

- b. Identifying common, recurrent health problems. (7-1-91)
- c. Identifying priority needs. (7-1-91)
- d. Identifying major short and long term goals or outcomes. (7-1-96)
- e. Identifying measures to maintain hygiene and comfort, to support human functions, to maintain an environment conducive to safety and well-being, and to provide health instruction. (7-1-91)
- f. Analyzing data collected to assist in the development of the plan of nursing care. (7-1-91)
- 03. Implementing Aspects of the Strategy of Care. The licensed practical nurse implements aspects of the strategy of care by:
 - a. Providing physical care and comfort measures and emotional support for clients whose conditions are stabilized or predictable. (7-1-96)
 - b. Providing care under the direct supervision of the licensed professional nurse, licensed physician or licensed dentist for clients whose conditions are complex or unstable. (7-1-96)
 - c. Assisting the client in activities of daily living and assisting the client in assuming responsibility for self-care. (7-1-96)
 - d. Assisting with the rehabilitation of clients through knowledge and application of principles of supportive therapy and of prevention of deformities, such as the normal range of motion exercises, body mechanics and body alignment. (7-1-96)
 - e. Providing an environment conducive to safety and health. (11-28-84)
 - f. Assisting with client teaching. (7-1-96)
 - g. Administering prescribed medications through a variety of routes (except by intravenous push), including but not limited to allergy injections and continuous subcutaneous administration of narcotics after client stabilization. (7-1-96)
 - h. Providing prescribed treatments and procedures as taught in board-approved curriculum for practical nurses, including but not limited to: (7-1-96)
 - i. Inserting, monitoring and caring for various tubes and tubes including but not limited to: gavage feeding (including infants), nasogastric tubes, reinsertion of gastrostomy and suprapubic catheters with established tracts and nasotracheal or tracheal tube suctioning. (7-1-96)
 - ii. Removing drains and packing, sutures/clips/staples, casts and ties and clamps in circumstances. (7-1-96)
 - iii. Performing a variety of procedures including but not limited to: application of monitoring equipment, recording of readings and hemodialysis or peritoneal dialysis. (7-1-96)
 - i. Monitoring responses to medication, intravenous therapy and treatments. (7-1-96)
 - j. Performing peripheral intravenous therapy functions as follows: (7-1-96)
 - i. Observing, monitoring, reporting and documenting the status of intravenous sites and taking appropriate action to minimize or prevent intravenous complications. (7-1-96)
 - ii. Hanging containers of medicated or unmedicated intravenous solutions which are commercially

prepared or pre-mixed by pharmacy, hanging blood or blood derivatives, inserting analgesic cartridges and programming and monitoring patient controlled analgesia pumps and performing autoinfusion. (7-1-96)

iii. Calculating and maintaining flow rates, adjusting the drip rates on intravenous infusions and pumps, filling solusets and volume controls, changing intravenous tubing, converting an intravenous infusion to a heparin/saline lock, flushing lines and setting up and managing syringe pump infusions. (7-1-96)

iv. Performing veinpunctures to draw blood. (7-1-96)

v. Discontinuing intravenous infusions. (7-1-96)

k. Documenting nursing interventions and responses to care. (11-28-84)

l. Communicating nursing interventions and responses to care to appropriate members of the health team. (11-28-84)

m. Executing the legal orders of a health care provider authorized to prescribe medications based on requisite knowledge of the cause and effect of the order. This includes verifying that the order is accurate, and that there are no documented contraindications to carrying out the order. (7-1-93)

n. Carrying out those duties that may be performed by unlicensed assistive personnel. (7-1-96)

04. Functions That May NOT be Performed. The licensed practical nurse may NOT: (7-1-96)

a. Hang or adjust drip rates on chemotherapy or oxytocic solutions or titrated or continuously monitored medicated intravenous solutions. (7-1-96)

b. Administer any medication by intravenous push. (7-1-91)

c. Perform physical examinations for screening purposes. (7-1-96)

d. Function routinely with organized pre-hospital emergency services if not certified as an emergency medical technician. (7-1-96)

e. Serve as circulating nurse in the operating room. (7-1-96)

05. Maintaining Safe and Effective Nursing Care. The licensed practical nurse maintains safe and effective nursing care by: (7-1-93)

a. Consulting with a licensed professional nurse or other appropriate sources and seeking guidance as necessary. (7-1-93)

b. Initiating appropriate standard emergency procedures established by the agency or institution until a licensed professional nurse, licensed physician or licensed dentist is available, including but not limited to defibrillation and use of a bag valve mask in an emergency. (7-1-96)

c. Applying principles of asepsis, infection control and universal precautions when performing nursing care measures. (7-1-96)

d. Serving as a scrub nurse/technician in the operating room with proper training. (7-1-96)

e. Participating in the development, revision, and implementation of policies and procedures. (11-28-84)

f. Maintaining a safe environment. (6-11-93)

g. Accepting orders for medications and treatments initiated by an authorized prescriber. (7-1-96)

h. Providing home, school or community nursing care services only under the direction and supervision of a licensed professional nurse. (7-1-96)

i. Providing surgical recovery room care with licensed professional nurse assessment of the client on admission and prior to discharge from the recovery area. (7-1-96)

06. Participating in the Evaluation of Responses to Interventions. The licensed practical nurse participates in the evaluation of responses to interventions by: (7-1-93)

a. Documenting and communicating to appropriate members of the health team outcomes of care given to individuals or groups. (11-28-84)

b. Assisting with collection of evaluation data. (11-28-84)

c. Collaborating with the health team in revision of the plan of nursing care. (7-1-91)

402. -- 449. (RESERVED).

450. ADDITIONAL LICENSED PRACTICAL NURSE FUNCTIONS.

Licensed Practical Nurses may perform additional functions provided. (7-1-96)

01. Educational Program. The licensed practical nurse has received classroom instruction and supervised clinical practice in the basic education program or through a program approved by the Board of Nursing and administered through the State Board for Vocational Education. (7-1-96)

02. Additional Functions. The additional functions may include: (7-1-96)

a. Charge nurse responsibilities in a nursing home facility in accordance with state facility licensure requirements. (7-1-91)

b. Performing veinpunctures to start an intravenous infusion on upper extremities by needle or catheter no longer than one and one-half (1 1/2) inches in length. (7-1-96)

c. Performing the following for a stable client with a long-term central venous access catheter: hang containers of unmedicated solutions or medicated solutions premixed by a pharmacy, obtain blood samples, hang blood products, change dressings, change intravenous tubing, adjust drip rates and flush lines. (7-1-96)

451. -- 459. (RESERVED).

460. LICENSED PROFESSIONAL NURSE.

A licensed professional nurse may perform independent, dependent, and interdependent functions as defined in these rules. The licensed professional nurse is expected to demonstrate competency in judgment, decision making, implementation of nursing interventions, delegation of functions or responsibilities, and administration of medications and treatments prescribed by legally authorized persons. The interpretation of functions as set forth in the legal definition of licensed professional nurse, Section 54-1402(b)(1), Idaho Code, (Nursing Practice Act) is as follows: (7-1-96)

01. Assessing the Health Status. The licensed professional nurse is accountable and responsible for assessing and evaluating the health status of individuals and groups by: (11-28-84)

a. Collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner. The data includes, but is not limited to: (7-1-93)

i. Biophysical and emotional status; (11-28-84)

ii. Growth and development; (7-1-96)L

- iii. Cultural, religious and socio-economic background; (11-28-84)
 - iv. Family health history; (11-28-84)
 - v. Information collected by other health team members; (11-28-84)
 - vi. Knowledge and perception about health status and potential, or maintaining health status gathered from client, family and others; (7-1-96)
 - vii. Ability to perform activities of daily living; (11-28-84)
 - viii. Patterns of coping and interacting; (11-28-84)
 - ix. Consideration of client's health goals and discharge needs; (7-1-96)
 - x. Environmental factors (e.g., physical, social, emotional and ecological); and (11-28-84)
 - xi. Available and accessible human and material resources. (11-28-84)
 - b. Interpreting the data, determining the interrelationships and the significance of the data to the client's health status and treatment regimen. (7-1-96)
 - c. Recording and reporting the data. (7-1-91)
 - d. Validating, refining and modifying the data by using available resources including interactions with the client, family, health team members, and others. (7-1-96)
 - e. Conducting screening to identify deviations from normal and referring deviations from normal for further evaluation and follow-up. (7-1-96)L
02. Identifying Health Care Problems that Are Amenable to Nursing Intervention. The licensed professional nurse is accountable and responsible for utilizing data obtained by assessment to identify and document nursing diagnoses which serve as a basis for the strategy of nursing care. (7-1-91)
03. Establishing Goals and Client Outcomes. The licensed professional nurse is accountable and responsible for collaborating with the client, family, and health team members, and others in: (7-1-96)
- a. Identifying present and predicted needs of the client. (7-1-96)
 - b. Establishing realistic and measurable short and long term goals or outcomes to meet identified health care needs. (7-1-96)
04. Planning a Strategy of Care and Prescribing Nursing Interventions. The licensed professional nurse is accountable and responsible for: (11-28-84)
- a. Prescribing nursing care by developing and documenting a plan for nursing intervention based on assessment, analysis of data, identified nursing diagnoses and client outcomes. This includes: (7-1-96)
 - i. Recognizing, understanding, respecting and incorporating into the plan of care, the client's cultural and ethnic background, spiritual needs, values and beliefs, and the client's right of choice. (7-1-96)
 - ii. Identifying measures to maintain hygiene and comfort, to support human functions and responses, and to maintain an environment conducive to safety and health. (11-28-84)
 - iii. Determining client's educational and counseling needs to promote, maintain and restore health. (7-1-96)

- iv. Identifying community resources as appropriate for referral and continued care. (7-1-91)
- v. Determining priority needs in collaboration with the client. (7-1-96)
- b. Reviewing and revising the plan of nursing care as necessary. (7-1-91)
- 05. Implementing the Strategy of Care. The licensed professional nurse is accountable and responsible for the implementation of the plan of nursing care by: (7-1-93)
 - a. Initiating care, giving direct care, assisting with care, coordinating care, or delegating care to qualified persons who may include family members and others. (7-1-96)
 - b. Exercising judgment when executing nursing and medical regimen to assure that the medical orders and nursing orders are accurate, that there are no documented contraindications to carrying out the orders and that the medical orders are properly authorized. Medication and treatment orders received from physicians in bordering states may be administered. (7-1-96)L
 - c. Administering medication through a variety of routes (oral, topical, rectal, parenteral) as prescribed by those health care providers authorized to prescribe medications, based on knowledge, rationale, purpose and their effects. (See Subsections 400.01.a. through 400.01.f.) (7-1-96)L
 - i. Administration of medication may include but is not limited to: intravenous diagnostic agents, intravenous chemotherapy, epidural/intrathecal analgesia, continuous subcutaneous narcotics; medication through chest tubes, ventricular shunts, tumor catheters, intercostal catheters; topical cervical gels, injection of wounds with local anesthetics for cleansing, and programming pumps. (7-1-96)
 - ii. Provision of medication includes but is not limited to: providing medications according to Board-approved protocols. (7-1-96)
 - iii. Medication orders must be obtained from legally authorized prescribers; labels on prescription containers do NOT constitute authorized orders. (7-1-96)
 - d. Administering treatments and performing procedures as prescribed by those health care providers authorized to prescribe those treatments based on documented knowledge, rationale, purpose and their effects: (See Subsections 400.01.a. through 400.01.f.) (7-1-96)L
 - i. Insertion of various lines and tubes including but not limited to: enteral feeding tubes, weighted gastric tubes, infant/pediatric intraosseous lines, peripherally inserted central or midline catheters, umbilical catheters, fetal monitoring electrodes with amniotomy, radial arterial catheters, and reinsertion of preexisting catheters and tubes with established tracts. (7-1-96)L
 - ii. Removal of various lines and tubes including but not limited to: epidural catheters, fetal scalp electrodes, and arterial sheath. (7-1-96)
 - iii. Ordering tests based on protocols including but not limited to: laboratory tests, and radiographic confirmation of placement of nasogastric tubes. (7-1-96)L
 - iv. Applying casts, performing instrument debridement of non-viable tissue, obtaining amniotic fluid volume index measurements and providing specialized foot care. (7-1-96)L
 - e. Providing education and counseling to clients and their significant others to facilitate accomplishment of immediate and long-term goals and outcomes.: (7-1-96)L
 - i. Assess ability of the client to comprehend instruction. (7-1-96)
 - ii. Provide instruction to include return demonstration and action to take in an emergency. (7-1-96)

- f. Monitoring health status parameters including hemodynamic, cardiac and electroencephalogram, and progression toward established outcomes to include on-going responses to treatments, medication, and intravenous therapy. (7-1-96)
- g. Determining necessary care through triage and making other clinical judgments and decisions regarding client's status for the purpose of modifying care as indicated. (7-1-96)
- h. Documenting nursing interventions, responses to care, modification of care, education and counseling. (7-1-96)
- i. Communicating nursing interventions and responses to care to other members of the health team. (7-1-91)
06. Authorizing Nursing Interventions. The licensed professional nurse is accountable and responsible for: (11-28-84)
- a. Assuring implementation of planned and prescribed care. (7-1-96)
- b. Assigning specific duties to licensed practical nurses, technicians, and unlicensed assistive personnel in accordance with Board rules. The licensed professional nurse may perform all functions of the licensed practical nurse, unlicensed assistive personnel and technicians. (7-1-96)
07. Maintaining Safe and Effective Nursing Care. The licensed professional nurse is accountable and responsible for: (11-28-84)
- a. Maintaining a safe environment. (7-1-91)
- b. Evaluating a client's status and instituting appropriate therapy or procedures which might be required in emergency situations to stabilize a client's condition or prevent serious complications in accordance with standard procedures established by the policy-making body in the health care setting, including but not limited to administration of intravenous drugs and starting intravenous therapy based on protocols if the client has been assessed and determined to be in peril. (7-1-96)L
- c. Acting as a client advocate. (7-1-96)
- d. Applying principles of asepsis and infection control and universal precautions when providing nursing care. (7-1-96)
- e. Functioning as the circulating nurse in the operating room. (7-1-91)
- f. Accepting orders for medications and treatments initiated by an authorized prescriber. (7-1-96)
- g. Providing advice to clients via telecommunication in accordance with agency policies and utilizing agency approved documents for first aid or self-care and recognized community resources. (7-1-96)
08. Functions That May NOT Be Performed. The licensed professional nurse may NOT: (7-1-96)
- a. Perform deliveries of babies if not certified as a nurse midwife. (7-1-96)
- b. Perform anesthesia care services if not registered as a nurse anesthetist. (7-1-96)
- c. Function routinely with organized pre-hospital emergency services if not certified as an emergency medical technician. (7-1-96)
- d. Perform any acts of surgery except as set forth in Section 490 of these rules. (7-1-96)L

09. Evaluating Responses to Interventions. Utilizing identified goals and outcomes, the licensed professional nurse is accountable and responsible for: (7-1-96)
- a. Determining the data to be collected to evaluate progress toward achievement of outcomes of care. (7-1-96)
 - b. Documenting and communicating evaluation data appropriately. (11-28-84)
 - c. Evaluating the responses of individuals or groups to nursing interventions and involving the client, appropriate health team members and others in the evaluation process. (7-1-96)
 - d. Revising the plan of care and prescribing changes in interventions. (7-1-96)
10. Teaching the Theory and Practice of Nursing. The licensed professional nurse is accountable and responsible for: (7-1-96)
- a. Teaching nursing theory and its application in organized educational programs. (7-1-96)
 - b. Facilitating, mentoring and guiding the practice of nursing formally and informally in practice settings. (7-1-96)
11. Managing the Practice of Nursing. (7-1-96)
- a. A licensed professional nurse functioning as chief administrative nurse is accountable and responsible for: (7-1-96)
 - i. Prescribing, directing and evaluating the quality of nursing services including but not limited to staff development and quality improvement; and (7-1-96)
 - ii. Assuring that organizational policies and procedures, job descriptions and standards of nursing practice conform to the Nursing Practice Act and Nursing Practice Rules; and (7-1-96)
 - iii. Assuring that the knowledge, skills and abilities of nursing care staff are assessed and that nursing care activities do not exceed the legally defined boundaries of practice; and (7-1-96)
 - iv. Assuring that documentation of all aspects of the nursing organization is maintained. (7-1-96)
 - b. A licensed professional nurse functioning in a management role shall be accountable and responsible for: (7-1-96)
 - i. The quality and quantity of nursing care provided by nursing personnel under his supervision. (7-1-96)
 - ii. Managing and coordinating nursing care in accordance with established guidelines for delegation. (7-1-96)
 - iii. Providing leadership in formulating, interpreting, implementing, and evaluating the objectives and policies of nursing practice. (7-1-96)
12. Collaborating with Other Health Professionals. The licensed professional nurse is accountable and responsible for: (11-28-84)
- a. Communicating significant changes in a client's status or responses to therapy and nursing intervention to appropriate health team professionals. (7-1-96)
 - b. Coordinating the plan of care as appropriate with other health team professionals in order to provide optimum client care. (7-1-96)

c. Consulting with nurses and other health team members as necessary to meet the client's identified health care needs. (7-1-96)

461. -- 489. (RESERVED).

490. LICENSED PROFESSIONAL NURSE FUNCTIONING IN SPECIALITY AREAS.

A licensed professional nurse may carry out functions beyond the basic educational preparation under certain conditions. (7-1-96)

01. Conditions for Nurses Functioning in Speciality Areas. The licensed professional nurse functioning beyond basic educational preparation shall: (7-1-96)

a. Complete an organized program of study and supervised clinical practice which prepares him to carry out those functions; and (7-1-96)

b. Conform to recognized standards for practice of the specialty; and (7-1-96)

c. Follow written protocols approved by medical staff, nursing administration, and the employing agency administration. (7-1-96)

02. Flight/Transport Nurse. (7-1-96)

a. A flight/transport nurse is a licensed professional nurse who provides critical care services with an organized transporting agency. Critical care services include intensive care, cardiac care, pre-hospital, maternal high risk, neonatal and pediatric populations. The flight/transport nurse must be able to evaluate rapidly changing physiological conditions and act immediately and appropriately in an independent, unsupervised setting. (7-1-96)

b. Basic qualifications include at least two (2) years (four thousand (4,000) hours) of critical care nursing experience in the specialty area pertinent to the type of service being provided. Licensed professional nurses who regularly provide care in the pre-hospital setting must maintain emergency medical technician credentialing. Individual educational requirements commensurate with the specialty care being provided may include, but are not limited to: Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Trauma Nurse Core Curriculum (TNCC) or Flight Nurse Advanced Trauma Course (FNATC) and radio communications. Flight nurses must also have course work in flight physiology, aircraft safety and survival. A flight/transport nurse must have received a minimum of forty (40) hours of supervised clinical experience before functioning independently. (7-1-96)

c. In addition to functions authorized for a licensed professional nurse, the flight/transport nurse may perform acts including but not limited to: endotracheal intubation; insertion of arterial, central and intraosseous lines; cricothyrotomy; chest tube insertion and escharotomy. Maternal transport nurses may perform midline episiotomies with repairs to be done by a physician. Neonatal transport nurses may insert umbilical arterial and venous catheters. (7-1-96)

03. Surgical First Assistants. (7-1-96)

a. A surgical first assistant is a licensed professional nurse who, under direct supervision, assists the operating surgeon. (7-1-96)

b. In addition to professional nurse licensure, the surgical first assistant in the operating room must have demonstrated proficiency in scrub and circulator functions as well as knowledge of surgical anatomy and operative techniques and safety hazards in the operative field. Formal course work and clinical experience must also be commensurate with the standards specified by a national specialty organization recognized by the Board of Nursing. First assistant functions should be delineated by the employing agency. (7-1-96)

c. Under the direct supervision of the operating surgeon, the licensed professional nurse first assistant in the operating room may perform acts including but not limited to: tissue handling (maneuvering tissue with instruments), providing exposure (retracting, keeping the field clear), using instruments, suturing skin and

subcutaneous tissue and providing hemostasis. First assistants may not concurrently serve as a scrub or instrument nurse. The licensed professional nurse first surgical assistant in cardiovascular surgery may harvest saphenous veins after completing additional Board-approved educational instruction and supervised practice, and under direct supervision of the operating surgeon. (7-1-96)

491. -- 599. (RESERVED).

600. NURSING EDUCATION FOR PROFESSIONAL AND PRACTICAL NURSES.

601. PURPOSE OF APPROVAL.

To assure safe practice of nursing by establishing standards, criteria, and curriculum requirements for nursing education programs that are conducted to prepare persons for the practice of nursing, or to increase the knowledge and skills of the practicing nurse. (7-1-93)

01. Eligibility for Licensing Examination. To assure graduates of basic nursing education programs of their eligibility to write the licensing examination for professional or practical nurses in Idaho. (11-28-84)

02. Continued Review and Evaluation. To foster the continued review and evaluation of established nursing education programs. (7-1-91)

03. Evaluation Criteria. To provide criteria for the evaluation of new and established nursing education programs. (7-1-91)

602. APPROVAL OF A NEW EDUCATIONAL PROGRAM.

01. Initial Application to Plan. Any university, college, or other institution wishing to establish a nursing education program must make application to the Board on forms supplied by the Board. (11-28-84)

02. Initial Application. The following information must be included with the initial application: (11-28-84)

a. Purpose for establishing the nursing education program; and (11-28-84)

b. Community needs and studies made, as basis for establishing a nursing education program; and (11-28-84)

c. Type of program; and (11-28-84)

d. Parent institution: accreditation status, relationship of educational program to parent institution; and (11-28-84)

e. Financial provision for the educational program; and (11-28-84)

f. Potential student enrollment; and (11-28-84)

g. Provision for qualified faculty; and (11-28-84)

h. Proposed clinical facilities and other physical facilities; and (11-28-84)

i. Proposed time schedule for initiating the program. (11-28-84)

03. Initial Survey Visit. A representative of the Board shall visit the educational and clinical facilities and then submit a written report to the Board. (11-28-84)

04. Application Review. Representatives of the parent institution shall meet with the Board to review the application within ninety (90) days of the conduct of the initial survey visit. (7-1-91)

05. Notification. Following the Board's review, the parent institution shall be notified of the Board's decision within thirty (30) days of the review. (7-1-91)

06. Appointment of Administrator. Following the appointment of a qualified nurse administrator, a minimum period of twelve (12) months shall be required for planning to be completed before the first class of students is admitted to the program. (7-1-93)

07. Application for Provisional Approval. Provisional approval may be applied for when the following conditions have been met: (11-28-84)

- a. A qualified nurse administrator has been appointed; and (11-28-84)
- b. There are sufficient qualified faculty to initiate the program; and (11-28-84)
- c. The curriculum and plans for its implementation have been developed, including tentative clinical affiliation agreements; and (7-1-91)
- d. Program policies have been developed. (11-28-84)

08. Provisional Approval. Provisional approval must be granted before the first students are admitted to the nursing program. (11-28-84)

09. Application for Full Approval. Full approval may be applied for when the first students have completed the educational program. (7-1-91)

- a. A representative of the Board will make a follow-up survey visit to the educational program and submit a written report to the Board. (7-1-93)
- b. Following the Board's review, the parent institution will be notified of the Board's decision within thirty (30) days. (7-1-93)
- c. Following their review, the Board may grant: Full approval, if all conditions have been met, or conditional approval, if all standards have not been met, with such conditions and requirements as the Board may designate to insure compliance with standards within the designated time period, or denial of approval, if standards have not been met. (7-1-93)

10. Time Limit. Full approval must be applied for and granted within a three (3) year period following eligibility. (7-1-91)

603. CONTINUANCE OF FULL APPROVAL OF EDUCATIONAL PROGRAM.

01. Certificate of Approval. A certificate of continuing full approval will be granted for a four (4) year period to nursing education programs that meet the Board's standards, as evidenced by: (7-1-91)

- a. Information included in the annual report to the Board of Nursing; and (11-28-84)
- b. Information obtained by the Board's professional staff through consultation visits, and (11-28-84)
- c. Annual success rate of eighty percent (80%) or higher by the program's first-write graduates on the national licensing examination for the three (3) year period immediately preceding. (7-1-91)

02. Continuing Compliance. To insure continuing compliance with the Board's standards, each approved nursing education program will submit an annual report to the Board. Based on their findings, the Board may: (7-1-91)

- a. Request additional information from the nursing education program. (7-1-91)

- b. Conduct an on-site review of the nursing education program. (7-1-91)
- c. Request a full survey of the nursing education program. (7-1-91)
- 03. Survey Reports. Written reports of the survey will be submitted to the Board for review and acceptance. Copies of the report and recommendations will then be sent to the educational institution within thirty (30) days of the review. (7-1-91)
- 04. Conditional Approval. Nursing education programs that do not meet the standards of the Board may be placed on conditional approval status, with such conditions and requirements as the Board may designate to insure compliance with standards within a reasonable time period. (11-28-84)
- 05. Restoration or Withdrawal of Full Approval. At the end of the period of conditional approval, full approval may be restored if the required conditions have been met, or approval may be withdrawn if the required conditions have not been met. Upon petition and written documentation by the nursing education program of extenuating circumstances, the Board may consider extending the period of conditional approval. The school must submit documentation within ten (10) days of notification of withdrawal of full approval. (7-1-91)
- 06. Request for Hearing. Following notification of the Board's decision to place a program on conditional approval or to withdraw program approval, the educational program will have ten (10) days in which to request a hearing. Upon receipt of a request for hearing, the Board's action will be stayed until the matter is heard. Hearings shall be conducted in the same manner as disciplinary hearings, in accordance with Chapter 52, Title 67, Idaho Code. (11-28-84)

604. DISCONTINUANCE OF AN EDUCATIONAL PROGRAM.

When an educational institution plans to discontinue its education program, the following procedure must be used: (11-28-84)

- 01. Notify in Writing. Notify the Board in writing at least one (1) academic year prior to the closure; and (11-28-84)
- 02. Present Plans. Present written plans assuring that educational standards will be maintained until the last class has graduated; and (11-28-84)
- 03. Provide for Records. Make provision for preservation of students' records. (11-28-84)

605. -- 629. (RESERVED).

630. PHILOSOPHY AND OBJECTIVES OF EDUCATIONAL PROGRAM.

The nursing education program shall have statements of philosophy and objectives that are consistent with those of the parent institution and with the law governing the practice of nursing. (11-28-84)

631. ADMINISTRATION OF EDUCATIONAL PROGRAM.

- 01. Educational Program. The educational program in nursing shall be an integral part of an accredited institution of higher learning or a vocational/technical school. (7-1-91)
- 02. Organizational Plan. There shall be an organizational plan that delineates the relationship of the nursing education program to other units within the parent institution. (11-28-84)
- 03. Internal Structure. The nursing education program shall have an internal structure in which the responsibilities and relationships among faculty, students, administration, and cooperating agencies are clearly defined. (11-28-84)
- 04. Administrative Responsibility and Control. Administrative responsibility and control shall be delegated to the nursing education administrator by the parent institution. (11-28-84)

05. Policies. Nursing education program policies shall be in writing, and shall be consistent with policies of the parent institution. Any deviations from policies of the parent institution must be justified based on program goals. (7-1-91)

632. FINANCES OF EDUCATIONAL PROGRAM.

01. Funds. Adequate funds shall be allocated to the nursing education program for faculty, other necessary personnel, equipment, supplies, and services. (11-28-84)

02. Supporting Services. Sufficient secretarial and other supporting services shall be provided to ensure appropriate use of faculty time. (7-1-91)

633. RECORDS OF EDUCATIONAL PROGRAM.

The nursing education program structure shall provide for pre-admission and current records for each student while enrolled. Final records for each student shall be maintained on a permanent basis in accordance with the policies of the parent institution. (11-28-84)

634. -- 639. (RESERVED).

640. FACULTY QUALIFICATIONS OF EDUCATIONAL PROGRAM.

01. Licensure Requirement. All nursing faculty, including the administrator, shall have a current Idaho professional nurse license. (11-28-84)

02. Educational Requirement. All nursing faculty, including the administrator, shall hold at least a baccalaureate degree with a major in nursing. (7-1-91)

03. Baccalaureate Degree Programs. In baccalaureate degree programs: (7-1-91)

a. The administrator shall hold a master's degree, preferably with a major in nursing, and an earned doctorate degree. (7-1-91)

b. Beginning Fall semester 2000, the administrator shall hold a master's degree with a major in nursing and an earned doctorate with a major in nursing or a related field. (7-1-93)

c. Beginning Fall semester 1993, administrators who do not hold a master's degree with a major in nursing shall provide to the Board a plan for and evidence of progress toward completion of the degree. (7-1-91)

d. Nursing faculty shall hold at least a master's degree, preferably in nursing, with preparation relevant to their area of teaching responsibility. (7-1-91)

e. Beginning Fall semester 2000, nursing faculty shall hold a master's degree with a major in nursing, with preparation relevant to their area of teaching responsibility. (7-1-93)

f. Beginning Fall semester 1993, faculty who do not hold a master's degree with a major in nursing shall provide to the Board a plan for and evidence of progress toward completion of the degree. (7-1-91)

04. Associate Degree Programs. In associate degree programs: (7-1-91)

a. The administrator shall hold a master's degree, preferably in nursing. (7-1-91)

b. Beginning Fall semester 2000, the administrator shall hold a minimum of a master's degree with a major in nursing. (7-1-93)

c. Beginning Fall semester 1993, administrators who do not hold a master's degree with a major in nursing shall provide to the Board a plan for and evidence of progress toward completion of the degree. (7-1-91)

- d. Nursing faculty shall hold a master's degree, preferably in nursing. (7-1-91)
- e. Beginning Fall semester 2000, nursing faculty shall hold a master's degree with a major in nursing, with preparation relevant to their area of teaching responsibility. (7-1-93)
- f. By Fall semester 1993, faculty who do not hold a master's degree with a major in nursing shall provide to the Board, a plan for and evidence of progress toward completion of the degree. (7-1-91)
- 05. Practical Nursing Programs. In practical nursing programs all practical nursing faculty, including the nursing administrator, shall hold a baccalaureate degree with a major in nursing. (7-1-91)
- 06. Continued Study. The parent institution will support and make provisions for continued professional development of the faculty. (7-1-91)

641. FACULTY NUMBER OF EDUCATIONAL PROGRAM.

- 01. Numbers Needed. There shall be sufficient numbers of full time faculty qualified by education and clinical expertise to implement the program. (11-28-84)
- 02. Faculty-Student Ratio. There shall be no more than ten (10) students for every faculty person in the clinical facilities. (7-1-91)
- 03. Numbers of Administrators Needed. There shall be at least one (1) qualified nursing administrator for each nursing education department or division. In institutions that offer nursing education programs for more than one (1) level of preparation and where the scope of administrative responsibility so requires, there shall be an individual administrator for each nursing education program. (11-28-84)

642. CONDITIONS OF FACULTY EMPLOYMENT OF EDUCATIONAL PROGRAM.

- 01. Qualifications, Rights, and Responsibilities. Qualifications, rights, and responsibilities of faculty members shall be available in writing. (11-28-84)
- 02. Personnel Policies. Faculty personnel policies shall be available in writing and shall include those used in evaluation of performance and for promotion and tenure. (11-28-84)
- 03. Time for Administrative Responsibilities. The nursing education administrator shall have sufficient time provided for carrying out administrative responsibilities. Instructional assignments of the administrator shall be consistent with the scope of administrative responsibility. (11-28-84)
- 04. Work Loads. Faculty work loads shall be equitable within both the department and the institution and shall allow time for class and laboratory preparation, teaching, curriculum revision, improvement of teaching methods, guidance of students, participation in faculty organization and committees, attendance at professional meetings, and participation in continuing education activities and other activities such as research and scholarly productions appropriate to the institution. (7-1-91)

643. RESPONSIBILITIES OF THE NURSING EDUCATION ADMINISTRATOR.

- The nursing administrator shall be responsible for: (7-1-93)
- 01. Administration. Administration of the nursing program. (7-1-93)
 - 02. Liaison. Liaison with central administration and other units of the parent institution. (7-1-93)
 - 03. Budget. Preparation and management of the budget. (7-1-93)
 - 04. Facilitating Recruitment. Facilitation of recruitment, selection, orientation and development of qualified faculty. (7-1-93)

05. Recommendations Regarding Faculty. Recommendation of appointment, retention, promotion and tenure of faculty. (7-1-91)

06. Notification to Board. Notification to the Board of any major changes in the program or its administration. (7-1-93)

644. RESPONSIBILITIES OF THE NURSING EDUCATION FACULTY.

Nursing faculty shall be responsible for: (7-1-93)

01. Philosophy and Objectives. Development, implementation and evaluation of the philosophy and objectives of the program. (7-1-93)

02. Curriculum. Development, implementation and evaluation of the curriculum. (7-1-93)

03. Criteria. Development of criteria for student admission, progression, and graduation. (7-1-93)

04. Clinical Learning Experiences. Selection, assignment, supervision and evaluation of clinical learning experiences. (7-1-93)

05. Student Achievement. Evaluation of student achievement on the basis of curriculum objectives as related to both nursing knowledge and practice. (7-1-93)

06. Academic Advisement. Academic advisement of students. (7-1-93)

07. Participation in Activities. Participation in activities of the total faculty of the parent institution. (7-1-93)

08. Maintenance and Improvement. Maintenance and improvement of nursing competence in their area(s) of responsibility. (7-1-93)

645. FACULTY ORGANIZATION, EDUCATIONAL PROGRAM.

01. Purpose. The faculty shall be organized so that they can develop, implement, and evaluate the nursing program. (11-28-84)

02. Regular Meetings. There shall be regular meetings of the faculty organization. (11-28-84)

03. Minutes of Meetings. Minutes of all meetings shall be kept on file; minutes shall reflect issues, discussion and actions taken. (7-1-91)

04. Size of Faculty. Faculty organization, records and documentation shall be appropriate to the faculty size. (7-1-91)

646. -- 659. (RESERVED).

660. STUDENTS, EDUCATIONAL PROGRAM.

01. Admission Without Discrimination. Students shall be admitted without discrimination as to age, creed, ethnic origin, marital status, race, or sex. (11-28-84)

02. Admission, Progression and Graduation. Requirements for admission, readmission, progression, retention, dismissal and graduation shall be available to the students in written form and shall be consistent with those of the parent institution. Requirements specific to nursing students may be adopted if justified by the nature and purposes of the nursing program. (11-28-84)

03. Student Participation. Students shall have the opportunity to participate in the development, conduct, and evaluation of the nursing education program. (11-28-84)

04. Student Health. Students shall be required to maintain a level of personal health that will not jeopardize patient/client welfare. (11-28-84)

661. -- 679. (RESERVED).

680. CURRICULUM, EDUCATIONAL PROGRAM.

01. Curriculum Consistency. The curriculum shall reflect the philosophy, organizing framework, purpose and objectives of the nursing education program, and shall be consistent with the law governing the practice of nursing. (11-28-84)

02. Credit Ratio. The ratio between nursing and non-nursing credit should allow for adequate preparation for the safe and effective practice of nursing. Ratio justification shall be based on program goals and outcomes. (7-1-91)

03. Consistency with Philosophy and Objectives. The length, organization, content, instructional methods and placement of courses shall be consistent with the philosophy and objectives of the program and of the parent institution. (11-28-84)

04. Measurable Objectives. There shall be measurable outcome objectives for each nursing course that reflect the philosophy and objectives of the educational program. (7-1-91)

05. Selection of Learning Experiences. Learning experiences and methods of instruction shall be selected to fulfill the stated objectives for each nursing course. (11-28-84)

06. Concurrent Experiences. Related clinical experiences shall be provided concurrently with theory to the greatest extent possible. (7-1-91)

07. Evaluation by the Faculty. All aspects of the educational program shall be evaluated on a systematic basis by the faculty with provision for student participation. (11-28-84)

681. CURRICULUM REQUIREMENTS FOR NURSING EDUCATION PROGRAMS.

01. Practical Nursing Programs. All programs in practical nursing shall include the following: (11-28-84)

a. Content and clinical practice in medical-surgical, maternal, child health, and geriatric nursing which may be integrated, combined, or presented as separate courses. Clinical application shall be in acute and long term care settings. (11-28-84)

b. Content from the areas of anatomy, physiology, microbiology, chemistry, nutrition and pharmacology which may be integrated, combined, or presented as separate courses. (11-28-84)

c. Concepts of communication, growth and development, mental health and illness, and cultural diversity. (11-28-84)

d. Instruction in ethical behavior, nursing history and trends, and legal aspects of nursing. (11-28-84)

e. Concepts of the nursing process shall be taught and applied in acute and long term care settings. (11-28-84)

02. Associate Degree Nursing. All associate degree nursing programs shall include the following: (11-28-84)

a. Theory and practice in nursing that encompasses the attainment and maintenance of physical and mental health and the prevention of illness for individuals throughout the life process. Concepts of the nursing

process shall be taught and applied in acute and long term care settings. (11-28-84)

b. Instruction in the physical and biological sciences including content drawn from the areas of anatomy and physiology, chemistry, physics, micro-biology, pharmacology and nutrition. These may be integrated, combined or presented as separate courses. (11-28-84)

c. Instruction in the social and behavioral sciences, including content drawn from the areas of communication, psychology, sociology, human development, cultural diversity and such other areas as necessary to meet the institutional requirements for the associate degree. (11-28-84)

d. Concepts of ethics, nursing history and trends, and the professional and legal aspects of nursing to include the delegation of nursing functions. (7-1-91)

e. Concepts of patient care management. (7-1-91)

03. Baccalaureate Degree Programs. All baccalaureate degree programs shall include the following: (11-28-84)

a. Theory and practice in nursing that encompasses the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life process. Concepts of the nursing process will be taught in acute, long term care and community settings. (11-28-84)

b. Instruction in physical and biological sciences, including content drawn from the areas of anatomy and physiology, chemistry, physics, microbiology, pharmacology and nutrition, provides a basis for the upper division major in nursing. Content may be integrated, combined, or presented as separate courses. (11-28-84)

c. Instruction in the social and behavioral sciences, including content drawn from the areas of communication, psychology, sociology or anthropology, human development, cultural diversity and such other areas as necessary to meet the institutional requirements for a baccalaureate degree. (11-28-84)

d. Concepts of nursing research, ethics, nursing history and trends, and the professional and legal aspects of nursing. (11-28-84)

e. Theory and clinical practice in the areas of leadership, management, and decision-making. (11-28-84)

682. -- 699. (RESERVED).

700. CURRICULUM CHANGE, EDUCATIONAL PROGRAM.

Any proposed curriculum revision that involves major changes in the philosophy and objectives, significant course content changes, or changes in the length of the program, shall be submitted to and approved by the Board prior to implementation. Minor curriculum changes such as redistribution of nursing course content or slight increase or decrease in the number of theory and clinical hours must be reported to the Board in the Annual Report, but do not require Board approval. (11-28-84)

701. -- 729. (RESERVED).

730. REQUIREMENTS FOR SELECTION AND USE OF COOPERATING AGENCIES, EDUCATIONAL PROGRAM.

01. Approval by Other Agencies. Cooperating agencies shall be approved by the appropriate accreditation, evaluation or licensing body, to be eligible for Board approval. (11-28-84)

02. Approval by Board. All clinical facilities, agencies, or institutions utilized by the educational program shall be approved by the Board of Nursing. (11-28-84)

03. Written Agreements. Current written agreements with cooperating agencies shall be on file and

shall be reviewed and renewed on a regular basis. Agreements shall include responsibilities and privileges of each party and termination clauses that protect the learning needs of students. (11-28-84)

04. **Planned Communication.** Means shall be provided for ongoing and periodic planned communication between faculty and agency administrative personnel and between faculties of all educational programs using the agency; the responsibility for coordination shall be specifically identified. (7-1-91)

05. **Relationship to Faculty and Students.** There shall be evidence that the agency's personnel understand their relationship to faculty and students. (7-1-91)

06. **Nursing Service Administrator.** The nursing service administrator shall be a licensed professional nurse with credentials of education, experience, and demonstrated ability appropriate for the position responsibilities. It is recommended that the nursing service administrator have no less than a baccalaureate degree in nursing. (11-28-84)

07. **Numbers of Nursing Personnel.** There shall be sufficient numbers of nursing personnel to meet the needs of patients and to serve as role models for students. (11-28-84)

08. **Adequate Preparation.** Nursing personnel shall have adequate preparation for their roles. (11-28-84)

09. **Personnel Policies.** There shall be clearly defined written personnel policies. (11-28-84)

10. **Job Descriptions.** There shall be job descriptions for all categories of nursing personnel that are consistent with the legally defined scope of practice. (11-28-84)

11. **Orientation and Inservice Programs.** There shall be a planned program for orientation, and inservice programs for nursing personnel. (11-28-84)

12. **Written Philosophy.** A written philosophy of patient care shall be utilized to give direction to nursing care activities. (11-28-84)

13. **Policy/Procedure Manuals.** There shall be complete and current policy/procedure manuals. (11-28-84)

14. **Quality Assurance.** A quality assurance program shall be implemented. (11-28-84)

15. **Nursing Process.** Nursing process is documented for each person receiving care. (7-1-91)

16. **Adequate Number of Patients.** There shall be an adequate number of patients demonstrating a sufficient variety of nursing care needs to meet the objectives established by the faculty for the experience. (11-28-84)

17. **Reference Materials.** There shall be appropriate reference materials in the clinical areas such as hospital procedure and policy manuals, medical dictionary, and current texts specific to the clinical specialty. (7-1-91)

731. CRITERIA FOR FACILITIES OF THE PARENT INSTITUTION, EDUCATIONAL PROGRAM.

01. **Parent Institution Approval.** The parent institution shall be approved by the appropriate approving agency, such as the State Board of Education/Vocational Education, or Northwest Accrediting Association. (11-28-84)

02. **Resources.** Resources, facilities, and services that are needed for effective implementation of the nursing education program shall be provided by the parent institution. (11-28-84)

03. **Physical Facilities.** The physical facilities of the parent institution shall include offices for the

nursing administrator, faculty members, and staff; classrooms and laboratories adequate for the numbers of students; and adequate space for instructional equipment and materials. (11-28-84)

04. Library Resources. Library space and holdings shall be adequate in number and kinds for the nursing education program and shall be accessible to students and faculty. (11-28-84)

05. Evaluation. Faculty shall evaluate resources, facilities and services on a regular basis. (11-28-84)

732. -- 759. (RESERVED).

760. EDUCATION PROGRAM CRITERIA FOR NURSE PRACTITIONER PROGRAMS.

01. Accreditation and Requirements for Approval. Any program of study preparing a nurse practitioner must be accredited by a national accrediting body recognized by the Idaho Board of Nursing, or must meet the criteria set forth below. (11-28-84)

02. Periodic Review. Each program in Idaho shall be subject to periodic review to determine whether standards for approval are being maintained. (11-28-84)

03. Collegiate Program. The program of study shall be offered by or affiliated with an accredited college or university. (11-28-84)

04. Program of Study. The program of study shall show evidence of a curriculum directed toward preparing licensed professional nurses for an expanded nursing role. (11-28-84)

05. Length of Program. The nurse practitioner program shall extend for at least one (1) academic year, consist of at least four (4) months, in the aggregate, of class-room instruction, and shall include both a didactic and a preceptorship phase. (11-28-84)

06. Funding. Adequate funds shall be allocated by the controlling institution to carry out the stated purpose of the program. (11-28-84)

07. Philosophy and Objectives. The philosophy and objectives shall be clearly stated in behavioral terms and describe the competencies/capabilities of the graduates. (11-28-84)

08. Facilities. Clinical, classroom, and library facilities shall be adequate for the needs of the program. (11-28-84)

09. Records. Records of the program, philosophy, objectives, curriculum, faculty, students and graduates shall be maintained systematically and be retrievable. (11-28-84)

10. Evaluation. Provision shall be made for periodic program evaluation by the faculty and students. Periodic evaluations shall be done to measure the student's knowledge of content and the student's clinical competency. (11-28-84)

761. FACULTY IN EDUCATION PROGRAMS FOR NURSE PRACTITIONERS.

01. Adequate Number. There shall be an adequate number of qualified faculty available to develop and implement the program, to achieve the stated objectives, and to supervise and evaluate clinical experience. (11-28-84)

02. Program Director. The nursing director of the program shall have the minimum of a master's degree in nursing and experience in teaching nursing. (11-28-84)

03. Professional Faculty. Professional faculty members shall be currently licensed to practice their profession. (11-28-84)

04. Academic Faculty. Academic faculty shall be qualified by degree and experience for the discipline they are teaching. (11-28-84)

05. Preceptors. Preceptors shall be either licensed professional nurses approved as nurse practitioners, or qualified licensed physicians. (7-1-91)

06. Preceptor Participation. Preceptors shall participate in teaching, supervising, and evaluating students. (11-28-84)

762. STUDENT POLICIES IN EDUCATION PROGRAMS FOR NURSE PRACTITIONERS.

01. Admission and Withdrawal. Admission criteria shall be clearly stated and available in written form. Policies for withdrawal, dismissal, and re-admission shall be available. (11-28-84)

02. Graduation. Graduation shall be based upon satisfactory completion of the didactic and preceptor portions of the program. (11-28-84)

763. CURRICULUM IN EDUCATION PROGRAMS FOR NURSE PRACTITIONERS.

01. Consistency. The course content, length, methods of instruction, and learning experiences shall be consistent with the philosophy and objectives of the program. (11-28-84)

02. Program Content. The program shall include, but need not be limited to, theory and supervised clinical experience in comprehensive physical and psychosocial assessment; interviewing and communication skills, eliciting, recording and maintaining a health history; interpreting laboratory findings; initiating and modifying selected therapies; initiating and providing emergency treatments; assessing community resources; making referrals to appropriate professionals or agencies; providing instruction and counseling to individuals, families and groups in the areas of health promotion and maintenance. (11-28-84)

03. Additional Program Content. The program shall include content relating to role-realignment, legal implications of expanded practice and the health care delivery system. (11-28-84)

764. -- 899. (RESERVED).

900. RENEWAL FEES.

Fees will be assessed for renewal of professional and practical nurse licensure, and for late renewal or reinstatement of a lapsed license; any person submitting the renewal application and fee post-marked later than August 31 shall be considered delinquent and the license lapsed and therefore invalid: (5-21-89)

01. Licensed Professional Nurse Renewal Fee. Licensed professional nurses will be assessed a renewal fee of forty-five dollars (\$45) due by August 31 of each odd-numbered year; and (7-1-91)

02. Licensed Practical Nurse Renewal Fee. Licensed practical nurses will be assessed a renewal fee of forty-five dollars (\$45) due by August 31 of each even-numbered year; and (7-1-91)

03. Late Renewal or Reinstatement Fee. Professional and practical nurses requesting a late renewal or reinstatement of a lapsed license will be assessed a fee of twenty-five dollars (\$25) for records verification plus the forty-five dollars (\$45) renewal fee which will be due upon application. (7-1-91)

04. Restricted or Limited License for Disability Renewal Fee. Licensed nurses who have been issued a restricted, non-practicing license or a limited license for disability must renew the license as specified in Subsections 900.01 and 900.02 above, and will be assessed a renewal fee of forty-five dollars (\$45). (7-1-93)

05. Delay in Processing. Processing of renewal applications not accompanied by cash, cashier's check, or a money order may be delayed in order to allow clearance of personal checks through the licensee's bank. (7-1-91)

901. LICENSURE FEES.

Fees will be assessed for licensure of professional and practical nurses by examination and endorsement, and for temporary licenses and verification of licensure to another state. (6-1-78)

01. Licensure by Examination. A fee will be assessed for licensure by examination of professional and practical nurses: (8-31-82)

a. Professional nurse applicants will be assessed a fee of seventy-five dollars (\$75) which will be due upon application. (7-1-91)

b. Practical nurse applicants will be assessed a fee of sixty dollars (\$60) which will be due upon application. (7-1-91)

c. A person rewriting an examination will be assessed a forty dollars (\$40) processing fee which will be due upon application. (7-1-91)

d. A fee of fifty dollars (\$50) will be assessed for proctoring for licensure out-of-state which will be due upon application. (7-1-91)

02. Licensure by Endorsement. A fee will be assessed for licensure by endorsement of licensed professional and licensed practical nurses: (11-28-84)

a. Licensed professional nurses will be assessed a fee of seventy-five dollars (\$75) which will be due upon application. (7-1-91)

b. Licensed practical nurses will be assessed a fee of seventy-five dollars (\$75) which will be due upon application. (7-1-91)

03. Temporary License Fee. Professional and practical nurses requesting a temporary license will be assessed a fee of fifteen (\$15) which will be due upon application. (7-1-88)

04. Limited License Fee. A fee will be assessed for issuance of a limited license: (7-1-88)

a. Persons who are issued a limited license following disciplinary action or temporary voluntary surrender of a license will be assessed a fee of ninety dollars (\$90) which will be due upon issuance of the limited license. (7-1-91)

05. Verification of Licensure Fee. Licensed professional and licensed practical nurses requesting verification of licensure to another state will be assessed a fee of fifteen dollars (\$15) which will be due upon request. (7-1-88)

06. Verification of Approval to Write Licensing Examination. Professional and practical nurse applicants requesting verification of acceptance to write the licensing examination will be assessed a fee of ten dollars (\$10) which will be due upon request. (7-1-91)

07. Duplicate License Fee. Licensed professional and licensed practical nurses requesting a duplicate of their current certificate will be assessed a fee of ten dollars (\$10) which shall be due upon application. (7-1-91)

902. NURSE PRACTITIONER FEES.

A fee will be assessed for nurse practitioner approval, renewal, and late renewal: (11-28-84)

01. Initial Approval Fee. A fee of seventy-five dollars (\$75) will be assessed for initial approval of a nurse practitioner application which will be due upon application. (7-1-91)

02. Reapproval Fee. Nurse practitioners will be assessed a reapproval fee of twenty-five dollars (\$25) which will be due biennially, with the license renewal. (7-1-91)

03. Late Renewal Reapproval Fee. Nurse practitioners will be assessed a late reapproval fee of twenty-five (\$25) which will be due upon application. (7-1-88)

903. EDUCATION PROGRAM FEES.

01. Evaluation of Nursing Education Programs. A fee of one hundred dollars (\$100) per day will be assessed for survey and evaluation of nursing education programs which will be due prior to approval of the program. (7-1-91)

02. Evaluation of Courses of Instruction. A fee of two hundred fifty dollars (\$250) will be assessed for approval of courses of instruction related to nursing that are offered by commercial establishments. Such fee is to compensate for administrative costs and expenses incident to review and evaluation of the course and shall be due prior to the review of the course. (11-28-84)

904. REGISTERED NURSE ANESTHETIST FEES.

A verification of records fee will be assessed for nurse anesthetist registration, renewal and late renewal: (8-31-87)

01. Initial Registration Fee. A fee of twenty dollars (\$20) will be assessed for initial registration and will be due upon application. (7-1-91)

02. Renewal of Registration. A fee of fifteen dollars (\$15) will be assessed biennially for renewal of registration, at the time of license renewal. (7-1-91)

03. Late Renewal of Registration. A fee of twenty-five dollars (\$25) will be assessed for late renewal of registration and will be due upon application. (7-1-88)

905. EARNED FEES.

All fees are earned fees upon receipt and are not refundable. (8-31-87)

906. -- 998. (RESERVED).

999. ADMINISTRATIVE FINE.

An administrative fine not to exceed one hundred dollars (\$100) for each count or separate offense of practicing nursing without current licensure, approval, or registration, may be assessed as a condition of reinstatement of a license, or the issuance of a temporary or renewable license, approval, or registration. (7-1-88)

01. Fine Assessment. Fines will be assessed as follows: (7-1-93)

a. Fifteen (15) - Thirty (30) days of unlicensed practice - fifty dollars (\$50). (7-1-93)

b. Thirty-one (31) - Sixty (60) days of unlicensed practice - seventy-five dollars (\$75). (7-1-93)

c. More than sixty (60) days of unlicensed practice - one hundred dollars (\$100). (7-1-93)

02. Fine Payment. Fines shall be payable by cash, cashier's check or money order. (11-28-84)