence of both the first and second officer, the chair may appoint another member to act as their designee.
- c. Additional officer positions and offices may be established and filled by the BON at its discretion.

Section 3. Meetings and Attendance

- a. The BON shall meet at least <> times per year for the purpose of transacting business in person or electronically/virtually.
- b. A majority of the members of the BON constitutes a quorum; however, if there is a vacancy on the BON, a majority of the members serving constitutes a quorum.
- c. A BON member is required to attend meetings or to provide proper notice and justification of inability to do so. Unexcused absences from meetings may result in removal from the BON.
- ~~b.d.~~ Additional meetings may be called by the <first officer> of the BON or at the request of <> of the board members.
- e. The Board may adopt rules with respect to calling, holding, and conducting regular and special meetings and attendance at meetings.
- ~~e.f.~~ Notice of all board meetings shall be given in the manner and pursuant to requirements prescribed by the jurisdiction's applicable statutes and rules and regulations.

Section 4. Vacancies, and Removal, ~~and Immunity~~

- a. Any vacancy that occurs for any reason in the membership of the BON shall be filled by the <applicable authority> in the manner prescribed in the provisions of this article regarding appointments. A person appointed to fill a vacancy shall serve for the unexpired portion of the term.
- b. The <applicable authority> may remove any member from the BON for neglect of any duty required by law, for incompetence, for unprofessional or dishonorable conduct or any other reason pursuant to jurisdictional law.
- ~~c. All members of the BON shall have immunity from individual civil liability while acting within the scope of the duties as board members pursuant to jurisdictional law.~~
- c. A board member's term automatically ends when there is a:
 - 1. Death,
 - 2. Letter of Resignation submitted to the BON or applicable authority
 - 3. Failure to attend <> consecutive meetings

Section 5. Powers and Duties

The BON shall be responsible for the interpretation and enforcement of the provisions of this Act. The BON shall have

all of the duties, powers and authority specifically granted by and necessary to the enforcement of this Act, ~~as well as other duties, powers and authority as it may be granted by appropriate statute, or any other applicable law,~~ including:

- a. Make, adopt, amend, repeal, and enforce such administrative rules consistent with the law, as it deems necessary for the ~~proper~~ administration of this Act and to protect public health, safety and welfare.
- b. Develop and enforce standards and processes for nursing education programs.

- c. Provide consultation, conduct conferences, forums, studies and research on nursing education and practice.
- d. Provide ~~consultation or~~ guidance regarding the interpretation and application of the jurisdiction's nursing law and regulation.
- e. Participate or hold membership in national organizations that promote the provisions of this chapter.
- f. Grant temporary permits for qualified applicants as set forth in rule.
- g. License qualified applicants for RN, LPN/VN and APRN licensure and regulate their practice.
- h. Develop standards for maintaining competence of licensees and requirements for returning to practice.
- i. Implement the discipline process, in person or virtually, in accordance with jurisdictional law.
- j. Issue subpoenas in connection with investigations, inspections and hearings either in person or ~~electronically~~ virtually.
- k. Develop and enforce standards for nursing practice.
- l. Discipline a license or certification issued under this act for violation of any provision of this Act.
- m. Maintain a record of all persons regulated by the BON.
- n. Regulate the practice of nursing, which occurs in the jurisdiction where the patient is located at the time.
- o. Collect, analyze, and share data regarding nursing education, nursing practice and nursing resources. Data may be collected with license applications.
- p. Appoint and employ a ~~n-qualified individual to serve as~~ executive officer.
- q. Adopt a seal that shall be in the care of the executive officer and shall be affixed only in a manner as prescribed by the BON.
- r. Share current significant investigative information with other regulatory bodies and law enforcement entities.
- s. Conduct criminal background checks for applicants and licensees regulated under this act.
- t. Order competency to practice nursing evaluations for applicants and licensees as necessary to determine the individual's competence and/or ability to practice safely.
- ~~4.u.~~ In the event of a declared state of emergency in this state, for and in the interest of the preservation of the health, safety, and welfare of the public, the Board may waive applicable the requirements to the extent necessary to safely administer this Act. ~~of this Article to allow emergency health services to the public.~~

Section 6. Financial

- a. The BON is authorized to establish by rule appropriate fees for licensure by examination, reexamination, endorsement, reinstatement, reactivation and such other reasonable fees and fines as the BON determines necessary.

- b. All fees and fines collected by the BON shall be administered according to the established fiscal policies of this jurisdiction ~~and in such manner as to adequately~~ implement the provisions of this Act.
- c. The BON may accept grants, contributions, devices, bequests, and gifts that shall be kept in a separate fund and shall be used by the BON to enhance the practice of nursing.
- d. The BON may receive and expend funds in addition to appropriations from this jurisdiction, provided such funds are received and expended for the pursuit of the authorized objectives of the BON, such funds are maintained in a separate account, and periodic reports of the receipt and expenditures of such funds are submitted to the <applicable authority>.
- e. All fees and fines collected by the BON shall be retained by the BON. The monies retained shall be used for any of the BON's duties, including but not limited to, the addition of full-time equivalent positions for program services and investigations. Monies retained by the BON pursuant to this section are not subject to reversion to the general fund of the jurisdiction.

Section 7. Executive Officer

- a. The executive officer shall be responsible for and have the authority to:

~~1.a. The performance~~ Perform the operations of ~~and administrative administration~~ of the agency and such additional powers and duties delegated by ~~responsibilities of~~ the BON.

~~2.b.~~ Employment and supervision of personnel needed to carry out the functions of the BON.

~~3. The performance of any other duties as necessary to the proper conduct of BON business and to the fulfillment of the BON's responsibilities as defined by this Act.~~

Section 8. Immunity

Within the scope of duties, all members of the BON shall have immunity from individual civil liability while acting ~~within the scope of duties~~ as board members or in accordance with jurisdictional law.

Article V. RN, LPN/VN and APRN Licensure and Exemptions

Section 1. Titles and Abbreviations for Licensed Nurses

Only those persons who hold a license or privilege to practice nursing in this state shall have the right to use the following title abbreviations:

- a. Title: "Registered Nurse" and the abbreviation "RN."
- b. Title: "Licensed Practical/Vocational Nurse" and the abbreviation "LPN/VN."
- c. Title: "Advanced Practice Registered Nurse" and the roles of "certified registered nurse anesthetist," "certified nurse-midwife," "clinical nurse specialist" and "certified nurse practitioner;" and the abbreviations "APRN," "CRNA," "CNM," "CNS" and "CNP," respectively. The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified nurse-midwife, a clinical nurse specialist and for a certified nurse practitioner will be APRN, plus the role title, i.e. CRNA, CNM, CNS and CNP.

- c. ~~Only those persons who hold a license or privilege to practice advanced practice registered nursing in this state shall have the right to use the title "advanced practice registered nurse" and the roles of "certified registered nurse anesthetist," "certified nurse-midwife," "clinical nurse specialist" and "certified nurse practitioner;" and the abbreviations "APRN," "CRNA," "CNM," "CNS" and "CNP," respectively.~~
- d. ~~The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified nurse-midwife, a clinical nurse specialist and for a certified nurse practitioner will be APRN, plus the role title, i.e., CRNA, CNM, CNS and CNP.~~

~~e.d.~~ It shall be unlawful for any person to use the title “RN”, “LPN/VN”, “APRN” or “APRN” plus their respective role titles, the role title alone, authorized abbreviations or any other title that would lead a person to believe the individual is an APRN, unless permitted by this Act.

Section 2. Examinations

- a. The BON shall authorize a national examination for applicants for licensure as RNs or LPN/VNs.
- b. The BON may employ, contract and cooperate with any entity in the preparation of a national examination and process for determining results of a licensure examination. When such an examination is utilized, the BON shall restrict access to questions and answers.
- c. The ~~Board~~ BON shall ~~give an authorize applicants for~~ examination, ~~at the time and place it determines, to applicants~~ for licensure to practice as an RN or LPN/VN, ~~registered nurse or licensed practical nurse~~. The ~~Board~~ BON shall adopt rules governing qualifications of applicants, ~~the conduct of applicants during the examination, and the conduct of the examination. The applicants shall be required to pass the examination as defined by the board.~~

Section 3. Licensure by Examination

The BON shall provide for licensure by examination to practice as an RN or LPN/VN.

- a. An applicant for licensure by examination to practice as an RN or LPN/VN must successfully meet the applicable requirements of this act and those, as determined by the BON as set forth in rule including:
 1. Graduation from a board approved education program
 2. Passage of the examination as defined by the BON
 - a.3. Submission of fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state’s criminal records.
- ~~b.~~ The Board shall provide for an examination for licensure to practice as a registered nurse or licensed practical nurse. The applicants shall be required to pass the examination as defined by the board. The Board shall adopt rules which identify the criteria which must be met by an applicant in order to be issued a license. When the Board BON determines that an applicant has met those criteria, passed the required examination, submitted the required fee, and has demonstrated to the Board’s satisfaction that they are competent to practice nursing, the BON may issue a license to the applicant.
- ~~b.c.~~ For An internationally educated applicants, in addition to satisfying any requirements above and those set forth in rule, shall, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual’s native language, successfully passage of an English proficiency examination that includes the components of reading, speaking, writing, and listening, except for applicants from countries where English is the native language, and the nursing program where the applicant attended was taught in English, used English textbooks and clinical experiences were conducted in English.
- ~~c.d.~~ Graduates from an RN prelicensure program may take the LPN/VN licensure examination if they have completed a BON approved LPN/VN role delineation course. The BON shall by rule set standards for approval of the role delineation course.
- ~~d.e.~~ The BON shall promulgate rules to carry out the purposes of this section.

Section 4. Licensure by Endorsement

The Board may, without examination, issue a license to an applicant who is duly licensed as an RN or LPN/VN-registered nurse or ~~licensed practical nurse~~ under the laws of another state, territory of the United States, the District of Columbia, or international country, ~~as determined by criteria developed by the BON in rules.~~

- a. An applicant for licensure by endorsement to practice as an RN or LPN/VN shall meet the applicable requirements of this act and those determined by the BON as set forth in rule including:
1. Passage of the NCLEX-RN® or NCLEX-PN® Examination or recognized predecessor.
 2. Submission of fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.
 3. Demonstration of competency to practice nursing.
- ~~1. Submit a completed application and fees as established by the BON.~~
- ~~2. Meet other criteria established by the BON in rule.~~
- b. ~~Temporary Permits for licensure by endorsement~~
- ~~1. The BON may issue time-limited authorization to practice nursing through the granting of temporary permits, as set forth in BON rules.~~
 - ~~2. Any person who has been approved as an applicant for licensure by endorsement and has been granted a temporary permit shall have the right to use the titles <> and abbreviations <> designated by the state. The BON shall promulgate rules to carry out the purposes of this section.~~

Section 5. APRN Licensure

The BON may issue an initial license or licensure by endorsement to practice as an APRN.

- a. An applicant for initial licensure to practice as an APRN shall meet the applicable requirements of this act and those determined~~established~~ by the BON set forth in rules including:-
1. Holding current licensure as an RN.
 2. Passage of the NCLEX-RN® or NCLEX-PN® Examination or recognized predecessor.
 3. Passage of a national certification examination that measures APRN, role and population-focused competencies. Certification programs must be accredited by a national accreditation body as acceptable by the BON.
 4. Submission of fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.
- ~~a.5. Demonstrating competency to practice nursing.~~
- b. An applicant for ~~The BON may issue a license-licensure by endorsement to as an APRN shall, licensed under the laws of another state if,~~
in the opinion of the BON, ~~meet the applicant meets~~ the qualifications for licensure in this jurisdiction and meet the requirements of this act and those determined by the BON as set forth in rule including:
1. Passage of the NCLEX-RN® or NCLEX-PN® Examination or recognized predecessor
 2. Passage of a national certification examination that measures APRN, role and population-focused competencies
 3. Submission of fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records
 4. Demonstrating competency to practice nursing.
- c. The BON may issue an initial license or license by endorsement to an applicant from an international APRN education program. if the applicant meets the requirements set forth in rules. An internationally educated

applicant, in addition to satisfying any applicable requirements of this act and those determined by the BON as set forth in rule, shall, if a graduate of a foreign graduate-level or higher education program not taught in English or if English is not the individual's native language, successfully pass an English proficiency examination that includes the components of reading, speaking, writing and listening.

~~d. APRN licenses issued under this Act shall be renewed at least every < > years according to a schedule established by the BON. An applicant for APRN license renewal shall:~~

- ~~1. Maintain national certification in the appropriate APRN role and at least one population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON.~~
- ~~2. Meet other requirements set forth in rule.~~
- ~~3. The BON may reactivate or reinstate an APRN license as set forth in BON rules.~~
- ~~4. The duties of licensees are the same as previously stated in Article V Section 9 for RNs and LPN/VNs.~~

Section 6. Re~~instatement~~renewal of ~~RN and LPN/VN~~ Licenses

The BON may provide for the reinstatement of a license for individuals following disciplinary action by the BON.

a. Applicants for APRN, RN or LPN/VN licensure ~~reactivation~~ reinstatement shall meet the applicable requirements of this act and those determined by the BON as set forth in rule for ~~reactivation~~ reinstatement of licensure including demonstrating competency to practice nursing.

~~a. RN and LPN/VN licenses issued under this Act shall be renewed every < > years according to a schedule established by the BON.~~

~~b. An applicant for renewal of license to practice as an RN or LPN/VN shall: meet the requirements to renew licensure as an RN or LPN/VN, whichever is applicable.~~

~~c. A renewal license shall be issued to an RN or LPN/VN who submits an application, remits the required fee and satisfactorily completes any other requirements established by the BON as set forth in rules.~~

- ~~d.—Failure to renew the license shall result in forfeiture of the right to practice nursing in this jurisdiction.~~
- ~~e.—In the event of a declared state of emergency in this state, the board may delay licensure renewal dates for any licensees in the state.~~
- ~~f.—The BON shall promulgate rules to carry out the purposes of this section.~~

Section 7. Temporary Permit and Temporary Licenses

- A. The BON may issue time-limited authorization to practice nursing through the granting of a temporary permit to an applicant approved as an applicant for licensure by examination. The BON shall determine the applicant's competency to practice nursing
- B. The BON may issue time-limited authorization to practice nursing through the granting of a temporary license for applicants approved as an applicant for licensure by endorsement. The BON shall determine the applicant's competency to practice nursing.
- C. In the event of a declared state of emergency in this state, the BON may issue time-limited authorization to practice nursing through the granting of a temporary license to an applicant who retired from the practice of nursing as defined by this act with an unencumbered license in this state in the last <> years.
- D. In the event of a declared state of emergency in this state, the BON may issue time-limited authorization to practice nursing through the granting of a temporary license to an applicant who voluntarily deactivated their license to practice nursing as defined by this act with an unencumbered license in this state in the last <> years. The individual must have had an unencumbered license at the time of voluntarily deactivation.
- E. An applicant for a temporary permit or temporary license shall meet the applicable requirements of the act or as determined by the BON as set forth in rule including criminal history disclosure.
 - 1. Temporary permits are valid for < > days. Temporary licenses for licensure by endorsement are valid for <> days.
 - 2. Any person who has been granted a temporary permit shall be directly supervised by a licensed nurse while providing health care services and shall have the right to use the applicable title.
 - 3. Any person who has been granted a temporary license shall have the right to use the applicable titles as outlined in Section 1 of this Article.
 - 4. The BON may issue an extension for < > days for any person who has been granted a temporary permit or temporary license.
 - 5. A temporary permit is immediately revoked upon failure to pass the examination required for licensure by examination.

Section 8. Renewal of Licenses

The BON shall provide for renewal of licensure for APRN, RN and LPN/VN licensees.

- A. RN and LPN/VN licenses issued under this Act may be renewed every < > years according to a schedule established by the BON.
 - 1. An applicant for renewal of license to practice as an RN or LPN/VN shall meet the requirements of this act and those determined by the BON as set forth in rule including demonstrating competency to practice nursing.
 - 2. Failure to renew the license shall result in deactivation of the right to practice nursing in this jurisdiction.
 - 3. In the event of a declared state of emergency in this state, the board may delay licensure renewal dates for any licensees under this act.
- B. APRN licenses issued under this Act shall be renewed at least every < > years
 - 1. An applicant for APRN license renewal shall meet the applicable requirements of this act and those determined by the BON as set forth in rule including:
 - a. Maintaining national certification in the appropriate APRN role and at least one

- population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON.
- b. Demonstrating competency to practice nursing.
- c. If an applicant or licensee is no longer authorized to practice as an APRN, the Board may make a determination on authorization to practice as a registered nurse.
- d. If an APRN applicant or licensee is no longer authorized to practice as an RN, they may be unauthorized to practice as an APRN.
- e. If national certification expires, authorization to practice in a state also expires.

Section 9 Reactivation of License

The BON may provide for the reactivation of a license for individuals who hold a license that has lapsed, expired, or been placed on inactive status in absence of disciplinary action.

- A. Applicants for APRN, RN or LPN/VN licensure reactivation shall meet the applicable requirements of this act and those determined by the BON as set forth in rule for reactivation of licensure including demonstrating competency to practice nursing.
- ~~In the event of a declared state of emergency in this state, an individual who retired from the practice of nursing as defined by this act with an unencumbered license in this state in the last <> years may be issued a temporary license to practice for <time period> from the date of issuance.~~
- ~~In the event of a declared state of emergency in this state, an individual who voluntarily deactivated their license to practice practical nursing, registered nursing, or advanced practice registered nursing in this state in the last <> years shall be issued a temporary license to practice for <time period> from the date of issuance. The individual must have become inactive with an unencumbered license to qualify for a temporary license.~~
- ~~a. Applicants for RN or LPN/VN licensure reactivation shall meet the requirements for reactivation of licensure as an RN or LPN/VN, whichever is applicable.~~
- ~~b. The BON shall promulgate rules to carry out the purposes of this section.~~

Section 8. Reinstatement of License

- ~~a. Applicants for RN or LPN/VN licensure reinstatement shall meet the requirements for reinstatement of licensure as an RN or LPN/VN, whichever is applicable.~~
- ~~b. The BON shall promulgate rules to carry out the purposes of this section.~~

Section 910. Duty to Report

- ~~a. A nurse shall report to the BON, within <> days, in a timely manner, a felony arrest or indictment, and any criminal charge and any conviction or finding of guilt, or entering into and agreed disposition of a felony offense under applicable state or federal criminal law. The nurse shall also report to the BON, in a timely manner, any arrest or indictment for the possession, use, or sale of any controlled substance or driving while impaired.~~

Section 110. Criminal Background Checks

Each applicant for licensure as an APRN, ~~CNP, CNM, CRNA, CNS,~~ RN, LPN/VN and ~~<any other licensee/-~~ registree/multistate licensee> under this act> shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to <state statute> and Public Law 92-544. The <state agency or appropriate entity responsible for managing fingerprint data> may exchange this fingerprint data with the Federal Bureau of Investigation (FBI).

Section 12. Criminal History

The BON is authorized to consider the criminal history of an applicant, licensee, or others authorized to practice under this act.

~~A.~~ Except as provided in paragraph (eC), an applicant's criminal history ~~convictions~~ may be reviewed by the BON on a case-by-case basis to determine eligibility for licensure, authorization to practice, and competency to practice.

~~a.B.~~ If an applicant's criminal history ~~record check~~ reveals a conviction, ~~The Board~~ BON ~~shall~~ may consider ~~all~~ any of the following factors regarding the ~~conviction~~ criminal history:

1. The level of seriousness of the ~~crime~~ conduct.
2. The date of the ~~crime~~ conduct.
3. The age of the applicant at the time of the ~~conviction~~ conduct.
4. The circumstances surrounding the commission of the ~~crime~~ conduct, if known.

5. The nexus between the criminal conduct ~~of the applicant~~ and the competence to practice of nursing.
6. The evidence of applicant's prison, jail, probation, parole, rehabilitation, including but not limited to, prison, jail, probation, parole, rehabilitation, and employment records since the date of the conduct.
~~the crime was committed.~~
7. The evidence of repeated similar conduct.~~subsequent commission by the person of a crime.~~

~~b. The BON shall determine whether an applicant or licensee is mentally and physically capable of practicing nursing with reasonable skill and safety. The Board may require an applicant or licensee to submit to a mental health examination by a licensed mental health professional designated by the Board and to a physical examination by a physician or other licensed health care professional designated by the Board. The Board may order an applicant or licensee to be examined before or after charges are presented against the applicant or licensee. The results of the mental health examination or physical examination shall be reported directly to the Board and shall be admissible into evidence in a hearing before the Board.~~

~~c.~~C. All individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person, including those without the mental capacity to consent, 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.

Section 13. Competence to Practice Evaluation

A. ~~The BON shall determine whether an applicant, licensee or individual with authorization to practice is competent to practice nursing with reasonable skill and safety. The Board may require an applicant or licensee to submit to a mental health examination by a licensed mental health professional designated by the Board and to a physical examination by a physician or other licensed health care professional designated by the Board. The Board may order an applicant or licensee to be examined before or after charges are presented against the applicant or licensee. The results of the examination shall be reported directly to the Board and shall be admissible into evidence in a hearing before the Board.~~

Section ~~11~~14. Exemptions

No provisions of this Act shall be construed to prohibit the following acts as established in this act and those determined by the BON as set forth in rule:

- A. The practice of nursing which is associated with a program of study ~~by a student currently enrolled in and actively pursuing completion of an approved prelicensure nursing education programs, or a graduate nursing program involving nursing practice, according to criteria established by the board in rules. Approved by the BON.~~
- B. The provision of gratuitous nursing services to family members or in emergency situations.
- C. The individual is engaging in the practice of nursing by discharging official duties while employed by or under contract with the United States government or any agency thereof.
- D. The temporary activities of an individual with an active or unencumbered~~currently licensed to practice nursing in another jurisdiction, if the individual's license has not been revoked, the individual is not currently under suspension or on probation, and the individual engages in temporary activities as determined by the board, including such as~~ travel with a patient to and within the state, teaching activities, activities involving program accreditation, consultation with health care providers located within the state, gratuitous volunteer nursing services, and other activities determined by the BON.~~activities involving program accreditation.~~

~~E.—In the event of a declared state of emergency in this state, an individual who retired from licensed practice of practical nursing, registered nursing, or advanced practice registered nursing in this state in the last <> years shall be issued a temporary license to practice for <time period> from the date of issuance. The individual must have retired with an unencumbered license to qualify for a temporary license.~~

~~F. In the event of a declared state of emergency in this state, an individual who voluntarily deactivated their license to practice practical nursing, registered nursing, or advanced practice registered nursing in this state in the last <> years shall be issued a temporary license to practice for <time period> from the date of issuance. The individual must have become inactive with an unencumbered license to qualify for a temporary license.~~

E. An individual practicing in the state pursuant to any provision of this section is prohibited from representing themselves as holding a license to practice in this jurisdiction.

F. An individual practicing in the jurisdiction pursuant to any provision of this section is authorized to practice for a time not exceeding < >.

Article VI. Prelicensure Nursing Education

Section 1. Definition and Purpose of Nursing Education Standards

Nursing education standards are the evidence-based criteria used to monitor the quality of the nursing program. Early intervention, when the standards are not met, will assist the programs to make improvements before warning signs are evident and sanctions are necessary. The purpose of nursing education standards is to ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.

Section 2. Prelicensure Nursing Education Standards

All nursing education programs shall meet these standards:

a. Administrative Requirements

1. The program has criteria for admission, progression and student performance.
2. Written policies, including those on the use of artificial intelligence for faculty and students, and ~~procedures~~ have been vetted by faculty and students and are readily accessible.
3. The program shall hold students responsible for professional behavior, including honesty and integrity, while in their program of study.
- ~~3.4.~~ The program shall hold students responsible for meeting health standards and criminal background requirements.

b. Program Administrator

1. Shall hold a current, active RN license or privilege to practice that is unencumbered and meets requirements in the jurisdiction where the program is approved.
- ~~1.2.~~ Of an RN program shall be doctorally prepared and has a degree in nursing or a graduate degree in nursing and a doctoral degree.-
- ~~2.3.~~ Of a PN program shall have a minimum of a graduate degree in nursing or a bachelor's-and-a degree in nursing with a graduate degree.
- ~~3.—Shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved;~~
4. Has institutional authority and administrative responsibility over the program.

5. Shall be responsible for completing regulatory reports, including the nursing education~~the BON's~~ annual report, ~~consisting of aggregate program data as determined by the BON,~~ by their deadline. The nursing education annual report data should include:

a. Demographics of the program, such as program type, ownership, community served, number of enrolled students, etc.

5.b. How well evidence-based quality indicators are met, which are outlined in NCSBN's Regulatory Guidelines.

c. Nursing Faculty

1. At a minimum, 35% of ~~the total~~nursing faculty (including full-time, ~~all clinical~~ adjunct, part-time and other faculty) are employed at the institution as full-time faculty.

2. In PN programs, faculty shall:

a. Faculty clinical courses shall hold a current, active RN license or privilege to practice that is unencumbered and meet requirements in the state where the program is approved.

b. Hold a BSN degree.

2.3. In RN programs, faculty shall:

~~a. Hold a graduate degree.~~

~~a. Faculty who teach clinical courses, whether didactic or clinical, shall hold~~ a current, active RN license or privilege to practice that is ~~unnot~~encumbered and meets requirements in the state where the program is approved.

~~a.b. Hold a graduate degree.~~

~~3. In PN programs, faculty shall:~~

~~a. Hold a BSN degree.~~

~~b. Faculty clinical courses 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.~~

4. Nursing Faculty ~~can~~ demonstrate that they have been educated in basic instruction of teaching and adult learning principles and curriculum development. ~~This may include the following:~~

~~a. Methods of instruction.~~

~~b. Teaching in clinical practice settings.~~

~~c. How to conduct assessments, including test item writing.~~

~~d. Managing "difficult" students.~~

~~5. Faculty demonstrate participation in continuing education related to nursing education and adult learning pedagogies.~~

~~6. The school provides substantive and periodic workshops and presentations devoted to faculty development.~~

~~7. Formal mentoring of new and part-time faculty takes place by established peers.~~

5. Nursing education programs provide opportunities for nursing faculty professional development.

6. Formal orientation and mentoring of new full-time and part-time nursing faculty are implemented.

~~1.7. Clinical faculty have up to date clinical skills and have had recent experience in supervisory and~~ direct patient care experience within the past 5 years.

~~2.8. Simulation nursing~~ faculty are certified or have developed ~~are~~ planning to be certified within the next 5 years.

d. Student Support and Resources

1. Assistance ~~English as a second language assistance~~ is provided for non-native English speakers.

2. Assistance is available for students with ~~learning or other~~ disabilities.

3. Program will provide strategies to help students obtain books and resources for students in need ~~All students have books and resources necessary throughout the program and strategies to help students who can't afford books and resources.~~

4. Remediation strategies are in place at the beginning of each course and students are aware of how to seek help. This should include processes to remediate errors and near misses in the clinical setting.

~~5. Students shall meet health standards and criminal background requirements.~~

5. Simulation lab is accredited or endorsed by an agency acceptable to the BON

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

e. Curriculum and Clinical Experiences

1. There is a sound foundation in biological, physical, social, and behavioral sciences.
2. A systematic evaluation of the program is utilized for continuous quality improvement ~~curriculum is in place.~~

3. Didactic and clinical content include prevention of illness and the promotion, restoration, and maintenance of health in patients, communities, and populations, in a variety of clinical settings, across the lifespan and from diverse social, cultural, ethnic and economic backgrounds.
4. Didactic courses and clinical experiences shall include content in the areas of medical/surgical, obstetric, pediatric, psychiatric/mental health and community health nursing.
5. Quality and safety are integrated into the curriculum, including clinical reasoning and judgment, ~~skill in clinical management~~, supervision, delegating effectively, emergency preparedness, interprofessional communication, time management and ~~navigation and~~ understanding of health care systems.

~~6.—Practice/academic partnerships are implemented.~~

~~7.6.~~ Legal and ethical issues and professional responsibilities are integrated into didactic and clinical experiences.

~~8.7.~~ Didactic and clinical experiences shall be equivalent regardless of modality of delivery, including Distance-distance education methods are consistent with the curriculum plan.

~~9.8.~~ 50% or more of clinical experiences in each course is direct care with patients.

~~10.~~ A variety of clinical settings are used, and the patient population is diverse.

~~f.—Teaching and Learning Resources~~

~~1.—The fiscal, human, physical (including access to a library), clinical and technical learning resources shall be adequate to support program processes, security, and outcomes.~~

~~2.—The simulation lab is accredited or with plans to be within 5 years.~~

~~3.—Programs shall assess students with learning disabilities and tailor the curriculum to meet their needs.~~

Section 3. Determination of Compliance with Standards

a. The parent institution offering nursing education programs shall have institutional accreditation, as determined by the BON.

~~a.b.~~ Accreditation by a national nursing accrediting body, set forth by the USDE, is required, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval.

1. Nursing programs must submit to the BON copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt.
2. The BON shall identify the required correspondence that the programs must submit.

Section 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 provide the public and prospective students with a published list of in-state nursing programs that meets the standards established by the BON.

Section 5. Establishment of a New Prelicensure Nursing Education Program

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

- a. Phase I – Application to BON providing evidence of regulatory compliance. ~~The proposed program shall provide the following information~~

a. to the BON:

- ~~1. Governing institution approval and ongoing support.~~
- ~~2. Evidence of adequate financial support that can be provided on an ongoing basis.~~
- ~~3. Availability of educational resources, such as human, physical (including access to a library), clinical and technical learning resources.~~
- ~~4. Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited agency recognized by the USDE.~~
- ~~5. Evidence of the nursing program actively seeking pre-accreditation or candidate accreditation from a USDE recognized national nursing accrediting agency.~~
- ~~6. Evidence of adequate numbers of clinical partnerships.~~
- ~~7. Availability of a qualified faculty and program director.~~
- ~~8. A proposed timeline for initiating the program.~~

- b. Phase II – Initial Approval for Admission of Students. The proposed program shall provide the BON with verification of leadership, a program of learning, and program policies. ~~that the following program components and processes have been completed:~~

- ~~1. Employment of a qualified director.~~
- ~~2. A comprehensive program curriculum.~~
- ~~3. Establishment of student policies for admission, progression, retention, and graduation.~~
- ~~4. Policies and strategies to address students' needs including those with learning disabilities and English as an international language; and remediation tactics for students performing below standard and for when clinical errors or near misses occur.~~
- ~~5. Creation of an emergency preparedness plan for addressing situations including but not limited to a reduction in the availability of student clinical sites, a transition from in-person to virtual learning platforms, and a need for increased use of simulation.~~

- c. Phase III – Full Approval of Program. The BON shall grant ~~fully~~ approval whene the program upon demonstrates regulatory compliance.

- ~~1. Completion of BON program survey visit.~~
- ~~2. A comprehensive program curriculum.~~

- ~~3.—Submission of program’s ongoing systematic evaluation plan.~~
- ~~4.—Employment of qualified faculty.~~
- ~~5.—Additional oversight of new programs will take place for the first 7 years of operation.~~
- ~~•c. May include progress reports periodically on program leadership, consistency of faculty, numbers of students and trends of NCLEX pass rates, along with the regularly collected BON annual reports.~~

Section 6. Continuing Approval of a Prelicensure Nursing Education Program

- a. Every < > years previously approved nursing education programs with full program approval status will be evaluated for continuing approval by the BON.
- ~~b.—Focused site visits may be required, as determined by the BON. Warning signs that might trigger a focused site visit include:~~
 - ~~1.—Complaints from students, faculty, and clinical agencies.~~
 - ~~2.—Turnover of program administrators, defined by more than 3 in 5 years.~~
 - ~~3.—Frequent nursing faculty turnover/cuts in numbers of nursing faculty.~~
- ~~4.b. Decreasing trend in NCLEX pass rates, based on the jurisdiction’s NCLEX pass rate standard.~~
- ~~c.—The BON shall review and analyze various sources of information regarding program performance, including, but not limited to:~~
 - ~~1.—Periodic BON survey visits and/or reports.~~
 - ~~2.—Annual report data.~~
 - ~~3.—Evidence of being accredited by a USDE recognized national nursing accredited agency.~~
 - ~~4.—BON recognized national nursing accreditation visits, reports and other pertinent national nursing accreditation documents provided by the program.~~
- ~~5.c. Results of ongoing program systematic evaluation.~~
- d. Continuing approval will be granted upon the BON’s verification that the program is in compliance with the BON’s nursing education administrative rules.

Section 7. Conditional Approval of Prelicensure Nursing Education Program

- a. The BON may grant conditional /probationary 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, t~~The nursing program shall be given a reasonable period of time to submit an action plan and ~~to~~ correct the identified program deficiencies, within the timeframe as determined by the BON.

Section 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 correct the deficiencies within the time specified.

~~1.2. A nursing education program fails to meet the standards of this Rule.~~

~~2. A nursing education program fails to correct the identified deficiencies within the time specified.~~

Section 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~~.

Section 10. Reinstatement of Approval

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

Section 11. Closure of Prelicensure Nursing Education Program and Storage of Records

A. A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily.

B. If the closure is voluntary, the reason for the closure and the intended date of the closure shall be submitted to the BON.

~~B-C.~~ Provisions shall be made for maintenance of the standards for nursing education during the transition to closure.

~~C-D.~~ Arrangements are made for the secure storage and access to academic records and transcripts, in a timeframe determined by the BON.

~~D-E.~~ An acceptable plan is developed for students to complete a BON approved program.

~~E-F.~~ Confirmation shall be provided to the BON, in writing, that the plan has been fully implemented.

~~Section 12. 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.~~

~~c. Arrangements for the secure storage and access to academic records and transcripts.~~

Section 12.3. Innovative Approaches in Prelicensure Nursing Education Programs

~~A nursing education program may use apply to implement an innovative approaches when approved by the BON to address the changing needs in healthcare while assuring they are conducted in a manner consistent with the BON's role of public protection. 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.~~

Section 14. 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.~~

Section 15. 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.~~

Section 16. Application

- a. ~~_____ A description of the innovation plan, with rationale, shall be provided to the BON at least < > days before the BON meeting.~~

Section 17. Standards for Approval

- a. ~~_____ Eligibility criteria in Section 15 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. ~~_____ Timeline provides for a sufficient period to implement and evaluate the innovative approach.~~

Section 18. Review of Application and BON Action

- a. ~~_____ 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.~~
- b. ~~_____ 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.~~

Section 19. Requesting Continuation of the Innovative Approach

- a. ~~_____ If the innovative approach has achieved the desired outcomes, 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.~~

Section 2013. Simulation

~~A prelicensure nursing education program (“program”) may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course. A program that uses simulation shall adhere to the standards set in this section forth in rules.~~

Section 21. Evidence of Compliance

~~A program shall provide evidence to the board of nursing that these standards have been met.~~

Section 22. Organization and Management

- ~~a.—The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.~~
- ~~b.—Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.~~
- ~~c.—There shall be a budget that will sustain the simulation activities and training of the faculty.~~

Section 23. Facilities and Resources

~~The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.~~

Section 24. Faculty Preparation

- ~~a.—Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation.~~
- ~~b.—Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.~~

Section 25. Curriculum

- ~~a.—The program shall demonstrate that the simulation activities are linked to programmatic outcomes.~~

Section 26. Policies and Procedures

~~The program shall have written policies and procedures on the following:~~

- ~~a.—Short-term and long-term plans for integrating simulation into the curriculum;~~
- ~~b.—Method of debriefing each simulated activity; and~~
- ~~c.—Plan for orienting faculty to simulation.~~

Section 27. Evaluation

- ~~a. The program shall develop criteria to evaluate the simulation activities.~~
- ~~b. Students shall evaluate the simulation experience on an ongoing basis.~~

Section 28. Annual Report

- ~~a. The program shall include information about its use of simulation in its annual report to the board of nursing.~~

Section 2914. State of Emergency

- a. During a declared state of emergency, the board may authorize approved nursing education programs to implement mitigation efforts to address, including but not limited to, the availability of clinical placement sites, transition to virtual learning from in-person platforms, and changes in use of simulation. The program shall keep records of any mitigation policies or strategies used and shall include the information in the annual report submitted to the board.

Article VII. Discipline Board Action and Proceedings**Section 1. Discipline Board Action**

~~Grounds for Discipline.~~ The BON retains jurisdiction over all~~may discipline a~~ licensees regardless of status and may take action if the act occurred while licensed. The BON may take action on an application for licensure, a license, or prescriptive authority for any or deny a license to an applicant for any one or a

~~combination~~ of the following:

- a. Convicted or found guilty, or has entered into an agreed disposition, of
 - 1. a-A felony offense under applicable state or federal criminal law, or
 - a-2. A or misdemeanor offense related to the practice of nursing under applicable state or federal criminal law.
- b. Confidentiality, patient privacy, consent or disclosure violations.
- c. ~~Misconduct or Patient~~ abuse.
- d. Fraud, deception or misrepresentation.
- e. Unsafe practice or substandard care ~~or~~
- ~~e-f. unprofessional~~ Unprofessional conduct.
- ~~f-g.~~ Drug or alcohol related offenses.
- ~~g-h.~~ Revocation, suspension, or denial of, or any other action relating to, the person's license or privilege to practice nursing in another jurisdiction or under federal law.
- ~~h-i.~~ Other violations of the Act or administrative rules adopted under this act, board orders issued under this act, and any applicable federal or state law.

~~The Board retains jurisdiction over an expired, inactive, or voluntarily surrendered license. The Board's jurisdiction over the licensee extends for all matters, known or unknown to the Board, at the time of the expiration, inactivation, or surrender of the license.~~

Section 2. Authority

- A. For any one or combination of the grounds set forth in Section 1 above, the BON is authorized to take any of the following ~~disciplinary actions~~ on a license:
1. deny,
 2. revoke,
 3. suspend,
 4. place on probation,
 5. summarily issue an emergency limitation or suspension thereof,
 6. reprimand or censure,
 7. Order restitution, or other publicly known conditions and findings,
 8. Impose fine forfeiture or monetary penalty,
 9. Require an applicant or licensee to submit to an evaluation at their expense to determine their ability to practice safe nursing,
 10. Impose monitoring requirements,
 11. Require additional education,
 12. accept voluntary surrenders or limitations, and
 13. place any other limitations or restrictions as necessary, or any other action as warranted by the facts of the case in accordance with the state administrative procedure act.
- B. The BON is authorized to recover the costs of the proceedings for actions resulting in discipline against a nursing license. The cost of proceedings may include but are not limited to:
1. Cost paid by the BON to the office of administrative hearings and the office of the attorney general or other BON counsel for legal and investigative services,
 2. Costs of a court reporter and witnesses,
 3. Reproduction of records,
 4. BON staff time, travel and expenses,
 5. BON members' per diem reimbursements, travel costs and expenses.

Section 3. Civil Penalties

- a. ~~Impose fine or monetary penalty.~~
- b. ~~Recover the costs of the proceedings resulting in disciplinary action against a nursing license. The cost of proceedings shall include, but is not limited to: the cost paid by the BON to the office of administrative hearings and the office of the attorney general or other BON counsel for legal and investigative services; the costs of a court reporter and witnesses; reproduction of records; BON staff time, travel and expenses; and BON members' per diem~~

~~reimbursements, travel costs and expenses.~~

Section 3. Reporting

- A. Licensees shall report, within <> days of the event, the following: change of physical, mailing, and/or email address(es), criminal convictions, malpractice claims and dispositions, discipline or complaints pending, enrollment in a board recognized alternative to discipline program, actions issued in another jurisdiction or by another professional licensing board.
- B. A licensed nurse, or any individual, shall report a nurse to the BON if the nurse, or individual, has reasonable cause to suspect that a nurse or an applicant engaged in conduct that may constitute a violation under this Act.
- C. Persons required to report under this section includes but are not limited to: employers of RNs, LPN/VNs, or APRNs; jurisdictional agencies required to license, register or survey a facility or agency employing a licensee under this act; an insurer providing professional liability insurance pertaining to the practice of a licensee under this act.
- D. Alternative to discipline programs have a duty to report to the BON any nurse's failure to comply with the program requirements or termination from the program.
- E. A licensed health care professional shall not be required to report a nurse to the board under this Code section as a result of professional knowledge obtained in the course of the health care professional-patient relationship when the nurse is the patient.

Section 54. Immunity and Protection from Retaliation

- a. Any person, including BON staff or BON member, or organization reporting in good faith information to the BON under this article shall be immune from civil action.
- b. Any licensed health care professional who examines an applicant or licensee under this act at the request of the BON shall be immune from suit for damages by the individual examined if the examining health care professional conducted the examination and made findings or diagnoses in good faith. The immunity does not extend to willful or wanton behavior by the licensed health care professional.
- c. A person ~~may~~shall not suspend, terminate, or otherwise discipline, discriminate against, or retaliate against anyone who reports, or advises on reporting, in good faith under this section.
- ~~d.—A person who in good faith reports violations in accordance with this Article has a cause of action against a person who violates subsection b., and may recover:~~
 - ~~1.—The greater of:~~
 - ~~a.—Actual damages, including damages for mental anguish even if no other injury is shown; or~~
 - ~~b.—\$5,000.~~
 - ~~2.—Exemplary damages.~~
 - ~~3.—Court costs.~~
 - ~~4.—Reasonable attorney's fees.~~
- ~~e.—In addition to the amount recovered under subsection c., a person whose employment is suspended or~~

terminated in violation of this section is entitled to:

- ~~1.—Reinstatement in the employee’s former position or severance pay in an amount equal to three months of the employee’s most recent salary.~~
- ~~2.—Compensation for wages lost during the period of suspension or termination.~~

Section 5. Reporting

- ~~A.—Licensees shall report, within 30 days of the event, the following: change of address, criminal convictions, malpractice claims, or discipline or complaints pending in another jurisdiction or by another professional licensing board.~~
- ~~B.—A licensed nurse, or any individual, shall report a nurse to the BON if the nurse, or individual, has reasonable cause to suspect that a nurse or an applicant engaged in conduct that may constitute grounds for disciplinary action under this Act.~~
- ~~C.—Persons required to report under this section include: employers of RNs, LPN/VNs, or APRNs; jurisdictional agencies required to license, register or survey a facility or agency employing a licensee under this act; an insurer providing professional liability insurance pertaining to the practice of a licensee under this act; and a court administrator who receives a judgment relevant to the licensee’s fitness to practice.~~
- ~~1.—A person who is required to report a nurse under this section because the nurse is impaired or suspected of substance use disorder or mental illness may report to the alternative to discipline program instead of reporting to the BON. Alternative to discipline programs have a duty to report to the BON any nurse’s failure to comply with the program requirements or termination from the program.~~

Section ~~6~~5. Emergency Action

a. Summary Suspension

1. The BON is authorized to summarily suspend the license of a nurse without a hearing if:
 - a. The BON finds that there is probable cause to believe that the nurse has violated a statute or rule that the BON is empowered to enforce and continued practice by the nurse would create imminent and serious risk of harm to others; or
 - b. The nurse fails to obtain a BON ordered evaluation.
2. The suspension shall remain in effect until the BON issues a stay of suspension or a final order in the matter after a hearing or upon agreement between the BON and licensee.
3. The BON shall schedule a disciplinary hearing to be held under the Administrative Procedures Act, to begin no later than < > days after receipt of the request. The licensee shall receive at least < > days notice of the hearing.

b. Injunctive Relief

1. The BON, or any prosecuting officer, upon a proper showing of the facts, is authorized to petition a court of competent jurisdiction for an order to enjoin:

- a. Any person who is practicing nursing within the meaning of this Act from practicing without a valid license, unless exempted under this Act;
 - b. Any person employing, with or without compensation, any person who is not licensed to practice nursing under this Act or exempted under this Act;
 - c. Any person, firm, corporation, institution or association from operating a school of nursing without approval;
 - d. Any person whose license has been suspended or revoked from practicing as an RN, LPN/VN or APRN; or
 - e. Any person from using the title “nurse,” “licensed practical/vocational nurse,” “registered nurse,” “advanced practice registered nurse” or their authorized abbreviations unless licensed or privileged to practice nursing in this jurisdiction.
2. The court may, without notice or bond, enjoin such acts and practice. A copy of the complaint shall be served on the defendant and the proceedings thereafter shall be conducted as in other civil cases.
- c. The emergency proceedings herein described shall be in addition to, not in lieu of, all penalties and other remedies provided by law.

Article VIII. Violations and Penalties

Section 1. Violations

No person shall:

- a. Use the title “nurse,” “registered nurse,” “licensed practical/vocational nurse,” “advanced practice registered nurse,” their authorized abbreviations, or any other words, abbreviations, figures, letters, title, sign, card or device that would lead a person to believe the individual is a licensed nurse unless permitted by this Act.
- b. Employ ~~or contract, for compensation or with or~~ without compensation, a person that does not have the authority to practice nursing as defined in this Act in this jurisdiction.
- c. Engage in the practice of nursing as defined in the Act without a valid, current license or privilege to practice, except as otherwise permitted under this Act.
- d. Fraudulently obtain or furnish a license.
- e. Conduct a program for the preparation for licensure under this chapter, unless the BON has approved the program.
- f. Engage in inappropriate behavior in connection with the licensure or certification examination, including, but not limited to, the giving or receiving of aid in the examination or the unauthorized possession, reproduction, or disclosure of examination questions or answers.
- g. Otherwise violate, or aid or abet another person to violate, any provision of this Act.

Section 2. Penalties

- a. Violation of any provision of this Article shall also constitute a <class> misdemeanor/crime.
- b. The BON may impose on any person violating a provision of this Act a civil penalty not to exceed <\$> for each count or separate offense.

Section 3. Criminal Prosecution

Nothing in this Act shall ~~be construed as a bar to~~ criminal prosecution for violation of the provisions of this Act.

Article IX. Severability

The provisions of this Act are severable. If any provision of this Act is declared unconstitutional, illegal or invalid, the constitutionality, legality and validity of the remaining portions of this Act shall be unaffected and shall remain in full force and effect.

Article X. Emerging Technologies

The nurse is responsible for obtaining the requisite competence prior to implementing emerging technology and ensuring appropriate use. Nurses are accountable for their practice and the responsibility to provide competent care remains even in instances of technological failure.

Article XI. Nursing Licensure Compact

Article XII. APRN Compact



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NCSBN Model Act Proposed Edits and Rationales

(December 2024)

Table of Contents

1. Original: Article VII. Discipline and Proceedings
Change: Article VII. Board Action and Proceedings
Rationale: Updates terminology and matches what the article fully encompasses
2. Added: Article X. Emerging Technologies
Rationale: Technology is rapidly advancing, and the ways it effects healthcare are constantly evolving. This article would supply some broad language to guide boards in their regulation of healthcare technologies.
Effect: List adjustment to accommodate new article (NLC shifted to XI, APRN Compact shifted to XII)

Article II. Definitions

3. Removed: c. "Clinical learning experiences" means the planned, faculty-guided learning experiences that involve direct contact with patients.
Rationale: Not utilized within the current proposed document.
4. Added: C. "Assign" means the process of transferring responsibility and accountability between licensed nurses based on their skills, qualifications, and workload.
Rationale: Clarifies Article III.1.c.10
5. Removed: e. "Delegated responsibility" means a nursing activity, skill, or procedure that is transferred from a licensed nurse to a delegatee.
Rationale: Duplicative; the document no longer utilizes this phrase.
6. Added: G. "Emerging Technologies" are innovations or new applications of existing technology which represent evolving developments aimed at improving the nursing profession and practice.
Rationale: Provides clarity to the newly added article X. Emerging Technologies
7. Removed: h. "Delegator" means one who delegates a nursing responsibility. A delegator may be an APRN, RN, or LPN/VN (where state NPA allows).
Rationale: Duplicative; term utilized throughout is "Delegatee" which is current definition e.
8. Removed: i. "Eligible for graduation" means having met all program and institutional requirements pending conferment of the degree.

Rationale: No longer utilized within the document.

9. Added: I. “Unprofessional or dishonorable conduct” means a behavior, practice or condition that is contrary to the ethical standards adopted by the board.

Rationale: Clarifies Article IV.4.b

10. Added: J. “Incompetence” means failure to perform due to lack of knowledge, skills, judgment, or interest in performing the role.

Rationale: Clarifies Article IV.4.b

11. Removed: k. “Inactive license” means the voluntary termination of an individual’s license to practice nursing or failure to renew a license.

Rationale: No longer utilized within the document.

12. Original: t. “Practical/ Vocational nursing” as a licensed practical/vocational nurse means the performance with or without compensation of acts involving the care of the ill, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in regulations established by the Board under the direction of a registered professional nurse, an advanced practice registered nurse, a licensed physician, a licensed dentist, or other appropriate healthcare provider which acts do not require the substantial specialized skill, judgment and knowledge required in professional nursing.

Change: S. “Practical/ Vocational nursing” as a licensed practical/vocational nurse means the performance with or without compensation of acts involving the care of the ill, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in regulations established by the Board under the direction of a registered professional nurse, an advanced practice registered nurse, a licensed physician, a licensed dentist, or other appropriate healthcare provider which acts do not require the substantial specialized skill, judgment and knowledge required in the nursing profession.

Rationale: Replacing “in professional nursing” streamlines the definition and removes the need to define “professional nursing”.

13. Removed: u. “Professional nursing” as a registered nurse means the performance of professional nursing services with or without compensation by a person who holds a valid license pursuant to the terms of this act, and who bears primary responsibility and accountability for nursing practices based on specialized knowledge, judgment, and skill derived from the principles of biological, physical, and behavioral sciences.

Rationale: Updating the definition for “Practical/ Vocational nursing” removes the need to define this term as it isn’t utilized elsewhere in the document.

14. Added: X. “Temporary permit” means, issuance of a time-limited permit to a qualified applicant for licensure by examination.

Rationale: As these are not standard practice across all BONs, it was deemed necessary to define.

15. Added: Y. “Temporary license” means, issuance of a time-limited license to a qualified applicant for licensure by endorsement or under emergency provisions in Section 7 of Article V.

Rationale: Determined to be needed as this was otherwise ambiguous terminology.

Article III. Scope of RN, LPN/VN and APRN Practice

Section 1. Licensed Practical/Vocational Nurse (LPN/VN)

16. Original: c.1. Collecting data and conducting nursing assessments of the health status of patients.

Change: C.1. Conducting nursing assessments of the health status of patients as defined within the scope of practice.

Rationale: This would make the language consistent with both the RN and APRN scope of practice, and emphasize the nursing assessment will constitute different levels depending on the individuals scope.

Section 2. Registered Nurse (RN)

17. Original: c. The practice of registered nurses shall include the following guided by nursing standards established or recognized by the BON:

Change: C. The practice of registered nurses shall be guided by nursing standards established or recognized by the BON and include the following:

Rationale: Updates sentence structure and purpose of statement.

18. Original: C.1. Providing nursing assessments of the health status of patients as defined within the scope of practice.

Change: C.1. Conducting nursing assessments of the health status of patients as defined within the scope of practice

Rationale: This would make the language consistent with both the RN and APRN scope of practice, and emphasize the nursing assessment will constitute different levels depending on the individuals scope.

19. Removed: c.8 Delegates to another only those nursing measures for which that delegatee has the necessary skills and competence to accomplish safely.

Rationale: Stated within Rules 3.2.1.f., which expands on III.2.c.8.

20. Removed: c.14 Teaching the theory and practice of nursing.

Rationale: Duplicative of III.2.6.b

21. Original: c.15 Participating in development of health care policies, procedures and systems.
 Change: C.13 Active engagement in health care policies, procedures and systems.
 Rationale: Changing to active engagement reflects the everchanging aspect of these entities, and better encompasses the entire lifecycle of the process.

Section 3. APRN Title and Scope of Practice

22. Original: c. In addition to the RN scope of practice and within the APRN academic education and national certification, role, and population focus, APRN practice shall include:
 Change: C. In addition to the RN scope of practice, stated in Article III Section 2, and within the APRN academic education and national certification, role and population focus, APRN practice shall include:
 Rationale: This reference not only emphasizes that the APRN role encompasses all aspects expected of RNs, but gives readers a direct reference on where to find the RN scope.
23. Added: c.8. Wearing identification which clearly identifies the nurse as an APRN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient.
 Rationale: This makes the APRN section align with the VPN and RN section and emphasizes the APRN's duty to properly identify.

Article IV. Board of Nursing (BON)

Section 1. Membership

24. Original: b. The membership of the BON shall be < > RNs, < > LPN/VNs, < > APRNs, and < > public members.
 Change: B. In order to carry out the provisions of this act, the membership of the BON shall consist of a majority of RNs, LPN/VNs, and APRNs who are licensees under this act and have knowledge and experience necessary for expertly regulating the nursing profession. The membership shall include < > RNs, < > LPN/VNs, < > APRNs, and < > public members.
 Rationale: This change was to address the concern stemming from the North Carolina Dental Case, where boards with a majority-professional membership composition was criticized. We added phrasing to stress the importance of the majority of BON members to be licensees of the board and provided justification by highlighting the importance of those BON members to "have knowledge and experience necessary for expertly regulating the nursing
25. Original: h. No member shall serve more than <> consecutive full terms or <> consecutive years.

- Change: H. <No member shall serve more than <> consecutive full terms or <> consecutive years.>
- Rationale: Reviewed literature regarding term limits and board governance best practices. We did not believe there was evidence to define specific numbers of consecutive terms or consecutive years of service, so we kept those as open carrots for BONs to determine. The change we made here was putting the entire section in carrots. The group did not believe there was evidence to mandate limitations on terms or years of service, and wanted the entire decision to be made by individual jurisdictions.

Section 2. Officers

26. Original: a. The BON shall elect officers who shall serve a term of < > years, beginning < > and ending < >.
- Change: A. The BON shall elect a first and second officer who shall serve a term of < > years, beginning < > and ending < >.
- Rationale: Aligned the language to refer to the election of both a first and second officer
27. Original: b. The <first officer> shall preside at board meetings and shall be responsible for the performance of all duties and functions of the BON required or permitted by this Act. In the absence of the first officer, the <second officer> shall assume these duties.
- Change: B. The <first officer> shall preside at board meetings and shall be responsible for the performance of all duties and functions of the BON required or permitted by this Act. In the absence of the first officer, the <second officer> shall assume these duties. In the absence of both the first and second officer, the chair may appoint another member to act as their designee.
- Rationale: to address the scenario that BONs face when all their officers may be absent from a meeting/proceeding. We added language that “in the absence of both the first and second officer, the chair can appoint another member to act as their designee. You will see that the members of the subgroup addressed the unavailability or absence of BON members throughout Article IV.
28. Original: c. Additional offices may be established and filled by the BON at its discretion.
- Change: C. Additional officer positions and offices may be established and filled by the BON at its discretion.
- Rationale: More inclusive language

Section 3. Meetings and Attendance

29. Original: Section 3. Meetings
- Change: Section 3. Meetings and Attendance
- Rationale: More inclusive of topics covered within section.
30. Original: a. The BON shall meet at least <> for the purpose of transacting business in person or electronically.
- Change: A. The BON shall meet at least <> times per year for the purpose of transacting business in person or virtually.

Rationale: Clarifies meeting timeframe; updates language to more current terminology

31. Original: Bullets a-c.
 Format: Bullets A-F with the information remaining unchanged with the exception to the two proposed changes listed above (#31 and #32).
 Rationale: This breaks the section down to provide clarity.

Section 4. Vacancies and Removal

32. Original: Section 4. Vacancies, Removal, and Immunity
 Change: Section 4. Vacancies and Removal
 Rationale: Immunity provisions added to own section.
33. Removed: c. All members of the BON shall have immunity from individual civil liability while acting within the scope of the duties as board members pursuant to jurisdictional law.
 Rationale: This portion has been removed from this section and added to the new Section 8. Immunities.
34. Added: C. A board member's term automatically ends when there is a:
 1. Death, 2. Letter of Resignation submitted to the BON or applicable authority, 3. Failure to attend <> consecutive meetings.
 Rationale: Provides further definition to the ways in which a member's term can end. BON member attendance and availability is an issue and can be a public protection/public safety threat. To address this, we decided to specifically address the missing of consecutive meetings by members.

Section 5. Powers and Duties

35. Original: The BON shall be responsible for the interpretation and enforcement of the provisions of this Act. The BON shall have all of the duties, powers and authority specifically granted by and necessary to the enforcement of this Act, as well as other duties, powers and authority as it may be granted by appropriate statute, including:
 Change: The BON shall be responsible for the interpretation and enforcement of the provisions of this Act. The BON shall have all of the duties, powers and authority specifically granted by and necessary to the enforcement of this Act or any other applicable law, including:
 Rationale: Streamline language.
36. Original: a. Make, adopt, amend, repeal, and enforce such administrative rules consistent with the law, as it deems necessary for the proper administration of this Act and to protect public health, safety and welfare.
 Change: A. Make, adopt, amend, repeal, and enforce such administrative rules consistent with the law, as it deems necessary for the administration of this Act and to protect public health, safety and welfare.

- Rationale: Removes unnecessary language (proper).
37. Original: d. Provide consultation or guidance regarding the interpretation and application of the jurisdiction's nursing law and regulation.
Change: D. Provide guidance regarding the interpretation and application of the jurisdiction's nursing law and regulation.
Rationale: Streamlines language
38. Original: j. Issue subpoenas in connection with investigations, inspections and hearings either in person or electronically.
Change: J. Issue subpoenas in connection with investigations, inspections and hearings either in person or virtually.
Rationale: Updates terminology from electronically to virtually.
39. Original: p. Appoint and employ a qualified individual to serve as executive officer.
Change: P. Appoint and employ an executive officer.
Rationale: Removes unnecessary language.
40. Original: s. Conduct criminal background checks for applicants regulated under this act.
Change: S. Conduct criminal background checks for applicants and licensees regulated under this act.
Rationale: Expanded the power of the BON to include the ability to conduct criminal background checks for applicants and licensees. Clarification that individuals already licensed and applying for a different licensure type, or renewal and the like, may be subject to criminal background checks.
41. Added: T. Order competency to practice nursing evaluations for applicants and licensees as necessary to determine the individual's competence and/or ability to practice safely.
Rationale: Provides explicit authority for BONs to conduct competency to practice nursing evaluations. With focus on ensuring ADA compliance for such evaluations, the subgroup felt it should be listed as a separate and distinct power of the BON.
42. Original: t. In the event of a declared state of emergency in this state, the Board may waive the requirements of this Article to allow emergency health services to the public.
Change: U. In the event of a declared state of emergency in this state, for and in the interest of the preservation of the health, safety, and welfare of the public, the board may waive applicable requirements to the extent necessary to safely administer this Act.
Rationale: modified the original section, which gave blanket authority to a BON to waive requirements of this article to allow emergency health services to the public. We wanted to underline the importance of the emergency powers to be limited to those that are "for and in the interest of the preservation of the health, safety, and welfare of the public" and that waivers be only "to the extent necessary to safely

administer this act”. The group believed this was necessary for two reasons 1) so emergency authority is not taken advantage of and 2) to counter arguments after the emergency ended that if the waivers worked, they should be made permanent.

Section 6. Financial

43. Original: a. The BON is authorized to establish by rule appropriate fees for licensure by examination, reexamination, endorsement, reinstatement, reactivation and such other fees and fines as the BON determines necessary.
Change: A. The BON is authorized to establish by rule appropriate fees for licensure by examination, reexamination, endorsement, reinstatement, reactivation and such other reasonable fees and fines as the BON determines necessary.
Rationale: Adding “reasonable” to fees provides constraint upon the BON and disincentivizes self-dealing.
44. Original: b. All fees collected by the BON shall be administered according to the established fiscal policies of this jurisdiction and in such manner as to adequately implement the provisions of this Act.
Change: B. All fees and fines collected by the BON shall be administered according to the established fiscal policies of this jurisdiction to implement the provisions of this Act.
Rationale: Includes “fines” and streamlines the language.
45. Original: e. All fees collected by the BON shall be retained by the BON. The monies retained shall be used for any of the BON’s duties, including but not limited to, the addition of full-time equivalent positions for program services and investigations. Monies retained by the BON pursuant to this section are not subject to reversion to the general fund of the jurisdiction.
Change: E. All fees and fines collected by the BON shall be retained by the BON. The monies retained shall be used for any of the BON’s duties, including but not limited to, the addition of full-time equivalent positions for program services and investigations. Monies retained by the BON pursuant to this section are not subject to reversion to the general fund of the jurisdiction.
Rationale: Includes “fines”.

Section 7. Executive Officer

46. Original: a. The executive officer shall be responsible for:
Change: The executive officer shall be responsible for and have the authority to:
Rationale: Streamlines section and provides authoritative language in lieu of the ambiguous language.
47. Original: a.1. The performance of administrative responsibilities of the BON.
Change: A. Perform the operations and administration of the agency and such additional powers and duties delegated by the BON.
Rationale: Clarifies the BONs ability to delegate to the EO.

48. Original: a.2. Employment of personnel needed to carry out the functions of the BON.
 Change: B. Employment and supervision of personnel needed to carry out the functions of the BON.
 Rationale: Added the responsibility of supervision of personnel to clarify role.
49. Removed: a.3. The performance of any other duties as necessary to the proper conduct of BON business and to the fulfillment of the BON's responsibilities as defined by this Act.
 Rationale: Removes unnecessary language.

Section 8. Immunity

50. Original: Section 4. Vacancies, Removal and Immunity
 c. All members of the BON shall have immunity from individual civil liability while acting within the scope of the duties as board members pursuant to jurisdictional law.
 Change: Section 8. Immunity
 Within the scope of duties, all members of the BON shall have immunity from individual civil liability while acting as board members or in accordance with jurisdictional law.
 Rationale: Extrapolated from Section 4 for further clarity.

Article V. RN, LPN/VN and APRN Licensure and Exemptions

Section 1. Titles and Abbreviations for Licensed Nurses

51. Original: c. Only those persons who hold a license or privilege to practice advanced practice registered nursing in this state shall have the right to use the title "advanced practice registered nurse" and the roles of "certified registered nurse anesthetist," "certified nurse-midwife," "clinical nurse specialist" and "certified nurse practitioner;" and the abbreviations "APRN," "CRNA," "CNM," "CNS" and "CNP," respectively.
 d. The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified nurse-midwife, a clinical nurse specialist and for a certified nurse practitioner will be APRN, plus the role title, i.e., CRNA, CNM, CNS and CNP.
 Change: C. Title: "Advanced Practice Registered Nurse" and the roles of "certified registered nurse anesthetist," "certified nurse-midwife," "clinical nurse specialist" and "certified nurse practitioner;" and the abbreviations "APRN," "CRNA," "CNM," "CNS" and "CNP," respectively. The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified nurse-midwife, a clinical nurse specialist and for a certified nurse practitioner will be APRN, plus the role title, i.e. CRNA, CNM, CNS and CNP.
 Rationale: Reformats section to match formatting while removing sub bullet d. and provide clarification.

52. Original: e. It shall be unlawful for any person to use the title “APRN” or “APRN” plus their respective role titles, the role title alone, authorized abbreviations or any other title that would lead a person to believe the individual is an APRN, unless permitted by this Act.
- Change: d. It shall be unlawful for any person to use the title “RN”, “LPN/VN”, “APRN” or “APRN” plus their respective role titles, the role title alone, authorized abbreviations or any other title or representation that would lead a person to believe the individual is a licensee, unless permitted by this Act.
- Rationale: Adds clarification.

Section 2. Examinations

53. Original: c. The Board shall give an examination, at the time and place it determines, to applicants for licensure to practice as a registered nurse or licensed practical nurse. The Board shall adopt rules governing qualifications of applicants, the conduct of applicants during the examination, and the conduct of the examination. The applicants shall be required to pass the examination as defined by the board.
- Change: C. The BON shall authorize applicants for examination for licensure to practice as an RN or LPN/VN. The BON shall adopt rules governing the qualifications of applicants.
- Rationale: Adds language surrounding the authorization to test process. There have been efforts in some states questioning the necessity of the authorization to test process.

Section 3. Licensure by Examination

54. Added: The BON shall provide for licensure by examination to practice as an RN or LPN/VN.
Rationale: Provides qualifying information prior to the proceeding points.
55. Original: a. An applicant for licensure by examination to practice as an RN or LPN/VN must successfully meet the applicable requirements, as determined by the BON by rule.
b. The Board shall provide for an examination for licensure to practice as a registered nurse or licensed practical nurse. The applicants shall be required to pass the examination as defined by the board. The Board shall adopt rules which identify the criteria which must be met by an applicant in order to be issued a license. When the Board determines that an applicant has met those criteria, passed the required examination, submitted the required fee, and has demonstrated to the Board’s satisfaction that he or she is mentally and physically competent to practice nursing, the Board may issue a license to the applicant.
- Change: A. An applicant for licensure by examination to practice as an RN or LPN/VN must successfully meet the applicable requirements of this act and those determined by the BON as set forth in rule including:
1. Graduation from a board approved education program
 2. Passage of the examination as defined by the board.
 3. Submission of fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state’s criminal records.
- B. When the BON determines that an applicant has met those criteria, passed the required examination, submitted the required fee, and has demonstrated to the

- Board's satisfaction that they are competent to practice nursing, the BON may issue a license to the applicant.
- Rationale: Breaks the sections down to define them further, expanding upon the purpose of the section while streamlining the language, removing discriminatory articles. Sub bullet b. has been moved to newly added Section 13.
56. Original: c. For internationally educated applicants, in addition to any requirements in rule, successful passage of an English proficiency exam that includes the components of reading, speaking, writing, and listening, except for applicants from countries where English is the native language, and the nursing program where the applicant attended was taught in English, used English textbooks and clinical experiences were conducted in English.
- Change: C. An internationally educated applicant, in addition to satisfying any requirements above and those set in rule, shall, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully pass an English proficiency examination that includes the components of reading, speaking, writing and listening.
- Rationale: The subgroup encourages NCSBN to study the evidence for and need for the English language proficiency examinations. In lieu of evidence to make a determination to keep or remove it, the group decided to keep the existing language, but wanted to make sure it mirrored the NLC and APRN Compact English language proficiency for consistency purposes.
57. Removed: e. The BON shall promulgate rules to carry out the purposes of this section.
- Rationale: Art. IV Section 5: Powers and Duties subsection (a) authorizes rulemaking for administering the act. We did not want to repeat it in certain sections, but not all, so chose to remove it and rely on Powers and Duties. We also noted that applicants for licensure in each section must meet applicable requirements in the act and those set forth in rule.

Section 4. Licensure by Endorsement

58. Original: The Board may, without examination, issue a license to an applicant who is duly licensed as a registered nurse or licensed practical nurse under the laws of another state, territory of the United States, the District of Columbia, or international country, as determined by criteria developed by the BON in rules.
- Change: The Board may, without examination, issue a license to an applicant who is duly licensed as an RN or LPN/VN under the laws of another state, territory of the United States, the District of Columbia, or international country.
- Rationale: Removes duplicative language.
59. Original: a. An applicant for licensure by endorsement to practice as an RN or LPN/VN shall:
- Change: A. An applicant for licensure by endorsement to practice as an RN or LPN/VN shall meet the applicable requirements of this act and those determined by the BON as set forth in rule including:
- Rationale: Strengthens section.

60. Original: a.2. Meet other criteria established by the BON in rule.
 Change: A.2. Passage of the NCLEX-RN® or NCLEX-PN® Examination or recognized predecessor.
 A.3. Submission of fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.
 A.4. Demonstration of competency to practice nursing.
 Rationale: The BON may issue time-limited authorization to practice nursing through the granting of temporary permits, as set forth in BON rules. Any person who has been approved as an applicant for licensure by endorsement and has been granted a temporary permit shall have the right to use the titles < > and abbreviations < > designated by the state. The BON shall promulgate rules to carry out the purposes of this section.
61. Removed: b. Temporary Permits for licensure by endorsement
 1. The BON may issue time-limited authorization to practice nursing through the granting of temporary permits, as set forth in BON rules.
 2. Any person who has been approved as an applicant for licensure by endorsement and has been granted a temporary permit shall have the right to use the titles < > and abbreviations < > designated by the state. The BON shall promulgate rules to carry out the purposes of this section.
 Rationale: Broken out into newly added Section 7 as additional clarification was deemed necessary.

Section 5. APRN Licensure

62. Added: The BON may issue an initial license or licensure by endorsement to practice as an APRN.
 Rationale: Provides clarification on APRN licensure actions and combined APRN renewal into general licensee renewal section.
63. Original: a. An applicant for initial licensure to practice as an APRN shall meet the requirements established by the BON in rules.
 Change: A. An applicant for initial licensure to practice as an APRN shall meet the applicable requirements of this act and those determined by the BON as set forth in rule including:
 1. Holding current licensure as an RN.
 2. Passage of the NCLEX-RN® or NCLEX-PN® Examination or recognized predecessor.
 3. Passage of a national certification examination that measures APRN, role and population-focused competencies. Certification programs must be accredited by a national accreditation body as acceptable by the BON.
 4. Submission of fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of

Investigation and the agency responsible for retaining that state's criminal records.

5. Demonstrating competency to practice nursing.

Rationale: Listed key licensure provisions for APRNs to match RN/LPN licensure sections. In subsection a(3) we incorporated an item located in the model rules which required certification programs to be accredited by a national accreditation body. We felt this was a critical provision that should be incorporated into initial and endorsement licensure sections.

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

Change: B. An applicant for licensure by endorsement as an APRN shall, in the opinion of the BON, meet the qualifications for licensure in this jurisdiction and meet the requirements of this act and those determined by the BON as set forth in rule including:

1. Passage of the NCLEX-RN® or NCLEX-PN® Examination or recognized predecessor
2. Passage of a national certification examination that measures APRN, role and population-focused competencies
3. Submission of fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records
4. Demonstrating competency to practice nursing

Rationale: Listed key licensure provisions for APRNs to match RN/LPN licensure sections.

65. Original: c. The BON may issue an initial license or license by endorsement to an applicant from an international APRN education program if the applicant meets the requirements set forth in rules.

Change: C. The BON may issue an initial license or license by endorsement to an applicant from an international APRN education program. An internationally educated applicant, in addition to satisfying any applicable requirements of this act and those determined by the BON as set forth in rule, shall, if a graduate of a foreign graduate-level or higher education program not taught in English or if English is not the individual's native language, successfully pass an English proficiency examination that includes the components of reading, speaking, writing and listening.

Rationale: Mirror internationally educated applicant language from APRN Compact and RN/LPN licensure sections.

66. Removed: d. APRN licenses issued under this Act shall be renewed at least every < > years according to a schedule established by the BON. An applicant for APRN license renewal shall:

1. Maintain national certification in the appropriate APRN role and at least one population focus, authorized by licensure, through an ongoing

certification maintenance program of a nationally recognized certifying body recognized by the BON.

2. Meet other requirements set forth in rule.

3. The BON may reactivate or reinstate an APRN license as set forth in BON rules.

4. The duties of licensees are the same as previously stated in Article V Section 9 for RNs and LPN/VNs.

Rationale: Moved to Section 8. Renewal of Licenses to streamline sections.

Section 6. Reinstatement of Licenses

67. Original: Section 6. Renewal of RN and LPN/VN Licenses
- a. RN and LPN/VN licenses issued under this Act shall be renewed every < > years according to a schedule established by the BON.
 - b. An applicant for renewal of license to practice as an RN or LPN/VN shall: meet the requirements to renew licensure as an RN or LPN/VN, whichever is applicable.
 - c. A renewal license shall be issued to an RN or LPN/VN who submits an application, remits the required fee and satisfactorily completes any other requirements established by the BON as set forth in rules.
 - d. Failure to renew the license shall result in forfeiture of the right to practice nursing in this jurisdiction.
 - e. In the event of a declared state of emergency in this state, the board may delay licensure renewal dates for any licensees in the state.
 - f. The BON shall promulgate rules to carry out the purposes of this section.

Change: Section 6. Reinstatement of License
The BON may provide for the reinstatement of a license for individuals following disciplinary action by the BON.
A. Applicants for APRN, RN or LPN/VN licensure reactivation shall meet the applicable requirements of this act and those determined by the BON as set forth in rule for reactivation of licensure including demonstrating competency to practice nursing.

Rationale: Removes duplicative language within the other sections and follows the outline and verbiage throughout the Article.

Section 7. Temporary Permit and Temporary Licenses

68. Original: (Section 4)
- b. Temporary Permits for licensure by endorsement
 - 1. The BON may issue time-limited authorization to practice nursing through the granting of temporary permits, as set forth in BON rules.
 - 2. Any person who has been approved as an applicant for licensure by endorsement and has been granted a temporary permit shall have the right to use the titles < > and abbreviations < > designated by the state. The BON shall promulgate rules to carry out the purposes of this section.

Change: A. The BON may issue time-limited authorization to practice nursing through the granting of a temporary permit to an applicant approved as an applicant for licensure by examination. The BON shall determine the applicant's competency to practice nursing

B. The BON may issue time-limited authorization to practice nursing through the granting of a temporary license for applicants approved as an applicant for licensure by endorsement. The BON shall determine the applicant's competency to practice nursing.

C. In the event of a declared state of emergency in this state, the BON may issue time-limited authorization to practice nursing through the granting of a temporary license to an applicant who retired from the practice of nursing as defined by this act with an unencumbered license in this state in the last <> years.

D. In the event of a declared state of emergency in this state, the BON may issue time-limited authorization to practice nursing through the granting of a temporary license to an applicant who voluntarily deactivated their license to practice nursing as defined by this act with an unencumbered license in this state in the last <> years. The individual must have had an unencumbered license at the time of voluntarily deactivation.

E. An applicant for a temporary permit or temporary license shall meet the applicable requirements of the act or as determined by the BON as set forth in rule including criminal history disclosure.

1. Temporary permits are valid for < > days. Temporary licenses for licensure by endorsement are valid for <> days.

2. Any person who has been granted a temporary permit shall be directly supervised by a licensed nurse while providing health care services and shall have the right to use the applicable title.

3. Any person who has been granted a temporary license shall have the right to use the applicable titles as outlined in Section 1 of this Article.

4. The BON may issue an extension for < > days for any person who has been granted a temporary permit or temporary license.

5. A temporary permit is immediately revoked upon failure to pass the examination required for licensure by examination.

Rationale: Breaks out and provides needed clarification. Created two classifications of temporary authorizations – temporary permits and temporary licensure. The former – permits – are for licensure by examination candidates, and licenses are for licensure by endorsement applicants. Clarified rights of temporary permits and licenses to ensure BON has power to revoke. Subsections c and d were originally located in the licensure exemptions section, however, since they were issuances of permits, in this case during declared states of emergency and pertaining to retired and reactivation licensees, we felt they were more appropriate in this section.

Section 8. Renewal of Licenses

69. Original: Section 6. Renewal of RN and LPN/VN Licenses

Change: Section 8. Renewal of Licenses

Rationale: Shifts section number to accommodate added sections and the updated title creates a consolidated and inclusive section

70. Added: The BON shall provide for renewal of licensure for APRN, RN and LPN/VN licensees.

Rationale: Creates inclusive language to quantify the section's authority.

71. Original: a. RN and LPN/VN licenses issued under this Act shall be renewed every < > years according to a schedule established by the BON.
 Change: A. RN and LPN/VN licenses issued under this Act may be renewed every < > years according to a schedule established by the BON.
 Rationale: Replaces “shall” with “may” to better define the ability of the BON.
72. Original: b. An applicant for renewal of license to practice as an RN or LPN/VN shall: meet the requirements to renew licensure as an RN or LPN/VN, whichever is applicable.
 Change: B.1. An applicant for renewal of license to practice as an RN or LPN/VN shall meet the requirements of this act and those determined by the BON as set forth in rule including demonstrating competency to practice nursing.
 Rationale: Added competency to practice nursing demonstration as an element of renewal.
73. Removed: c. A renewal license shall be issued to an RN or LPN/VN who submits an application, remits the required fee and satisfactorily completes any other requirements established by the BON as set forth in rules.
 Rationale: Removes redundant language.
74. Original: d. Failure to renew the license shall result in forfeiture of the right to practice nursing in this jurisdiction.
 Change: B.2. Failure to renew the license shall result in deactivation of the right to practice nursing in this jurisdiction.
 Rationale: Replacing “forfeiture” with “deactivation” to better define the action.
75. Original: e. In the event of a declared state of emergency in this state, the board may delay licensure renewal dates for any licensees in the state.
 Change: B.3. In the event of a declared state of emergency in this state, the board may delay licensure renewal dates for any licensees under this act.
 Rationale: Replacing “in the state” with “any licensees under this act” better encompasses the role and ability of the BON.
76. Removed: f. The BON shall promulgate rules to carry out the purposes of this section.
 Rationale: Removed the statement from each section that the BON shall promulgate rules to carry out the section. This is because within Article IV Section 5- Powers and Duties- the BON is authorized to promulgate rules to administer the act. Concern that if it was listed in some sections, but not all, it may be interpreted to limit the rulemaking authority of the BON for certain sections. Instead, we state that applicants must meet applicable requirements of the act and those set forth by the BON in rule.
77. Original: Section 5. APRN Licensure
 d. APRN licenses issued under this Act shall be renewed at least every < > years according to a schedule established by the BON. An applicant for APRN license renewal shall:

1. Maintain national certification in the appropriate APRN role and at least one population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON.
 2. Meet other requirements set forth in rule.
 3. The BON may reactivate or reinstate an APRN license as set forth in BON rules.
 4. The duties of licensees are the same as previously stated in Article V Section 9 for RNs and LPN/VNs.
- Change: b. APRN licenses issued under this Act shall be renewed at least every < > years
1. An applicant for APRN license renewal shall meet the applicable requirements of this act and those determined by the BON as set forth in rule including:
 - a. Maintaining national certification in the appropriate APRN role and at least one population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON.
 - b. Demonstrating competency to practice nursing.
 - c. If an applicant or licensee is no longer authorized to practice as an APRN, the Board may make a determination on authorization to practice as a registered nurse.
 - d. If an APRN applicant or licensee is no longer authorized to practice as an RN, they may be unauthorized to practice as an APRN.
 - e. If national certification expires, authorization to practice in a state also expires.

Rationale: Updates language and structure of sub bullets within new section.

Section 9. Reactivation of License

78. Original: a. Applicants for RN or LPN/VN licensure reactivation shall meet the requirements for reactivation of licensure as an RN or LPN/VN, whichever is applicable.
- Change: b. The BON shall promulgate rules to carry out the purposes of this section.
- The BON may provide for the reactivation of a license for individuals who hold a license that has lapsed, expired, or been placed on inactive status in absence of disciplinary action.
- A. Applicants for APRN, RN or LPN/VN licensure reactivation shall meet the applicable requirements of this act and those determined by the BON as set forth in rule for reactivation of licensure including demonstrating competency to practice nursing.

Rationale: The preamble provides clarification, additional language in bullet a. strengthens the statement and adds inclusive language. B. was unnecessary language.

Section 10. Duty to Report

79. Original: a. A nurse shall report to the BON, in a timely manner, a felony arrest or indictment, and any conviction or finding of guilt, or entering into and agreed disposition of a felony offense under applicable state or federal criminal law. The nurse shall also

- report to the BON, in a timely manner, any arrest or indictment for the possession, use, or sale of any controlled substance or driving while impaired.
- Change: A. A nurse shall report to the BON, within <> days, any criminal charge and any conviction or finding of guilt, or entering into an agreed disposition of a felony offense under applicable state or federal criminal law.
- Rationale: Streamlines section and strengthens the language therein. Original section states that the nurses report be in a 'timely manner'. We suggest that the BON provide further direction by stating that the report must be made within a certain number of days. Additionally, the group felt that in addition to convictions, findings of built, or agreed dispositions, a licensee shall report a criminal charge. Eliminated provision specific to possession, use, or sale of controlled substances or driving while impaired. We felt it was adequately covered in the reporting requirement in subsection a.

Section 11. Criminal Background Checks

80. Original: Each applicant for licensure as an APRN, CNP, CNM, CRNA, CNS, RN, LPN and <any other licensee/registree under this act> shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to <state statute> and Public Law 92-544. The <state agency or appropriate entity responsible for managing fingerprint data> may exchange this fingerprint data with the Federal Bureau of Investigation (FBI).
- Change: Each applicant for licensure as an APRN, RN, LPN/VN and <licensee/registree/multistate licensee> under this act shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to <state statute> and Public Law 92-544. The <state agency or appropriate entity responsible for managing fingerprint data> may exchange this fingerprint data with the Federal Bureau of Investigation (FBI).
- Rationale: Updates and strengthens the language to address FBI concerns of lack of specification of the licensure types background checks are authorized for.

Section 12. Criminal History

81. Original: Section 10. Criminal Background Checks
Except as provided in paragraph (c), criminal convictions may be reviewed by the BON on a case-by-case basis to determine eligibility for licensure.
- a. If an applicant's criminal history record check reveals a conviction. The Board shall consider all of the following factors regarding the conviction:
1. The level of seriousness of the crime.
 2. The date of the crime.
 3. The age of the applicant at the time of the conviction.
 4. The circumstances surrounding the commission of the crime, if known.
 5. The nexus between the criminal conduct of the applicant and the practice of nursing.
 6. The applicant's prison, jail, probation, parole, rehabilitation, and employment records since the date the crime was committed.
 7. The subsequent commission by the person of a crime.

b. The BON shall determine whether an applicant or licensee is mentally and physically capable of practicing nursing with reasonable skill and safety. The Board may require an applicant or licensee to submit to a mental health examination by a licensed mental health professional designated by the Board and to a physical examination by a physician or other licensed health care professional designated by the Board. The Board may order an applicant or licensee to be examined before or after charges are presented against the applicant or licensee. The results of the mental health examination or physical examination shall be reported directly to the Board and shall be admissible into evidence in a hearing before the Board.

c. All individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person, including those without the mental capacity to consent, 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.

Change:

Section 11. Criminal History

The BON is authorized to consider the criminal history of an applicant, licensee, or others authorized to practice under this act.

- A. Except as provided in paragraph (c), an applicant's criminal history may be reviewed by the BON on a case-by-case basis to determine eligibility for licensure, authorization to practice, and competency to practice.
- B. If an applicant's criminal history reveals a conviction the BON may consider any of the following factors regarding the criminal history:
 - 1. The level of seriousness of the conduct.
 - 2. The date of the conduct.
 - 3. The age of the applicant at the time of the conduct.
 - 4. The circumstances surrounding the commission of the conduct, if known.
 - 5. The nexus between the criminal conduct and competence to practice nursing.
 - 6. The evidence of rehabilitation, including but not limited to, prison, jail, probation, parole, rehabilitation, and employment records since the date of the conduct.
 - 7. The evidence of repeated similar conduct.
- C. All individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person, including those without the mental capacity to consent, 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.

Rationale: Removed unnecessary descriptive language, restructures information and breaks it into a new section that better encompasses the actions of the BON.

Section 13. Competence to Practice Evaluation

82. Original: Section 3. Licensure by Examination

b. The Board shall provide for an examination for licensure to practice as a registered nurse or licensed practical nurse. The applicants shall be required to pass the examination as defined by the board. The Board shall adopt rules which identify

the criteria which must be met by an applicant in order to be issued a license. When the Board determines that an applicant has met those criteria, passed the required examination, submitted the required fee, and has demonstrated to the Board's satisfaction that he or she is mentally and physically competent to practice nursing, the Board may issue a license to the applicant.

- Added/ Changed: Section 13. Competence to Practice Evaluation
A. The BON shall determine whether an applicant, licensee or individual with authorization to practice is competent to practice nursing with reasonable skill and safety. The Board may require an applicant or licensee to submit to a mental health examination by a licensed mental health professional designated by the Board and to a physical examination by a physician or other licensed health care professional designated by the Board. The Board may order an applicant or licensee to be examined before or after charges are presented against the applicant or licensee. The results of the examination shall be reported directly to the Board and shall be admissible into evidence in a hearing before the Board.
- Rationale: Originally within Section 3. Licensure by Examination. This new section clarifies the statement and provides updated language throughout. Language updated to address ADA concerns.

Section 14. Exemptions

83. Original: No provisions of this Act shall be construed to prohibit:
Change: No provisions of this Act shall be construed to prohibit the following acts as established in this act and those determined by the BON as set forth in rule:
Rationale: Clarifies statement and proceeding points.
84. Original: a. The practice of nursing by a student currently enrolled in and actively pursuing completion of an approved prelicensure nursing education program, or a graduate nursing program involving nursing practice, according to criteria established by the board in rules.
Change: A. The practice of nursing which is associated with a program of study by students enrolled in nursing education programs approved by the BON.
Rationale: Clarifies that practice must be associated with the program of study, not unrelated practice while in the program.
85. Original: b. The provision of nursing services to family members or in emergency situations.
Change: B. The provision of gratuitous nursing services to family members or in emergency situations.
Rationale: Addition of "gratuitous" was deemed appropriate to further define guidelines around exemptions.
86. Original: d. The activities of an individual currently licensed to practice nursing in another jurisdiction, if the individual's license has not been revoked, the individual is not currently under suspension or on probation, and the individual engages in temporary activities as determined by the board, including travel to and within the

- state, teaching activities, consultation with health care providers located within the state, activities involving program accreditation.
- Change: D. The temporary activities of an individual with an active or unencumbered license in another jurisdiction such as travel with a patient to and within the state, teaching activities, activities involving program accreditation, consultation with health care providers located within the state, gratuitous volunteer nursing services, and other activities as determined by the BON.
- Rationale: Streamlined language by using “active or unencumbered” to define licensure status for those engaged in temporary activities.
87. Removed: e. In the event of a declared state of emergency in this state, an individual who retired from licensed practice of practical nursing, registered nursing, or advanced practice registered nursing in this state in the last <> years shall be issued a temporary license to practice for <time period> from the date of issuance. The individual must have retired with an unencumbered license to qualify for a temporary license.
- f. In the event of a declared state of emergency in this state, an individual who voluntarily deactivated their license to practice practical nursing, registered nursing, or advanced practice registered nursing in this state in the last <> years shall be issued a temporary license to practice for <time period> from the date of issuance. The individual must have become inactive with an unencumbered license to qualify for a temporary license.
- Rationale: As temporary permits and licenses are issued, moved this section to temporary permit and licensure section.
88. Added: E. An individual practicing in the state pursuant to any provision of this section is prohibited from representing themselves as holding a license to practice in this jurisdiction.
- F. An individual practicing in the jurisdiction pursuant to any provision of this section is authorized to practice for a time not exceeding < >.
- Rationale: These replace the previous e. & f. that were moved to Section 9, outlined within this document as change #75. These bullets were deemed to be necessary additions to the section.

Article VI. Prelicensure Nursing Education

Section 2. Prelicensure Nursing Education Standards

89. Original: a.2. Written policies and procedures have been vetted by faculty and students and are readily accessible.
- Change: A.2. Written policies, including those on the use of artificial intelligence for faculty and students, have been vetted by faculty and students and are readily accessible.
- Rationale: Written policies are more official; artificial intelligence was added as this is a concern in nursing education now. The suggestion of having it integrated with policies came from a survey to the education consultants.

90. Original: d.5. Students shall meet health standards and criminal background requirements.
 Added: A.4. The program shall hold students responsible for meeting health standards and criminal background requirements.
 Rationale: Reworded for clarity; moved because it is an administrative requirement so better placement here.
91. Original: b.3. Shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved;
 Change: B.1. Shall hold a current, active RN license or privilege to practice that is unencumbered and meets requirements in the jurisdiction where the program is approved.
 Rationale: Clarifies the sentence and prioritizes it in the list.
92. Original: b.1. Of an RN program shall be doctorally prepared and has a degree in nursing.
 Change: B.2. Of an RN program shall be doctorally prepared and has a doctoral degree in nursing or a graduate degree in nursing and a doctoral degree.
 Rationale: Updated verbiage from Rules to be more comprehensive.
93. Original: b.2. Of a PN program shall have a graduate degree and a degree in nursing.
 Change: B.3. Of a PN program shall have a minimum of a graduate degree in nursing or a bachelor's degree in nursing with a graduate degree.
 Rationale: Provides more comprehensive language.
94. Original: b.5. Shall be responsible for completing the BON's annual report, consisting of aggregate program data as determined by the BON, by their deadline.
 Change: B.5. Shall be responsible for completing regulatory reports, including the nursing education annual report, by their deadline. The nursing education annual report data should include:
 a. Demographics of the program, such as program type, ownership, community served, number of enrolled students, etc.
 b. How well evidence-based quality indicators are met, which are outlined in NCSBN's Regulatory Guidelines.
 Rationale: While there are many reports that the BON requires in their regulatory oversight, it is important to highlight the annual report data to be collected for benchmarking metrics with national data.
95. Original: c. Faculty
 Change: c. Nursing Faculty
 Rationale: Provides clarity to section.
96. Original: c.1. At a minimum, 35% of the total faculty (including all clinical adjunct, part-time and other faculty) are employed at the institution as full-time faculty.

- Change: C.1. At a minimum, 35% of nursing faculty (including full-time, adjunct, part-time and other faculty) are employed at the institution as full-time faculty.
- Rationale: Provides clarity on the composition of total faculty who teach nursing students.
97. Original: c.2. In RN programs, faculty shall:
- i. Hold a graduate degree.
 - ii. Faculty who teach clinical courses, whether didactic or clinical, 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.
- Change: C.3. In RN programs, faculty shall:
- a. Hold a current active RN license or privilege to practice that is unencumbered and meets requirements in the jurisdiction where the program is approved.
 - b. Hold a graduate degree.
- Rationale: Licensure is the first requirement and should be listed first. Sentence restructured for grammar. Reordered the listing of RN/PN to align with best practice.
98. Original: c.3. In PN programs, faculty shall:
- i. Hold a BSN degree.
 - ii. Faculty clinical courses 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.
- Change: C. 2. In PN programs, faculty shall:
- a. Hold a current, active RN license or privilege to practice that is unencumbered and meets requirements in the jurisdiction where the program is approved.
 - b. Hold a BSN degree.
- Rationale: Licensure is the first requirement and should be listed first. Sentence restructured for grammar. Reordered the listing of RN/PN to align with best practice.
99. Original: c.4. Faculty can demonstrate that they have been educated in basic instruction of teaching and adult learning principles and curriculum development. This may include the following:
- i. Methods of instruction.
 - ii. Teaching in clinical practice settings.
 - iii. How to conduct assessments, including test item writing.
 - iv. Managing “difficult” students.
- Change: C.4. Nursing Faculty demonstrate that they have been educated in basic instruction of teaching and adult learning principles and curriculum development.
- Rationale: Moved the descriptors for 4 to Rules. The statute is broader, and the detail is needed within the rules.
100. Original: c.5. Faculty demonstrate participation in continuing education related to nursing education and adult learning pedagogies.

- c.6. The school provides substantive and periodic workshops and presentations devoted to faculty development.
- c.7. Formal mentoring of new and part-time faculty takes place by established peers.
- Change: C.5. Nursing education programs provide opportunities for nursing faculty professional development.
- C.6. Formal orientation and mentoring of new full-time and part-time nursing faculty are implemented.
- Rationale: Clarifies statements and allows for more succinct language.
101. Original: c.8. Clinical faculty have up-to-date clinical skills and have had recent experience in direct patient care.
- Change: C.7. Clinical nursing faculty have supervisory and direct patient care experiences within 5 years.
- Rationale: Creates a more comprehensive statement as within 5 years is evidence-based.
102. Original: c.9. Simulation faculty are certified or are planning to be certified within the next 5 years.
- Change: C.8. Simulation nursing faculty are certified or have developed a plan to be certified within 5 years.
- Rationale: Standards of best practice by NCSBN and INACSL; supported by research; "simulation faculty" has been defined.
103. Original: d. Students
- Change: D. Student Support and Resources
- Rationale: Combined d. Students & f. Teaching and Learning Resources content to streamline section.
104. Original: d.1. English as a second language assistance is provided.
- Change: D.1. Assistance is provided to non-native English speakers.
- Rationale: Updates language to current terminology.
105. Original: d.2. Assistance is available for students with learning or other disabilities.
- Change: D.2. Assistance is available for students with disabilities.
- Rationale: Updated terminology to be more inclusive.
106. Original: d.3. All students have books and resources necessary throughout the program and strategies to help students who can't afford books and resources.
- Change: D.3. Program will provide strategies to help students obtain books and resources for students in need.
- Rationale: Clarifies language and combines the information from previous f.1.
107. Removed: d.5. Students shall meet health standards and criminal background requirements.

- Rationale: Moved to Administration Requirements as it better belongs there.
108. Added: D.5. Simulation lab is accredited or endorsed by an agency acceptable to the BON.
 Rationale: Supported by research. The original d.5 was moved to a.4. as it is an administrative requirement.
109. Original: f.1. The fiscal, human, physical (including access to a library), clinical and technical learning resources shall be adequate to support program processes, security, and outcomes.
 Change: D.6. The fiscal, human, physical, library, clinical and technical learning resources shall be adequate to support program processes, security, and outcomes.
 Rationale: Information belongs within this section; rewording to make items more cohesive.
110. Original: e.2. A systematic evaluation of the curriculum is in place.
 Change: E.2. A systematic evaluation of the program is utilized for continuous quality improvement.
 Rationale: Explains the purpose of a systematic evaluation of a program.
111. Original: e.3. Didactic and clinical content include prevention of illness and the promotion, restoration, and maintenance of health in patients, communities, and populations, across the lifespan and from diverse social, cultural, ethnic and economic backgrounds.
 e.10. A variety of clinical settings are used, and the patient population is diverse.
 Change: E.3. Didactic and clinical content include prevention of illness and the promotion, restoration, and maintenance of health in patients, communities, and populations, in a variety of clinical settings, across the lifespan and from diverse social, cultural, ethnic and economic backgrounds.
 Rationale: Merged #3 with #10 for better organization. #10 had been about a variety of clinical settings.
112. Original: e.5. Quality and safety are integrated into the curriculum, including clinical judgment, skill in clinical management, supervision, delegating effectively, emergency preparedness, interprofessional communication, time management and navigation and understanding of health care systems.
 Change: E.5. Quality and safety are integrated into the curriculum, including clinical reasoning and judgment, clinical supervision, delegating effectively, emergency preparedness, interprofessional communication, time management, and understanding of health care systems.
 Rationale: Updates terminology and broadens the scope of the statement.
113. Removed: e.6. Practice/academic partnerships are implemented.
 Rationale: Moved to Rules.

114. Original: e.8. Distance education methods are consistent with the curriculum plan.
 Change: E.7. Didactic and clinical experiences shall be equivalent regardless of modality of delivery, including distance education.
 Rationale: Reworded for clarity and expanded upon.
115. Removed: f. Teaching and Learning Resources
1. The fiscal, human, physical (including access to a library), clinical and technical learning resources shall be adequate to support program processes, security and outcomes.
 2. The simulation lab is accredited or with plans to be within 5 years.
 3. Programs shall assess students with learning disabilities and tailor the curriculum to meet their needs.
- Rationale: Section combined with D. Student Support and Resources, outlined within change #104 to streamline information.

Section 3. Determination of Compliance with Standards

116. Added: A. The parent institution offering nursing education programs shall have institutional accreditation, as determined by the BON.
 Rationale: The organization is committed to high quality standards set by recognized agencies.

Section 4. Purposes of Prelicensure Nursing Education Program Approval

117. Original: b. To grant legal recognition to nursing education programs that the BON determines have met the standards.
 Change: B. To grant legal recognition to nursing education programs that have met the standards.
 Rationale: Clarifies sentence.
118. Original: d. To provide the public and prospective students with a published list of nursing programs that meets the standards established by the BON.
 Change: D. To provide the public and prospective students with a published list of in-state nursing programs that meet the standards established by the BON.
 Rationale: The BON only requires this be an in-state list of programs that meet the BON standards. The USDE has other requirements.

Section 5. Establishment of a New Prelicensure Nursing Education Program

119. Original: Before establishing a new nursing education program, the program shall contact the BON and complete the process outlined below:
 Change: Before establishing a new nursing education program, the program shall submit a letter of intent to the BON.
 Rationale: Providing a letter of intent is more specific than contacting the BON.

120. Original: a. Phase I – Application to BON. The proposed program shall provide the following information to the BON:
1. Governing institution approval and ongoing support.
 2. Evidence of adequate financial support that can be provided on an ongoing basis.
 3. Availability of educational resources, such as human, physical (including access to a library), clinical and technical learning resources.
 4. Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited agency recognized by the USDE.
 5. Evidence of the nursing program actively seeking pre-accreditation or candidate accreditation from a USDE recognized national nursing accrediting agency.
 6. Evidence of adequate numbers of clinical partnerships.
 7. Availability of a qualified faculty and program director.
 8. A proposed timeline for initiating the program.
- Change: A. Phase I – Application to the BON providing evidence of regulatory compliance.
- Rationale: Details moved to Rules.
121. Original: 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 qualified director.
 2. A comprehensive program curriculum.
 3. Establishment of student policies for admission, progression, retention, and graduation.
 4. Policies and strategies to address students' needs including those with learning disabilities and English as an international language; and remediation tactics for students performing below standard and for when clinical errors or near misses occur.
 5. Creation of an emergency preparedness plan for addressing situations including but not limited to a reduction in the availability of student clinical sites, a transition from in-person to virtual learning platforms, and a need for increased use of simulation.
- Change: B. Phase II – Initial Approval for Admission of Students. The proposed program shall provide the BON with verification of leadership, a program of learning, and program policies.
- Rationale: Provides clarity as to what should be submitted. The details were moved to Rules.
122. Original: Phase III – Full Approval of Program. The BON shall fully approve the program upon:
1. Completion of BON program survey visit.
 2. A comprehensive program curriculum.
 3. Submission of program's ongoing systematic evaluation plan.
 4. Employment of qualified faculty.

5. Additional oversight of new programs will take place for the first 7 years of operation.

- May include progress reports periodically on program leadership, consistency of faculty, numbers of students and trends of NCLEX pass rates, along with the regularly collected BON annual reports.

Change: C. Phase III – Full Approval of Program. The BON shall grant full approval when the program demonstrates regulatory compliance.

Rationale: Full approval of a program means that it is in compliance with regulatory standards. Moved descriptors 1-5 to Rules.

Section 6. Continuing Approval of a Prelicensure Nursing Education Program

123. Original: b. Warning signs that might trigger a focused site visit include:
1. Complaints from students, faculty, and clinical agencies.
 2. Turnover of program administrators, defined by more than 3 in 5 years.
 3. Frequent nursing faculty turnover/cuts in numbers of nursing faculty.
 4. Decreasing trend in NCLEX pass rates, based on the jurisdiction's NCLEX pass rate standard.

Change: B. Focused site visits may be required, as determined by the BON.

Rationale: Focused site visits are made for problems that arise. Removed what might trigger a focused site visit and will be added to Rules.

124. Original: c. The BON shall review and analyze various sources of information regarding program performance, including, but not limited to:
1. Periodic BON survey visits and/or reports.
 2. Annual report data.
 3. Evidence of being accredited by a USDE recognized national nursing accredited agency.
 4. BON recognized national nursing accreditation visits, reports and other pertinent national nursing accreditation documents provided by the program.
 5. Results of ongoing program systematic evaluation.

Change: C. The BON shall review and analyze various sources of information regarding program performance.

Rationale: Descriptors moved to Rules.

Section 7. Conditional/Probationary Approval of Prelicensure Nursing Education Programs

125. Original: a. The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.

Change: A. The BON may grant conditional/probationary approval when it determines that a program is not fully meeting approval standards.

Rationale: The addition of probationary was to use more inclusive language as some BONs call it "probationary approval."

126. Original: 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.
- Change: B. The nursing program shall submit an action plan and correct the identified program deficiencies, within the timeframe as determined by the BON.
- Rationale: Expands the terminology and updates the sentence for clarity.

Section 8. Withdrawal of Approval

127. Original: a.1. A nursing education program fails to meet the standards of this Rule.
a.2. A nursing education program fails to correct the identified deficiencies within the time specified.
- Change: A.1. A nursing education program fails to correct the deficiencies within the time specified.
A.2. A nursing education program fails to meet the standards.
- Rationale: First the program can try to correct deficiencies, but then it fails to meet the standards. These bullets are reorganized to recognize that.

Section 9. Appeal

128. Original: 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.
- Change: A program denied approval or given less than full approval may appeal that decision. All such actions shall be in accordance with due process.
- Rationale: Removing “rights” provides clarity and updates the terminology.

Section 10. Reinstatement of Full Approval

129. Original: The BON may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.
- Change: The BON may reinstate full approval if the program submits evidence of compliance with nursing education standards within the specified time frame.
- Rationale: Adding “full” provides clarity to the statement.

Section 11. Closure of Prelicensure Nursing Education Programs and Storage of Records

130. Added: B. If the closure is voluntary, the reason for the closure and the intended date of the closure shall be submitted to the BON.
- Rationale: This will assist BONs when following up with programs.
131. Original: c. Arrangements are made for the secure storage and access to academic records and transcripts.
- Change: D. Arrangements are made for the secure storage and access to academic records and transcripts, in a timeframe determined by the BON.

Rationale: A realistic timeframe will assist the students with moving forward as seamlessly as possible.

132. Removed: Section 12. 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.
 - c. Arrangements for the secure storage and access to academic records and transcripts.

Rationale: This section was merged with the information in Section 11 to provide clarity.

Section 12. Innovative Approaches in Prelicensure Nursing Education Programs

133. Original: Section 13. Innovative Approaches in Prelicensure Nursing Education Program
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.

Section 14. 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.

Change: A program may use innovative approaches when approved by the BON to address the changing needs in health care while assuring they are conducted in a manner consistent with the BON's role of public protection.

Rationale: Discussion is not appropriate in the Act, and combining these sections provides for a more concise section.

134. Removed: Section 15. 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.

Rationale: Section is duplicative in Rules and is better suited in that document.

135. Removed: Section 16. Application
- a. A description of the innovation plan, with rationale, shall be provided to the BON at least < > days before the BON meeting.

Rationale: Section is duplicative in Rules and is better suited in that document.

136. Removed: Section 17. Standards for Approval
- a. Eligibility criteria in Section 15 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. Timeline provides for a sufficient period to implement and evaluate the innovative approach.

Rationale: Section is duplicative in Rules and is better suited in that document.

137. Removed: Section 18. Review of Application and BON Action
- a. 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.
 - b. 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.

Rationale: Section is duplicative in Rules and is better suited in that document.

138. Removed: Section 19. Requesting Continuation of the Innovative Approach
- a. If the innovative approach has achieved the desired outcomes, 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

Rationale: Section is duplicative in Rules and is better suited in that document.

Section 13. Simulation

139. Original: Section 20. Simulation
- A prelicensure nursing education program ("program") may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course. A program that uses simulation shall adhere to the standards set in this section.
- Change: A program may use simulation as a substitute for traditional clinical experiences. A program that uses simulation shall adhere to the standards set forth in rules.
- Rationale: Provides for a more concise section. The details are covered in the Rules.
140. Removed: Section 21. Evidence of Compliance
- A program shall provide evidence to the board of nursing that these standards have been met.
- Rationale: Section is duplicative in Rules and is better suited in that document.
141. Removed: Section 22. Organization and Management
- a. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.

- b. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
- c. There shall be a budget that will sustain the simulation activities and training of the faculty.

Rationale: Section is duplicative in Rules and is better suited in that document.

142. Removed: Section 23. Facilities and Resources
The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

Rationale: Section is duplicative in Rules and is better suited in that document.

143. Removed: Section 24. Faculty Preparation
- a. Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation.
 - b. Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.

Rationale: Section is duplicative in Rules and is better suited in that document.

144. Removed: Section 25. Curriculum
- a. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.

Rationale: Section is duplicative in Rules and is better suited in that document.

145. Removed: Section 26. Policies and Procedures
- The program shall have written policies and procedures on the following:
- a. Short-term and long-term plans for integrating simulation into the curriculum;
 - b. Method of debriefing each simulated activity; and
 - c. Plan for orienting faculty to simulation.

Rationale: Section is duplicative in Rules and is better suited in that document.

146. Removed: Section 27. Evaluation
- a. The program shall develop criteria to evaluate the simulation activities.
 - b. Students shall evaluate the simulation experience on an ongoing basis.

Rationale: Section is duplicative in Rules and is better suited in that document.

147. Removed: Section 28. Annual Report
- a. The program shall include information about its use of simulation in its annual report to the board of nursing.

Rationale: Section is duplicative in Rules and is better suited in that document.

Article VII. Board Action and Proceedings

Section 1. Board Action

148. Original: Article VII. Discipline and Proceedings
Section 1. Discipline
Change: Article VII. Board Action and Proceedings
Section 1. Board Action
Rationale: Aligns with evolving culture: throughout the section, when appropriate, the term discipline is replaced with board action.
149. Original: Grounds for Discipline. The BON may discipline a licensee or deny a license to an applicant for any one or a combination of the following:
Change: The Board retains jurisdiction over all licenses regardless of status and may take action if the act occurred while licensed.
Rationale: Ensures that this section outlines actions against a license while license is active and clarifies authority.
150. Original: The Board retains jurisdiction over an expired, inactive, or voluntarily surrendered license. The Board's jurisdiction over the licensee extends for all matters, known or unknown to the Board, at the time of the expiration, inactivation, or surrender of the license.
Change: The BON may take action on an application for licensure, a license, or prescriptive authority for any of the following:
Rationale: This was a standalone statement at the end of the Section. It was reworded to remove redundancy and moved to the preamble to match the formatting of the rest of the Act. This also allows citation to the provision which was not available in the previous formatting.
151. Original: a. Convicted or found guilty, or has entered into an agreed disposition, of a felony offense or misdemeanor offense related to the practice of nursing under applicable state or federal criminal law.
Change: A. Convicted or found guilty, or has entered into an agreed disposition, of
1. A felony offense under applicable state or federal criminal law, or
2. A misdemeanor offense related to the practice of nursing under applicable state or federal criminal law.
Rationale: Clarifies that this applies to felony and misdemeanor charges.
152. Original: c. Misconduct or abuse.
Change: C. Patient abuse.
Rationale: Misconduct is clarified further in additional bullets, while putting focus on patient abuse should be clarified.
153. Original: e. Unsafe practice, substandard care or unprofessional conduct.

- Change: E. Unsafe practice or substandard care.
f. Unprofessional conduct.
- Rationale: Creating a separate bullet allows for citation during hearing, and branching. E. is more patient focused, while f. is more encompassing of patient, coworkers, family, the public.

Section 2. Authority

154. Original: For any one or combination of the grounds set forth in Section 1 above, the BON is authorized to take the following disciplinary action on a license: deny, revoke, suspend, place on probation, summarily issue an emergency limitation or suspension thereof, reprimand or censure, restitution, or other publicly known conditions and findings, accept voluntary surrenders or limitations and place any other limitations or restrictions as necessary, -or any other action as warranted by the facts of the case in accordance with the state administrative procedure act.
- Change: A. For any one or combination of the grounds set forth in Section 1 above, the BON is authorized to take any of the following actions on an application for licensure, license, licensee, or prescriptive authority:
1. Deny,
 2. Revoke,
 3. Suspend,
 4. Place on probation,
 5. Issue an emergency limitation or suspension,
 6. Reprimand or censure,
 7. Order restitution,
 8. Impose fine forfeiture or monetary penalty,
 9. Require an applicant or licensee to submit to an evaluation at their expense to determine their ability to practice safe nursing,
 10. Impose monitoring requirements,
 11. Require additional education,
 12. Accept voluntary surrenders or limitations,
 13. Place any other limitations or restrictions as necessary, or any other action as warranted by the facts of the case in accordance with the state administrative procedure act.
- Rationale: Removes disciplinary action language as the action could be non-disciplinary, breaks list down into bullets to add clarity and refines the list into actionable items. Fining is an action on a license. Adds applicable portions of section 3. Items are listed in increasing order of severity.
155. Original: Section 3. Civil Penalties
- a. Impose fine or monetary penalty.
 - b. Recover the costs of the proceedings resulting in disciplinary action against a nursing license. The cost of proceedings shall include, but is not limited to: the cost paid by the BON to the office of administrative hearings and the office of the attorney general or other BON counsel for legal and investigative services; the costs of a court reporter and witnesses; reproduction of records; BON staff time, travel and expenses; and BON members' per diem reimbursements, travel costs and expenses.

- Change: Section 2.B. The BON is authorized to recover the costs of the proceedings for actions resulting in discipline against a nursing license. The cost of proceedings may include but are not limited to:
1. Cost paid by the BON to the office of administrative hearings and the office of the attorney general or other BON counsel for legal and investigative services,
 2. Costs of a court reporter and witnesses,
 3. Reproduction of records,
 4. BON staff time, travel and expenses,
 5. BON members' per diem reimbursements, travel costs and expenses.
- Rationale: Streamlines section and language therein. These are all within the authority of the BON and therefor do not need a separate section.

Section 3. Reporting

156. Original: Section 4. Immunity and Protection from Retaliation
Section 5. Reporting
Change: Section 3. Reporting
Section 4. Immunity and Protection from Retaliation
Rationale: Reporting occurs first in the process and therefore has been rearranged.
157. Original: a. Licensees shall report, within 30 days of the event, the following: change of address, criminal convictions, malpractice claims, or discipline or complaints pending in another jurisdiction or by another professional licensing board.
Change: A. Licensees shall report, within <> days of the event, the following: change of physical, mailing, and/or email address(es), criminal convictions, malpractice claims and dispositions, discipline or complaints pending, enrollment in a board recognized alternative to discipline program, actions issued in another jurisdiction or by another professional licensing board.
Rationale: Changes to email, physical, and mailing addresses all need to be outlined. This creates a more thorough list.
158. Original: b. A licensed nurse, or any individual, shall report a nurse to the BON if the nurse, or individual, has reasonable cause to suspect that a nurse or an applicant engaged in conduct that may constitute grounds for disciplinary action under this Act.
Change: B. A licensed nurse, or any individual, shall report a nurse to the BON if the nurse, or individual, has reasonable cause to suspect that a nurse or an applicant engaged in conduct that may constitute a violation under this Act.
Rationale: Removes disciplinary language.
159. Original: c. Persons required to report under this section include: employers of RNs, LPN/VNs, or APRNs; jurisdictional agencies required to license, register or survey a facility or agency employing a licensee under this act; an insurer providing professional liability insurance pertaining to the practice of a licensee under this

act; and a court administrator who receives a judgment relevant to the licensee's fitness to practice.

1. A person who is required to report a nurse under this section because the nurse is impaired or suspected of substance use disorder or mental illness may report to the alternative to discipline program instead of reporting to the BON. Alternative to discipline programs have a duty to report to the BON any nurse's failure to comply with the program requirements or termination from the program.

- Change: C. Persons required to report under this section includes but are not limited to: employers of RNs, LPN/VNs, or APRNs; jurisdictional agencies required to license, register or survey a facility or agency employing a licensee under this act; an insurer providing professional liability insurance pertaining to the practice of a licensee under this act.
- D. Alternative to discipline programs have a duty to report to the BON any nurse's failure to comply with the program requirements or termination from the program.
- E. A licensed health care professional shall not be required to report a nurse to the board under this Code section as a result of professional knowledge obtained in the course of the health care professional-patient relationship when the nurse is the patient.
- Rationale: Removes court administrator language as this is not relevant/applicable. Removes disciplinary language in sub-bullet 1 and matches the style of the rest of the section.

Section 4. Immunity and Protection from Retaliation

160. Original: c. A person may not suspend, terminate, or otherwise discipline, discriminate against, or retaliate against anyone who reports, or advises on reporting, in good faith under this section.
- Change: C. A person shall not suspend, terminate, or otherwise discipline, discriminate against, or retaliate against anyone who reports, or advises on reporting, in good faith under this section.
- Rationale: Changes "may" to "shall" to provide accuracy.
161. Removed: d. A person who in good faith reports violations in accordance with this Article has a cause of action against a person who violates subsection b., and may recover:
1. The greater of:
 - a. Actual damages, including damages for mental anguish even if no other injury is shown; or
 - b. \$5,000.
 2. Exemplary damages.
 3. Court costs.
 4. Reasonable attorney's fees.
- e. In addition to the amount recovered under subsection c., a person whose employment is suspended or terminated in violation of this section is entitled to:
1. Reinstatement in the employee's former position or severance pay in an amount equal to three months of the employee's most recent salary.

2. Compensation for wages lost during the period of suspension or termination.

Rationale: These are not actionable by the BON and therefor should not be within the Act.

Article VIII. Violations and Penalties

Section 1. Violations

162. Original: b. Employ, for compensation or without compensation, a person that does not have the authority to practice nursing in this jurisdiction.
- Change: B. Employ or contract with or without compensation a person that does not have the authority to practice nursing as defined in this Act in this jurisdiction.
- Rationale: Clarifies the employment status of the person.

Section 3. Criminal Prosecution

163. Original: Nothing in this Act shall be construed as a bar to criminal prosecution for violation of the provisions of this Act.
- Change: Nothing in this Act shall bar criminal prosecution for violation of the provisions of this Act.
- Rationale: Clarifies language.

Article X. Emerging Technologies

164. Added: Article X. Emerging Technologies
The nurse is responsible for obtaining the requisite competence prior to implementing emerging technology and ensuring appropriate use. Nurses are accountable for their practice and the responsibility to provide competent care remains even in instances of technological failure.
- Rationale: Technology is rapidly advancing, and the ways it effects healthcare are constantly evolving. This article would supply some broad language to guide boards in their regulation of healthcare technologies.

NCSBN MODEL RULES (2021)

Table of Contents

Chapter 1. Title and Purpose	1
Chapter 2. Definitions	1
Chapter 3. Scope of RN, LPN/VN and APRN Practice	2
Chapter 4. Board of Nursing (BON)	4
Chapter 5. RN, LPN/VN and APRN Licensure and Exemptions	5
Chapter 6. Prelicensure Nursing Education	13
Chapter 7. <u>Discipline-Board Action</u> and Proceedings	22
Chapter 8. APRN	24

Chapter 1. Title and Purpose

Chapter 2. Definitions

As used in Chapters 3 through 8 of this Act, unless the context thereof requires otherwise:

- a. “Abandonment” means the intentional 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.
- ~~b. “Dual relationship” means when a nurse is involved in any relationship with a patient in addition to the therapeutic nurse-patient relationship.~~
- b. “Assign” means the process of transferring responsibility and accountability between licensed nurses based on their skills, qualifications, and workload.
- c. “Conditional/Probationary Approval” of Nursing Education Programs means less than full approval of a nursing program.
- d. “Debriefing” means an activity that follows a simulation experience, is led by a facilitator, encourages participant’s reflective thinking, and provides feedback regarding the participant’s performance.
- ~~e.e.~~ “NCLEX-PN®” means the National Council Licensure Examinations for Practical Nurses.
- ~~d.~~ “NCLEX-RN®” means the National Council Licensure Examinations for Registered Nurses.
- e.f. “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.
- g. “Prebriefing” means to have an information held prior to the start of a simulation activity in which instructions or preparatory information is given to the participants. The purposes of the prebriefing are to set the stage for a scenario and to assist participants in achieving scenario objectives.
- f.h. “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.
- g.i. “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.
- ~~h. “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.~~
- ~~i. “Professional boundary violation” means the failure of a nurse to maintain appropriate boundaries with a patient and key parties.~~
- ~~j. “Sexualized body part” means a part of the body not conventionally viewed as sexual in nature that evokes arousal.~~
- ~~k. “Sexual misconduct” means any unwelcome behavior of a sexual nature that is committed without consent or by force, intimidation, coercion, or manipulation.~~
- h.j. “Simulation” means a technique that creates a situation or environment to allow persons to replace or amplify real

~~experiences a representation with guided experiences that evoke or replicate substantial aspects of a the real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions, world in a fully interactive manner (Gaba, 2004).~~

- ~~m. “Debriefing” means an activity that follows a simulation experience, is led by a facilitator, encourages participant’s reflective thinking, and provides feedback regarding the participant’s performance.~~
- ~~k. “Simulation Faculty” – means faculty whose majority of teaching responsibilities are to provide input into developing simulation vignettes, implement simulations, facilitate simulations with other faculty, utilize an accepted and evidence-based debriefing method, and evaluate the students.~~
- ~~l. “Simulation Program Manager” – Shall direct all simulation activities, including education and monitoring of faculty who provide simulation experiences for students; adequately furnishing the simulation center; planning and developing the vignettes to align with the curriculum; evaluating the simulation experiences; and making improvements when necessary.~~

Chapter 3. Scope of RN, LPN/VN and APRN Practice

3.1.1 Standards Related to Licensed Practical/Vocational Nurse (LPN/VN), RN and APRN Professional Accountability

The LPN/VN, RN and APRN:

- a. Accepts responsibility for individual nursing actions, competence, decisions and behavior in the course of nursing practice.
- b. Maintains competence through ongoing learning and application of knowledge in nursing practice.

3.1.2 Standards Related to LPN/VN Scope of Practice

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

- a. Participates in nursing care, health maintenance, patient teaching, counseling, collaborative planning and rehabilitation.
- b. Plans for patient care, including:
 1. Planning nursing care for a patient whose condition is stable or predictable.
 2. Assisting the RN, APRN, or physician in identification of patient needs and goals.
 3. Determining priorities of care together with the RN, APRN or physician.
- c. Provides patient surveillance and monitoring
 1. Participating with other health care providers and contributing in the development, modification, and implementation of the patient centered healthcare plan.
- d. Implements nursing interventions and prescribed medical regimens in a timely and safe manner.
- e. Documents nursing care provided accurately and timely.
- f. 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.
 4. Patient needs and special requests.
- g. Takes preventive measures to promote an environment that is conducive to safety and health for patients, others and self.
- h. Respects patient diversity and advocates for the patient's rights, concerns, decisions and dignity.

- i. Maintains appropriate professional boundaries.

- j. Participates in systems, clinical practice and patient care performance improvement efforts to improve patient outcomes.
- k. Assigns and delegates nursing activities to assistive personnel. The LPN shall:
 - 1. Delegate only those nursing measures for which that person has the necessary skills and competence to accomplish safely.

Authority: Model Act Article III Section 1

3.2.1 Standards Related to RN Scope of Practice

The RN:

- a. Practices within the legal boundaries for nursing through the scope of practice authorized in the Nurse Practice Act and rules governing nursing.
- b. Provides patient surveillance and monitoring.
- c. Identifies changes in patient's health status and takes appropriate action.
- d. Documents nursing care, changes in the patient's condition and all relevant information.
- e. Takes preventive measures to protect patient, others and self.
- f. Delegates to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely.

Authority: Model Act Article III Section 2

3.2.2 Standards Related to APRN Scope of Practice

- a. The APRN shall comply with the standards for RNs as specified in Chapter 3 and to the standards set forth 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, and other national standards of care.

~~c. Discipline of Prescriptive Authority~~

- ~~1. APRN discipline and proceedings is the same as previously stated for RN and LPN/VN in Chapter 7.~~
- ~~2. The BON may limit, restrict, deny, suspend or revoke APRN licensure, or prescriptive or dispensing authority.~~
- ~~3. 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~~

~~4.1. 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.~~

Authority: Model Act Article III Section 3

Chapter 4. Board of Nursing (BON)

~~4.1~~ 4.1 Membership, ~~Nominations, Qualifications, Appointment and Term of Office~~

~~4.21.1~~ 4.2 Officers

~~4.31.2~~ 4.3 Meetings ~~and Attendance~~

~~4.41.3~~ Guidelines

~~4.51.4~~ 4.4 Vacancies, ~~and Removal and Immunity~~

~~4.61.5~~ 4.5 Powers and Duties

~~4.71.6~~ 4.6 Collection of Fees ~~Financial~~

a. The BON may collect the following fees:

1. Application for licensure by examination

- a. RN < >
- b. LPN/VN < >
- c. APRN < >

2. Application for licensure by endorsement

- a. RN < >
- b. LPN/VN < >
- c. APRN < >

3. Temporary permit for endorsement applicant

- a. RN < >
- b. LPN/VN < >
- c. APRN < >

4. Renewal of licensure
 - a. RN < >
 - b. LPN/VN < >
 - c. APRN < >
5. Late renewal < >
6. Reinstatement < >
7. Certified statement that nurse is licensed in jurisdiction < >
8. Duplicate or reissued license < >
9. Insufficient funds < >
10. Nursing education program survey and evaluation per level < >
11. Discipline monitoring < >
12. Copying costs < >
13. Criminal background check processing fees < >

14. Other miscellaneous costs

14-a. Specific fee or statutory references < >

- b. All fees collected by the BON are non-refundable.

Authority: Model Act Article IV Section 6

1.7 Executive Officer

4.8 Immunity

Chapter 5. RN, LPN/VN and APRN Licensure and Exemptions

5.1 Titles and Abbreviations for Licensed Nurses

5.1.1 Titles and Abbreviations for APRNs

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

Authority: Model Act Article III Section 3

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 shall in addition to meeting the applicable requirements of the act:

- a. Submit a completed application and fees established by the BON.
- ~~b. Graduate or be eligible for graduation from a <your jurisdiction> BON approved prelicensure program or a program that meets criteria comparable to those established by the <your jurisdiction> BON in its rules.~~
- ~~c. Pass an examination authorized by the BON.~~
- ~~1-b.~~ All RN applicants shall take and pass the NCLEX-RN®.
- ~~2-c.~~ All LPN/ VN applicants shall take and pass the NCLEX-PN®.
- ~~d. Submit to state and federal criminal background checks.~~
- d. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
- e. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations
- ~~f. Report any condition or impairment (including but not limited to substance abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.~~
- f. Report any actions taken or initiated against a professional or occupational license, registration or certification.
- g. Report current participation in an alternative to discipline program in any jurisdiction.
- ~~h. For an applicant who is a graduate of a prelicensure education program not taught in English, passage of an English proficiency examination that includes the components of reading, speaking, writing and listening.~~
- ~~i-h.~~ Identify 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.
 - 2. The original state or country of licensure or credentialing.
- ~~j-i.~~ Provide Report employment information including current employer if employed in health care, including address, telephone number, position and dates of employment and previous employer in health care, if any, if current employment is less than 12 months.
- ~~k-j.~~ Provide Report information regarding whether 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.
- k. Provide detailed explanations and supporting documentation for each affirmative answer to questions, as

applicable, regarding the applicant's background.

I.

Authority: Model Act Article V Section 3

5.4 Additional Requirements for Licensure by Examination of Internationally Educated Applicants

In addition to the requirements listed in the act and Section 5.3 above, the requirements for licensure by examination of internationally educated applicants, includes:

- a. Graduation from a foreign RN or LPN/ VN precursure education program that (a) has been approved by the authorized accrediting body in the applicable country and (b) has been verified by an independent credentials review agency to be comparable to a licensing board-approved precursure education program;
- b. Acceptable documentation shall verify the date of enrollment, date of graduation and credential conferred. An official transcript and, if not in English, a certified translation is required prior to the approval to take the NCLEX®.
- c. Passage of an English proficiency examination, if a graduate of a foreign precursure education program not taught in English or if English is not the individual's native language, that includes the components of reading, speaking, writing and listening.

Authority: Model Act Article V Section 3

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

- a. An applicant for licensure by endorsement in this state shall, in addition to meeting the applicable requirements of the act:
 1. Submit a completed application and fees as established by the BON.
 2. Graduate from a <your jurisdiction> BON-approved precursure program or a program that meets criteria comparable to those established by the <your jurisdiction>.
 3. Hold a license as an RN or an LPN/VN that is not encumbered.
 4. ~~Pass an examination authorized by the BON.~~
 5. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
 6. ~~Submit to state and federal criminal background checks.~~
 6. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.
 7. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
 8. ~~Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.~~
 - 9.8. Report any actions taken or initiated against a professional or occupational license, registration or certification.
 - 10.9. Report current participation in an alternative to discipline program in any jurisdiction.
 - 11.10. Submit verification of licensure status provided directly from the U.S. jurisdiction of licensure by

examination, or a coordinated licensure information system.

~~b. An applicant for licensure by endorsement as an RN or LPN/ VN in this state, whichever is applicable, shall provide the following information:~~

~~1. Evidence of having passed the licensure examination required by this jurisdiction at the time the applicant was initially licensed in another jurisdiction.~~

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

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

~~d.c.~~ 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.

~~e.d.~~ Detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

Authority: Model Act Article V Section 4

5.6 Renewal of Licenses as an APRN, RN, or LPN/VN

A. An applicant for licensure renewal in this state shall, in addition to meeting the applicable requirements of the act:

1. Submit a completed application and fees as established by the BON.

2. Demonstrate continued competency through:

a. <Peer Review>

b. <Continuing education hours>

c. <Competency examination>

d. <NCLEX examination>

e. <Minimal Practice hours>

f. <Continued competency assessment>

g. <Maintenance of RN certification>

B. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.

C. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations

D. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.

E. Report any actions pending, taken or initiated against a professional or occupational license, registration or certification.

F. Report current participation in an alternative to discipline program in any jurisdiction.

G. Failure to provide the requested information may result in non-renewal of the license to practice nursing or a disciplinary action.

H. Report detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background. 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.~~

Authority: Model Act Article V Section 7

~~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 and a completed application for license renewal that provides the following information:~~

- ~~a. Detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.~~
- ~~b. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.~~
- ~~c. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations~~
- ~~d. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.~~
- ~~e. Report any actions pending, taken or initiated against a professional or occupational license, registration or certification.~~
- ~~f. Report current participation in an alternative to discipline program in any jurisdiction.~~
- ~~g. Failure to provide the requested information may result in non-renewal of the license to practice nursing or a disciplinary action.~~

Authority: Model Act Article V Section 6

5.7 Reactivation of License ~~Following Failure to Renew~~

- ~~A. An applicant for licensure An individual whose license is inactive by failure to renew may apply for reactivation in this state shall, in addition to meeting the requirements of the act by submitting an application, paying a fee, 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. An applicant must:~~
- ~~1. Submit a completed application and fees as established by the BON.~~
 - ~~1.2. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.~~
 - ~~2.3. Submit to state and federal criminal background checks.~~
 - ~~3.4. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.~~
 - ~~4.5. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely in a competent and professional manner.~~
 - ~~5.6. Report any action taken or initiated against a professional or occupational license, registration or certification.~~
 - ~~7. Report current participation in an alternative to discipline program in any jurisdiction.~~
 - ~~6.8. Report detailed explanations and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.~~

Authority: Model Act Article V Section 7

5.7.1 Reinstatement ~~Following Disciplinary Action of License~~

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.

- ~~A. An applicant for licensure reinstatement in this state shall, in addition to meeting the applicable requirements of the act must:~~
- ~~1. Submit a completed application and fees as established by the BON.~~
 1. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction.
 2. Submit to state and federal criminal background checks.
 3. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
 - ~~4. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely in a competent and professional manner.~~

4. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.
5. Report any action taken or initiated against a professional or occupational license, registration or certification.
6. Report current participation in an alternative to discipline program in any jurisdiction.
- ~~6.~~7. Report detailed explanations and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

Authority: Model Act Article V Section 8

5.8 Duties of Licensees

5.9 Criminal Background Checks

5.10 Exemptions to Licensure — Nursing Students

1. ~~No provisions of this Act shall be construed to prohibit the practice of nursing if:~~
 - a. ~~The student is enrolled in a program located in this jurisdiction and approved by the BON or participating in this jurisdiction in a component of a program located in another jurisdiction and approved by a BON.~~
 - b. ~~The student's practice is under the auspices of the program.~~
 - c. ~~The student acts under the supervision of an RN serving for the program as a faculty member or teaching assistant.~~

Authority: Model Act Article V Section 11

5.11.5.8 APRN Licensure

5.11.15.8.1 Application for Initial Licensure

- a. An applicant for initial APRN licensure ~~as an APRN in this state shall, in addition to meeting the applicable requirements of the act 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. Submit a completed application and fees as established by the BON.
 2. 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. Documentation received shall verify:
 - a. Date of graduation;
 - b. Credential conferred;
 - c. 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;
 - d. Role and population focus of the education program; and
 - e. Evidence of meeting the standards of nursing education in this state.
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.~~
2. ~~This documentation shall verify the date of graduation; credential conferred; 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. Demonstrate to the BON competency to practice nursing which may include completing competency to practice nursing evaluations.~~

~~b.c. Report any criminal conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.~~

~~c. Requirements for Certification Programs~~

~~d. Certification programs are accredited by a national accreditation body as acceptable by the BON. Demonstrate to the BON competency to practice nursing which may include completing competency to practice nursing evaluations.~~

~~e. Report any actions taken or initiated against a professional or occupational license, registration or certification.~~

~~f. Report current participation in an alternative to discipline program in any jurisdiction.~~

~~g. Identify any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:~~

~~h. The number and status of the license or credential.~~

~~i. The original state or country of licensure or credentialing.~~

~~j. Report employment information including current employer if employed in health care, including address, telephone number, position and dates of employment and previous employer in health care, if any, if current employment is less than 12 months.~~

~~k. Report information regarding whether 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.~~

~~l. Report detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.~~

~~1.—~~

Authority: Model Act Article V Section 5

5.11.25.8.2 Application of an Internationally Educated APRN

In addition to the requirements listed in the act and Section 2.1 above, the requirements for licensure by examination of internationally educated applicants for APRN licensure includes:~~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 a BON approved qualified credentials evaluation process for the license being sought.
- c. Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening;
- d. Meet all other licensure criteria required of applicants educated in the U.S.

Authority: Model Act Article V Section 5

5.11.35.8.3 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. Documentation received shall verify:
 - a. Date of graduation;
 - b. Credential conferred;
 - c. 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;
 - d. Role and population focus of the education program; and
 - 1.e. Evidence of meeting the standards of nursing education in this state.
 - ~~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. Hold a license as an APRN that is unencumbered.

- c. Not have an encumbered license or privilege to practice in any state or territory.
- ~~b.—~~
- d. Report any conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.
- e. Demonstrate to the Board competency to practice nursing which may include completing competency to practice nursing evaluations.
- f. Report any actions taken or initiated against a professional or occupational license, registration or certification.
- g. Report current participation in an alternative to discipline program in any jurisdiction.
- h. Identify any state, territory or country in which the applicant holds a professional license or credential, if applicable.
Required information includes:
 - i. The number and status of the license or credential.
 - j. The original state or country of licensure or credentialing.
 - k. Report employment information including current employer if employed in health care, including address, telephone number, position and dates of employment and previous employer in health care, if any, if current employment is less than 12 months.
 - l. Report information regarding whether 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.
- e.m. Report detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.
- ~~d.—Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.~~
- ~~e.—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.~~
- ~~f.—Requirements of 5.3.d. i. shall apply to APRNs.~~

Authority: Model Act Article V Section 5

5.11.4 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.
- b. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 8.2.1.
- c. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule.

Authority: Model Act Article V Section 5

5.11.5.8.4 Quality Assurance/Documentation and Audit

The BON may conduct a random audit of licensees and nurses to verify current APRN certification and/or continuing education. Upon request of the BON, licensees shall submit documentation of compliance. Audit may include information relating to APRN certification, continuing competency including continuing education requirements, and other requirements.

Authority: Model Act Article V Section 5

5.11.6 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.
 - 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.

Authority: Model Act Article V Section 5

5.11 Duty to Report

5.12 Criminal Background Checks

5.13 Criminal History

5.14 Competence to Practice Evaluation

5.15 Exemptions

Chapter 6. Prelicensure Nursing Education

6.1 Purpose of Nursing Education Standards

The purpose of nursing education standards is to ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.

Authority: Model Act Article VI Section 1

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 input of stakeholders shall be considered in developing and evaluating the purpose and outcomes of the program.
- c. A systematic evaluation plan of the curriculum program is in place.
- d. The curriculum shall provide diverse-varied didactic and clinical learning experiences consistent with program outcomes.
- e. Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement.
- f. The nursing program administrator shall be professionally and academically qualified RN with institutional authority and administrative responsibility for the program.
- g. The nursing program administrator shall be consistent in a nursing program, with no more than 3 nursing program administrators in 5 years.
- h. Professionally, academically and clinically qualified faculty shall be sufficient in number, have a low turnover, and have the expertise to accomplish program outcomes and quality improvement.
- i. The simulation center shall be accredited or endorsed by an organization approved by the BON.
- j. Written an easily accessible policies and procedures that have been vetted by students and faculty.
- ~~k. Formal mentoring of full-time and part-time faculty.~~
- ~~l. Formal orientation of adjunct faculty. Implementation of formal orientation and mentoring processes of full-time, part-time, and adjunct faculty.~~
- ~~m.k.~~ The school shall provide the opportunity for substantive and periodic workshops and presentations devoted to faculty development.
- ~~n.l.~~ The program can provide evidence that their admission, progression, and student performance standards are based on data.
- ~~o.m.~~ The fiscal, human, physical ~~(including access to a library)~~, clinical and technical learning resources shall be adequate to support program processes, security and outcomes.

| Authority: Model Act Article VI Section 12

6.1.2 Required Criteria for Prelicensure Nursing Education Programs

- a. Curriculum shall include experiences that promote clinical judgment; skill in clinical management, supervision and delegation; interprofessional collaboration; quality and safety; and navigation and understanding of health care systems.

1. Distance education methods are consistent with the curriculum plan.

- a. Any out-of-state program that wants to use clinical experiences must inform the BON. If the out-of-state program does have clinical experiences in this state without informing the BON, the out-of-state program can no longer use the clinical experience sites in this state.
- b. The faculty of the out-of-state program shall find the appropriate sites for the students and have a contractual agreement with the site.
- c. Clinical faculty, or designated preceptor, shall be present during the students' clinical experiences, and they shall meet the BON required credentials in the state where the clinical site is located.
- d. Out-of-state programs using clinical sites shall apply to the BON for approval with the following information:
- e. Name of the site being used;
- f. Number of students;
- g. Hours and days being used;
- ~~1-h.~~ Credentials of faculty with oversight of students.

2. Coursework shall include, but not be limited to:

- a. Sound foundation in biological, physical, social and behavioral sciences
- b. Didactic content including 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.
- c. Didactic and clinical experiences shall include Medical/ Surgical, obstetrics, pediatrics, Psychiatric/ Mental Health and Community Health.
- d. 50% or more of clinical experiences, in each course, shall include direct patient care.
- e. Clinical experiences shall be supervised by nursing faculty and occur directly with patients. Clinical experiences and simulation shall include a variety of clinical settings and are sufficient for meeting program outcomes.

3. International clinical experiences used to meet the direct care of clinical hours shall be approved in advance by the BON.

3-4. The program has processes in place to manage and learn from near misses and errors.

4-5. The program has opportunities for collaboration with interprofessional teams.

5-6. Professional responsibilities, legal and ethical issues, history and trends in nursing and health care.

- b. Students

1. The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.
2. All policies relevant to applicants and students shall be readily available in writing and vetted by students and faculty.
3. Students shall meet health standards and criminal background check requirements.
4. The program shall support non-native English speakers with resources to enhance success. ~~English as a second language assistance is provided~~
5. The program shall support students with disabilities with resources to enhance success. ~~Assistance is available for~~
6. Students shall have resources necessary to support program progression. The fiscal, human, physical, library, clinical and technical learning resources shall be adequate to support program processes, security, and outcomes. ~~All students have books and resources necessary throughout the program.~~
7. Remediation strategies are in place at the beginning of each course and students are aware of how to seek help.

c. Program 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-un~~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, nursing practice and administration; 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-un~~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 academic teaching;
 - d. Experience in nursing practice and administration; and
 - e. A current knowledge of registered nursing practice.

d. Nursing Faculty

1. There shall be a minimum of 35% of the total faculty, including all ~~clinical~~-adjunct, part-time, or other faculty, are employed at the institution as full-time faculty.
2. The nursing faculty shall hold a current, active RN license or privilege to practice that is ~~not-un~~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-un~~encumbered and meet requirements in the jurisdiction where the clinical practicum is conducted.
4. 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 bachelor's degree in nursing.
5. Qualifications for nursing faculty who teach clinical courses, including didactic or clinical experiences, 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. Faculty can demonstrate participation in professional development. This may include but is not limited to the following:
 - a. Methods of instruction.
 - b. Teaching in clinical practice settings.
 - c. How to conduct assessments, including item writing.

~~6-d. Managing students. continuing education.~~

7. Interprofessional faculty teaching non-clinical nursing courses shall have advanced preparation appropriate for the content being taught.
8. Clinical faculty, preceptors and adjunct faculty shall demonstrate current clinical experience related to the area of assigned clinical teaching responsibilities.

9. 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.
10. Simulation ~~program manager faculty are~~ certified and simulation faculty shall have professional development in simulation.

Authority: Model Act Article VI Section 2

6.1.3 Determination of Compliance with Standards

A. Accreditation by a national nursing accrediting body, ~~set forth~~ recognized by the United States Department of Education (USDE), is required, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval.

B. Nursing programs ~~must shall~~ submit to the BON copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt.

Authority: Model Act Article VI Section 3

6.1.4 Purposes of Prelicensure Nursing Education Program Approval

- a. To promote public protection through 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 provide the public and prospective students with a published list of in-state nursing programs that meets the standards established by the BON.

Authority: Model Act Article VI Section 4

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. Evidence of adequate financial support that can be provided on an ongoing basis.
 - ~~1. Identification of sufficient financial and other resources.~~
 2. Governing institution approval and evidence of financial support that can be provided on an ongoing basis support.
 - ~~2.3. Availability of educational resources, such as human, physical (including access to a library), clinical and technical learning resources.~~
 - ~~3.4. Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited-accrediting agency recognized by the USDE.~~
 - 4.5. Evidence of the nursing program actively seeking pre-accreditation or candidacy accreditation from a USDE recognized national nursing accrediting agency.

5.6. Clinical opportunities and ~~availability of~~ resources to meet the program outcomes.

~~6.7.~~ Evidence of ~~clinical-practice-academic~~ partnerships and availability of resources.

~~7.8.~~ Availability of qualified faculty and program director.

~~8.9.~~ A proposed timeline for initiating 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 qualified director.
2. A comprehensive program curriculum.
3. Establishment of student policies for admission, progression, retention, and graduation.
4. Policy and strategies to address students' needs including those with ~~learning~~ disabilities and ~~non-native~~ English ~~as-a-second-languagespeakers~~; and remediation ~~tactics~~ strategies for students performing below standard and for when clinical errors or near misses occur.

5. Creation of an emergency preparedness plan for addressing situations including, but not limited to, a reduction in the availability of student clinical sites, a transition from in-person to virtual learning platforms, and a need for increased use of simulation.

~~5.6.~~ 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.
2. Submission of program's ongoing systematic evaluation plan.
3. Employment of a sufficient number of academically and experientially qualified faculty.
4. Additional oversight of new programs will take place for the first 6 years of operation. This may include progress reports every 6 months on program leadership, consistency of faculty, numbers of students and trends of NCLEX pass rates, along with the regularly collected annual reports to the BON.

Authority: Model Act Article VI Section 5

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.
- b. Warning signs that may trigger a focused site visit include:
 1. Complaints from students, faculty and clinical agencies.
 2. Turnover of program administrators, defined by more than 3 administrators in a 5 year period.
 3. Frequent nursing faculty turnover /reduction in numbers of nursing faculty.
 4. Frequent cuts in numbers of nursing faculty.

5. Decreasing trends in NCLEX pass rates.

- c. ~~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.

~~1-2.~~ Annual report data.

~~2-3.~~ Evidence of being accredited by a USDE recognized national nursing accredited agency.

~~3-4.~~ BON recognized national nursing accreditation visits, reports and other pertinent documents provided by the program.

~~4-5.~~ Results of ongoing program systematic evaluation.

- d. Continuing approval will be granted upon the BON's verification that the program is in compliance with the BON's nursing education administrative rules.

Authority: Model Act Article VI Section 6

6.1.7 Conditional/Probationary 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. The BON may grant conditional/probationary approval if the BON determines that a nursing education program is not fully meeting the nursing education program regulatory standards. The nursing program shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.~~

Authority: Model Act Article VI Section 7

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.~~

1. A nursing education program fails to correct the identified deficiencies within the time specified.

~~2. A nursing education program fails to meet the standards of this Rule.~~

~~3.~~

Authority: Model Act Article VI Section 8

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.

Authority: Model Act Article VI Section 9

6.1.10 Reinstatement of Full Approval

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

Authority: Model Act Article VI Section 10

6.2 Closure of Prelicensure Nursing Education Program and Storage of Records

- a. A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily. If the closure is voluntary, the reason for the closure and the intended date of the closure shall be submitted to the BON.
- b. Provisions shall be made for maintenance of the standards for nursing education during the transition to closure.
- c. Arrangements are made for the secure storage and access to academic records and transcripts.
- d. A plan, n-acceptable to the BON, plan is developed for students to complete a BON approved program.
- e. Confirmation shall be provided to the BON, in writing, that the plan has been fully implemented.

Authority: Model Act Article VI Section 11

~~6.2.1 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.~~
- ~~c. Arrangements for the secure storage and access to academic records and transcripts.~~

~~Authority: Model Act Article VI Section 12~~

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 the Act.

Authority: Model Act Article VI Section 13

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.

Authority: Model Act Article VI Section 14

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-regulatory violations in the past 2 years.

Authority: Model Act Article VI Section ~~15~~12

6.3.3 Application

- a. A description of the innovation plan, with rationale, and timeline shall be provided to the BON ~~at least < > days before the BON meeting for approval.~~

Authority: Model Act Article VI Section ~~16~~12

6.3.4 Standards for Approval

- a. Eligibility criteria in 6.3.2 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. Timeline provides for a sufficient period to implement and evaluate the innovative approach.

Authority: Model Act Article VI Section ~~17~~12

6.3.5 Review of Application and BON Action

- a. If the application meets the standards in 6.3.2 and 6.3.4, the BON may:
 1. Approve the application; or
 2. Approve the application with modifications as agreed between the BON and the nursing education program.
- b. 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.

Authority: Model Act Article VI Section ~~18~~12

6.3.6 ~~Requesting~~ Continuation of the Innovative Approach

- ~~a.—The BON may grant a request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with NCSBN’s evidence-based quality indicators of nursing education programs. 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.~~

Authority: Model Act Article VI Section ~~19~~12

6.4 Simulation

A ~~prelicensure nursing education~~ program (“program”) ~~may shall~~ use a 1:1 ratio of simulation hours to direct clinical care hours as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course. A program that uses simulation shall adhere to the standards set in this section and provide evidence that these standards have been met.

Authority: Model Act Article VI Section ~~20~~13

6.4.1 Evidence of Compliance

A program shall provide evidence to the board of nursing that these standards have been met.

Authority: Model Act Article VI Section 21

6.4.2 Organization and Management

- a. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.
- b. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
- c. There shall be a budget that will sustain the simulation activities and training of the faculty.

Authority: Model Act Article VI Section 22

6.4.36.4.1 Facilities and Resources

aA. The program shall provide adequate fiscal, human, and material resources to support the simulation activities.

B. The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

Authority: Model Act Article VI Section ~~23~~12

6.4.46.4.2 Faculty Preparation

- a. Simulation Faculty ~~faculty involved in simulations, both didactic and clinical,~~ shall have education ~~training~~ in the use of simulation.
- b. Simulation Faculty ~~faculty involved in simulations, both didactic and clinical,~~ shall engage in on-going professional development in the use of simulation.
- ~~b.c.~~ Simulation activities shall be managed by a simulation program manager who is certified in simulation and is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.

Authority: Model Act Article VI Section ~~24~~12

6.4.56.4.3 Curriculum

- a. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.

Authority: Model Act Article VI Section ~~25~~12

6.4.66.4.4 Policies and Procedures

The program shall have written policies and procedures on the following:

- a. A plan ~~Short-term and long-term plans~~ for integrating simulation into the curriculum;
- b. Method of debriefing ~~prebriefing~~ each simulated activity; and

- c. Plan for orienting faculty and students to simulation.

Authority: Model Act Article VI Section ~~26~~12

6.4.76.4.5 Evaluation

- a. The program shall develop criteria to evaluate the simulation activities.
- b. ~~Faculty and Students~~ students shall evaluate the simulation experience on an ongoing basis.

Authority: Model Act Article VI Section ~~12~~27

6.4.8 Annual Report

- ~~C. a.~~ The program shall include information about its use of simulation in its annual report to the board of nursing.

Authority: Model Act Article VI Section 28

Chapter 7. ~~Discipline Board Action~~ and Proceedings

7.1 Grounds for ~~Discipline Board Action~~: behaviors and activities that may result in disciplinary action by the board shall include the following:

~~7.1~~ 7.1.1 Criminal Conduct

- ~~a. Failing to meet the initial requirements of a license.~~
- a. Engaging in conduct that violates the ~~security of the licensure or certification examination or the integrity and/or the security of the licensure or certification examination results, including, but not limited to:~~
 - ~~1. Having a license to practice nursing, a multi-state privilege to practice or another professional license or other credential denied for cause, revoked, suspended, or restricted.~~
 - ~~2. Disciplined in this or any other state, territory, possession, or country or by a branch of the United States military.~~
 - ~~3. Failing to cooperate with a lawful BON investigation.~~
 - ~~4. Practicing without an active license.~~
 - ~~5. Failing to comply with continuing education or competency requirements.~~
 - ~~6. Failing to meet licensing board reporting requirements.~~
 - ~~7. Violating or failing to comply with BON order or agreement.~~
 - ~~8. Practicing beyond the legal scope of practice.~~
 - ~~9. Violating jurisdictional health code.~~
- ~~c. Criminal conviction or adjudication in any jurisdiction for any crime that bears on a licensee's fitness to practice nursing.~~
- ~~d. Obtaining, accessing, or revealing healthcare information from a client record or other source, except as required by professional duties or authorized by law.~~

| ~~e. Threatening, harassing, abusing, or intimidating a patient.~~

7.1.2 Boundaries

- a. Violating boundaries of a professional relationship such as physical, sexual, ~~or~~ emotional ~~acts with a~~, ~~or financial exploitation of~~ a patient~~s~~, ~~or~~ a patient's family member, ~~or~~ caregiver, ~~regardless of consent~~.
- b. Financially ~~exploitation~~ ~~exploiting~~ a patient, a patient's family member, or caregiver, regardless of consent.~~shall include accepting or soliciting money, gifts, loans, or the equivalent during the professional relationship.~~

Authority: Model Act Article VII Section 1

~~1. Disruptive or abusive conduct in the workplace.~~

~~2.c. Misappropriation~~ Misappropriating of patient property or other property.

~~3. Directly or indirectly offering, giving, soliciting, or receiving or agreeing to receive any fee or other consideration to or from a third party or exercising influence on the client for the financial or personal gain of the licensee.~~

~~1. Aiding, abetting, directing, or assisting an individual to violate or circumvent any law or rule intended to guide the conduct of a licensed nurse or any other licensed healthcare provider.~~

7.1.3 Patient Abuse

A. Any action or inaction, including but not limited to physical, sexual, verbal, psychological/emotional conduct, that causes harm or distress towards a patient, a patient's family member or caregiver.

Authority: Model Act Article VII Section 1

7.1.4 Fraud

d. Fraud, deception, or misrepresentation to obtain license.

~~f.e. Engaging in Fraud~~ fraud, deception, or misrepresentation in the practice of nursing.

Authority: Model Act Article VII Section 1

7.1.5 Practice

A. Practicing without an active license or a multi-state privilege to practice.

B. Failing to comply with municipal, state, or federal statute or regulation related to the practice of nursing.

C. Practicing or offering to practice beyond the applicable scope of practice.

D. Obtaining, accessing, revealing, or disseminating healthcare information from a patient record or other source, except as required by professional duties or authorized by law.

E. Displaying disruptive or abusive conduct in the workplace.

F. Aiding, abetting, directing, or assisting an individual to violate or circumvent any law or rule intended to guide the conduct of a licensed nurse or any other licensed healthcare provider.

~~g.f.~~ Unsafe practice, substandard care or unprofessional conduct, including, but not limited to:

1. Failing to perform nursing functions in a manner that is consistent with established customary standards.

2. Administering, advising, or distributing drugs or non-pharmacological interventions contrary to acceptable and

prevailing standards.

~~1.3.~~ Altering, destroying, or attempting to destroy patient or employer records.

~~2.~~ ~~Failing to supervise student experiences as a clinical nursing instructor.~~

~~3.4.~~ Failing to ~~act to~~ safeguard the patient from the incompetent, abusive or illegal practice of any individual.

~~4.5.~~ ~~Engaging in discriminatory conduct~~ ~~Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status or disability while providing nursing services.~~

~~5.6.~~ ~~Abandoning~~ Leaving a nursing assignment prior to the proper reporting and notification to the appropriate department head or personnel of such an action.

~~6.~~ ~~Knowingly abandon a patient in need of nursing care.~~

7. ~~Knowingly n~~eglecting a patient in need of nursing care.

8. Falsifying, omitting, inaccurately documenting, or creating an unintelligible entry in any record.

9. Failing to maintain a patient record that accurately reflects the nursing assessment, care, treatment, and other nursing services provided to the patient;

~~8.10.~~ Demonstrating an actual or potential inability to safely 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 due to any condition that impairs judgment or that would otherwise adversely affect the nurse's ability to practice safely and in a competent, ethical, and professional manner.~~

~~9.~~ ~~Causing an immediate threat to the health or safety of a patient or the public.~~

~~10.~~ ~~Delivering substandard or inadequate care.~~

g. Performing ~~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.~~

h. ~~Delegating a nursing function to an individual who does not have the necessary knowledge, preparation, experience and competence to properly execute the practice.~~

i. ~~Failing to supervise student experience as assigned.~~ Improper supervision or allowing unlicensed practice, including, but not limited to:

1.i. ~~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. Failing to supervise the performance of acts by any individual working at the nurse's delegation or assignment.~~
- ~~3.1. Failing to follow appropriate and recognized standards and guidelines in providing~~ administrative oversight of the nursing organization and nursing services of a health care delivery system or program.
- ~~2. 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.~~
- ~~3. Knowingly aiding or allowing a person to violate or circumvent a law or BON regulation or rule.~~

Authority: Model Act Article VII Section 1

4. 7.1.6 Drugs & Alcohol

- j. Drug related offenses, including, but not limited to:
 - 1. Illegally obtaining, possessing, or distributing drugs for personal or other use or other violations of state or federal drug laws.
 - ~~2. Unauthorized prescribing, dispensing, or administering medication.~~
 - ~~2.3. Testing positive on a drug screen for alcohol, non-prescribed drug, or illicit substance while engaging in the practice of nursing.~~

Authority: Model Act Article VII Section 1

7.1.7 Board Administrative Actions

- ~~A. Action taken by a regulatory body on a license to practice nursing, a multi-state privilege to practice or another professional license or other credential.~~
- ~~B. Failing to respond to a BON investigation.~~
- ~~C. Failing to comply with BON reporting requirements.~~
- ~~D. Violating or failing to comply with any term of a BON order or agreement.~~
- ~~E. Fraudulent application for licensure.~~
- ~~F. Failing to provide requested documentation related to applications, renewals, investigations, or continuing competency requirements.~~
- ~~G. Providing false or misleading documents related to applications, renewals, investigations, or continuing competency requirements.~~

Authority: Model Act Article VII Section 1

7.2 Board Action Related to Prescriptive Practice Authority

- ~~A. Prescribing, dispensing, administering, or distributing drugs or non-pharmacological interventions contrary to acceptable and prevailing standards.~~
- ~~B. Selling, purchasing, trading, or offering to sell, purchase, or trade drug samples.~~

Authority: Model Act Article VII Section 1

7.2 Notification

- a. The BON shall provide information as required by federal law to federal databanks, to a nationally recognized

centralized licensing and discipline databank and may develop procedures for communicating with others in BON policy.

- 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.

Authority: Model Act Article IV Section 5

Chapter 8. APRN

8.1 Standards

- a. The APRN shall comply with the standards for RNs as specified in Chapter 3 and to the standards set forth 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, and other national standards of care.

Authority: Model Act Article X Section 1

8.2 Licensure

8.2.1 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.~~
 2. ~~This documentation shall verify the date of graduation; credential conferred; 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. ~~Report any criminal conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.~~
- c. ~~Requirements for Certification Programs:~~
1. ~~Certification programs are accredited by a national accreditation body as acceptable by the BON.~~

Authority: Model Act Article X Section 2

8.2.2 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 a BON approved qualified credentials evaluation process for the license being sought.~~
- c. ~~Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening;~~
- d. ~~Met all other licensure criteria required of applicants educated in the U.S.~~

Authority: Model Act Article V Section 5

~~8.2.3 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 a 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.~~
- ~~b. Not have an encumbered license or privilege to practice in any state or territory.~~
- ~~c. Report any conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.~~
- ~~d. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.~~
- ~~e. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.~~
- ~~1. Primary source of verification of certification is required.~~
- ~~f. Requirements of 5.3.d. i. shall apply to APRNs.~~

Authority: Model Act Article X Section 2

~~8.2.4 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.~~
- ~~b. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 8.2.1.~~
- ~~c. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule.~~

Authority: Model Act Article X Section 2

~~8.2.5 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.~~

~~Authority: Model Act Article V Section 5~~

~~8.2.6 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.~~
 - ~~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.~~

~~Authority: Model Act Article X Section 2~~

8.38.2 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.
- c. When providing nursing care, the APRN shall provide clear identification that indicates ~~his or her~~their APRN designation.

Authority: Model Act Article X Section 3

8.48.3 **APRN Education**

8.4.18.3.1 **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 RN or 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;
 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. 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.
 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. 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.
 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.
 - 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 ~~include have a minimum of 500 supervised clinical hours~~clinical supervised hours congruent with current national professional organizations and nursing accrediting body standards, or as otherwise defined by the BON. The clinical supervised hours must be applicable to the APRN role and population foci, including pharmacotherapeutic management of patients.~~as defined by the BON. The supervised experience is directly related to the role and population foci, including pharmacotherapeutic management of patients.~~
6. There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and population focus. Post- masters nursing students shall complete the requirements of the master's APRN program through a formal graduate level certificate in the desired role and population focus. Post-master students must meet the same APRN outcome competencies as the master level students.

Authority: Model Act Article XI Section 4

8.4.28.3.2 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.

Authority: Model Act Article X Section 5

8.4.38.3.3 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.
- 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. Type of educational program proposed.
 5. Clinical opportunities and availability of resources.
 6. Availability of qualified faculty.
 7. A pool of available students.
 8. A proposed timeline for initiating and expanding the program.

Authority: Model Act Article X Section 5

~~8.5 Prescriptive Authority~~

~~8.6 Discipline of Prescriptive Authority~~

- ~~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.~~

Authority: Model Act Article X Section 1

Model Rules Proposed Changes and Rationales

(December 2024)

Table of Contents

1. Original: Chapter 7. Discipline
Change: Chapter 7. Board Action and Proceedings
Rationale: Updates terminology to match change proposed to Act.

Chapter 2. Definitions

2. Removed: b. “Dual relationship” means when a nurse is involved in any relationship with a patient in addition to the therapeutic nurse- patient relationship.
Rationale: Not utilized within the proposed document.
3. Added: b. “Assign” means the process of transferring responsibility and accountability between licensed nurses based on their skills, qualifications, and workload.
Rationale: Term utilized throughout changes, matching the proposed additions to the Act.
4. Added: c. “Conditional/Probationary Approval” of Nursing Education Programs means less than full approval of a nursing program.
Rationale: More comprehensively aligns with BON terminology.
5. Removed: h. “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.
Rationale: Not utilized within the proposed document.
6. Added: h. “Practice-academic Partnerships” – Educators, practice leaders and nurse regulators collaborate to ensure quality in-person clinical experiences for prelicensure students.
Rationale: Practice-academic partnerships are associated with better nursing education outcomes when they are implemented. (modified from Spector et al., 2021)
7. Added: i. “Prebriefing” means to have an information held prior to the start of a simulation activity in which instructions or preparatory information is given to the participants. The purposes of the prebriefing are to set the stage for a scenario and to assist participants in achieving scenario objectives.
Rationale: This is a necessary part of simulation now. (Healthcare Simulation Dictionary, 2020).

8. Removed: i. “Professional-boundary violation” means the failure of a nurse to maintain appropriate boundaries with a patient and key parties.
 Rationale: Not utilized within the proposed document.

9. Removed: j. “Sexualized body part” means a part of the body not conventionally viewed as sexual in nature that evokes arousal.
 Rationale: Not utilized within the proposed document.

10. Removed: k. “Sexual misconduct” means any unwelcome behavior of a sexual nature that is committed without consent or by force, intimidation, coercion, or manipulation.
 Rationale: Not utilized within the proposed document.

11. Original: l. “Simulation” means a technique to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner (Gaba, 2004).
 Change: l. “Simulation” means a technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions.
 Rationale: More inclusive with the use of SIM in nursing education. Healthcare Simulation Dictionary, 2nd Edition, 2020.

12. Original: m. “Debriefing” ...
 Rationale: d. “Debriefing” ...
 Rationale: Alphabetized list, reordering definitions accordingly.

13. Added: m. “Simulation Faculty” – means faculty whose majority of teaching responsibilities are to provide input into developing simulation vignettes, implement simulations, facilitate simulations with other faculty, utilize an accepted and evidence-based debriefing method, and evaluate the students.
 Rationale: Simulation faculty, different from the simulation manager, have specific qualifications and responsibilities.

14. Added: n. “Simulation Program Manager” – Shall direct all simulation activities, including education and monitoring of faculty who provide simulation experiences for students; adequately furnishing the simulation center; planning and developing the vignettes to align with the curriculum; evaluating the simulation experiences; and making improvements when necessary.
 Rationale: If a program uses a simulation center and has a significant amount of simulation in their program (that is, more than 10% of the program), they need a simulation program manager to direct the program.

Chapter 3. Scope of RN, LPN/VN and APRN Practice

3.2.2 Standards Related to APRN Scope of Practice

15. Removed: c. Discipline of Prescriptive Authority
1. APRN discipline and proceedings is the same as previously stated for RN and LPN/VN in Chapter 7.
 2. The BON may limit, restrict, deny, suspend or revoke APRN licensure, or prescriptive or dispensing authority.
 3. Additional grounds for discipline related to prescriptive or dispensing authority include, but are not limited to:
 - 3.1. Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards.
 - 3.2 Selling, purchasing, trading, or offering to sell, purchase or trade drug samples.
 - 3.3 Prescribing, dispensing, administering or distributing drugs for other than therapeutic or prophylactic purposes. or
 - 3.4 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.
- Rationale: Redundant language that is outlined within Chapter 7.

Chapter 4. Board of Nursing (BON)

16. Original: 4.1 Membership, Nominations, Qualifications, Appointment and Term of Office
 Change: 4.1 Membership
 Rationale: Match titling in Model Act.
17. Original: 4.3 Meetings
 Change: 4.3 Meetings and Attendance
 Rationale: Match titling in Model Act.
18. Removed: 4.4 Guidelines
 Rationale: Match titling in Model Act.
19. Original: 4.5 Vacancies, Removals and Immunity
 Change: 4.4 Vacancies and Removal
 Rationale: Match titling in Model Act.
20. Original: 4.7 Collection of Fees
 Change: 4.6 Financial
 Rationale: Match titling in Model Act.

21. Added: A.14.a Specific fee or statutory references <>
 Rationale: Recommend a specific fee or statutory reference be added for any additional fees.

Added: 4.8 Immunity
 Rationale: Match titling in Model Act.

Chapter 5. RN, LPN/VN and APRN Licensure and Exemptions

5.1.1 Titles and Abbreviations for APRNs

22. Removed: 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.
 c. When providing nursing care, the APRN shall provide clear identification that indicates his or her APRN designation.
 Rationale: Information is provided within the Model Act.

5.3 Licensure by Examination

23. Original: 5.3 Application for Licensure by Examination as an RN or LPN/VN
 Change: 5.3 Licensure by Examination
 Rationale: Match titling in Model Act.
24. Original: An applicant for licensure as an RN or LPN/VN shall:
 Change: An applicant for licensure as an RN or LPN/VN shall, in addition to meeting the applicable requirements of the act:
 Rationale: Clarify Model Act requirements must be met.
25. Removed: b. Graduate or be eligible for graduation from a <your jurisdiction> BON approved prelicensure program or a program that meets criteria comparable to those established by the <your jurisdiction> BON in its rules.
 Rationale: Located in Model Act.

26. Removed: c. Pass an examination authorized by the BON.
Rationale: Located in Model Act.
27. Removed: d. Submit to state and federal criminal background checks.
Rationale: Located in Model Act.
28. Original: f. Report any condition or impairment (including but not limited to substance abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.
Change: E. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.
Rationale: Group wanted to include demonstration of competency to practice nursing in Act and Rules.
29. Removed: h. For an applicant who is a graduate of a prelicensure education program not taught in English, passage of an English proficiency examination that includes the components of reading, speaking, writing and listening.
Rationale: Moved to international applicant section to reflect Model Act placement.
30. Added: G. Report current participation in an alternative to discipline program in any jurisdiction.
Rationale: Added for each licensure type.
31. Original: j. Provide employment information including current employer if employed in health care, including address, telephone number, position and dates of employment and previous employer in health care, if any, if current employment is less than 12 months.
Change: I. Report employment information including current employer if employed in health care, including address, telephone number, position and dates of employment and previous employer in health care, if any, if current employment is less than 12 months.
Rationale: Replacing "Provide" with "Report" clarifies the action.
32. Original: k. Provide information regarding whether 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.
Change: J. Report information regarding whether 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.
Rationale: Replacing "Provide" with "Report" clarifies the action.

5.4 Additional Requirements for Licensure by Examination of Internationally Educated Applicants

33. Original: In addition to the requirements listed in Section 5.3, the requirements for licensure by examination of internationally educated applicants, includes:
 Change: In addition to the requirements listed in the act and Section 5.3 above, the requirements for licensure by examination of internationally educated applicants, includes:
 Rationale: Clarifies sentence and removes ambiguity in the language.

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

34. Original: a. An applicant for licensure by endorsement in this state shall:
 Change: A. An applicant for licensure by endorsement in this state shall, in addition to meeting the applicable requirements of the act:
 Rationale: Clarifies Model Act requirements must be met.
35. Removed: a.4. Pass an examination authorized by the BON.
 Rationale: Located in Model Act.
36. Removed: a.6. Submit to state and federal criminal background checks.
 Rationale: Located in Model Act.
37. Added: A.6. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.
 Rationale: Added to address ADA concerns.
38. Removed: a.8. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.
 Rationale: Removed due to ADA concerns.
39. Removed: b. An applicant for licensure by endorsement as an RN or LPN/ VN in this state, whichever is applicable, shall provide the following information:
 1. Evidence of having passed the licensure examination required by this jurisdiction at the time the applicant was initially licensed in another jurisdiction.
 Rationale: Located in Model Act.

5.6 Renewal of Licenses as an APRN, RN, or LPN/VN

40. Original: 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.
Change: 5.6 Renewal of Licenses as an APRN, RN, or LPN/VN
Rationale: Located in Model Act.
41. Original: 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 and a completed application for license renewal that provides the following information:
a. Detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.
Change: A. An applicant for licensure renewal in this state shall, in addition to meeting the applicable requirements of the act:
1. Submit a completed application and fees as established by the BON.
2. Demonstrate continued competency through:
a. <Peer Review>
b. <Continuing education hours>
c. <Competency examination>
d. <NCLEX examination>
e. <Minimal Practice hours>
f. <Continued competency assessment>
g. <Maintenance of RN certification>
Rationale: Added continued competency measurements in rules as examples for BONs to include or exclude as needed.
42. Original: d. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.
Change: D. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.
Rationale: Updated language to address ADA concerns.
43. Added: H. Report detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.
Rationale: Added for each licensure type.

5.7 Reactivation of License

44. Original: 5.7 Reactive of License Following Failure to Review
Change: 5.7 Reactivation of License

Rationale: Match titling in Model Act.

45. Original: An individual whose license is inactive by failure to renew may apply for reactivation by submitting an application, paying a fee, 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. An applicant must:

Change: A. An applicant for licensure reactivation in this state shall, in addition to meeting the applicable requirements of the act:

Rationale: Streamline language and remove restatement of Model Act provisions.

46. Added: A.1. Submit a completed application and fees as established by the BON.

Rationale: Added for each licensure type.

47. Original: 4. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner.

Change: A.5. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.

Rationale: Updated for each licensure type to address ADA concerns.

48. Added: A.8. Report detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.

Rationale: Added for each licensure type.

5.7.1 Reinstatement of License

49. Original: 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. An applicant must:

Change: 5.8 Reinstatement of License
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.

Rationale: Streamline language.

50. Added: A. An applicant for licensure reinstatement in this state shall, in addition to meeting the applicable requirements of the act:

Rationale: Streamline language.

51. Added: A. 1. Submit a completed application and fees as established by the BON.
Rationale: Added for each licensure type.
52. Original: 4. Report any condition or impairment (including but not limited to substance use, alcohol abuse, or a mental, emotional or nervous disorder or condition) which in any way currently affects or limits your ability to practice safely in a competent and professional manner.
Change: A. 5. Demonstrate to the BON their competency to practice nursing which may include completing competency to practice nursing evaluations.
Rationale: Updated for each licensure type to address ADA concerns.
53. Added: A.8. Report detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.
Rationale: Added for each licensure type.
54. Removed: 5.8 Duties of Licensees
Rationale: Match titling for Model Act.
55. Removed: 5.9 Criminal Background Checks
Rationale: Match titling for Model Act.
56. Removed: 5.10 Exemptions to Licensure – Nursing Students
1. No provisions of this Act shall be construed to prohibit the practice of nursing if:
a. The student is enrolled in a program located in this jurisdiction and approved by the BON or participating in this jurisdiction in a component of a program located in another jurisdiction and approved by a BON.
b. The student's practice is under the auspices of the program.
c. The student acts under the supervision of an RN serving for the program as a faculty member or teaching assistant.
d. Requirements for Certification Programs
1. Certification programs are accredited by a national accreditation body as acceptable by the BON.
Rationale: Covered in Model Act.

5.9 APRN Licensure

5.9.1 Application for Initial Licensure

57. Original: 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:
Change: A. An applicant for initial APRN licensure shall, in addition to meeting the applicable requirements of the act:

Rationale: Streamline language with other licensure types.

58. Original: a. 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.
a.2. This documentation shall verify the date of graduation; credential conferred; 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.
- Change: A.1. Submit a completed application and fees as established by the BON.
A.2. 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. Documentation received shall verify:
a. Date of graduation;
b. Credential conferred;
c. 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;
d. Role and population focus of the education program; and
e. Evidence of meeting the standards of nursing education in this state.
- Rationale: Streamline and match style for other licensure types.
59. Added: C. Demonstrate to the Board competency to practice nursing which may include completing competency to practice nursing evaluations.
Rationale: Rationale: matches licensure by exam for RNs/LPNs
60. Removed: d. Requirements for Certification Programs
1. Certification programs are accredited by a national accreditation body as acceptable by the BON.
Rationale: Moved to Model Act.
61. Original: b. Report any criminal conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.
Change: D. Report any actions taken or initiated against a professional or occupational license, registration or certification.
Rationale: Rationale: matches licensure by exam for RNs/LPNs

62. Added: E. Report current participation in an alternative to discipline program in any jurisdiction.
Rationale: Rationale: matches licensure by exam for RNs/LPNs
63. Added: F. Identify any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:
Rationale: Rationale: matches licensure by exam for RNs/LPNs
64. Added: G. The number and status of the license or credential.
Rationale: Rationale: matches licensure by exam for RNs/LPNs
65. Added: H. The original state or country of licensure or credentialing.
Rationale: Rationale: matches licensure by exam for RNs/LPNs
66. Added: I. Report employment information including current employer if employed in health care, including address, telephone number, position and dates of employment and previous employer in health care, if any, if current employment is less than 12 months.
Rationale: Rationale: matches licensure by exam for RNs/LPNs
67. Added: J. Report information regarding whether 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.
Rationale: Rationale: matches licensure by exam for RNs/LPNs
68. Added: K. Report detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.
Rationale: Rationale: matches licensure by exam for RNs/LPNs

5.9.2 Application for an Internationally Educated APRN

69. Original: An internationally educated applicant for licensure as an APRN in this state shall:
Change: In addition to the requirements listed in the act and Section 2.1 above, the requirements for licensure by examination of internationally educated applicants for APRN licensure includes:
Rationale: Streamline language.

5.9.3 Application for Licensure by Endorsement

70. Original: a. 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.

a.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.

Change: A.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. Documentation received shall verify:

- a. Date of graduation;
- b. Credential conferred;
- c. 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;
- d. Role and population focus of the education program; and
- e. Evidence of meeting the standards of nursing education in this state.

Rationale: Organized section using bullet point format.

71. Added: B. Hold a license as an APRN that is unencumbered.

Rationale: Mimics section on Licensure by Endorsement for RNs and LP/VNs

72. Removed: d. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.

Rationale: Mimics section on Licensure by Endorsement for RNs and LP/VNs

73. Added: D. Report any conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.

Rationale: Mimics section on Licensure by Endorsement for RNs and LP/VNs

74. Removed: e. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.

1. Primary source of verification of certification is required.

Rationale: Mimics section on Licensure by Endorsement for RNs and LP/VNs

75. Added: E. Demonstrate to the Board competency to practice nursing which may include completing competency to practice nursing evaluations.

Rationale: Mimics section on Licensure by Endorsement for RNs and LP/VNs

76. Removed: f. Requirements of 5.3.d.-i. shall apply to APRNs.

Rationale: Mimics section on Licensure by Endorsement for RNs and LP/VNs

77. Added: F. Report any actions taken or initiated against a professional or occupational license, registration or certification.
Rationale: Mimics section on Licensure by Endorsement for RNs and LP/VNs
78. Added: G. Report current participation in an alternative to discipline program in any jurisdiction.
Rationale: Mimics section on Licensure by Endorsement for RNs and LP/VNs
79. Added: H. Identify 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.
2. The original state or country of licensure or credentialing.
Rationale: Mimics section on Licensure by Endorsement for RNs and LP/VNs
80. Added: I. Report employment information including current employer if employed in health care, including address, telephone number, position and dates of employment and previous employer in health care, if any, if current employment is less than 12 months.
Rationale: Mimics section on Licensure by Endorsement for RNs and LP/VNs
81. Added: J. Report information regarding whether 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.
Rationale: Mimics section on Licensure by Endorsement for RNs and LP/VNs
82. Added: K. Report detailed explanation and supporting documentation for each affirmative answer to questions, as applicable, regarding the applicant's background.
Rationale: Mimics section on Licensure by Endorsement for RNs and LP/VNs
83. Removed: 5.11.4 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.
b. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 8.2.1.
c. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule.
Rationale: APRN renewal folded into renewal section for other licensees.

5.10 Quality Assurance/Documentation and Audit

84. Added: 5.10 Quality Assurance/Documentation and Audit
The BON may conduct a random audit of licensees and upon request of the BON, licensees shall submit documentation of compliance. Audit may include information relating to APRN certification, continuing competency including continuing education requirements, and other requirements.
Rationale: Section taken from previous APRN Model Rules and made more generalizable for all licenses.
- Removed: 5.11.6 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.
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.
Rationale: Streamlined language.

5.11 Duty to Report

85. Added: 5.11 Duty to Report
Rationale: Section taken from previous APRN Model Rules and made more generalizable for all licenses.

5.12 Criminal Background Checks

86. Added: 5.12 Criminal Background Checks
Rationale: Section taken from previous APRN Model Rules and made more generalizable for all licenses.

5.13 Criminal History

87. Added: 5.13 Criminal History
Rationale: Section taken from previous APRN Model Rules and made more generalizable for all licenses.

5.14 Competence to Practice Evaluation

88. Added: 5.14 Competence to Practice Evaluation

Rationale: Section taken from previous APRN Model Rules and made more generalizable for all licenses.

5.15 Exemptions

89. Added: 5.15 Exemptions

Rationale: Section taken from previous APRN Model Rules and made more generalizable for all licenses.

Chapter 6. Prelicensure Nursing Education

6.1 Purpose of Nursing Education Standards

6.1.1 Prelicensure Nursing Education Standards

90. Original: c. A systematic evaluation plan of the curriculum is in place.

Change: C. A systematic evaluation plan of the program is in place.

Rationale: Program is more inclusive in terms of what needs to be evaluated.

91. Original: d. The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes.

Change: D. The curriculum shall provide varied didactic and clinical learning experiences consistent with program outcomes.

Rationale: Changing “diverse” to “varied” updates terminology and provides clarity.

92. Original: i. The simulation center shall be accredited.

Change: I. The simulation center shall be accredited or endorsed by an organization approved by the BON.

Rationale: More comprehensive language- INACSL endorses simulation centers.

93. Original: k. Formal mentoring of full-time and part-time faculty.

l. Formal orientation of adjunct faculty.

Change: K. Implementation of formal orientation and mentoring processes of full-time, part-time, and adjunct faculty.

Rationale: More comprehensive, combines into cohesive sentence

94. Original: m. The school shall provide substantive and periodic workshops and presentations devoted to faculty development.

Change: L. The school shall provide the opportunity for substantive and periodic workshops and presentations devoted to faculty development.

Rationale: Allows faculty to attend external workshops, conferences, etc.

95. Original: o. The fiscal, human, physical (including access to a library), clinical and technical learning resources shall be adequate to support program processes, security and outcomes.
- Change: N. The fiscal, human, physical, library, clinical and technical learning resources shall be adequate to support program processes, security and outcomes.
- Rationale: Clarifies statement and removes unnecessary language.

6.1.2 Required Criteria for Prelicensure Nursing Education Programs

96. Original: a. 1. Distance education methods are consistent with the curriculum plan.
- Change: A.1. Distance education methods are consistent with the curriculum plan.
- a. Any out-of-state program that wants to use clinical experiences must inform the BON. If the out-of-state program does have clinical experiences in this state without informing the BON, the out-of-state program can no longer use the clinical experience sites in this state.
 - b. The faculty of the out-of-state program shall find the appropriate sites for the students and have a contractual agreement with the site.
 - c. Clinical faculty, or designated preceptor, shall be present during the students' clinical experiences, and they shall meet the BON required credentials in the state where the clinical site is located.
 - d. Out-of-state programs using clinical sites shall apply to the BON for approval with the following information:
 - 1. Name of the site being used;
 - 2. Number of students;
 - 3. Hours and days being used;
 - 4. Credentials of faculty with oversight of students.
- Rationale: Inform BONs of out-of-state programs using their clinical sites and to provide direction on approving those out-of-state programs using clinical sites. From the survey sent to education consultants, they are struggling with out-of-state programs using their clinical sites with little oversight of their students and often not even informing the BON that they are in their state. Therefore, this very limited approval process was developed so as not to overwhelm BONs but also to give them control over out-of-state programs using their clinical sites.
97. Original: a.2.v. Clinical experiences shall be supervised and occur directly with patients. Clinical experiences and simulation shall include a variety of clinical settings and are sufficient for meeting program outcomes.
- Change: A.2.e. Clinical experiences shall be supervised by nursing faculty and occur directly with patients. Clinical experiences and simulation shall include a variety of clinical settings and are sufficient for meeting program outcomes.
- Rationale: Clarifies statement.
98. Added: A.3. International clinical experiences used to meet the direct care of clinical hours shall be approved in advance by the BON.
- Rationale: Some BONs have experienced this already and it will be a future challenge so we are being proactive.

99. Original: b.4. English as a second language assistance is provided.
 Change: B.4. The program shall support non-native English speakers with resources to enhance success.
 Rationale: Supports the act and updates language
100. Original: b.5. Assistance is available for students with disabilities.
 Change: B.5. The program shall support students with disabilities with resources to enhance success.
 Rationale: Clarifies statement.
101. Original: b. 6. All students have books and resources necessary throughout the program.
 Change: B.6. Students shall have resources necessary to support program progression. The fiscal, human, physical, library, clinical and technical learning resources shall be adequate to support program processes, security, and outcomes.
 Rationale: Provides for more specific language; terminology moved from current Act.
102. Original: c. Administrator qualifications
 Change: C. Program Administrator Qualifications
 Rationale: Consistent with the updated Act.
103. Original: c.1.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;
 Change: C.1.a. A current, active RN license or privilege to practice that is unencumbered and meets requirements in the jurisdiction where the program is approved;
 Rationale: Updates terminology (not encumbered/unencumbered).
104. Original: c.2.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;
 Change: C.2.a. A current, active RN license or privilege to practice that is unencumbered and meets requirements in the jurisdiction where the program is approved;
 Rationale: Updates terminology (not encumbered/unencumbered).
105. Original: d. Faculty
 Change: D. Nursing Faculty
 Rationale: Clarifies who the section refers to.
106. Original: d.1. There shall be a minimum of 35% of the total faculty, including all clinical adjunct, part-time, or other faculty, are employed at the institution as full-time faculty.
 Change: D.1. There shall be a minimum of 35% of the total faculty, including all adjunct, part-time, or other faculty, are employed at the institution as full-time faculty.
 Rationale: Removed the word "clinical" because not all adjunct faculty have clinical positions.

107. Original: d.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.
 Change: D. 2. The nursing faculty shall hold a current, active RN license or privilege to practice that is unencumbered and meet requirements in the state where the program is approved.
 Rationale: Updates terminology (not encumbered/unencumbered).
108. Original: d.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.
 Change: D.3. Faculty supervising clinical experiences shall hold a current active RN license or privilege to practice that is unencumbered and meet requirements in the jurisdiction where the clinical practicum is conducted.
 Rationale: Updates terminology (not encumbered/unencumbered).
109. Original: d.6. Faculty can demonstrate participation in continuing education.
 Change: D. 6. Faculty demonstrate participation in professional development. This may include but is not limited to the following:
 a. Methods of instruction.
 b. Teaching in clinical practice settings.
 c. How to conduct assessments, including item writing.
 d. Managing students.
 Rationale: Language moved from original Act.
110. Original: d.10. Simulation faculty are certified.
 Change: D.10. Simulation program manager is certified and simulation faculty shall have professional development in simulation.
 Rationale: Meets simulation best practices and standards- the roles are newly defined within Rules.

6.1.3 Determination of Compliance with Standards

111. Original: Accreditation by a national nursing accrediting body, set forth by the United States Department of Education (USDE), is required, 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.
 Change: A. Accreditation by a national nursing accrediting body, recognized by the United States Department of Education (USDE), is required, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval.
 B. Nursing programs shall submit to the BON copies of accreditation related correspondence with the national nursing accrediting board within 30 days of receipt.

Rationale: Adjusts formatting to align with the rest of the document, while also updating terminology.

6.1.4 Purposes of Prelicensure Nursing Education Approval

112. Original: d. To provide the public and prospective students with a published list of nursing programs that meets the standards established by the BON.
 Change: D. To provide the public and prospective students with a published list of in-state nursing programs that meet the standards established by the BON.
 Rationale: Addition of “in-state” clarifies which programs are being referenced.

6.1.5 Establishment of a New Prelicensure Nursing Education Program

113. Original: a.1. Identification of sufficient financial and other resources.
 Change: A.1. Evidence of adequate financial support that can be provided on an ongoing basis.
 Rationale: More specific language providing BONs with comprehensive assessment of the program.
114. Original: a.2. Governing institution approval and evidence of financial support that can be provided on an ongoing basis.
 Change: A.2. Governing institution approval and ongoing support.
 Rationale: Ongoing support of the parent institution is an evidence-based quality indicator.
115. Added: A.3. Availability of educational resources, such as human, physical (including access to a library), clinical and technical learning resources.
 Rationale: Moved from Act- This is important information for a BON to consider when a program is proposed.
116. Original: a.3. Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited agency recognized by the USDE.
 Change: A.4. Evidence of the parent institution meeting state requirements, and regional or national accreditation by an accrediting agency recognized by the USDE.
 Rationale: Restructures the sentence for clarity.
117. Original: a.4. Evidence of the nursing program actively seeking pre-accreditation or candidate accreditation from a USDE recognized national nursing accrediting agency.
 Change: A.5. Evidence of the nursing program actively seeking pre-accreditation or candidacy accreditation from a USDE recognized national nursing accrediting board.
 Rationale: Creates a more accurate statement.
118. Original: a.5. Clinical opportunities and availability of resources.
 Change: A.6. Clinical opportunities and resources to meet the program outcomes.
 Rationale: Clarifies how BONs can evaluate this.

119. Original: a.6. Evidence of clinical partnerships and availability of resources.
 Change: A.7. Evidence of practice-academic partnerships and availability of resources.
 Rationale: Research suggests that these partnerships improve academic outcomes.
120. Original: b.4. Policy and strategies to address students' needs including those with learning disabilities and English as a second language; and remediation tactics for students performing below standard.
 Change: B.4. Policy and strategies to address students' needs including those with disabilities and non-native English speakers; and remediation strategies for students performing below standard and for when clinical errors or near misses occur.
 Rationale: Updates language and clarifies statement.
121. Added: B.5. Creation of an emergency preparedness plan for addressing situations including, but not limited to, a reduction in the availability of student clinical sites, a transition from in-person to virtual learning platforms, and a need for increased use of simulation.
 Rationale: Moved from the original Act-shifts list instead of replacing an item.
122. Original: c.3. Employment of qualified faculty.
 Change: C.3. Employment of a sufficient number of academically and experientially qualified faculty.
 Rationale: Clarifies statement.

6.1.6 Continuing Approval of Prelicensure Nursing Education Programs

123. Original: b.3. Frequent nursing faculty turnover.
 b.4. Frequent cuts in numbers of nursing faculty
 Change: B.3. Frequent nursing faculty turnover/reduction in numbers of nursing faculty.
 Rationale: Combines the two for consistency and clarity.
124. Original: c. 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:
 Change: C. The BON shall review and analyze various sources of information regarding program performance, including, but not limited to:
 Rationale: Removes redundancy.
125. Added: C.2. Annual report data.
 Rationale: These reports will provide the BONs with how well their program are meeting the regulatory quality indicators.

126. Original: c.4. Results of ongoing program evaluation.
 Change: C.5. Results of ongoing program systematic evaluation.
 Rationale: Updates terminology, shifts list to accommodate newly added C.2.

6.1.7 Conditional/Probationary Approval of Prelicensure Nursing Education Programs

127. Original: 6.1.7 Conditional Approval of Prelicensure Nursing Education Programs
 Change: 6.1.7 Conditional/Probationary Approval of Prelicensure Nursing Education Programs
 Rationale: Provides consistency across documents.
128. Original: 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.
 Change: The BON may grant conditional/probationary approval if the BON determines that a nursing education program is not fully meeting the nursing education program regulatory standards. The nursing program shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.
 Rationale: Adds clarity and makes the section more succinct.

6.1.8 Withdrawal of Approval

129. Original: a.1. A nursing education program fails to meet the standards of this Rule.
 a.2. A nursing education program fails to correct the identified deficiencies within the time specified.
 Change: A.1. A nursing education program fails to correct the identified deficiencies within the time specified.
 A.2. A nursing education program fails to meet the standards set forth in this Rule.
 Rationale: Swaps the order- first the program is given the opportunity to correct deficiencies and then it may fail to meet the standards.

6.1.9 Appeal

130. Original: 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.
 Change: A program denied approval or given less than full approval may appeal that decision. All such actions shall be in accordance with due process.
 Rationale: Updates terminology.

6.1.10 Reinstatement of Full Approval

131. Original: 6.1.10 Reinstatement of Approval
 Change: 6.1.10 Reinstatement of Full Approval
 Rationale: Clarifies section.

6.2 Closure of Prelicensure Nursing Education Program and Storage of Records

132. Original: a. A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily.
 Change: A. A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily. If the closure is voluntary, the reason for the closure and the intended date of the closure shall be submitted to the BON.
 Rationale: Provides consistency with updated Act.
133. Original: d. An acceptable plan is developed for students to complete a BON approved program.
 Change: D. A plan, acceptable to the BON, is developed for students to complete a BON approved program.
 Rationale: The BON has oversight of the nursing programs within the approval process.
134. Removed: 6.2.1 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.
 c. Arrangements for the secure storage and access to academic records and transcripts.
 Rationale: Combined with previous section for clarity.

6.3.2 Eligibility

135. Original: c. There are no rule violations in the past 2 years.
 Change: C. There are no regulatory violations in the past 2 years.
 Rationale: In sync with nursing regulation.

6.3.3 Application

136. Original: a. A description of the innovation plan, with rationale, shall be provided to the BON at least < > days before the BON meeting.
 Change: A. A description of the innovation plan, with rationale, and timeline shall be provided to the BON for approval.
 Rationale: Provides boundaries for the programs to follow.

6.3.5 Review of Application and BON Action

137. Original: a. If the application meets the standards, the BON may:
 Change: A. If the application meets the standards in 6.3.2 and 6.3.4, the BON may:
 Rationale: Clarifies which standards are to be met.

6.3.6 Continuation of the Innovative Approach

138. Original: 6.3.6 Requesting Continuation of the Innovative Approach
 Change: 6.3.6 Continuation of the Innovative Approach

Rationale: Clarifies contents of section.

139. Original: 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.
- Change: The BON may grant a request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with NCSBN's evidence-based quality indicators of nursing education programs.
- Rationale: While each innovation will be different, this will give the BONs an overall plan on how to evaluate the innovation.

6.4 Simulation

140. Original: A prelicensure nursing education program ("program") may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course. A program that uses simulation shall adhere to the standards set in this section.
- Change: A program shall use a 1:1 ratio of simulation hours to direct clinical care hours as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course. A program that uses simulation shall adhere to the standards set in this section and provide evidence that these standards have been met.
- Rationale: Edits for clarity and addition of the 1:1 ratio: BONs were surveyed, and they want added to the model rules a ratio of simulation hours to clinical experience hours as this is often discussed by faculty. NCSBN's robust National Simulation Study used a 1:1 ratio. Since that study was published in 2014, there have been no robust studies, which are needed for regulation and policy, on the simulation hours to clinical experience hours ratio.

6.4.1 Facilities and Resources

141. Removed: 6.4.1 Evidence of Compliance
A program shall provide evidence to the board of nursing that these standards have been met.
Rationale: Removes Redundancy, streamlines document- this is combined into 6.4
142. Removed: 6.4.2 Organization and Management
a. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.

- b. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
- c. There shall be a budget that will sustain the simulation activities and training of the faculty.

Rationale: Removes Redundancy, streamlines document- this is combined into 6.4.1 and new 6.4.2

6.4.1 Facilities and Resources

143. Original: a. The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

Change: A. The program shall provide adequate fiscal, human, and material resources to support the simulation activities.
B. The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

Rationale: Removed from original 6.4.2 and moved into this reformatted section.

6.4.2 Faculty Preparation

144. Original: a. Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation.

Change: A. Simulation faculty shall have education in the use of simulation.

Rationale: "Involved in simulation" clearly means any simulation, whether it be didactic or clinical. "Education" is a more professional term than "training."

145. Original: b. Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.

Change: B. Simulation faculty shall engage in on-going professional development in the use of simulation.

Rationale: "Involved in simulation" means any simulation, whether it be didactic or clinical.

146. Added: C. Simulation activities shall be managed by a simulation program manager who is certified in simulation and is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.

Rationale: Since these rules were written, simulation program managers are used in most simulation centers now. Certification will ensure regulators that they are adequately prepared.

6.4.4 Policies and Procedures

147. Original: a. Short-term and long-term plans for integrating simulation into the curriculum;

Change: A. A plan for integrating simulation into the curriculum;

Rationale: Clarifies purpose of statement.

148. Original: b. Method of debriefing each simulated activity; and
 Change: B. Method of prebriefing and debriefing for each simulated activity; and
 Rationale: Prebriefing (defined) is important in simulations.
149. Original: c. Plan for orienting faculty to simulation.
 Change: C. Plan for orienting faculty and students to simulation.
 Rationale: Students need to be orientated to simulation as well.

6.4.5 Evaluation

150. Original: b. Students shall evaluate the simulation experience on an ongoing basis.
 Change: B. Faculty and students shall evaluate the simulation experience on an ongoing basis.
 Rationale: Faculty should also be evaluating the experiences.
151. Original: 6.4.8 Annual Report
 a. The program shall include information about its use of simulation in its annual report to the board of nursing.
 Added: C. The program shall include information about its use of simulation in its annual report to the board of nursing.
 Rationale: The annual report is mentioned in other sections of the model rules too. It would be confusing to have it as a separate section in Simulation

Chapter 7. Board Action and Proceedings

152. Original: Chapter 7. Discipline and Proceedings
 Change: Chapter 7. Board Action and Proceedings
 Rationale: Updates terminology to match Act and current verbiage.

7.1 Grounds for Board Action: behaviors and activities that may result in board action may include the following:

7.1.1 Criminal Conduct

153. Original: 7.1 Grounds for Discipline: behaviors and activities that may result in disciplinary action by the board shall include the following:
 Change: 7.1 Grounds for Board Action: behaviors and activities that may result in board action may include the following:
 Rationale: Updates terminology to match Act and current verbiage. The entire section has been broken down and reformatted to streamline the Chapter.
154. Original: b. Engaging in conduct that violates the security of the licensure or certification examination or the integrity of the examination results, including, but not limited to:

1. Having a license to practice nursing, a multi-state privilege to practice or another professional license or other credential denied for cause, revoked, suspended, or restricted.
2. Disciplined in this or any other state, territory, possession, or country or by a branch of the United States military.
3. Failing to cooperate with a lawful BON investigation.
4. Practicing without an active license.
5. Failing to comply with continuing education or competency requirements.
6. Failing to meet licensing board reporting requirements.
7. Violating or failing to comply with BON order or agreement.
8. Practicing beyond the legal scope of practice.
9. Violating jurisdictional health code.

Change: 7.1.1 Criminal Conduct

A. Engaging in conduct that violates the integrity and/or the security of the licensure or certification examination.

Rationale: Updates organization to section out stand alone violations.

7.1.2 Boundaries

155. Original: f. Violating boundaries of a professional relationship such as physical, sexual, emotional, or financial exploitation of a patients or a patient's family member or caregiver. Financial exploitation shall include accepting or soliciting money, gifts, loans, or the equivalent during the professional relationship.
1. Disruptive or abusive conduct in the workplace.
 2. Misappropriation of patient property or other property.
 3. Directly or indirectly offering, giving, soliciting, or receiving or agreeing to receive any fee or other consideration to or from a third party or exercising influence on the client for the financial or personal gain of the licensee.
 4. Aiding, abetting, directing, or assisting an individual to violate or circumvent any law or rule intended to guide the conduct of a licensed nurse or any other licensed healthcare provider.

Change: 7.1.2 Boundaries

A. Violating boundaries of a professional relationship such as physical, sexual, or emotional acts with a patient, a patient's family member, or caregiver, regardless of consent.

B. Financially exploiting a patient, a patient's family member or caregiver, regardless of consent.

C. Misappropriating patient property or other property.

Rationale: Separates sub bullets to restructure the section and move the applicable parts into their appropriate sub headings

7.1.3 Patient Abuse

156. Original: e. Threatening, harassing, abusing or intimidating a patient.

Change: 7.1.3 Patient Abuse

A. Any action or inaction, including but not limited to physical, sexual, verbal, psychological/emotional conduct, that causes harm or distress towards a patient, a patient's family member or caregiver.

Rationale: Identifies the relationship between the licensee and those this provision encompasses.

7.1.4 Fraud

157. Original: 7.1.a Failing to meet the initial requirements of a license
 Change: A. Fraud, deception, or misrepresentation to obtain license.
 Rationale: Failing to meet requirements is not a violation, this clarifies what is.

158. Original: g. Fraud, deception, or misrepresentation in the practice of nursing.
 Change: B. Engaging in fraud, deception, or misrepresentation in the practice of nursing.
 Rationale: Changes the tense of the sentence to be more inline with the document.

7.1.5 Practice

159. Removed: 7.1.b.9 Violating jurisdictional health code
 10. Knowingly abandon a patient in need of nursing care
 13. Causing an immediate threat to the health or safety of a patient or the public.
 Rationale: Deemed redundant and therefor unnecessary.

160. Original: b.4 Practicing without an active license.
 Change: A. Practicing without an active license or a multi-state privilege to practice.
 Rationale: Mirrors language within section.

161. Added: B. Failing to comply with municipal, state, or federal statute or regulation related to the practice of nursing.
 Rationale: Addresses practice related violations covered under state or federal laws.

162. Original: b.8 Practicing beyond the legal scope of practice.
 Change: C. Practicing or offering to practice beyond the applicable scope of practice.
 Rationale: Encompasses attempts.

163. Original: c. Obtaining, accessing, or revealing healthcare information from a client record or other source, except as required by professional duties or authorized by law.
 Change: D. Obtaining, accessing, revealing, or disseminating healthcare information from a patient record or other source, except as required by professional duties or authorized by law.
 Rationale: Includes more inclusive language.

164. Original: h.10. Delivering substandard or inadequate care
 Change: G.1. Failing to perform nursing functions in a manner that is consistent with established or customary standards.

- Rationale: Original language is duplicative, newly revised it is additive.
165. Added: G.2. Administering, advising, or distributing drugs or non-pharmacological interventions contrary to acceptable and prevailing standards.
Rationale: Correlates with updated language throughout chapter.
166. Original: h.3. Failing to act to safeguard the patient from the incompetent, abusive or illegal practice of any individual
Change: G.4. Failing to safeguard a patient from incompetent, abusive, or illegal practice of any individual.
Rationale: Clarifies statement.
167. Original: h.4. Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status or disability while providing nursing services.
Change: G.5. Engaging in any discriminatory conduct.
Rationale: Is a more inclusive statement removing the chance for a loophole.
168. Original: h.5. Leaving a nursing assignment prior to the proper reporting and notification to the appropriate department head or personnel of such an action.
Change: G.6. Abandoning a nursing assignment prior to the proper reporting and notification to the appropriate department head or personnel of such an action.
Rationale: Consolidates and strengthens the statement.
169. Original: h.6. Knowingly neglect a patient in need of nursing care
Change: G.7. Neglecting a patient in need of nursing care.
Rationale: Refines statement.
170. Original: h.8. 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.
Change: G.10. Demonstrating an actual or potential inability to safely practice nursing due to any condition that impairs judgment or that would otherwise adversely affect the nurse's ability to practice safely and in a competent, ethical, and professional manner.
Rationale: Updates language to align with ADA.
171. Original: h.1. Altering, destroying or attempting to destroy patient or employer records.
16. Falsifying, omitting, inaccurately documenting or creating an unintelligible entry in any record:
i. Performing 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.
- Change: H. Performing a nursing function or undertaking a specific practice without the necessary knowledge, preparation, experience and competency to properly execute the practice.
- Rationale: Removes duplicative language and clarifies statement.
172. Original: j. 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.
- Change: I. Delegating a nursing function to an individual who does not have the necessary knowledge, preparation, experience and competence to properly execute the practice.
- Rationale: Refines the language to clarify the rule.
173. Removed: j.2. Failing to supervise student experiences as a clinical nursing instructor.
- Rationale: Found to be redundant.
174. Added: K. Failing to supervise student experiences as assigned.
- Rationale: Was missing from section and important to add.
175. Original: j.3. Failing to follow appropriate and recognized standards and guidelines in providing administrative oversight of the nursing organization and nursing services of a health care delivery system or program.
- Change: L. Failing to provide administrative oversight of the nursing organization and nursing services of a health care delivery system or program.
- Rationale: Refines statement and allows for flexibility.
176. Original: j.4. 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.
- Change: M. Knowingly aiding or allowing an unlicensed person to engage in the practice of nursing.
- N. Knowingly aiding or allowing a person to violate or circumvent a law or BON regulation or rule.
- Rationale: Separating these into two separate statements provides clarity to the rule.

7.1.6 Drugs & Alcohol

177. Added: A.3. Testing positive on a drug screen for alcohol, non-prescribed drug, or illicit substance while engaging in the practice of nursing.
- Rationale: Provide clarity as to what constitutes a substance abuse related violation in terms of quantity, substance, and timing.

7.1.7 Board Administrative Actions

178. Added: A. Action taken by a regulatory body on a license to practice nursing, a multi-state privilege to practice or another professional license or other credential.
Rationale: More inclusive of actions that can be taken by a BON.
179. Original: b.2. Disciplined in this or any other state, territory, possession, or country or by a branch of the United States military.
b.3. Failing to cooperate with a lawful BON investigation.
Change: Failing to respond to a BON investigation.
Rationale: Refines language.
180. Original: b.5. Failing to comply with continuing education or competency requirements.
b.6. Failing to meet licensing board reporting requirements.
Change: Failing to comply with BON reporting requirements.
Rationale: Provides clarity and is inclusive of the profession.
181. Original: b.7. Violating or failing to comply with BON order or agreement.
Change: D. Violating or failing to comply with any term of a BON order or agreement.
Rationale: Gives the BON more discretion/authority in their agreements.

7.2 Board Action Related to Prescriptive Practice Authority

182. Original: 8.6 Discipline of Prescriptive Authority
Change: 7.2 Board Action Related to Prescriptive Practice Authority
Rationale: Updates language and moves it to a more accurate part of the document.
183. Removed: 8.6.a. APRN discipline and proceedings is the same as previously stated for RN and LPN/VN in Chapter 7.
Rationale: Moving this section to Chapter 7 removes the need for this statement.
184. Original: 8.6.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.
Change: A. Prescribing, dispensing, administering, or distributing drugs or non-pharmacological interventions contrary to acceptable and prevailing standards.
Rationale: Consolidates language and includes terminology used by Practice Sub Committee.

Chapter 8. APRN

185. Removed: 8.2 Licensure
8.2.1 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.
 2. This documentation shall verify the date of graduation; credential conferred; 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. Report any criminal conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.
- c. Requirements for Certification Programs:
1. Certification programs are accredited by a national accreditation body as acceptable by the BON.

8.2.2 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 a BON approved qualified credentials evaluation process for the license being sought.
- c. Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening;
- d. Met all other licensure criteria required of applicants educated in the U.S.

8.2.3 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 a 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.

- b. Not have an encumbered license or privilege to practice in any state or territory.
- c. Report any conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction.
- d. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations.
- e. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.
 - 1. Primary source of verification of certification is required.
- f. Requirements of 5.3.d.-i. shall apply to APRNs.

8.2.4 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.
- b. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 8.2.1.
- c. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule.

8.2.5 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.

8.2.6 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. A 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 (MEET) the following requirements:
 - 1. olds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus.
 - 2. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.
- c. or 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.

Rationale: This information is verbatim in Licensure so there is no need to repeat. Repetition increases the chance of inconsistent language when updated.

186. Removed: 8.5 Prescriptive Authority
8.6 Discipline of Prescriptive Authority
- 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.

Rationale: Combined within Chapter 7 to reduce redundancy.

8.3 APRN Education

8.3.1 Required Criteria for APRN Education Programs

187. Original: c.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.
- Change: C.5. Each instructional track/major shall include clinical supervised hours congruent with current national professional organizations and nursing accrediting body standards, or as otherwise defined by the BON. The clinical supervised hours must be applicable to the APRN role and population foci, including pharmacotherapeutic management of patients.
- Rationale: As different professional organizations recommend different numbers, that are all non-evidence-based, this removes a numerical constraint text and prompts readers to look to professional organizations and accrediting bodies for the purposed hours. So as the number of hours required changes, we don't have to go back and edit the rules continually.

OFFICE OF THE GOVERNOR
STATE OF HAWAII

**TWENTY-THIRD PROCLAMATION
RELATING TO WILDFIRES**

By the authority vested in me by the Constitution and laws of the State of Hawai'i, to provide relief for disaster damages, losses, and suffering, and to protect the health, safety, and welfare of the people, I, Sylvia Luke, Acting Governor of the State of Hawai'i, hereby proclaim as follows:

WHEREAS, on August 8, 2023, the first Proclamation Relating to Wildfires was issued declaring a state of emergency to exist in the counties of Maui and Hawai'i;

WHEREAS, on August 9, 2023, after wildfires spread considerably and burned a number of structures in and around Lāhainā, the Second Proclamation Relating to Wildfires was issued, extending the emergency declaration to the entire State;

WHEREAS, since August 9, 2023, twenty additional proclamations relating to wildfires have been issued, including the most recent Twenty-Second Proclamation Relating to Wildfires issued on June 3, 2025;

WHEREAS, these fires burned thousands of acres, cut off communications, and forced closure of roads and schools, and evacuations in the Kohala Ranch and Kula areas;

WHEREAS, the fires caused significant loss of life and property in Maui County, thousands of people are without adequate housing, and the town of Lāhainā has been destroyed;

WHEREAS, on October 30, 2023, a wildfire ignited in the Mililani Mauka area of Oahu which required considerable county, state, and federal resources to combat;

WHEREAS, on July 10, 2024, a new wildfire ignited in upcountry Maui in the vicinity of Crater Road that has burnt approximately 500 acres, requiring additional government resources to protect public health and safety, property, and natural resources;

WHEREAS, on July 11, 2024, two wildfires ignited in west Kauai, requiring additional government resources to protect public health and safety, property, and natural resources;

WHEREAS, on July 15, 2024, a new wildfire ignited in the Hanapepe area on Kauai and spread rapidly, requiring additional government resources to protect public health and safety, property, and natural resources;

WHEREAS, on the evening of July 18, 2024, another wildfire ignited on the Island of Kauai near Kokee Road and has spread in the direction of Waimea, requiring additional government resources to protect public health and safety, property, and natural resources;

WHEREAS, on the morning of June 15, 2025, a new wildfire ignited and spread in the Kahikinui area on the Island of Maui, causing evacuations and threatening homes, which requires additional government resources to protect public health and safety, property, and natural resources;

WHEREAS, conditions such as drought continue to exist statewide that contribute to the risk of additional wildfires in all counties. Considerable government resources are required to mitigate these risks and to contain such wildfires as they ignite to protect the life, health, and safety of the public;

WHEREAS, it is necessary to continue recovery and mitigation efforts by federal, state, and county agencies, including ensuring adequate health services, shelter, and housing for survivors, as well as to mitigate conditions contributing to wildfire risks;

WHEREAS, it is necessary to supplement the twenty-second proclamation to ensure a continued and effective statewide response to the wildfire emergency, including the August 2023 Lāhainā wildfire;

WHEREAS, under sections 127A-14 and 127A-16, Hawaii Revised Statutes (HRS), the Governor may determine whether an emergency or disaster has occurred, or whether there is an imminent danger or threat of an emergency or disaster and authorize actions under chapter 127A, HRS, including expending funds;

WHEREAS, section 127A-9, HRS, provides immunity from civil liability for certain entities and individuals while engaging in emergency management functions, including volunteers whose services are accepted by authorized persons, except in cases of wilful misconduct, gross negligence, or recklessness; and

NOW, THEREFORE, I, SYLVIA LUKE, Acting Governor of the State of Hawai'i, hereby determine that an emergency or disaster contemplated by section 127A-14,

HRS, is occurring in the State of Hawai'i, and to continue response, recovery, and mitigation efforts, authorize and invoke the following emergency provisions, if not already in effect upon this declaration of an emergency:

I. Invocation of Laws

Sections 127A-12 and 127A-13, HRS, for county and State agencies to provide emergency relief and engage in emergency management functions as defined in section 127A-2, HRS, as a result of and in response to this event.

Section 127A-13(a)(1), HRS, and determine that disaster-generated debris on private property in impacted areas constitutes an immediate threat to life, public health, and safety, and to the economic recovery of the community at large.

Sections 127A-13(a)(8), 127A-25, and 127A-29, HRS. I hereby order that making any unsolicited offer to an owner of real property located in the areas encompassed by United States Postal ZIP codes 96761, 96767, and 96790 on the island of Maui to purchase or otherwise acquire any interest in the real property is prohibited. I further prescribe and adopt this order as a rule having the force and effect of law under section 127A-25. Any person who intentionally, knowingly, or recklessly makes an unsolicited offer to an owner of real property located in in the areas encompassed by United States Postal ZIP codes 96761, 96767, and 96790 on the island of Maui to purchase or otherwise acquire any interest in the real property shall be guilty of a misdemeanor and upon conviction, the person shall be fined no more than \$5,000, imprisoned no more than one year, or both. The foregoing notwithstanding, it shall be an affirmative defense to prosecution if the property owner to whom the offer was made was not impacted by this wildfire emergency. For purposes of this order, "person" means any individual, partnership, corporation, limited liability company, association, or other group or entity, however organized. "Unsolicited" means not asked for or requested.

Section 127A-12(b)(16), HRS, directing all State agencies and officers to cooperate and extend their services, materials, and facilities as may be required to assist in emergency response efforts.

Section 127A-16, HRS, by activating the Major Disaster Fund.

Section 127A-30, HRS, **rental or sale of essential commodities during a state of emergency; prohibition against price increases**. For the island of Maui only, I hereby invoke, effective for the entire duration of this Twenty-Third Proclamation Relating to Wildfires, section 127A-30(a)(1), HRS, the prohibition against price increases only for the essential commodity of rentals of residential dwellings. Prices for this essential commodity may not exceed regular prices that were in effect as of August 9, 2023, when Section 127A-30 was invoked in the Second Proclamation Relating to Wildfires, unless authorized by law or this Proclamation. Any additional operating expenses incurred by the landlord, and which can be documented, may be passed on to the tenant. If rent increases are contained in a written instrument that was signed by the tenant before August 9, 2023, the increases may take place under the written instrument. Provided, however, that affordable and workforce housing projects contain limited income housing units that are bound by Federal, State, and County regulatory agreements that ensure the continued affordability of the housing units by allowing reasonable tenancy terms and rental increases while protecting income limited tenants from being “priced” out of their units. Rent adjustments per the established regulatory agreements can balance affordability for residents with the operational and maintenance costs incurred. Rental income from market rate units within the projects is necessary to off-set the cost of limited income affordable units and keep the projects economically viable. This paragraph shall therefore not apply to housing projects where all the units are owned by the same entity and are: (1) subject to a regulatory agreement under chapter 201H, HRS, or chapters 2.96 or 2.97 of the Maui County Code; and (2) the regulatory agreement subjects units to governmental regulations relating to rent increases; notwithstanding that these housing projects may contain market rate units.

Sections 127A-13(a)(8) and 127A-25, HRS. I hereby order that any tenancy between a hotel, motel, or condominium operated as a hotel or motel on the island of Maui and a person displaced by this wildfire emergency shall not be deemed to create a landlord tenant relationship, nor convert the dwelling unit of the tenancy into a residential dwelling unit, under section 127A-30, chapter 521, and chapter 666, HRS,

unless specified otherwise in such tenancy agreement. I further prescribe and adopt this order as a rule having the force and effect of law under section 127A-25, HRS.

Section 201B-9, HRS. Upon the request of the Board of the Hawai'i Tourism Authority, I hereby declare that a tourism emergency exists in the State. I further authorize the Hawai'i Tourism Authority, in coordination with the Department of Budget and Finance, to use monies in the Tourism Emergency Special Fund to respond to the emergency and provide relief under section 201B-10, HRS.

Rules Relating to Immunities for Health Care Practices, as set forth in Exhibit A.

II. Suspension of Laws

I suspend the following specific provisions of law under section 127A-13(a)(3) to the extent that the law impedes or tends to impede or be detrimental to the expeditious and efficient execution of, or to conflict with, emergency functions, including laws which by this chapter specifically are made applicable to emergency personnel:

Chapter 6E, HRS, **historic preservation**, only to the extent necessary to: (1) allow for emergency demolition, removal, and disposal of wildfire-generated debris; and (2) allow for the construction or erection of temporary housing for use by displaced victims of the Lāhainā wildfires, provided that construction or erection of temporary housing may commence after consultation with, and upon the approval of, the State Historic Preservation Division. Any work performed under this limited suspension shall be subject to cultural, historic, and archaeological monitoring as appropriate. I also order State agencies and personnel, to the extent allowed by law and in consultation with the State Historic Preservation Division, to protect and preserve items of historic or cultural significance to the town and historic character of Lāhainā regardless of age, including but not limited to, business signs and other landmarks.

Section 37-41, HRS, **appropriations to revert to state treasury; exceptions**, to the extent that appropriations lapse at the end of the fiscal year before completion of the emergency actions.

Section 37-74(d), HRS, **program execution**, except for sub-sections 37-74(d)(2) and 37-74(d)(3), HRS, and any such transfers or changes considered to be authorized transfers or changes for purposes of section 34-74(d)(1) for legislative reporting

requirements, to the extent that legislative authorization would likely delay appropriation transfers or changes between programs to provide necessary funding to complete the emergency actions.

Section 37-77, HRS, **claims for legislative relief**, and section 662-11, HRS, **compromise**, only to the extent necessary to allow the Attorney General to settle claims presented for payment from the One Ohana Bank Trust Account.

Section 40-66, HRS, **lapsing of appropriations**, to the extent that the timing of the procurement of the construction of the emergency permanent repairs may occur the fiscal year following the original emergency proclamation.

Chapter 46, HRS, **county organization and administration, provisions applicable to all counties, general provisions**, to the extent necessary to respond to the emergency.

Chapter 76, HRS, **civil service law**, to the extent necessary to respond to the emergency.

Chapter 89, HRS, **collective bargaining in public employment**, to the extent that compliance with this chapter is detrimental to the expeditious and efficient execution of employment actions relating to the emergency.

Chapter 89C, HRS, **public officers and employees excluded from collective bargaining**, to the extent that compliance with this chapter requires additional time detrimental to the expeditious and efficient execution of emergency actions.

Chapter 91, HRS, **administrative procedure**, to the extent necessary for the expeditious provision of interim housing, housing assistance programs, transportation, relocation assistance, supportive services or programs.

Chapter 92, HRS, **public agency meetings and records**, as follows: section 92-3.7(a), to suspend the physical location requirement for Maui-based boards; section 92-15, for boards with Maui-based members, to suspend the quorum requirements, and to the extent the absence of Maui-based members would prevent a board from meeting them, the voting requirements under section 92-4(a) (executive meetings); section 92-9(b), for Maui-based boards, to suspend the deadline for posting minutes; and section 92-3.1(a), for limited meetings of any board related to the emergency, suspend the requirement for the board's vote and concurrence by the Office of Information Practices.

Section 94-4, HRS, **certificate to same**, and section 3-20-9, HAR, **fees for services**, to the extent necessary to waive fees for copying, certifying, and other services provided by the State Archives Division to victims of the wildfires, provided that: (1) persons requesting services shall provide documentation of State or Federal assistance received or being processed due to the wildfire emergency (i.e., FEMA Disaster assistance ID number, receipts and/or declaration of loss of property, Lāhainā residency, etc.); (2) the services relate to those records needed to show evidence of identity, property, and individual rights that are available at the Public Archives and which the Archives Division would ordinarily be responsible for providing copies of; (3) requestors shall provide exact citations or references regarding the requested records; and (4) processing of requests is on a “first-come-first serve” basis, but priority will be given to those in immediate need to help establish identity.

Section 103-2, HRS, **general fund**, to the extent that compliance results in any additional delays.

Section 103-50(e), **building design to consider needs of persons with disabilities; review fees**, to waive the review fees for State Disaster Housing Projects supporting Lāhainā wildfire survivors.

Section 103-53, HRS, **contracts with the State or counties; tax clearances, assignments**, only to the extent necessary to waive the Internal Revenue Service (IRS) tax clearance requirement.

Section 103-55, HRS, **wages, hours, and working conditions of employees of contractors performing services**, to the extent that compliance results in any additional delays.

Chapter 103D, HRS, **Hawaii public procurement code**, to the extent that compliance results in any additional delays involved in meeting procurement requirements for selecting contractors in a timely manner to respond to emergency situations.

Chapter 103F, HRS, **purchases of health and human services**, to the extent that compliance results in any additional delays involved in meeting procurement requirements for selecting contractors in a timely manner to respond to emergency situations.

Chapter 104, HRS, **wages and hours of employees on public works**, and implementing administrative rules, to the extent that compliance with this chapter requires additional time detrimental to the expeditious and efficient execution of emergency actions.

Sections 105-1 to 105-10, HRS, **use of government vehicles, limitations**, to the extent that compliance with this chapter requires additional time detrimental to the expeditious and efficient execution of emergency actions.

Section 127A-16(a)(2), HRS, **major disaster fund**, only to the extent necessary to suspend the \$10,000,000 limit on expenditures for a single emergency or disaster.

Section 127A-25(c), HRS, **rules and orders**, to the extent the requirement to publish rules adopted under chapter 127A, HRS, in a newspaper of general circulation in the State shall be suspended inasmuch as the posting of such rules on the applicable state or county government website or by other means of official announcement as provided by this section brings the rules' content to the attention of the general public.

Section 127A-30, HRS, **rental or sale of essential commodities during a state of emergency; prohibition against price increases**, except on the island of Maui as described in section I, above. The automatic, statewide invocation of this provision is not needed for this emergency.

Chapter 171, HRS, **public lands, management and disposition of**, to the extent necessary to respond to the emergency.

Chapter 180, HRS, **soil and water conservation districts**, to the extent necessary to respond to the emergency.

Chapter 180C, HRS, **soil erosion and sediment control**, to the extent necessary to respond to the emergency.

Chapter 183, HRS, **forest reserves, water development, zoning**, to the extent necessary to respond to the emergency.

Chapter 183C, HRS, **conservation district**, to the extent necessary to respond to the emergency.

Chapter 183D, HRS, **wildlife**, to the extent necessary to respond to the emergency.

Chapter 184, HRS, **state parks and recreation areas**, to the extent necessary to respond to the emergency.

Chapter 187A, HRS, **aquatic resources**, to the extent necessary to respond to the emergency.

Chapter 195, HRS, **natural area reserves system**, to the extent necessary to respond to the emergency.

Chapter 195D, HRS, **conservation of aquatic life, wildlife, and land plants**, to the extent necessary to respond to the emergency.

Chapter 200, HRS, **ocean recreation and coastal areas programs**, to the extent necessary to respond to the emergency.

Chapter 205, HRS, **land use commission**, to the extent necessary to respond to the emergency.

Chapter 205A, HRS, **coastal zone management**, to the extent necessary to respond to the emergency, which includes repairs and reconstruction of structures affected by the Lahaina Wildfire and redevelopment of existing affordable housing projects affected by the Lahaina Wildfire located on State owned property or financed by State funds, subject to compliance with the Hawaii's coastal zone management program objectives, the West Maui Community Plan, and conditions of approval by the Maui County Planning Director to reduce substantial negative impacts on the Special Management Area. Further, that the Special Management Area and shoreline area regulations shall only be applied to parcels located makai of Front Street as determined by the Maui County Planning Director.

Section 231-28, HRS, **tax clearance before procuring liquor licenses**, section 281-31(s), HRS, **licenses, classes**, section 281-32(a), HRS, **licenses, temporary**, section 281-45(3) and (4), HRS, **no license issued, when**, and section 281-53.5, HRS, **county liquor commissions; criminal history record check**, to the extent necessary to allow licensees of premises that are no longer in operation due to the August 8, 2023 wildfires to transfer their operations to new premises within the County of Maui under temporary licenses or permits, provided that the licensees and their operations were in compliance with these sections before August 8, 2023.

Chapter 269, HRS, **public utilities commission**, to the extent necessary to respond to the emergency during the emergency period.

Chapter 271, HRS, **motor carrier law**, to the extent necessary to respond to the emergency during the emergency period.

Chapter 271G, HRS, **Hawaii water carrier act**, to the extent necessary to respond to the emergency during the emergency period.

Chapter 302A, Part VI, Subpart B, **school impact fees**, to the extent necessary to waive the collection of all school impact fees for proposed dwelling units in the West Maui School Impact District designated by the Board of Education and to refund all school impact fees collected since August 8, 2023, in the West Maui School Impact District.

Section 321-11, HRS, **subjects of health rules, generally**, and title 11, chapter 22, Hawaii Administrative Rules (HAR), **mortuaries, cemeteries, embalmers, undertakers, and mortuary authorities**, only to the extent necessary to extend the time that a dead human body must be embalmed, cremated, or buried, on the island of Maui from within 30 hours after death to the later of: 30 days after death or 30 days after release from the custody of the coroner, medical examiner, county, or county physician.

Section 329-38(h)(1), HRS, **prescriptions**, to the extent necessary to waive the requirement that a prescription for controlled substances originate from within the State when prescribed to treat mental, behavioral, neurodevelopmental, or substance-related or addictive disorders.

Section 329-41(a)(8), HRS, **prohibited acts**, to the extent necessary to allow, subject to any federal regulation, a practitioner who is not physically located in the State to facilitate the issuance or distribution of a written prescription or to issue an oral prescription for a controlled substance for a patient, currently in State, who is directly affected by the wildfire emergency during the emergency period.

Section 329-32, HRS, **registration requirements**, to the extent necessary to allow an out-of-state physician or advanced practice registered nurse with a current and active license, and who holds a current United States Drug Enforcement Administration (DEA) registration in at least one state, to administer, prescribe, dispense, or store a controlled substance, on the island of Maui without a current Hawaii controlled substance

registration; provided that they have never had their professional vocational license or their authority to work with controlled substances revoked or suspended and are hired by a State or county agency or entity, or by a hospital, including related clinics and rehabilitation hospitals, nursing home, hospice, pharmacy, clinical laboratory, or other health care entity. This suspension is contingent on the out-of-state physician or advanced practice registered nurse receiving federal authority from the DEA to administer, prescribe, dispense, or store a controlled substance in Hawaii beforehand and complying with any further instruction from the State Narcotics Enforcement Division (NED).

Chapter 342D, HRS, **water pollution**, and implementing rules including but not limited to HAR chapters 11-53, 11-54, 11-55, 11-56, and 11-62, to the extent necessary to respond to the emergency and conduct emergency management functions, provided that the suspension of these laws is applicable only to: (1) the discharges of water pollutants (making unnecessary the need to obtain National Pollutant Discharge Elimination System permits for industrial, construction and municipal related discharges, including stormwater discharges) or water quality certifications associated with (a) demolition, structural restoration and new construction performed by persons utilizing pollution and erosion control best management practices to minimize debris and sediment runoff and erosion, (b) design, construction, operation, maintenance, and closure of the West Maui Temporary Debris Storage Site and the Permanent Disposal Site, commonly referred to as the "Central Maui Landfill, Phase VII, Part 1" performed by persons utilizing pollution and erosion control best management practices to minimize debris and sediment runoff and erosion; and (2) the restoration and continued use of existing cesspools including the use of existing cesspools with the restoration of existing dwellings and the construction of new dwellings for the purpose of replacing that which was lost to fire, provided that such use also otherwise conforms with chapter 11-62, HAR, and the attached DOH Guidance documents, as may be amended or supplemented from time-to-time – "DEPARTMENT OF HEALTH, GUIDANCE FOR EXISTING CESSPOOL USE IN THE WAHIKULI HOUSELOTS SUBDIVISION, Effective March 19, 2024" and "DEPARTMENT OF HEALTH (DOH), GUIDANCE FOR EXISTING CESSPOOL USE IN RESIDENTIAL KULA, MAUI, Effective October 18, 2024.

Chapter 342E, HRS, **non-point source pollution management and control**, to the extent necessary to support emergency management functions.

Chapter 342F, HRS, **noise pollution**, to the extent necessary to respond to the emergency.

Chapter 342H, HRS, **solid waste pollution**, and implementing rules including section 11-58.1, HAR, to allow for the collection, removal and transportation of fire-related debris from its various sources, wherever located, to the West Maui Temporary Debris Storage Site; for temporary storage of fire-related debris at the West Maui Temporary Debris Storage Site; for the operation, maintenance, and closure (removal and remediation) of the West Maui Temporary Debris Storage Site; for the transportation of the fire-related debris to the Permanent Disposal Site, commonly referred to as the "Central Maui Landfill, Phase VII, Part 1;" for the permanent landfilling of the fire-related debris at the Permanent Disposal Site; and for the design, construction, operation, maintenance, and final encapsulation of fire debris with closure cap of the Permanent Disposal Site and associated work, conditioned upon this closure consisting of a hydraulic separation of the fire debris from any other waste cell and the PDS design including appropriate leachate capture and removal. Notwithstanding anything contained in this paragraph, the suspension of laws contained in this proclamation relating to wildfires does not apply to either (1) the acceptance of non-fire-related debris or municipal solid waste at the Permanent Disposal Site; or (2) the expansion of the Permanent Disposal Site beyond the Central Maui Landfill, Phase VII, Part 1.

Chapter 343, HRS, **environmental impact statements**, to the extent necessary to respond to the emergency.

Section 412:3-503, HRS, **Opening or relocating principal office, branch, or agency**, and 16-25-10(b)(4), HAR, **Applications by Hawaii financial institutions**, to the extent necessary to waive the requirement that a Hawaii financial institution file an application, pay a fee, and obtain the Commissioner of Financial Institutions' prior approval before opening or relocating any branch or agency on the island of Maui.

Chapter 451J, **marriage and family therapists**, to the extent necessary to allow an out-of-state marriage and family therapists with a current and active license, or those

previously licensed under Chapter 451J, HRS, but who are no longer current and active, to practice statewide without a Hawai'i license; provided that they have never had their license revoked or suspended and are hired by a State or county agency or facility, or by a hospital, including related clinics and rehabilitation hospitals, nursing home, hospice, pharmacy, or clinical laboratory, or other health care entity.

Section 451J-5, HRS, **prohibited acts**, and section 451J-7, HRS, **application for licensure**, to the extent necessary to waive the licensure and accompanying requirements so as to enable out-of-state marriage and family therapists with a current and active license, to engage in telehealth practices with Hawai'i patients without an in-person consultation or a prior existing provider-patient relationship, provided that they have never had their license revoked or suspended and are subject to the same conditions, limitations, or restrictions as in their home jurisdiction.

Chapter 453, HRS, **medicine and surgery**, and Chapters 16-85, HAR, **medical examiners**, to the extent necessary to allow out-of-state physicians, osteopathic physicians, emergency medical service personnel, and physician assistants with a current and active license, or those previously licensed under Chapter 453, HRS, but who are no longer current and active, to practice statewide without a Hawai'i license; provided that they have never had their license revoked or suspended and are hired by a State or county agency or facility, or hospital, including related clinics and rehabilitation hospitals, nursing home, hospice, pharmacy, or clinical laboratory, or other health care entity.

Section 453-1.3, HRS, **practice of telehealth**, to the extent necessary to allow individuals currently and actively licensed under Chapter 453, HRS, to engage in telehealth without an in-person consultation or a prior existing physician-patient relationship; and to the extent necessary to enable out-of-state physicians, osteopathic physicians, and physician assistants with a current and active license, or those who were previously licensed under Chapter 453, HRS, but who are no longer current and active, to engage in telehealth in Hawai'i without a license, in-person consultation, or prior existing physician-patient relationship, provided that they have never had their license revoked or suspended and are subject to the same conditions, limitations, or restrictions as in their home jurisdiction.

Section 453D-5, HRS, **prohibited acts**, and 453D-7, HRS, **application for licensure as a mental health counselor**, to the extent necessary to allow out-of-state licensed mental health counselors with a current and active license, or those previously licensed under Chapter 453D, HRS, but are no longer current and active, to practice statewide without a Hawai'i license; provided that they have never had their license revoked or suspended and are hired by a State or county agency or facility, or by a hospital, including related clinics and rehabilitation hospitals, nursing home, hospice, pharmacy, or clinical laboratory, or other health care entity.

Section 453D-5, HRS, **prohibited acts**, and section 453D-7, HRS, **application for licensure as a mental health counselor**, to the extent necessary to waive the licensure and accompanying requirements so as to enable out-of-state mental health counselors to engage in telehealth practices with Hawai'i patients without an in-person consultation or a prior existing provider-patient relationship, provided that they have never had their license revoked or suspended and are subject to the same conditions, limitations, or restrictions as in their home jurisdiction.

Chapter 457, HRS, **nurses**, and chapter 16-89, HAR, **nurses**, to the extent necessary to allow out-of-state licensed practical nurses, registered nurses, advanced practice registered nurses and advanced practice registered nurses with prescriptive authority with a current and active license, or those previously licensed under Chapter 457, HRS, but who are no longer current and active, to practice statewide without a Hawai'i license; provided that they have never had their license revoked or suspended and are hired by a State or county agency or facility, or by a hospital, including related clinics and rehabilitation hospitals, nursing home, hospice, pharmacy, or clinical laboratory, or other health care entity.

Section 461-7, HRS, **temporary license**, section 461-8.5, HRS, **reciprocity**, section 16-95-18, HAR, **license or permit required**, section 16-95-22.5, HAR, **application and requirements for pharmacist license by reciprocity** and section 16-95-23, HAR, **temporary license**, to the extent necessary to allow out-of-state pharmacists to engage in the practice of pharmacy in the State and under this emergency proclamation, provided that: 1) their license is not revoked or suspended by any jurisdiction in which they hold a license; and 2) they are working in a pharmacy,

mobile pharmacy in the State that shares common ownership with at least one currently licensed pharmacy in good standing in the State.

Section 463-10.5, HRS, **guards; registration, instruction, training, testing, and continuing education required; renewal of registration**, to the extent necessary to allow out-of-state licensed guards with a current and active license, or those previously licensed under Chapter 463, HRS, but who are no longer current and active, to engage in the business of guarding statewide without a Hawai'i license; provided that they have never had their license revoked or suspended, have not been convicted of a felony within the last five years, and are hired by a Hawai'i licensed guard agency whose license is current, active, and in good standing.

Section 464-4, HRS, **public works required to be supervised by certain professionals**, to the extent necessary to respond to the emergency.

Chapter 465, HRS, **psychologists**, and Chapter 16-98, HAR, **psychologists**, to the extent necessary to allow out-of-state psychologists with a current and active license, or those previously licensed under Chapter 465, HRS, but who are no longer current and active, to practice statewide without a Hawai'i license; provided that they have never had their license revoked or suspended and are hired by a State or county agency or facility, or by a hospital, including related clinics and rehabilitation hospitals, nursing home, hospice, pharmacy, or clinical laboratory, or other health care entity.

Section 465-2, HRS, **license required**, and section 465-15, HRS, **prohibited acts; penalties**, to the extent necessary to waive the licensure and accompanying requirements so as to enable out-of-state psychologists licensed to engage in telehealth practices with Hawai'i patients without an in-person consultation or a prior existing provider-patient relationship, provided that they have never had their license revoked or suspended and are subject to the same conditions, limitations, or restrictions as in their home jurisdiction.

Chapter 466D, **respiratory therapists**, to the extent necessary to allow an out-of-state respiratory therapist with a current and active license, or those previously licensed under Chapter 466D, HRS, but who are no longer current and active, to practice statewide without a Hawai'i license; provided that they have never had their license revoked or suspended and are hired by a State or county agency or facility, or

by a hospital, including related clinics and rehabilitation hospitals, nursing home, hospice, pharmacy, or clinical laboratory, or other health care entity.

Section 466J-4, HRS, **licenses required**, section 466J-5, HRS, **radiographers, radiation therapists, and nuclear medicine technologists, qualifications and licenses**, section 11-44-3, HAR, **licenses required**, section 11-44-4, HAR, **application for license**, and section 11-44-5, HAR, **minimum eligibility requirements for license**, to the extent necessary to allow an out-of-state radiographer, radiation therapist, or nuclear medicine technologist, with a current and active registration or certification in good standing with the American Registry of Radiologic Technologists (ARRT) in radiography, radiation therapy technology, or nuclear medicine technology or with the Nuclear Medicine Technology Certification Board (NMTCB) in nuclear medicine technology, or those previously licensed under Chapter 466J, HRS, but who are no longer current and active, to practice statewide without a Hawai'i license; provided that they have never had their license revoked or suspended and are hired by a state or county agency or other health care entity that possesses a current and valid radiation facility license. Facilities are required to submit to the Radiologic Technology Board the following information for individuals performing radiologic technology under this exemption: full name; ARRT, NMTCB or previous license number; and a photocopy of the current ARRT or NMTCB credential card.

Section 467-7, HRS, **licenses required to act as real estate broker and salesperson**, as it applies to the management and operation, including rental, of State-owned temporary lodging for persons displaced by the Lāhainā wildfire and those assisting with the Lāhainā wildfire recovery.

Chapter 467E, **social workers**, to the extent necessary to allow an out-of-state clinical social worker with a current and active license, or those previously licensed under Chapter 467E, HRS, but who are no longer current and active, to practice statewide without a Hawai'i license; provided that they have never had their license revoked or suspended and are hired by a State or county agency or facility, or by a hospital, including related clinics and rehabilitation hospitals, nursing home, hospice, pharmacy, or clinical laboratory, or other health care entity.

Section 467E-5, HRS, **license required**, and section 467E-13, HRS, **prohibited acts; penalties**, to the extent necessary to waive the licensure and accompanying requirements so as to enable out-of-state social workers to engage in telehealth practices with Hawai'i patients without an in-person consultation or a prior existing provider-patient relationship, provided that they have never had their license revoked or suspended and are subject to the same conditions, limitations, or restrictions as in their home jurisdiction.

Section 514B-112(c), HRS, **condominium community mutual obligations**, to the extent necessary to allow condominiums and condominium owners to house persons displaced by the wildfire emergency in excess of time limits contained in declarations, by-laws, and house rules.

Section 16-95-26(b)(1), HAR, **pharmacy permit**, to the extent necessary to reopen existing pharmacy locations in areas impacted by the wildfire emergency without a sink with hot and cold water and sewage outlet, provided that: 1) reasonable alternative sources for water and sanitation are established; and 2) all other requirements under section 16-95-26 are met.

Section 23-200-10, HAR, only to the extent necessary to (1) allow registrants whose principal place of business or professional practice is directly impacted by wildfire to relocate controlled substances to another healthcare facility so long as the registrant inventories the relocated substances, segregates the stock of controlled substances, and keeps the substances secure; and (2) allow licensed Hawai'i registrants who may respond to the emergency on the islands of Hawai'i or Maui from another island to prescribe, administer, dispense, or store a controlled substance without the need for a separate controlled substance registration. This suspension is conditioned on the registrant informing the State NED beforehand and complying with any further instruction from NED.

III. Severability

If any provision of this Proclamation is rendered or declared illegal for any reason, or shall be invalid or unenforceable, such provision shall be modified or deleted, and the remainder of this Proclamation and the application of such provision to other

persons or circumstances shall not be affected thereby but shall be enforced to the greatest extent permitted by applicable law.

IV. Enforcement

No provision of this Proclamation, or any rule or regulation hereunder, shall be construed as authorizing any private right of action to enforce any requirement of this Proclamation, or of any rule or regulation. Unless the Governor, Director of Emergency Management, or their designee issues an express order to a non-judicial public officer, no provision of this Proclamation, or any rule or regulation hereunder, shall be construed as imposing any ministerial duty upon any non-judicial public officer and shall not bind the officer to any specific course of action or planning in response to the emergency or interfere with the officer's authority to utilize his or her discretion.

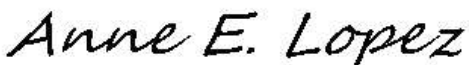
I FURTHER DECLARE that this proclamation supersedes all earlier proclamations relating to wildfires. The disaster emergency relief period shall commence immediately and continue through August 14, 2025, unless terminated or superseded by separate proclamation, whichever shall occur first. Notwithstanding the termination of a disaster emergency relief period, any contracts, agreements, procurements, programs, or employment of personnel entered into, started, amended, or continued by reason of the provisions of the proclamation relating to this emergency shall continue in full force and effect.

Done this 15th day of June, 2025



SYLVIA LUKE,
Acting Governor of Hawai'i

APPROVED:



ANNE E. LOPEZ,
Attorney General, State of Hawai'i

RULES RELATING TO
IMMUNITIES FOR HEALTH CARE PRACTICES

- §1 Purpose and Authority
- §2 Definitions
- §3 Health Care Response to Emergency
- §4 Immunity of Health Care Facilities
- §5 Immunity of Health Care Professionals
- §6 Immunity of Health Care Volunteers
- §7 Miscellaneous

§1 Purpose and Authority. These rules are adopted pursuant to section 127A-9, 12, 13, 25, 29, and 31, Hawaii Revised Statutes (HRS), to respond to this wildfire emergency and have the full force and effect of law. The following rules are necessary to enable the healthcare system in Hawai'i to continue to function at acceptable levels of service for patients during a time when health care professionals are in short supply.

§2 Definitions. For the purpose of these rules, the following definitions apply:

"Health care facility" means any program, institution, site whether fixed or mobile, building, or agency, or portion thereof, private or public, other than federal facilities or services, whether organized for profit or not, used, operated, or designed to provide medical diagnosis, treatment, nursing, rehabilitative, or preventive care to any person or persons. The term includes but is not limited to facilities licensed or certified by DOH pursuant to section 321-11(10), HRS, and others providing similarly organized services regardless of nomenclature, and any state government-operated site providing health care services established for the purpose of responding to this wildfire emergency.

"Health care professional" means marriage and family therapists licensed pursuant to chapter 451J, physicians and surgeons and others licensed pursuant to chapter 453, mental health counselors licensed pursuant to chapter 453D, psychologists licensed pursuant to chapter 465, nurses licensed pursuant to chapter 457, respiratory therapists licensed pursuant to chapter 466D, radiographers, radiation therapists, and nuclear medicine technologists licensed pursuant to chapter 466J, social workers licensed pursuant to chapter 467E, and pharmacists licensed pursuant to

chapter 461 who: (i) are providing health care services at a health care facility in response to this wildfire emergency and are authorized to do so; or (ii) are working under the direction of the Hawai'i Emergency Management Agency (HIEMA) or Hawai'i Department of Health (HDOH) pursuant to any Governor's emergency proclamation or executive order related to this emergency (collectively, "emergency proclamations").

"Health care volunteer" means all volunteers or medical, nursing, social work, pharmacy, or respiratory therapist students who do not have licensure who: (i) are providing services, assistance, or support at a health care facility in response to the wildfire emergency and are authorized to do so; or (ii) are working under the direction of HIEMA or HDOH pursuant to the Governor's emergency proclamations.

§3 Health Care Response to Wildfire Emergency. Health care facilities, health care professionals, and health care volunteers shall render assistance in support of the State's response to the wildfire emergency. For health care facilities, "rendering assistance" in support of the State's response includes cancelling or postponing elective surgeries and procedures as each facility determines to be appropriate under the circumstances presented by the wildfire emergency if elective surgeries or procedures are performed at the health care facility. In addition, for health care facilities, "rendering assistance" in support of the State's response must include measures such as increasing the number of beds, preserving personal protective equipment, or taking necessary steps to prepare to treat patients in need of care because of the emergency. For health care professionals, "rendering assistance" in support of the State's response means providing health care services at a health care facility in response to the wildfire emergency, or working under the direction of HIEMA or HDOH pursuant to the Governor's emergency proclamations. For health care volunteers, "rendering assistance" in support of the State's response means providing services, assistance, or support at a health care facility in response to the wildfire emergency, or working under the direction of HIEMA or HDOH pursuant to the emergency proclamations.

§4 Immunity of Health Care Facilities. Health care facilities that in good faith comply completely with all

state and federal orders regarding this emergency, shall be immune from civil liability for any death or injury to persons, or property damage alleged to have been caused by any act or omission by the health care facility, which death of or injury to persons, or property damage occurred at a time when the health care facility was rendering assistance to the State by providing health care services in response to the wildfire emergency, unless it is established that such death or injury to persons, or property damage was caused by willful misconduct, gross negligence, or recklessness of the health care facility.

§5 Immunity of Health Care Professionals. Health care professionals who in good faith comply completely with all state and federal orders regarding the wildfire emergency, shall be immune from civil liability for any death or injury to persons, or property damage alleged to have been caused by any act or omission by the health care professional, which death of or injury to persons, or property damage occurred at a time when the health care professional was rendering assistance to the State by providing health care services in response to the wildfire emergency, unless it is established that such death or injury to persons, or property damage was caused by willful misconduct, gross negligence, or recklessness of the health care professional.

§6 Immunity of Health Care Volunteers. Any health care volunteer who in good faith complies completely with all state and federal orders regarding the wildfire emergency, shall be immune from civil liability for any death of or injury to persons, or property damage alleged to have been caused by any act or omission by the health care volunteer at a time when the health care volunteer was rendering assistance to the State by providing services, assistance, or support in response to the wildfire emergency, unless it is established that such death of or injury to persons, or property damage was caused by the willful misconduct, gross negligence, or recklessness of the health care volunteer.

§7 Miscellaneous. (a) Nothing in these rules shall be construed to preempt or limit any applicable immunity from civil liability available to any health care facility, health care professional, or health care volunteer.

(b) If any provision of these rules is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision, which can be given effect

without the invalid provision or application. To achieve this purpose, the provisions of this rule are declared to be severable.

(c) The provisions of these rules shall take effect nunc pro tunc to August 8, 2023, and shall remain in effect for the emergency period, unless terminated by separate proclamation, whichever shall occur first.