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**IDAPA 23  
TITLE 01  
Chapter 01**

**IDAPA 23 - BOARD OF NURSING**

**23.01.01 - RULES OF THE BOARD OF NURSING**

**000. LEGAL AUTHORITY.**

In accordance with Section 54-1404(9) and 54-1402(d), Idaho Code, the Board of Nursing shall make, adopt and publish rules pursuant to Chapter 52, Title 67, Idaho Code, as may be necessary or appropriate to carry out the provisions and purposes of the Nursing Practice Act. (7-1-93)

**001. TITLE AND SCOPE.**

01. Title. These rules shall be cited in full as IDAPA 23, Title 01, Chapter 01, "Rules of the Board of Nursing." (7-1-93)

02. Scope. These rules include, but are not limited to the minimum standards of nursing practice, licensure, educational programs and discipline. (7-1-93)

**002. PHILOSOPHY AND OBJECTIVES.**

01. Philosophy. The Idaho Board of Nursing believes that: (7-1-93)

a. Nursing is an essential social service that meets health care needs of clients in various settings in our society. (5-21-79)

b. Adequate health care is a right of every individual. The primary means that the Board of Nursing has to assure the consumer access to competent practitioners is the licensing process, the approval of educational programs and the improvement of practice through governing procedures. (11-28-84)

c. Clients have the right to be active participants in the planning and evaluating of their health care. (11-28-84)

d. The Board of Nursing contributes to the protection of the consumer by ensuring that nurses practice within their respective scopes of preparation. (11-28-84)

e. In order for practitioners to remain competent and current, there must be a commitment to continuing education. (5-21-79)

f. Research is an essential component of nursing that describes, explains, or predicts phenomena. (11-28-84)

g. Research findings contribute to the body of nursing knowledge. (11-28-84)

h. Consultation services for faculty and schools of nursing, nursing service administrators, and practitioners of nursing are an integral part of the Board of Nursing's mandate. (5-21-79)

i. Because of the complexity of the health care delivery system and the role changes that are occurring in the various health professions, it is essential that effective communication be maintained with local, state, and national nursing organizations, health agencies, governmental units, schools of nursing and health care providers. (5-21-79)

02. Objectives. The Idaho Board of Nursing, as an advocate for consumers of health care, will: (7-1-93)

a. Implement the Nursing Practice Act by promulgating and enforcing rules to protect the public health, safety and welfare. (7-1-93)

- b. Determine criteria for the evaluation and approval of programs preparing practitioners of nursing. (11-28-84)
- c. Establish standards for nursing practice to assure the safety of patients/clients and promote quality care. (5-21-79)
- d. Collaborate with other agencies in the development, implementation, and evaluation of programs designed to meet specific health care needs in Idaho. (11-28-84)
- e. Promote the maintenance and enhancement of knowledge and skills essential for assuring competent nursing practice. (5-21-79)
- f. Establish the standards and implement the process necessary for initial and continuing licensure to practice nursing. (5-21-79)
- g. Conduct, facilitate, and evaluate research that will promote safe, quality health care. (7-1-93)
- h. Implement research findings that will contribute to the safety and well-being of the consumers of nursing care. (11-28-84)

**003. WRITTEN INTERPRETATIONS.**

In accordance with Section 54-1401 through 54-1416, Idaho Code, this Board has written statements which pertain to the interpretation of the rules of this chapter, or to the documentation of compliance with the rules of this chapter. These documents are available for public inspection and copying at cost at the Board office. (7-1-93)

**004. ADMINISTRATIVE APPEALS**

The Idaho Rules of Administrative Procedure of the Attorney General on contested cases, IDAPA 04.11.01.100, et seq., shall apply in addition to Board of Nursing Rules, IDAPA 23.01.01.090 through 23.01.01.164. (7-1-93)

**005. PUBLIC RECORDS.**

The records associated with the Board of Nursing are subject to the provisions of the Idaho Public Records Act, Title 9, Chapter 1, Idaho Code. (7-1-93)

**006. OFFICE--OFFICE HOURS--MAILING ADDRESS AND STREET ADDRESS.**

The offices of the Board of Nursing are located at 280 North Eighth Street, P.O. BOX. 83720, Boise, Idaho 83720-0061. The phone number of the Board is (208) 334-3110. A TDD or telecommunications device for the deaf is available at (800) 377-3529. The Board's FAX number is (208) 334-3262. (7-1-93)

**007. FILING OF DOCUMENTS.**

All filings for rule-making or contested cases must be filed with the executive director of the Board of Nursing. One (1) original is sufficient for submission to the hearing officer, with one (1) copy for the Board of Nursing and one (1) copy submitted to the opposing party. Whenever documents are filed by facsimile transmission (FAX), originals shall be deposited in the mail the same day or hand delivered the following business day to the hearing officer or the Board of Nursing, and opposing parties. (7-1-93)

**008. -- 009. (RESERVED).**

**010. DEFINITIONS.**

01. Accreditation. The official authorization or status granted by a recognized accrediting entity or agency other than a state board of nursing. (7-1-93)

02. Administration of Medications. The process whereby a prescribed medication is given to a patient by one of several routes - oral, inhalation, topical, or parenteral. The nurse verifies the properly prescribed drug order; removes the medication from stock supply or a previously dispensed, properly labeled container (including a unit dose container); assesses the patient's status and disease process; assures that the drug is given as prescribed to the patient for whom it is prescribed and that there are no known contraindications to the use of the drug or the dosage

that is being prescribed; prepares the medication in accordance with accepted principles and procedures as taught in nursing curricula; records the time and dose given; and assesses the patient following administration for expected effects and possible untoward side effects. Administration of medication is a complex nursing responsibility which requires a knowledge of anatomy, physiology, pathophysiology and pharmacology. Licensed nurses may administer medications and treatments as prescribed by health care providers authorized to prescribe medications. (7-1-93)

03. Approval. The process by which the Board evaluates and grants official recognition to nursing education programs that meet the standards established by the Board. (7-1-93)

04. Assist. To aid or help in the accomplishment of a prescribed set of actions. (7-1-93)

05. Assistance with Medications. The designated care provider in a non-institutional care setting aids the patient who cannot independently self-administer medications, provided that: (7-1-93)

a. The patient's health condition is stabilized. (5-21-89)

b. The patient does not require nursing assessment of health status before receiving the medication nor nursing assessment of the therapeutic or side effects after the medication is taken. (5-21-89)

c. The medication is a maintenance level drug given at routine times by a non-injectable route. (5-21-89)

d. The medication is in the original pharmacy-dispensed container with proper label and directions or the medication has been removed from the original container and placed in a unit container by a licensed nurse. Proper measuring devices must be available for liquid medication that is poured from a pharmacy-dispensed container. (5-21-89)

e. Written and oral instructions have been given to the designated care provider by a licensed physician, pharmacist or nurse concerning the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency. (5-21-89)

f. Any medication dosages not taken and the reasons thereof are recorded and reported to appropriate supervisory persons. (5-21-89)

g. Assistance with medication does not include mixing or compounding a medication. Assistance with medication may include: breaking a scored tablet; crushing a tablet; and aiding the patient who requires non-routine dosages of oral medications for seizure activity or for the symptomatic relief of pain, only after proper instruction from a licensed physician, pharmacist or nurse and if the patient is assessed at least monthly by a licensed physician or nurse. Inventories of any narcotic medications are to be maintained. (5-21-89)

h. Injectable medication that cannot be self-administered shall be administered only by a licensed nurse or by persons exempted from licensure. (5-21-89)

06. Board. The Idaho Board of Nursing. (7-1-93)

07. Board Staff. The Executive Director and other such personnel as are needed to implement the Nursing Practice Act and these Rules. (7-1-93)

08. Charge Nurse. A licensed nurse responsible for assessing, planning, prioritizing and evaluating care for the patients on a unit, as well as supervising the licensed and unlicensed staff delivering the nursing care. (7-1-93)

09. Clinical Facilities. Those institutions which are established for the delivery of health care services, and which are utilized by students enrolled in nursing education programs. (7-1-93)

10. Competence. Performing the functions that are within the role of the licensee with skill and proficiency and demonstrating essential knowledge, judgment and skills. (7-1-93)

11. Conditional Approval. Approval, with conditions or restrictions, granted to a nursing education program that does not meet selected criteria, standards, or curriculum requirements of the Board. (7-1-93)
12. Cooperating Agency. A facility which is used by a nursing education program to provide clinical experiences for students. (7-1-93)
13. Criterion. A dimension of quality or a standard upon which a judgment can be made. (7-1-93)
14. Curriculum. The systematic arrangement of learning experiences including courses, clinical experiences, and other activities needed to meet the requirements of the nursing program and of the certificate or degree conferred by the parent institution. (7-1-93)
15. Direction. The providing of leadership, guidance, or instruction to another. (7-1-93)
16. Disability. Any physical or mental or emotional condition that impairs or interferes with the nurse's ability to practice nursing safely and competently. (7-1-93)
17. Full Approval. Approval without conditions or restrictions, granted to a nursing education program that meets selected criteria, standards, or curriculum requirements of the Board. (7-1-93)
18. Functions, Dependent. Those activities delegated to the nurse by order of a legally authorized person, under whose direction or supervision such orders are carried out. (7-1-93)
19. Functions, Independent. Those functions initiated and performed by a licensed professional nurse and for which complete responsibility is assumed. (7-1-93)
20. Functions, Interdependent. Those functions which are the results of collaboration with members of the inter-disciplinary team, and for which the responsibility is shared. (7-1-93)
21. Health Need. The lack of a component essential for optimum health status of an individual, group or community. (7-1-93)
22. Legal Scope of Practice. The extent of treatment, activity, influence, or range of actions permitted or authorized for licensed nurses. (7-1-93)
23. License in Good Standing. A license not subject to disciplinary action, restriction, probation or investigation in any jurisdiction. (7-1-93)
24. Limited License. A license authorizing the practice of nursing with restrictions or monitoring requirements. (7-1-93)
25. Nursing Assessment. The systematic collection of data related to the patient/client's nursing needs. (7-1-93)
26. Nursing Diagnosis. The clinical judgment or conclusion regarding patient/client/family/community response to actual or potential health problems made as a result of the nursing assessment. (7-1-93)
27. Nursing Education Administrator. A licensed professional nurse who has administrative responsibility for the nursing education program. (7-1-93)
28. Nursing Education Program. A course of instruction offered and conducted to prepare persons for the practice of nursing, or to increase the knowledge and skills of the practicing nurse. (7-1-93)
29. Nursing Faculty. Licensed professional nurses who are employed to teach the theory and practice of nursing. (7-1-93)
30. Nursing Intervention. An action deliberately selected and performed to implement the strategy of



care. (7-1-93)

31. Nursing Process. The systematic method a licensed nurse uses to provide nursing care. The nursing process includes assessment, problem identification, planning, intervention and evaluation. (7-1-93)

32. Nursing Service Administrator. A licensed professional nurse who has administrative responsibility for the nursing services provided in a health care setting. (7-1-93)

33. Organized Program of Study. A written plan of instruction to include course objectives and content, teaching strategies, provisions for supervised clinical practice, evaluation methods, length and hours of course, and faculty qualifications. (7-1-93)

34. Parent Institution. The educational agency of which the nursing education program is an integral part. (7-1-93)

35. Patient/Client. An individual or a group of individuals who require the services of nursing in any setting. (7-1-93)

36. Patient Education. Instruction to patients/clients and their families, for the purpose of improving or maintaining an individual's health status. (7-1-93)

37. Prescribing. Specifying nursing interventions intended to implement the strategy of care. This includes the nursing behaviors that nurses should perform when delivering nursing care. (7-1-93)

38. Probation. An order permitting the nurse to continue to practice nursing under terms and conditions approved by the Board upon a stay of an order of revocation or suspension. (7-1-93)

39. Provisional Approval. Approval granted by the Board to a new nursing education program that has not been in operation long enough to graduate its first class and demonstrate its eligibility for full approval. (7-1-93)

40. Revocation. An order of annulment or cancellation of a license. (7-1-93)

41. Strategy of Care. The goal-oriented plan developed to assist individuals or groups to achieve optimum health potential. This includes, but is not limited to, hygiene and comfort measures, supporting human functions and responses, administration of prescribed medications and treatments, health counseling and teaching and establishment of an environment conducive to well being. (7-1-93)

42. Supervision. Designating or prescribing a course of action, or giving procedural guidance, initial direction, and periodic evaluation for individuals to whom tasks are delegated. (7-1-93)

43. Supervision, Direct. Being physically present and immediately accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation. (7-1-93)

44. Suspension. An order of withdrawal of the nurse's right to practice nursing for a definite or indefinite period of time. (7-1-93)

45. Universal Precautions. The recommendations published by the Center for Disease Control, Atlanta, Georgia, for preventing transmission of infectious disease by blood and body fluids. (7-1-93)

**011. -- 039. (RESERVED).**

**040. TEMPORARY LICENSE.**

01. Issued at Discretion of Board. Temporary licenses are issued at the discretion of the Board. (6-1-78)

02. Applicant for Interstate Endorsement. A temporary license may be issued to an applicant for

interstate endorsement on proof of current licensure in another state, filing of the completed application form, and payment of the required fees. (6-1-78)

03. Idaho Graduates - Examination. A temporary license to practice nursing until notification of examination results may be issued to an applicant following graduation from an Idaho approved nursing education program. (6-11-93)

04. Out-of State Graduates - Examination. A temporary license to practice nursing until notification of examination results may be issued to an applicant following graduation from a nursing education program in another state or territory of the United States. (6-11-93)

05. Out-of-State Graduates - Endorsement. A temporary license to practice nursing until notification of examination results may be issued to a graduate of an approved nursing education program in another state or territory of the United States. (6-11-93)

06. Limitation of Practice - New Graduates. The practice of nursing by new graduates holding temporary licensure shall be limited as follows: (11-28-84)

a. Direct supervision by a registered nurse must be provided. (11-28-84)

b. Charge responsibilities may not be assumed. (11-28-84)

07. Unsuccessful Examination Candidates. (6-11-93)

a. An applicant who fails to pass the licensing examination shall not be eligible for temporary licensure. (6-11-93)

b. Failure candidates who pass the licensing examination after eighteen (18) months or more have elapsed following completion of the educational program will be issued a temporary license with conditions until verification of clinical competence is received. (6-11-93)

08. Applicants Who Have Been Inactive. A temporary license with specific terms and conditions may be issued to a person who has not actively engaged in the practice of nursing in any state for more than three (3) years immediately prior to the application for licensure or to an applicant whose completed application indicates the need for confirmation of the applicant's ability to practice safe nursing. Conditions may include, but need not be limited to: (11-28-84)

a. Completion of a Board-approved educational program including clinical experience for re-entry into practice. (11-28-84)

b. Working under direct supervision for a specified length of time in an agency approved by the Board. (11-28-84)

c. Obtaining reports from the employing agency on the performance of the applicant. (6-1-78)

09. Applicants from Other Countries. Upon final evaluation of the completed application, the Board may, at its discretion, issue a temporary license to a graduate from a nursing education program outside of the United States or its territories, pending notification of results of the licensing examination. (6-11-93)

10. Reinstatement Applicants. A temporary license may be issued to a person whose license has lapsed for more than one (1) year, but less than three (3) years, upon receipt of the completed application, the census questionnaire, and the required fees. (11-28-84)

11. Reinstatement Applicants Currently Licensed in Another State. A temporary license may be issued to persons whose Idaho licenses have lapsed for more than one year, upon receipt of the completed application, the census questionnaire, proof of current licensure in another state, and the required fees. (11-28-84)

12. Fee. The applicant must pay the temporary license fee, as prescribed in Subsection 901.03 of these rules. (7-1-93)

**041. -- 059. (RESERVED).**

**060. RENEWAL OF LICENSE AND REINSTATEMENT OF A LAPSED LICENSE.**

All licenses must be renewed as prescribed in the Idaho Code, Section 54-1410. (7-1-93)

01. Renewal Application - Licensed Professional Nurse. A renewal application with census questionnaire will be mailed to every currently licensed professional nurse on or before July 1 of every odd-numbered year. (11-28-84)

02. Renewal Application - Licensed Practical Nurse. A renewal application with census questionnaire will be mailed to every currently licensed practical nurse on or before July 1 of every even-numbered year. (6-1-78)

03. Final Date to Renew. The original signed renewal application, completed census questionnaire, and renewal fee as prescribed in Section 900 of these rules, must be submitted to the Board and post-marked not later than August 31 of the appropriate renewal year. (7-1-93)

04. Date License Lapsed. Licenses not renewed prior to September 1 of the appropriate year will be lapsed and therefore invalid. (11-28-84)

05. Effective Period. Renewal certificates shall be effective for a two (2) year period, from September 1 of the renewal year. (7-1-93)

06. Performance Evaluation. Prior to renewal of a license, the Board may require a recent performance evaluation if the Board has evidence of a prior or current problem which could affect an individual's physical or mental health or competence. (5-21-89)

**061. LATE RENEWAL OR REINSTATEMENT OF A LAPSED LICENSE.**

01. Reinstatement in One (1) Year. A person whose license has lapsed for failure to pay the renewal fee by the specified date may apply for reinstatement within one (1) year by: (7-1-93)

a. Filing a completed census questionnaire; and (11-28-84)

b. Payment of the verification of records fee and the renewal fee as prescribed in Subsection 900.03 of these rules. (7-1-93)

02. Reinstatement After One (1) Year. A person whose license has lapsed for failure to pay the renewal fee by the specified date may apply for reinstatement after more than one (1) year by: (7-1-93)

a. Filing a reinstatement application; and (6-1-78)

b. Filing a census questionnaire; and (6-1-78)

c. Payment of the verification of records fee and the renewal fee as prescribed in Subsection 900.03 of these rules; and (7-1-93)

d. Enabling the Board to obtain a satisfactory nursing employer reference if the applicant was employed during the five (5) years immediately preceding application. (7-1-93)

**062. -- 074. (RESERVED).**

**075. EXCEPTIONS IN LICENSURE LAW.**

In accordance with Idaho Code, Section 54-1411, licensure to practice nursing shall not be required, nor shall the practice of nursing be prohibited for: (6-1-78)

01. Emergency. Persons assisting in an emergency; or (6-1-78)
02. Students. Students enrolled in approved nursing education programs performing functions incident to formal instruction; or (6-1-78)
03. Government Employees. Nurses licensed by another state, territory or country and employed by the United States Government performing official duties; or (6-1-78)
04. Religious Tenets. Persons rendering nursing services or care of the sick when done in connection with the practice of the religious tenets of any church by adherents thereof; or (6-1-78)
05. Correctional Institutions. Medical attendants of the Department of Corrections at its correctional institutions. (6-1-78)

**076. PERSONS EXEMPTED BY BOARD.**

Licensure to practice nursing shall not be required, nor shall the practice of nursing be prohibited for persons exempted by the Board including: (11-28-84)

01. Non-resident Nurses. Non-resident nurses, currently licensed in good standing in another state, who are practicing in Idaho on the basis of one temporary engagement not to exceed thirty (30) days in length, including but not limited to transport teams, Red Cross Bloodmobile personnel, nurses presenting educational programs; or other non-resident nurses performing temporary nursing services of an emergency nature, which services are of a general public benefit. (7-1-93)
02. Technicians. Technicians who are enrolled in Board-recognized programs of training or who are registered or certified by Board-recognized appropriate national bodies and are employed in state licensed or certified health care facilities, performing within the ordinary and customary roles in their field. (6-1-78)
03. Non-Resident Nurses Enrolled in Courses. Non-resident nurses currently licensed in good standing in another state, who are in Idaho on a temporary basis because of enrollment in a short term Board-approved course of instruction and who are performing functions under supervision incident to formal instruction. (5-21-89)
04. Family Members and Others. (7-1-93)
  - a. Family members providing care to a person to whom they are related by blood, marriage, adoption, legal guardianship or licensed foster care. (5-21-89)
  - b. Non-family members who provide gratuitous care to a person on a temporary basis in order to give respite to family members who regularly provide care to that person. (5-21-89)
  - c. Live-in domestics, housekeepers and companions, provided they do not represent themselves as nor receive compensation as licensed nurses or other nursing care providers and so long as any health care provided is incidental to the services for which they are employed. Live-in aides placed by an organized health care agency and live-in nursing students may not administer medications by injection, but may only assist with medications as defined by the Board of Nursing. (5-21-89)
05. Nurse Apprentice. A currently enrolled nursing student who is employed for remuneration in a non-licensed capacity by an approved health care agency. Nurse Apprentice I is a nursing student who has satisfactorily completed a basic nursing fundamentals course. Nurse Apprentice II is a nursing student who has satisfactorily completed one academic year of an approved professional nursing education program. (7-1-93)
06. Qualifications. Applicants for Nurse Apprentice I/II shall: (6-20-92)
  - a. Be enrolled in an accredited/approved nursing education program that is substantially equivalent to Idaho's approved programs for practical/professional nursing. (6-20-92)

- b. Be in good academic standing at the time of application and notify the Board of any change in academic standing. (6-20-92)
- c. Meet health care agency skills validation requirements. (6-20-92)
- d. Perform only those functions approved by the Board of Nursing and not endanger patients by exceeding the Board-approved scope of practice or by exceeding own knowledge base. (6-20-92)
- e. Adhere to employing agency policies. (6-20-92)
- f. Follow agency procedure for refusing an assignment when there is concern for patient safety and welfare. (6-20-92)
- g. Wear a name badge and use designations that identify him as a nurse apprentice I/II. (7-1-93)
- 07. Application. A completed application for Nurse Apprentice I/II shall consist of: (6-20-92)
  - a. Completed application form provided by the Board, to include a fee of ten dollars (\$10); and (7-1-93)
  - b. Verification of completion of a basic nursing fundamentals course for Nurse Apprentice I, and verification of completion of nursing coursework included in one (1) academic year of an approved professional nursing education program for Apprentice II. (6-20-92)
  - c. Validation of successful demonstration of skills from a nursing education program. (6-20-92)
  - d. Verification of on-going good academic standing in nursing education program at end of each semester/quarter of enrollment. (6-20-92)
- 08. Application Approval. An individual whose application is approved shall be issued a letter identifying the individual as a Nurse Apprentice I/II for a designated time period. The letter may be reissued upon verification of on-going good academic standing in a nursing education program at the end of each semester/quarter of enrollment. (6-20-92)
- 09. Scope of Practice - Nurse Apprentice I. A Nurse Apprentice I may, under registered nurse supervision, perform all functions approved by the Board of Nursing for auxiliary workers and, in addition, may empty hemovac and assist with oxygen therapy by mask or cannula. (7-1-93)
- 10. Scope of Practice - Nurse Apprentice II. A Nurse Apprentice II may, under registered nurse supervision, perform all Nurse Apprentice I functions and, in addition may: (7-1-93)
  - a. Assist mothers with breast feeding. (6-20-92)
  - b. Suction infants with bulb syringe. (6-20-92)
  - c. Catheterize using straight catheter. (6-20-92)
  - d. Check for circulation, sensation, movement. (6-20-92)
  - e. Change non-sterile/sterile dressings. (6-20-92)
  - f. Apply moist/dry dressings or wet to dry dressings. (6-20-92)
  - g. Provide hemovac care. (6-20-92)
  - h. Apply ostomy appliances. (6-20-92)

- i. Discontinue peripheral IV. (6-20-92)
- j. Collect urine specimen from an indwelling catheter. (6-20-92)
- k. Collect specimen from wound drainage. (6-20-92)
- l. Remove sutures and staples. (6-20-92)
- m. Suction oral, nasal, pharyngeal passages (no tracheal suctioning). (6-20-92)
- n. Administer gastrostomy feedings through an established tube. (6-20-92)
- o. Assess Homan's sign. (6-20-92)
- 11. Employer Qualifications. Applicants for employers of Nurse Apprentice I/II shall: (6-20-92)
  - a. Submit completed application for Board review. (6-20-92)
  - b. Develop written procedures/descriptions required by the Board. (6-20-92)
  - c. Have Board approval to participate as an agency that employs Nurse Apprentices I/II. (6-20-92)
  - d. Submit an annual report to the Board for continuing approval. (6-20-92)
- 12. Employer Application. A completed application for health care agencies wishing to employ Nurse Apprentices I/II shall consist of: (6-20-92)
  - a. Completed application form provided by the Board; and (6-20-92)
  - b. Job descriptions for Apprentice I/II; and (6-20-92)
  - c. A written plan for orientation and skill validation; and (6-20-92)
  - d. The name of the registered nurse who shall be accountable and responsible for the coordination or management of the nurse apprentice program; and (6-20-92)
  - e. Assurance that a fully-licensed registered nurse is present on-site when nurse apprentice is working. (6-20-92)
  - f. A written procedure for the nurse apprentice who is asked to perform a task that could jeopardize a patient and who declines to perform the task. (6-20-92)
  - g. A fee of twenty-five dollars (\$25). (7-1-93)
- 13. Approval by Board. (7-1-93)
  - a. Following application review, the Board may grant approval to a health care agency to employ Nurse Apprentice I/II for a period of up to one (1) year. (6-20-92)
  - b. To insure continuing compliance with Board requirements, each approved agency shall submit an annual report to the Board on forms provided by the Board. Based on their findings, the Board may grant continuing approval annually for an additional one (1) year period. (6-20-92)
  - c. At any time, if the employing agency fails to inform the Board of changes in conditions upon which approval was based or otherwise fails to comply with established requirements, the Board may notify the agency of withdrawal of approval. (6-20-92)

**077. -- 089. (RESERVED).**

**090. GROUNDS FOR DENIAL OF LICENSE.**

The following will be deemed to be grounds for denial of license: (6-1-78)

01. Failure to Meet Requirement. Failure to meet any requirement or standard established by law or by rules and regulations adopted by the Board; or (7-1-93)
02. Failure to Pass Examination. Failure to pass the licensing examination; or (7-1-93)
03. False Representation. False representation of facts on an application for licensure; or (7-1-93)
04. Having Person Appear for Examination. Having another person appear in his place for the licensing examination; or (7-1-93)
05. Course of Conduct. A course of conduct which would be grounds for discipline under Nursing Practice Act, Section 54-1412 (a), Idaho Code or Section 100, of these rules. (7-1-93)
06. Disciplinary Action in Any Jurisdiction. Being subject to any proceeding or order in any jurisdiction. (7-1-93)

**091. NOTIFICATION OF DENIAL.**

01. Order of Denial. The Board of Nursing shall give any applicant whose application for licensure is denied written notice containing a statement: (6-1-78)
  - a. That the applicant has failed to qualify to be examined or licensed; and (6-1-78)
  - b. A description of the reason(s) for disqualification; and (6-1-78)
  - c. Directing the applicant's attention to his rights under Proceedings, Section 54-1412, Idaho Code, and Proceedings for Hearing, Section 150, of these rules. (7-1-93)

**092. CONSIDERATION OF RE-APPLICATION FOR A LICENSE AFTER PREVIOUS DENIAL.**

01. Re-application. Re-application for a license previously denied must include evidence of rehabilitation, or elimination or cure of the conditions for denial. (6-1-78)
02. Evaluation of Re-application. Evaluation of re-application for a license denied under Section 54-1412, Idaho Code, will be based upon. (6-1-78)
  - a. The nature and severity of the act or omission which resulted in the denial of license; and (7-1-93)
  - b. The conduct of the applicant subsequent to the denial of license; and (7-1-93)
  - c. The lapse of time since denial of license; and (7-1-93)
  - d. Compliance with any conditions the Board may have stipulated as a pre-requisite for re-application; and (7-1-93)
  - e. The degree of rehabilitation attained by the applicant as evidenced by statements sent directly to the Board from qualified people who have professional knowledge of the applicant; and (7-1-93)
  - f. Personal interview by the Board, at their discretion. (6-1-78)

**093. ACTION ON RE-APPLICATION OF A PREVIOUSLY DENIED LICENSE.**

01. After Evaluation by Board. After evaluation the Board may deny a license, grant a license or issue a limited license to practice nursing under specified terms and conditions. (7-1-91)

02. Expired Limited License. Prior to expiration of the limited license, a decision will be made to deny a license, grant a license or extend the limited license. (7-1-91)

**094. -- 099. (RESERVED).**

**100. GROUNDS FOR SUSPENSION OR REVOCATION OF A LICENSE.**

01. False Statement. A false, fraudulent or forged statement or misrepresentation in procuring a license to practice nursing shall mean, but need not be limited to: (6-1-78)

a. Procuring or attempting to procure a license to practice nursing by filing forged or altered documents or credentials, falsifying or misrepresenting facts on any application for licensure, examination, relicensure, or reinstatement of licensure; or (7-1-93)

b. Impersonating any applicant or acting as proxy for the applicant in any examination for nurse licensure. (6-1-78)

02. Conviction of a Felony. (6-1-78)

03. False or Assumed Name. Practicing nursing under a false or assumed name shall mean, but need not be limited to, carrying out licensed nursing functions while using other than given or legal name. (6-1-78)

04. Offense Involving Moral Turpitude. An offense involving moral turpitude shall mean, but need not be limited to, an act of baseness, vileness, or depravity in the private and social duties which a man owes to his fellow man, or to society in general, contrary to the accepted and customary rule of right and duty between man and man. (6-1-78)

05. Gross Negligence or Recklessness. Gross negligence or recklessness in performing nursing functions shall mean, but need not be limited to, a substantial departure from established and customary standards of care which, under similar circumstances, would have been exercised by a licensed peer; an act or an omission where there is a legal duty to act or to refrain from acting that a reasonable and prudent practitioner of nursing under same or similar facts and circumstances would have done, would have refrained from doing or would have done in a different manner and which did or could have resulted in harm or injury to a patient/client. An exercise of so slight a degree of care as to justify the belief that there was a conscious or overt disregard or indifference for the health, safety, well-being, or welfare of the public shall be considered a substantial departure from the accepted standard of care. (6-1-78)

06. Habitual Use of Alcohol or Drugs. Habitual use of alcoholic beverages or narcotic, hypnotic, or hallucinogenic drugs shall mean, but need not be limited to, the use of such substances to the extent that the nurse's judgment, skills, or abilities to provide safe and competent nursing care are impaired; or that the individual is unable to care for himself or his property or his family members because of such use; or it is determined by a qualified person that the individual is in need of medical or psychiatric care, treatment or rehabilitation or counseling because of drug or alcohol use. (7-1-91)

07. Physical or Mental Unfitness. Physical or mental unfitness to practice nursing shall mean, but need not be limited to, a court order adjudging that a licensee is mentally incompetent, or an evaluation by a qualified professional person indicating that the licensee is mentally or physically incapable of engaging in professional or practical nursing in a manner consistent with sound patient care; or uncorrected physical defect that precludes the safe performance of nursing functions. (6-1-78)

08. Violations of Standards of Conduct. Violations of standards of conduct and practice adopted by the Board shall mean, but need not be limited to: (6-1-78)

a. Discrimination in the rendering of nursing services, or (6-1-78)



- b. Performing acts beyond the scope of practice of professional or practical nursing; or (6-1-78)
  - c. Assuming duties and responsibilities within the practice of nursing without adequate training or when competency has not been maintained; or (6-1-78)
  - d. Disclosing the contents of the licensing examination, or soliciting, accepting, or compiling information regarding the contents of the examination before, during, or after its administration; or (11-28-84)
  - e. Assigning unqualified persons to perform functions of licensed persons or delegating nursing care functions and tasks or responsibilities to others contrary to the Nursing Practice Act or rules to the detriment of patient safety; or (7-1-93)
  - f. Failing to supervise persons to whom nursing functions are delegated or assigned; or (6-1-78)
  - g. Failing to take appropriate action in safeguarding the patient from incompetent, abusive or illegal practice of any person; or (8-31-82)
  - h. Practicing professional or practical nursing in this state on a lapsed Idaho license or beyond the period of a valid temporary license; or (6-1-78)
  - i. Practicing nursing while the physical or mental or emotional ability to practice is impaired by alcoholic beverages or drugs; or (11-28-84)
  - j. Failing to respect the patient's right to privacy; or (11-28-84)
  - k. Failing to report gross negligence or recklessness in performing nursing functions or a violation of the Nursing Practice Act or the Board of Nursing's Rules to the Board of Nursing; or (7-1-93)
  - l. Signing any record as a witness attesting to the wastage of controlled substance medication when the wastage was not personally witnessed. (11-28-84)
09. Conduct to Deceive, Defraud or Endanger. Conduct of a character likely to deceive, defraud, or endanger patients or the public shall mean, but need not be limited to: (6-1-78)
- a. Soliciting or borrowing money, materials and property from patients; or (6-1-78)
  - b. Diverting supplies, equipment, or drugs for personal use or unauthorized use; or (6-1-78)
  - c. Aiding, abetting, or assisting any person in performing acts prohibited by law; or (6-1-78)
  - d. Inaccurate recording, falsifying or otherwise altering or destroying patient or employee or employer records; or (11-28-84)
  - e. Obtaining, possessing, or furnishing or administering prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs; or (5-1-79)
  - f. Permitting or allowing his license to be used by another person for any purpose; or (7-1-93)
  - g. Leaving an assignment without properly reporting and notifying appropriate personnel or abandoning a patient in need of care; or (7-1-93)
  - h. Exploiting the patient for financial gain or offering, giving, soliciting or receiving fees for the referral of a patient or client; or (11-28-84)
  - i. Failing to collaborate with other health team members as necessary to meet the patient's health needs; or (11-28-84)

j. Failing to observe the condition, signs and symptoms of a patient, to record the information or to report significant changes to appropriate persons. (11-28-84)

k. Convictions of crimes or acts substantially related to nursing practice and including but not limited to sex crimes, drug violations, acts of violence and child or adult abuse. (7-1-93)

l. Placing the patient/client at risk for the transmission of infectious disease by failing to carry out principles of asepsis and infection control or to adhere to universal precautions. (6-11-93)

10. Suspension or Revocation of License. Suspension or revocation of a license in any jurisdiction shall mean any order restricting, limiting, revoking or suspending a license to practice nursing. A certified copy of an order entered in any jurisdiction shall be prima facie evidence of the matters contained therein. (11-28-84)

**101. -- 119. (RESERVED).**

**120. REINSTATEMENT OF A SUSPENDED LICENSE.**

01. Application. The applicant may apply on forms provided by the Board to have the suspension order withdrawn, reversed, modified, or amended. (6-1-78)

02. Appearance before Board. The applicant for reinstatement of a suspended license may be requested to appear before the Board. (8-31-82)

03. Board Action Possible. After evaluation, the Board may deny a reinstatement, grant a reinstatement, or issue a limited license for the applicant to practice nursing under specific terms and conditions. (11-28-84)

04. Board Decision. Prior to expiration of a limited license, the Board shall evaluate the applicant's status. A decision will be made to grant a license, to extend the limited license, or to deny a license. (11-28-84)

05. Reinstated at Termination of Suspension. A suspended license may be reinstated at the termination of the suspension only if there is evidence that all terms and conditions set forth in the suspension order have been met or when, at the discretion of the Board, it is determined that intervening circumstances have altered the condition leading to the suspension. (8-31-82)

06. Assessment of Costs. As a condition of withdrawing, reversing, modifying or amending the suspension order, the applicant may be assessed all or part of the costs incurred by the Board in proceedings for license suspension. (8-31-82)

**121. REINSTATEMENT OF A REVOKED LICENSE.**

01. Time for Application. One (1) year after revocation of a license, the applicant may apply, on forms provided by the Board, to have the revocation order withdrawn, reversed, modified or amended. (7-1-93)

02. Evaluation. In considering reinstatement of a revoked license, the Board will evaluate: (6-1-78)

a. The nature and severity of the act which resulted in revocation of the license; and (7-1-91)

b. The conduct of the applicant subsequent to the revocation of license; and (6-1-78)

c. The lapse of time since revocation; and (6-1-78)

d. The degree of compliance with all conditions the Board may have stipulated as a prerequisite for reinstatement; and (6-1-78)

e. The degree of rehabilitation attained by the applicant as evidenced by statements sent directly to the

Board from qualified people who have professional knowledge of the applicant; and (11-28-84)

- f. Whether the applicant has violated any applicable law or rule regulating the practice of nursing. (11-28-84)

03. Appearance before Board. The applicant for reinstatement of a revoked license may be requested to appear before the Board. (6-1-78)

04. Board Action Possible. After evaluation the Board may deny a license, grant a license, or issue a limited license for the applicant to practice nursing under specific terms and conditions. (11-28-84)

05. Board Decision. Prior to expiration of a limited license, the Board shall evaluate the applicant's status. A decision will be made to grant a license, to extend the limited license, or to deny a license. (11-28-84)

06. Assessment of Costs. As a condition of reinstating a revoked license, the applicant may be assessed all or part of the costs incurred by the Board in proceedings for license revocation. (6-1-78)

**122. -- 129. (RESERVED).**

**130. INVESTIGATION.**

01. Receipt of Information. Upon receipt of information alleging that a holder of or an applicant for a license has engaged in acts or is engaging in conduct constituting grounds for disciplinary action as provided in Section 54-1412, Idaho Code, the executive director shall investigate to determine whether sufficient evidence exists to warrant disciplinary proceedings and shall maintain a written record of such investigation. (11-28-84)

02. Confidential Information. Information or documents obtained by or provided to the Board of Nursing in any investigation of a person's qualifications for licensure or of a licensee's right to retain a license, including disciplinary investigation, shall be exempt from disclosure, except to the extent that such information or documents may be the basis of any allegation in a formal hearing in disciplinary proceedings. Idaho Code, 9-340, 15. (7-1-91)

03. Investigational File Closed. When an investigation discloses that disciplinary action is not necessary or warranted for the protection of public health, safety, and welfare, the investigational file will be closed. The matter may at any time be reopened and reinvestigated if circumstances so warrant. (5-21-89)

04. Informal Proceedings. Complaints or controversies that may not justify or require formal proceedings may be considered and resolved by the Board staff through informal conferences, meetings, agreements, or other informal action as may be appropriate under the circumstances. Such action shall be held without prejudice and the Board may thereafter institute formal proceedings covering the same or related matters. (7-1-93)

**131. ACTION ON INVESTIGATION.**

The executive director shall have the power to act upon any investigative report as follows: (5-21-89)

01. Dismiss Complaint. Dismiss any complaint and notify accordingly the complainant, the applicant, or licensee complained against and any other affected parties, stating the reason thereof; or (5-21-89)

02. Informal Disposition. Enter into informal disposition through stipulation, agreed settlement, consent order or default; or (11-28-84)

03. Petition for Action. Petition the Board for disciplinary action; or (5-21-89)

04. Voluntary Surrender. Accept the voluntary surrender of a license. Unless the person surrendering his license seeks to qualify for Conditional Limited License for Disability as hereinafter provided, the executive director shall refer the surrendered license to the Board. The Board shall enter its order of suspension or revocation of a surrendered license referred in accordance with this section. (7-1-93)

- 05. Letter of Reprimand. On motion of the Board, send a letter of reprimand to the licensee. (11-28-84)
- 06. Conditional Limited License for Disability. Issue and, where appropriate, terminate, a conditional limited license in accordance with Section 132 below. (5-21-89)

**132. CONDITIONAL LIMITED LICENSE FOR DISABILITY.**

Individuals disabled due to alcohol or drug use or to emotional or mental impairment may be eligible to participate in the Temporary Voluntary Surrender of Licensure program, an alternative to formal disciplinary action. Eligible persons must sign a statement of voluntary surrender of licensure, enter treatment, agree to monitoring and resume practice only after a conditional limited license is issued. (7-1-96)

01. Qualifications. The executive director may issue a conditional limited license for a period not to exceed five (5) years to a licensee who shall have voluntarily surrendered his or her license by reason of a disability relating to alcohol or drug use or relating to emotional or mental impairment if such person meets all of the following qualifications: (7-1-96)

a. Such person holds a current Idaho license to practice as a professional or practical nurse or is eligible and is in the process of applying for licensure; and (7-1-96)

b. Such person abused drugs and/or alcohol or demonstrated mental disability such that ability to safely practice is/may be impaired. (7-1-96)

02. Written Statement. Such person signs a written statement which includes: (5-21-89)

a. An admission to all facts which may constitute grounds for disciplinary action or demonstrate impairment of the safe practice of nursing, and (5-21-89)

b. A waiver of the right to a hearing and all other rights in a contested case under the Idaho Administrative Procedures Act and the Nursing Practice Act; and (5-21-89)

03. Completion of Treatment Program. Such person shall satisfactorily complete an in-patient or out-patient treatment program approved by the Board of Nursing. (7-1-96)

04. Voluntary Participation in Monitoring Program. Such person agrees to participation in the Board's monitoring program to include: (7-1-96)

a. Evaluation of disability; (5-21-89)

b. Approval of treatment program regimen; (5-21-89)

c. Monitoring of progress; (5-21-89)

d. Determination of when return to the workplace will be allowed. (7-1-96)

05. Submission of evidence. Such person shall submit reliable evidence that he is competent to safely practice nursing. (7-1-93)

06. Admission to Program Denied. Admission to the program may be denied if the applicant: (7-1-96)

a. Diverted controlled substances for other than self administration; or (7-1-96)

b. Creates too great a risk for the health care consumer; or (7-1-96)

c. Has been terminated from this, or any other, alternative program for non-compliance. (7-1-96)

07. Failure to Qualify for Conditional Limited License. In the event any person seeking to qualify for conditional limited licensure is determined to be ineligible, the executive director shall thereupon refer such person's

surrendered license to the Board for action in accordance with Subsection 131.04 above. (5-21-89)

08. Conditions of Limited License. Conditional limited licensure shall be conditioned upon the individual's prompt and faithful compliance with the following: (7-1-96)

a. Satisfactory progress in continuing treatment or rehabilitation program prescribed. (7-1-93)

b. Regular and prompt notification to the Board of changes in name and address of self or any employer. (7-1-96)

c. Obtaining of performance evaluations prepared by the employer to be submitted at specified intervals and at any time upon request. (7-1-96)

d. Continuing participation in, and compliance with all recommendations and requirements of, the approved treatment or rehabilitation program, and obtaining of reports of progress submitted by the person directing the treatment or rehabilitation program at specified intervals and at any time upon request. (7-1-96)

e. Submission of written self-evaluations and personal progress reports at specified intervals and at any time upon request. (7-1-93)

f. Submission of reports of supervised random alcohol/drug screens at specified intervals and at any time upon request. Participant is responsible for reporting as directed, submitting a sufficient quantity of sample to be tested, and payment for the screening. (7-1-96)

g. Meeting with the Board's professional staff at any time upon request. (7-1-93)

h. Working only in approved practice settings. (7-1-96)

i. Authorization by licensee of the release of applicable records pertaining to assessment, diagnostic evaluation, treatment recommendations, treatment and progress, performance evaluations, counseling, random chemical screens, and after-care at periodic intervals as requested. (7-1-93)

j. Obedience to all laws pertaining to nursing practice, all nursing standards, and all standards, policies and procedures of licensee's employer(s) relating to any of the admitted misconduct or facts as set out in the written statement signed by licensee, or relating to the providing of safe, competent or proper nursing service. (7-1-93)

k. Compliance with other specific terms and conditions of the conditional limited license fixed by the executive director. (7-1-96)

09. Withdrawal of Conditional Limited License. Because the conditional limited license is issued based upon a written statement admitting misconduct or facts evidencing impairment of the licensee's ability to safely practice nursing by reason of drug, alcohol or other disability, the Board hereby declares that, in the interest of public health, safety and welfare, any failure of a person to comply with the terms and conditions of a conditional limited license shall be deemed to be an immediate threat to the health and safety of the public and the executive director shall, upon receiving evidence of any failure to comply with terms of such conditional limited license, immediately withdraw such conditional limited license and refer to the advisory committee for re-evaluation. (7-1-96)

10. Termination of Conditional Limited License. (7-1-96)

a. Termination of conditional license may occur if during participation in the program, information is received which, after investigation, indicates the individual may have violated a provision of the law or Board Rules governing the practice of nursing. (7-1-96)

b. Upon termination of a conditional limited license, the executive director shall provide prompt written notice to such person stating the reason for the termination, setting forth the evidence relied upon and notifying the person of his right to a hearing upon request at the earliest possible date in accordance with Idaho Code

54-1412(b).

(7-1-96)

c. A person whose conditional limited license has been terminated by the executive director may request a hearing regarding the termination by certified letter addressed to the Board. If such person fails to so request a hearing within twenty (20) days after notice of termination by the executive director, or if upon hearing a determination is made that is unfavorable to such person, the Board shall enter its order confirming termination of the conditional limited license and enter its order of revocation or suspension of the surrendered nursing license. (7-1-96)

11. Stay or Modification Order. The Board may, for good cause, stay any order of the executive director or may modify the terms and conditions of a conditional limited license as deemed appropriate to regulate, monitor or supervise the practice of any licensee. (7-1-93)

12. Reinstatement of Surrendered License. Upon satisfactory compliance with all of the terms of the conditional limited license for the term thereof, the executive director shall reinstate the renewable nursing license voluntarily surrendered, provided that the licensee demonstrates that he is qualified and competent to practice nursing. (7-1-96)

**133. ADVISORY COMMITTEE.**

The Board shall appoint a committee of at least six (6) persons to provide guidance to the Board on matters relating to nurses disabled due to alcohol or drug use or to emotional or mental impairment, and advise the Board on the direction of the program. Committee members shall include a member of the Board who shall serve as the Chairperson and other members as established by the Board, but shall include persons who are knowledgeable about disabilities. (7-1-96)

**134. EMERGENCY ACTION.**

If the Board finds that public health, safety, and welfare requires emergency action and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. Such proceedings shall be promptly instituted and determined. (5-21-89)

**135. -- 149. (RESERVED).**

**150. PLACE OF HEARING.**

Hearings shall be held at the Idaho State Board of Nursing offices, Boise, Idaho or such other place as the Board shall designate (7-1-93)

**151. BOARD ACTION ON HEARING.**

01. Evidence Presented. Based upon evidence presented at the hearing, the Board may: (7-1-93)
  - a. Dismiss the complaint. (11-28-84)
  - b. Reprimand the licensee. (11-28-84)
  - c. Deny licensure. (11-28-84)
  - d. Deny renewal or reinstatement of a license. (11-28-84)
  - e. Suspend the license. (11-28-84)
  - f. Revoke the license. (11-28-84)
  - g. Enter an order of suspension or revocation but stay the order subject to probation for a designated period. (11-28-84)
  - h. Limit or restrict the license. (7-1-93)
  - i. Such other action as may be deemed appropriate. (7-1-93)

**152. -- 163. (RESERVED).**

**164. PROBATION.**

01. Stay of Suspension or Revocation Order. An order for suspension or revocation may be stayed for a designated period to be fixed by the Board. The Board shall determine such terms and conditions as deemed appropriate to regulate, monitor or supervise the practice of the licensee during the probation. (7-1-93)

02. Board Decision. Prior to expiration of the probation period, the Board may review and evaluate the licensee's file and reports and may take action to reinstate the license. At any time that the terms or conditions of probation are violated or that progress and performance are unsatisfactory, the Board may summarily take action to extend the period of probation or to invoke the order of suspension or revocation. (11-28-84)

**165. PETITION FOR REHEARING OR RECONSIDERATION.**

01. Petition for Rehearing or Reconsideration. An individual may petition for reconsideration of any final order or rehearing based upon the following grounds: (7-1-93)

- a. Newly discovered or newly available evidence relevant to the issue; (11-28-84)
- b. Error in the proceeding or Board decision that would be grounds for reversal or judicial review of the order; (11-28-84)
- c. Need for further consideration of the issues and the evidence in the public interest; or (11-28-84)
- d. A showing that issues not considered ought to be examined in order to properly dispose of the matter. (11-28-84)

02. Action on Petition. The Board may deny the petition, order a rehearing or direct such other proceedings as deemed appropriate. (11-28-84)

03. Limitation of Hearing. The hearing shall be confined to those grounds upon which reconsideration or rehearing was ordered. (11-28-84)

04. Board Action. Based upon evidence submitted for rehearing or reconsideration, the Board may reaffirm, stay, withdraw, reverse, modify or amend the prior order. (11-28-84)

**166. -- 199. (RESERVED).**

**200. RESTRICTED LICENSE (NON-PRACTICING STATUS).**

A person who has a physical or mental disability that prevents active engagement in nursing practice may be issued a non-practicing license. The non-practicing status may be removed by Board action following receipt and evaluation of satisfactory evidence confirming that the physical or mental health status of the licensee will not impair or interfere with the ability to practice nursing. (7-1-93)

**201. LIMITED LICENSE FOR PHYSICAL OR MENTAL DISABILITY.**

01. Issuance of a Limited License. The Board may issue a limited license to: (11-28-84)

- a. An applicant for licensure or a licensee who has a physical or mental disability that restricts or impairs the person's ability to practice the full scope of nursing; or (11-28-84)
- b. An applicant who holds a limited license by reason of an identified physical or mental disability in another jurisdiction and who, except for the identified physical or mental disability, meets the requirements for licensure by endorsement. (11-28-84)

02. Determination of Limitation. (7-1-93)
- a. The Board shall evaluate statements from qualified professional persons who have personal knowledge of the applicant or licensee. The Board may also evaluate job descriptions and statements from potential employers. (7-1-91)
- b. The specific limitations of practice shall be noted on the license. (7-1-91)
03. Conditions of a Limited License. When conditions of practice are stated on the limited license, the conditions may include, but need not be limited to: (7-1-91)
- a. Notifying the Board in writing of any change in employment status. (11-28-84)
- b. Requesting the employer to submit written reports of performance to the Board as directed. (11-28-84)
- c. Meeting with representatives of the Board as requested. (11-28-84)
- d. Submitting such other reports to the Board as requested. (11-28-84)
- e. Specific parameters of practice, excluding the performance of specific nursing functions. (7-1-91)
04. Compliance with Conditions of Limited License. In the event that the licensee violates or fails to comply with any condition, the Board, after notice to the licensee and an opportunity for hearing, may revoke or suspend the license of such licensee, or take such additional action as it deems necessary and reasonable. (11-28-84)
05. Removal of Limited License Status. The limited license status may be removed by Board action upon receipt of satisfactory evidence that the health status of the licensee will not impair or interfere with the ability to practice nursing. (11-28-84)

**202. LIMITED LICENSE FOR DISCIPLINARY ACTION.**

01. Issuance of a Limited License. After evaluation of an application for licensure reinstatement, the Board may issue a limited license, refer to Sections 120 and 121 to a nurse found guilty of any of the grounds for discipline set forth in the Nursing Practice Act, Section 54-1412 (a),(1-9). (7-1-93)
02. Conditions of a Limited License. The Board shall define the specific conditions of the limited license in writing. The conditions shall be stated on the license. (11-28-84)
03. Board Action. The Board shall: (7-1-93)
- a. Grant a renewable license without restrictions based upon evidence of satisfactory compliance with the terms and conditions as set forth by the Board. (7-1-91)
- b. Take appropriate action in the event that an individual fails to comply with the terms and conditions of the limited license, including suspension or revocation of the license of such person. (11-28-84)

**203. -- 219. (RESERVED).**

**220. QUALIFICATIONS FOR LICENSURE BY EXAMINATION.**

01. In-State. Individuals who have successfully completed all requirements for graduation from an Idaho nursing education program approved by the Board shall be eligible to make application to the Board to take the licensing examination. (6-11-93)
02. Out-of-State. Individuals who hold a certificate of graduation from a nursing education program having board of nursing approval in another state or territory of the United States shall be eligible to make application



to the Board to take the licensing examination, providing they meet substantially the same basic educational requirements as graduates of Idaho nursing education programs at the time of application. (6-11-93)

03. Practical Nurse Equivalency Requirement. An applicant for practical nurse licensure by examination who has not completed an approved practical nurse program, must establish evidence (i.e. official transcripts) of successful completion of nursing and related courses at an approved school preparing persons for licensure as registered nurses to include a course(s) in personal and vocational relationships of the practical nurse. Additional courses must be equivalent to those same courses included in a practical nursing program approved by the board and must have been completed within the two (2) years immediately preceding the initial application to take the licensing examination. (7-1-93)

04. Time Period for Taking Examination. Applicants who do not write the examination for the first time within eighteen (18) months following establishment of eligibility will not be eligible for further consideration. (7-1-93)

05. Time Limit for Writing Examinations. Graduates who do not take the examination within eighteen (18) months following graduation from the nursing education program may be required to follow specific remedial measures as prescribed by the Board before being scheduled to take the examination. (6-11-93)

**221. EXAMINATION APPLICATION.**

01. Application for Licensure. A completed application for licensure by examination shall consist of: (6-1-78)

a. Completed, notarized application form provided by the Board; and (6-1-78)

b. Notarized affidavit of graduation signed by the nursing education administrator, or designee; and (6-11-93)

c. Fee for licensure by examination as prescribed in Subsection 901.01 of these rules. (7-1-93)

02. Filing before Deadline Date. All required credentials must be received or post-marked on or before the specified deadline date for the desired examination. (11-28-84)

**222. EXAMINATION AND RE-EXAMINATION.**

01. Applicants for Professional or Practical Nurse Licensure. Applicants must successfully take the National Council Licensure Examination for professional nurse licensure or for practical nurse licensure, as applied for and approved. (6-11-93)

02. Passing Score. The passing score for each examination series or form will be determined by the Board. (6-1-78)

03. Retaking Examination. Candidates who do not pass an examination will be notified of the procedure for applying to retake. (6-11-93)

04. Retake Fee. The retake fee as prescribed in Subsection 901.01 of these rules, must be received or post-marked on or before the specified dates. (7-1-93)

**223. -- 239. (RESERVED).**

**240. QUALIFICATIONS FOR LICENSURE BY ENDORSEMENT.**

An applicant for Idaho licensure by interstate endorsement must: (7-1-93)

01. Graduation Required. Be a graduate of a state approved/accredited practical or professional nursing education program that is substantially equivalent to Idaho's board-approved practical or professional nursing education program. Applicants for practical nurse licensure may also qualify under the provisions of Section 241 of

these rules. (7-1-93)

02. Minimum Requirements. Have qualifications that are substantially equivalent to Idaho's minimum requirements; and (7-1-91)

03. Licensing Examination. Have taken the same licensing examination as that administered in Idaho and achieved scores established as passing for that examination by the Board, unless the applicant was licensed by examination prior to 1950; and (6-11-93)

04. License from Another State or Territory. Hold a license in good standing from another state or territory of the United States. The license of any applicant subject to official investigation or disciplinary proceedings shall not be considered in good standing. (7-1-91)

**241. PRACTICAL NURSE LICENSURE BY EQUIVALENCY.**

An applicant for practical nurse licensure by interstate endorsement based on equivalency must meet the following requirements: (11-28-84)

01. Licensing Examination. Have successfully taken the same licensing examination as that administered in Idaho; and (7-1-93)

02. License from Another State or Territory. Hold a license in another state based on successful completion of nursing and related courses at an approved school preparing persons for licensure as registered nurses to include a course(s) in personal and vocational relationships of the practical nurse (or equivalent experience) and additional courses equivalent to those same courses included in a practical nursing program approved by the board, and provide evidence thereof. (7-1-93)

**242. APPLICATION FOR LICENSURE BY ENDORSEMENT.**

A completed application for licensure by interstate endorsement must include all of the following: (7-1-93)

01. Application Form. Completed, notarized application form provided by the Board; and (6-1-78)

02. Verification. Verification of licensure from state of applicant's original licensure; and (6-1-78)

03. Employment Reference. One (1) satisfactory nursing employment reference from the past five (5) year period immediately preceding the application; and (7-1-91)

04. Census Questionnaire. Completed Census Questionnaire; and (6-1-78)

05. Fee. Fee for licensure by endorsement as prescribed in Subsection 901.02 of these rules. (7-1-93)

**243. -- 259. (RESERVED).**

**260. QUALIFICATIONS FOR LICENSURE OF GRADUATES OF FOREIGN SCHOOLS OF NURSING.**

A graduate from a nursing education program outside of the United States or its territories must: (6-1-78)

01. Screening Examination. Pass a screening examination(s), approved by the Board, which tests for nursing knowledge and knowledge of English; and (8-31-82)

02. Minimum Requirements. Have qualifications that are substantially equivalent to Idaho's minimum requirements at the time of application; and (11-28-84)

03. License. Hold a license in good standing from a country outside the United States or its territories; and (6-1-78)

04. Licensing Examination. Take the same licensing examination as that administered in Idaho and achieve the score determined as passing for that examination by the Board, unless the applicant was licensed in

another state or territory of the United States prior to 1965. (6-11-93)

**261. APPLICATION FOR LICENSURE OF GRADUATES OF FOREIGN SCHOOLS OF NURSING.**

A completed application for licensure by a graduate of a nursing education program outside of the United States or its territories must include the following: (7-1-93)

01. Screening Examination Scores. Prior to the submission of an application, an official copy of the applicant's screening examination scores must be received by the Board; and (7-1-91)
02. Application Form. Completed notarized application form provided by the Board; and (6-1-78)
03. Official Transcript. Official transcript from the applicant's nursing education program, and certified translation if original transcript is not in English or a completed Commission on Graduates of Foreign Nursing Schools (CGFNS) transcript form (A-2); and (7-1-91)
04. Verification of Licensure. Verification of licensure from state, province, or country of applicant's original licensure; and (6-1-78)
05. Employment Reference. One satisfactory nursing employment reference from the five year period immediately preceding the application; and (7-1-91)
06. Fee. Fee for licensure by examination as prescribed in Subsection 901.01 of these rules. (7-1-93)

**262. (RESERVED).**

**263. EXAMINATION AND RE-EXAMINATION OF GRADUATES OF FOREIGN SCHOOLS OF NURSING.**

01. Applicants for Professional Nurse or Practical Nurse Licensure. Applicants must successfully take the approved examination for professional nurse licensure or for practical nurse licensure, as applied for and approved. (6-11-93)
02. Passing Score. The passing score for each examination series or form will be determined by the Board. (6-1-78)
03. Retaking Examination. Candidates who do not pass an examination will be notified of the procedure for applying to retake. (6-11-93)
04. Retake Fee. The retake fee as prescribed in Subsection 901.01, of these rules, must be received or post-marked on or before the specified deadline dates. (7-1-93)
05. Examination Written Previously. Foreign graduates who have successfully taken the State Board Test Pool Examination, the National Council Licensure Examination, or the Computerized Adapted Test administered by the National Council of State Boards of Nursing may be processed as applicants for licensure by endorsement from another state in the United States. (7-1-93)

**264. -- 269. (RESERVED).**

**270. NURSE PRACTITIONERS.**

In accordance with Idaho Code, Section 54-1402 (d), rules governing Nurse Practitioners are jointly promulgated by the Board of Nursing and the Board of Medicine and implemented by the Board of Nursing. (7-1-93)

**271. PURPOSE OF NURSE PRACTITIONER RULES.**

Recognizing that the delivery of health care is a privilege granted by the state of Idaho and is not a natural right of individuals, the purpose of these rules is to assure the public health, safety and welfare in the state by the approval and regulation of nurse practitioners. (7-1-93)

**272. DEFINITIONS RELATED TO NURSE PRACTITIONERS.**

01. Nurse Practitioner. Means a licensed professional nurse having specialized skill, knowledge and experience and who is authorized by these jointly promulgated rules to perform designated acts of medical diagnosis, prescription of medical therapeutic and corrective measures and delivery of medications. (7-1-93)

02. Supervising Physician. Means a person who is licensed to practice medicine and surgery or osteopathic medicine and surgery who is responsible for overseeing and providing guidance, direction and evaluation of health services provided by nurse practitioners related to acts of medical diagnosis and prescription of medical therapeutic and corrective measures. (9-5-91)

03. Preceptor. Means a physician or nurse practitioner who supervised the practice of a nurse practitioner as a part of the nurse practitioner educational program. (9-5-91)

04. Protocol. Means a written document mutually agreed upon and signed and dated by the nurse practitioner and supervising physician. The Boards of Nursing or Medicine may review written protocols, job descriptions, policy statements, or other documents that define the responsibilities of the nurse practitioner in the practice setting, and may require such changes as needed to achieve compliance with these rules and to safeguard the public. (7-1-93)

**273. -- 289. (RESERVED).**

**290. SCOPE OF PRACTICE OF NURSE PRACTITIONERS.**

01. Designated Acts. In addition to those functions specified for the licensed professional nurse, the nurse practitioner may perform the following acts: (2-12-80)

a. Evaluate the physical and psychosocial health status through a comprehensive health history and physical examination. This may include the performance of pelvic examinations and pap smears. (2-12-80)

b. Initiate appropriate laboratory or diagnostic studies to screen or evaluate the patient's health status and interpret reported information in accordance with protocols and knowledge of the laboratory or diagnostic studies, provided such laboratory or diagnostic studies are related to and consistent with the nurse practitioner's scope of practice. (7-1-93)

c. Diagnose and manage minor illnesses or conditions. (2-12-80)

d. A nurse practitioner who is also a certified nurse midwife may perform uncomplicated deliveries. (2-12-80)

e. Manage the health care of the stable chronically ill patient in accordance with protocols for management of the medical regimen. (9-5-91)

f. Institute appropriate care which might be required to stabilize a patient's condition in an emergency or potentially life-threatening situation until physician consultation can be obtained. (2-12-80)

g. Repair minor lacerations, with no nerve, tendon, or major vessel involvement, after consultation with the supervising physician. (9-5-91)

**291. PRESCRIPTION PRIVILEGES OF NURSE PRACTITIONERS.**

Those nurse practitioners having a minimum of thirty (30) hours of pharmacology course content may apply for authorization for prescription writing to prescribe those drugs identified on a formulary jointly promulgated by the Boards of Nursing and Medicine. If the application is approved, such prescription writing shall be performed in accordance with protocols. (7-1-93)

01. Scope of Review. Each application for prescription writing authority shall be reviewed by the Board of Nursing. If there is insufficient documentation of the applicant's qualifications to prescribe, the application

will be subject to special review. (9-5-91)

02. Special Review of Applications. Applications for prescription writing authority must be reviewed and approved by representatives of the Board of Nursing and the Board of Medicine in the following situations: (9-5-91)

a. Inadequate documentation of educational preparation information submitted under Subsection 291.01, or (7-1-93)

b. Documentation of previous prescription writing problems. (9-5-91)

03. Controlled Substances. A nurse practitioner may not write prescriptions for any controlled substances defined by the Uniform Controlled Substances Act, Schedules I through V. (9-5-91)

04. Prescription Forms. Prescription forms used by nurse practitioners must be printed with the name, address, and telephone number of the nurse practitioner and of the supervising physician. (9-5-91)

05. Recording of Prescriptions. All prescriptions, including refills, must be recorded in the patient's record. (9-5-91)

**292. -- 299. (RESERVED).**

**300. DELIVERY OF MEDICATION BY NURSE PRACTITIONERS.**

01. Pre-Dispensed Medication. The nurse practitioner may legally provide a patient with more than one dose of a medication at sites or at times when a pharmacist is not available. The pre-dispensed medications shall be for an emergency period to be determined on the basis of individual circumstances, but the emergency period will extend only until a prescription can be obtained from a pharmacy. (9-5-91)

02. Consultant Pharmacist. The nurse practitioner shall have a consultant pharmacist responsible for providing the nurse practitioner with pre-dispensed medication in accordance with federal and state statutes for packaging, labeling, and storage. (2-12-80)

03. Limitation of Items. The pre-dispensed medications shall be limited to only those categories of drugs identified in the Formulary, except a nurse practitioner may provide other necessary medication to the patient as directed by a physician. (9-5-91)

04. Exemption from Emergency Period. Nurse practitioners may provide pre-dispensed medication and shall be exempted from the emergency period under the following circumstances: (12-15-86)

a. Agencies/clinics providing family planning, communicable and chronic disease services under government contract or grant. (12-15-86)

b. Agencies/clinics in remote sites without pharmacies. These agencies/clinics must submit an application and obtain formal approval from the Board of Nursing. (12-15-86)

**301. CURRENTLY APPROVED NURSE PRACTITIONERS.**

01. Formulary. All currently approved nurse practitioners with prescription writing authority must prescribe in accordance with the drug categories identified in the Formulary. Those currently approved nurse practitioners without prescription writing authority may apply for such authority. (7-1-93)

02. Written Protocols. All currently approved nurse practitioners shall have written protocols as specified in Sections 290 and 291, if these sections are applicable to their practice. (7-1-93)

**302. NURSE PRACTITIONER RECORDS.**

The nurse practitioner shall maintain accurate records, accounting for all prescriptions written and medication

delivered. (2-12-80)

**303. NURSE PRACTITIONER APPROVAL REQUIREMENTS TO BE MET.**

The applicant for initial nurse practitioner approval shall meet the following requirements: (2-12-80)

01. Current Licensure. Hold a current license in good standing as a professional nurse in Idaho. (7-1-93)
02. Degree Required. Submit evidence of a baccalaureate degree in nursing from an approved nursing education program. (7-1-93)
03. Completion of Nurse Practitioner Program. Submit evidence of successful completion of a nurse practitioner program which has been accredited by the National League for Nursing or the American Nurses' Association or its equivalent as determined by the Board of Nursing. (7-1-93)
04. Description of Practice. Submit a narrative description of the scope of practice which shall include information on the type of practice and the health services to be provided. (7-1-93)
05. Application. Submit a notarized application, on forms supplied by the Board of Nursing, which shall substantiate that the applicant meets the requirements of this section and the Nursing Practice Act. (7-1-93)
06. Fee. Submit the non-refundable fee required by Section 902 of the rules of the Board of Nursing. (7-1-93)
07. Signed Statement. Submit a statement signed by a physician or nurse practitioner preceptor or by a supervisory person or peer from the last place of employment that the nurse practitioner has demonstrated proficiency in the functions to be undertaken. (7-1-93)
08. Signed Agreement. Submit a copy of an agreement providing for a supervising physician registered pursuant to the rules of the Idaho State Board of Medicine, and a copy of an agreement providing for an alternate supervising physician in the absence of the supervising physician. Copies of the agreements shall be signed by all parties. The agreements shall provide for:
  - a. Collaborative development and periodic review (at least annually) of written protocols providing for laboratory and diagnostic studies, management of stable, chronically ill patients, and prescription writing. (7-1-93)
  - b. An on-site visit at least monthly. (7-1-93)
  - c. Regularly scheduled conferences between the supervising physician and the nurse practitioner. (9-5-91)
  - d. Periodic review of a representative sample of records and a periodic review of the medical services being provided by the nurse practitioner. This review shall also include an evaluation of adherence to protocols. (9-5-91)
  - e. Availability of the supervising physician to the nurse practitioner in person or by telephone. (9-5-91)
09. Examination Score. Submit evidence of an acceptable score on a qualifying examination administered by a nationally organized group recognized by the Board of Nursing. (2-12-80)

**304. -- 319. (RESERVED).**

**320. NURSE PRACTITIONER APPLICANTS FROM OTHER STATES.**

Any person seeking to be approved as a nurse practitioner in this state and who is approved as a nurse practitioner, or equivalent title, in another state must successfully meet all of the requirements provided in Section 303 of the rules of

the Board of Nursing. (7-1-93)

**321. NURSE PRACTITIONER TEMPORARY APPROVAL.**

01. Duration of Temporary Approval. Temporary approval to practice may be issued by the Board of Nursing until notification of the examination results. The applicant must write the first examination available. (2-12-80)

02. Temporary Approval Expiration. The temporary approval shall expire automatically if the applicant fails to pass the examination or to write the first examination available. (2-12-80)

**322. -- 329. (RESERVED).**

**330. NURSE PRACTITIONER RENEWAL OF APPROVAL.**

01. Expiration of Approval. Approval shall expire biennially upon expiration of the professional nurse license. (2-12-80)

02. Renewal of Approval. Renewal of approval is dependent upon the following: (2-12-80)

a. Current licensure as a professional nurse in Idaho. (2-12-80)

b. Payment of the renewal fee required by Subsection 902.02 of the rules of the Board of Nursing. (7-1-93)

c. Submission of documentation of current certification by a national organization recognized by the Board of Nursing or of forty (40) contact hours of continuing education activities related to the area of practice. (12-15-86)

d. Submission of a statement of updated practice information on forms prepared by the Board of Nursing. (2-12-80)

03. Lapse in Practice. If more than two (2) years have elapsed since a nurse practitioner has actively engaged in practice, the Board of Nursing may require evidence of an educational update and closely supervised practice to insure safe and qualified performance. (9-5-91)

04. Time to Submit Renewal. Each nurse practitioner shall submit the application for renewal of approval prior to the expiration of approval. (2-12-80)

05. Reinstatement of Approval. To reinstate an approval which has expired for non-payment of renewal fee, the applicant must meet the requirements stated herein, submit an application on forms provided by the Board of Nursing and submit the fee required by Section 902 of the rules of the Board of Nursing. (7-1-93)

**331. CHANGE IN PRACTICE ARRANGEMENTS OF NURSE PRACTITIONERS.**

The Board of Nursing shall be notified within thirty (30) days when there is a change in practice arrangements, or physician supervision. (2-12-80)

**332. -- 339. (RESERVED).**

**340. DISCIPLINARY ACTION, NURSE PRACTITIONER.**

The Board of Nursing shall have the power to revoke, suspend, deny approval or renewal of approval. Proceedings shall be conducted as defined in Section 54-1412, Idaho Code, and Sections 090, 100, and 370, of the rules of the Board of Nursing. (7-1-93)

01. Grounds for Discipline. (2-12-80)

a. Failed to meet requirements as stated herein. (2-12-80)

b. Committed acts subject to disciplinary action under Section 54-1412, Idaho Code, and Sections 090, 100, or 370, of the rules of the Board of Nursing. (7-1-93)

c. Exceeded authority or failed to adhere to practice as designated by these rules. (7-1-93)

d. Held out, represented or permitted others to represent him to the public as a licensed physician or has represented himself to be able to practice without a supervising physician. (7-1-93)

e. Made, or caused to be made, a false, fraudulent or forged statement or representation in procuring or attempting to procure approval to practice as a nurse practitioner. (2-12-80)

f. Violation of any statute or rules relating to prescribing, possession, using or dispensing drugs. (7-1-93)

02. Notification of Board of Medicine. The Board of Nursing shall promptly notify the Board of Medicine of any complaints received and disciplinary proceedings initiated pursuant to these rules and Section 54-1412, Idaho Code, against nurse practitioners and shall keep the Board of Medicine informed of action taken and of the final disposition thereof. (2-12-80)

03. Notification of Board of Nursing. The Board of Medicine shall promptly notify the Board of Nursing of any information received relating to the practice of any nurse practitioner which warrants investigation or disciplinary proceedings pursuant to these rules and Section 54-1412, Idaho Code. (2-12-80)

#### **341. FORMULARY FOR PRESCRIPTION WRITING BY NURSE PRACTITIONERS.**

01. Prescription Writing. Pursuant to protocols, a nurse practitioner may write prescriptions only for medications from the following categories of legend drugs. Protocols should specify any limitations on the number of dosages that may be prescribed, any requirements for consultation prior to prescription writing, and any requirements for periodic review by the supervising physician during the course of treatment with the medication. No controlled substances may be prescribed. (9-5-91)

a. Antihistamines, decongestants, expectorants, and antitussives. (9-5-91)

b. Antibacterials, antibiotics (Probenecid when prescribed for treatment of gonorrhea in conjunction with penicillin, sulfonamides). (9-5-91)

c. Non-narcotic analgesics/muscle relaxants. (9-5-91)

d. Topical steroid preparations. (9-5-91)

e. Antipruritics. (9-5-91)

f. Topical eye, ear, skin, nose, and throat preparations, excluding ophthalmic steroids. (7-1-94)

g. Antinauseants and antidiarrheals. (9-5-91)

h. Contraceptive agents and devices. (9-5-91)

i. Dietary supplements, i.e., iron, vitamins, including fluorides. (9-5-91)

j. Antifungals, anthelmintics, scabicides, and pediculicides. (9-5-91)

k. Topical and local anesthetics. (9-5-91)

l. Immunizations and vaccines (Biologicals). (9-5-91)



- m. Antiviral agents. (9-5-91)
- n. Diuretics. (9-5-91)
- o. Smoking cessation agents. (9-5-91)
- p. Gastrointestinal agents, antiflatulants. (9-5-91)
- q. Non-steroidal anti-inflammatory agents. (9-5-91)
- r. Bronchial dilators, antihypertensives, antispasmodics. (9-5-91)
- s. Hormonal therapy. (9-5-91)
- t. Antidiabetics, antiarthritics, antigout, antilipids. (9-5-91)
- u. Antianginal preparations. (9-5-91)
- v. Anticonvulsants. (9-5-91)
- w. Chemotherapeutics. (9-5-91)
- x. Antidepressants. (9-5-91)
- y. Anti-anxiety agents - limited to Buspirone. (7-1-94)
- z. Migraine preparations. (7-1-94)
- aa. Short-term prescriptions of corticosteroids limited to prescriptions for fourteen (14) days or less. (7-1-94)

02. Refills. A nurse practitioner may order refills for other drugs originally prescribed by the supervising physician for patients with stable chronic illness. (7-1-94)

**342. -- 349. (RESERVED).**

**350. REGISTERED NURSE ANESTHETIST.**

01. Purpose. The provision of anesthesia care services by nurse anesthetists is a specialty area of nursing practice that is recognized within the legal scope of practice for the licensed professional nurse. The purpose of these rules is to define and authorize the specialty practice of qualified nurse anesthetists and to prohibit unqualified persons from engaging in the practice specialty. (8-31-87)

02. Definitions: (11-24-94)

a. A registered nurse anesthetist is a licensed professional nurse who has graduated from a nationally accredited nurse anesthetist program, passed a qualifying examination recognized by the Idaho Board of Nursing and, has current initial certification or current active recertification from a national group recognized by the board of nursing. Registered nurse anesthetists who meet these qualifying requirements and are registered by the Board, may, in collaboration with a physician, dentist or podiatrist authorized to practice in Idaho, provide anesthesia care services as defined by these rules. (11-24-94)

b. Collaboration means the cooperative working relationship with another health care provider, each contributing his respective area of expertise in the provision of patient care, and such collaborative practice includes the discussion of patient treatment and cooperation in the management and delivery of health care. (11-24-94)

03. Scope of Practice. In addition to the functions authorized for the licensed professional nurse, the

- registered nurse anesthetist may perform the following acts: (8-31-87)
- a. Evaluate the preoperative condition of the patient. (8-31-87)
  - b. Order and evaluate appropriate studies to determine the health status of the patient. (11-24-94)
  - c. Determine, the appropriate anesthetic agent and technique of administration. This shall include, but not be limited to: general, regional, and spinal anesthesia; epidural, caudal, brachial plexus and other blocks; inhalation agents; intravenous agents and techniques of hypnosis. (11-24-94)
  - d. Order preanesthetic medication. (11-24-94)
  - e. Induce and maintain anesthesia under procedures commonly used during the performance of surgical, dental, obstetrical, therapeutic or diagnostic clinical procedures. (8-31-87)
  - f. Support life functions during anesthesia care, including induction and intubation procedures, use of appropriate mechanical support devices, and management of fluid, electrolyte and blood component balances. (8-31-87)
  - g. Utilize current techniques in monitoring the patient during anesthesia care. (8-31-87)
  - h. Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication or other forms of therapy. (8-31-87)
  - i. Participate in the management of the patient while in the post-anesthesia recovery period, including, but not limited to, ordering and administering medications. (11-24-94)
  - j. Conduct post-anesthesia visits and assessments when appropriate. (8-31-87)
  - k. Maintain complete and accurate records of anesthesia care and any abnormal response to anesthesia. (8-31-87)
04. Protocols. In accordance with established protocols: (7-1-93)
- a. Provide resuscitative care. (8-31-87)
  - b. Insert peripheral and central venous and arterial lines for blood sampling and monitoring. (8-31-87)
  - c. Perform arterial punctures for blood gases. (8-31-87)
  - d. Provide consultation for or management of respiratory and ventilatory care. (8-31-87)
  - e. Perform spinal taps. (11-24-94)
  - f. Insert epidural catheters and administer or order medication for the management of pain. (11-24-94)
05. Review of Protocols. The Board may review written protocols, job descriptions, policy statements, or other documents that define the responsibilities of the nurse anesthetist in the practice setting, and may require such changes as needed to achieve compliance with these rules and to safeguard the public. (7-1-93)
06. Qualifying Requirements for Registration. To qualify for registration as a nurse anesthetist, a person shall: (8-31-87)
- a. Hold a current renewable Idaho professional nurse license in good standing. (8-31-87)
  - b. Submit an application together with a notarized copy of current initial certification or current active

recertification as a nurse anesthetist by a nationally organized group recognized by the Board that includes evidence of graduation from a nationally accredited nurse anesthetist program and successful writing of a national qualifying examination recognized by the Board. (11-24-94)

- c. Submit a non-refundable fee as required by Section 904, of the rules of the Board of the Nursing. (7-1-93)

07. Temporary Registration. Temporary registration as a registered nurse anesthetist may be issued to the following: (7-1-93)

a. Temporary registration may be issued to an applicant until notification of certification examination results. The applicant must write the first certification examination available upon graduation from a nurse anesthetist program. (7-1-93)

b. Temporary registration may be issued to a nurse anesthetist from another state based on issuance of a temporary license as a professional nurse and evidence of current initial certification or current active recertification as a nurse anesthetist from a nationally organized group recognized by the Board. (7-1-93)

c. Temporary registration shall expire automatically on the date designated or if an applicant fails to pass the examination or to write the first examination available. (7-1-93)

08. Certificate of Registration. Applicants who meet qualifying requirements in Subsection 350.06 will be granted a certificate of registration as a nurse anesthetist with the same expiration date as the professional nurse license. (11-24-94)

a. Upon issuance of the certificate of registration, the nurse anesthetist may use the title Certified Registered Nurse Anesthetist, abbreviated C.R.N.A. (8-31-87)

09. Renewal of Registration. Renewal of registration is dependent upon the following: (8-31-87)

a. Renewal of professional nurse licensure. (8-31-87)

b. Payment of a renewal fee as required by Section 904, of the rules of the Board of Nursing. (7-1-93)

c. Submission of an application and evidence of current initial certification or current active recertification as a nurse anesthetist from a nationally organized group recognized by the Board of Nursing. (8-31-87)

**351. -- 369. (RESERVED).**

**370. STANDARDS OF CONDUCT.**

01. Violations. Violations of these Standards of Conduct shall be grounds for disciplinary action in accordance with Section 54-1412, of the Idaho Nursing Practice Act and Section 090 or 100, of the Rules of the Board of Nursing. Disciplinary action may range from monitoring or letters of concern or reprimand to suspension or revocation of license. (7-1-93)

02. Purpose. Each individual, upon entering the practice of professional or practical nursing, assumes a measure of responsibility and trust and the corresponding obligation to adhere to standards of conduct, which include, but are not limited to, the following: (7-1-91)

03. Period of Practice. The nurse shall practice professional or practical nursing in Idaho only with a current Idaho license or during the period of valid temporary licensure. (11-28-84)

04. Perform Acts. The nurse shall have knowledge of the statutes and rules governing nursing and shall function within the defined legal scope of nursing practice. (7-1-93)

05. Aiding in Violation of Law. The nurse shall not aid, abet, or assist any other person to violate or circumvent laws or rules pertaining to the conduct and practice of nursing. (11-28-84)
06. Considerations in Providing Care. In providing nursing care, the nurse shall respect and consider the individual's human dignity, health problems, personal attributes, national origin, and handicaps and shall not discriminate on the basis of age, sex, race, religion, economic or social status or sexual preferences in the rendering of nursing services. (11-28-84)
07. Responsibility and Accountability Assumed. The nurse shall be responsible and accountable for his nursing judgments, actions and competence. (7-1-93)
08. Delegating Activities to Others. The nurse shall delegate activities only to persons who are competent and qualified to undertake and perform the delegated activities and shall not delegate to non-licensed persons functions that are to be performed only by licensed nurses, to the detriment of patient safety. (11-28-84)
09. Supervision. The nurse delegating functions shall supervise the persons to whom the functions have been assigned or delegated. (11-28-84)
10. Safeguarding Patient. The nurse shall act to safeguard the patient from the incompetent practice, verbal or physical abusive acts or illegal practice of any person. (7-1-93)
11. Reporting Grossly Negligent or Reckless Practice. The nurse shall report to the Board of Nursing any licensed nurse who is grossly negligent or reckless in performing nursing functions or who otherwise violates the Nursing Practice Act or the Board of Nursing's Rules. (7-1-93)
12. Unlawful Use of License. The nurse shall not permit his license to be used by another person for any purpose or permit unlicensed persons under his jurisdiction or supervision to indicate in any way that they are licensed to perform functions restricted to licensed persons. (7-1-93)
13. Diverting or Soliciting. The nurse shall respect the property of the patient and employer and shall not take equipment, materials, property, or drugs without prior consent or authorization, nor shall the nurse solicit or borrow money, materials or property from patients. (11-28-84)
14. Prescription Drugs. The nurse shall not obtain, possess, furnish or administer prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs. (11-28-84)
15. Witnessing Wastage of Controlled Substances Medication. The nurse shall not sign any record as a witness attesting to the wastage of controlled substance medications unless the wastage was personally witnessed. The nurse shall not solicit the signatures on any record of a person as a witness to the wastage of controlled substance when that person did not witness the wastage. (7-1-91)
16. Record-Keeping. The nurse shall make or keep accurate, intelligible entries into records required by law, employment or customary practice of nursing, and shall not falsify, destroy, alter or knowingly make incorrect or unintelligible entries into patients' records or employer or employee records. (11-28-84)
17. Disclosing Contents of Licensing Examination. The nurse shall not disclose contents of any licensing examination, or solicit, accept, or compile information regarding the contents of any examination before, during, or after its administration. (11-28-84)
18. Impairment of Ability. The nurse shall not practice nursing while the ability to practice is impaired by alcohol or drugs or physical, mental or emotional disability. (11-28-84)
19. Leaving Assignment. The nurse shall not abandon patients in need of nursing care in a negligent or wanton manner. The nurse shall leave a nursing assignment only after properly reporting and notifying appropriate personnel and shall transfer responsibilities to appropriate personnel or care giver when continued care is required by the patient's condition. (7-1-91)

20. Respecting Patient's Privacy. The nurse shall respect the patient's privacy. (7-1-91)
21. Confidentiality. The nurse shall not disseminate information about the patient to individuals not entitled to such information except where such information is required by law or for the protection of the patient. (7-1-91)
22. Observe and Report. The nurse shall observe the condition and signs and symptoms of a patient, record the information, and report to appropriate persons any significant changes. (7-1-91)
23. Exploit, Solicit, or Receive Fees. The nurse shall not exploit the patient for financial gain or offer, give, solicit, or receive any fee or other consideration for the referral of a patient or client. (7-1-91)
24. Collaboration. The nurse shall function as a member of the health team and shall collaborate with other health team members as necessary to meet the patient's health needs. (7-1-91)
25. Universal Precautions. The nurse shall adhere to universal precautions and to principles of asepsis and infection control and shall not place the patient/client at risk for the transmission of infectious diseases. (6-11-93)

**371. -- 389. (RESERVED).**

**390. USE OF TITLES, ABBREVIATIONS, AND DESIGNATIONS FOR THE PRACTICE OF NURSING.**

01. Temporary License for Graduates. The new graduate issued a temporary license pending notification of examination results shall use the title graduate nurse, abbreviated G.N., or graduate practical nurse, abbreviated G.P.N., whichever is appropriate, until the renewable license is granted. (5-21-79)
02. Temporary License for New Graduate. A new graduate practicing on a temporary license must be provided direct supervision by a licensed professional nurse and may not assume charge responsibilities. (11-28-84)
03. Failure to Pass Examination. If the new graduate fails to pass the licensing examination, licensed nursing functions may not be carried out and the individual must use the title aide, nursing assistant, etc., as appropriate for auxiliary workers in the employment setting. (5-21-79)
04. Registered Nurse Title. Individuals who have successfully met all requirements for licensure as professional nurses shall have the right to use the title Registered Nurse, abbreviated R.N. (5-21-79)
05. Licensed Practical Nurse Title. Individuals who have successfully met all requirements for licensure as practical nurses shall have the right to use the title Licensed Practical Nurse, abbreviated L.P.N. (5-21-79)

**391. -- 399. (RESERVED).**

**400. STANDARDS FOR THE PRACTICE OF NURSING - PURPOSE.**

To identify the roles and responsibilities of the licensed professional nurse and the licensed practical nurse working in hospitals, nursing homes, physicians' offices, and other settings. (7-1-96)

01. Decision-Making for Scope of Practice. To determine if a specific act is within the legal scope of nursing practice, a licensed nurse shall determine whether:
  - a. The act is expressly permitted or prohibited by the Nursing Practice Act, Board of Nursing Rules or Board of Nursing interpretations or position statements; and (7-1-96)
  - b. The act is something that was taught in the basic nursing education program and the nurse possesses current clinical skills; or (7-1-96)
  - c. The act is limited to advanced practice or to licensed professional nurse practice; and (7-1-96)

d. The act is consistent with standards of practice published by a national specialty nursing organization or supported by recognized nursing literature or reputable published research and the nurse can document successful completion of additional education through formal classroom instruction and supervised clinical practice; and (7-1-96)

e. The employment setting/agency has established policies and procedures or job descriptions authorizing performance of the act; and (7-1-96)

f. Performance of the act is within the accepted standard of care that would be provided in a similar situation by a reasonable and prudent nurse with similar education and experience and the nurse is prepared to accept the consequences of the act. (7-1-96)

02. Delegation Responsibilities. When delegating nursing care acts, the licensed nurse retains responsibility for the delegated acts and the consequences of delegation and shall: (7-1-96)

a. Exercise professional judgment to decide which activities may be delegated and to whom the acts may be delegated; and (7-1-96)

b. Determine that the acts to be delegated are not expressly prohibited by the Nursing Practice Act or Board Rules and that the activities are consistent with job descriptions or policies of the practice setting; and (7-1-96)

c. Determine that the act is one that, in the opinion of the delegating nurse, can be performed without jeopardizing the client's safety and welfare, and (7-1-96)

d. Determine that the person to whom the act is being delegated has documented education or training to perform the activity and is currently competent to perform the act; and (7-1-96)

e. Consider the nature of the act, the complexity of the care needed; the degree of critical thinking required and the predictability of the outcome of the act to be performed; and (7-1-96)

f. Consider the impact of timeliness of care/continuity of care; and the potential for harm and the level of interaction required with the client/family, and (7-1-96)

g. Consider the type of technology employed in providing care and the knowledge and skills required to effectively use the technology, including relevant infection control and safety issues; and (7-1-96)

h. Assess the client's status and health care needs prior to delegation, taking into consideration the complexity of assessments, monitoring required and the degree of physiological or psychological instability; and (7-1-96)

i. Provide instruction for performance of the act, to include reporting of any observation of a change in client status, any relevant emergency procedures, and assist directly in the performance of the act as necessary; and (7-1-96)

j. Evaluate the client's response and the outcome of the delegated act. (7-1-96)

03. Technicians/Technologists. These individuals are not credentialed by regulatory bodies in Idaho and may include but are not limited to, surgical, dialysis and radiology technicians/technologists and medical assistants who may perform limited nursing functions within the ordinary, customary, and usual roles in their field and are exempted from licensure by the Board of Nursing under Section 54-1411, Idaho Code, (Nursing Practice Act), provided they are: (7-1-96)

a. Enrolled in or completed a Board-recognized formal training program; or (7-1-96)

b. Registered or certified by appropriate Board-recognized national bodies; and (7-1-96)

- c. Employed in a state-licensed or certified health care facility or physician's office. (7-1-96)
- d. Technicians/technologists providing basic nursing care services on an organized nursing unit in an institutional setting must function under the supervision of a licensed professional nurse. A licensed professional nurse shall be responsible for the development of the job description, guidelines/protocols under which the technician/ technologist provides nursing care. (7-1-96)
- e. Monitor Technicians. Monitor technicians may provide continuous observation of monitors provided the individual has: (7-1-96)
  - i. Completed a Board-approved training program, and (7-1-96)
  - ii. Direct supervision of a licensed professional nurse at all times, and (7-1-96)
  - iii. No nursing responsibilities concerning a client's cardiac rhythm or status. (7-1-96)
- 04. Unlicensed Assistive Personnel. The term unlicensed assistive personnel is used to designate unlicensed personnel employed to perform nursing care services for the ill, injured, handicapped or disabled when authorized/delegated at the direction and supervision of licensed nurses in hospitals, nursing homes, private homes and other health care agencies and settings where health care is needed or performed. In the public or private school setting, unlicensed assistive personnel may also include, but are not limited to, teachers, secretaries, administrators and teacher aides. The term unlicensed assistive personnel additionally includes other licensed or credentialed health care workers whose job responsibilities extend to client health care services beyond their usual and customary roles and which activities are provided under the direction and supervision of licensed nurses. (7-1-96)
  - a. Unlicensed assistive personnel may compliment the licensed nurse in the performance of nursing functions, but may not substitute for the licensed nurse; unlicensed assistive personnel may not redelegate a delegated act. (7-1-96)
  - b. The nursing care tasks that may be authorized/delegated to unlicensed assistive personnel shall be stated in writing in the practice setting and shall not exceed the functions authorized by the Board. The employing agency shall verify completion of training. Unlicensed assistive personnel shall be personally accountable and responsible for all actions taken in carrying out the activities delegated to them. (7-1-96)
  - c. The following functions may be performed: (7-1-96)
    - i. Unlicensed assistive personnel may be delegated normal activities of daily living, such as bathing, dressing, grooming, oral hygiene, hair and skin care, preparation of food, oral feeding, ambulation and body movement, elimination and maintenance of a safe environment after on-the-job orientation and prior to completion of Board-approved training. (7-1-96)
    - ii. Unlicensed assistive personnel who have completed a Board-approved formal training program, or who are exempted from training, may be delegated such other functions included in the Board-approved curriculum for unlicensed assistive personnel. (7-1-96)
  - d. Unlicensed assistive personnel may be delegated additional functions as approved by the Board, provided classroom instruction and supervised clinical practice have been obtained in a training program approved by the Board. (7-1-96)
  - e. Unlicensed assistive personnel are prohibited from performing any licensed nurse functions that are specifically defined in Section 54-1402 (b), Idaho Code. Additionally, unlicensed assistive personnel may not be delegated procedures involving acts that require nursing assessment, establishment of a plan of care or teaching, the exercise of nursing judgment or procedures requiring specialized nursing knowledge, skills or techniques. (7-1-96)
  - f. Assistance with Medications. After completion of a Board-approved training program, unlicensed assistive personnel in a non-institutional care setting may assist the client who cannot independently self-administer medications, provided that: (7-1-96)

- i. A plan of care has been developed by a licensed professional nurse, and (7-1-96)
- ii. The act has been delegated by a licensed nurse, and (7-1-96)
- iii. Written and oral instructions have been given to the unlicensed assistive personnel by a licensed nurse concerning the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency, and (7-1-96)
- iv. The medication is in the original pharmacy-dispensed container with proper label and directions or in an original over-the-counter container or the medication has been removed from the original container and placed in a unit container by a licensed nurse. Proper measuring devices must be available for liquid medication that is poured from a pharmacy-dispensed container. Inventories of narcotic medications must be maintained, and (7-1-96)
- v. Any medication dosages not taken and the reasons thereof are recorded and reported to appropriate supervisory persons. (7-1-96)
- vi. Assistance with medication may include: breaking a scored tablet, crushing a tablet, instilling eye, ear or nose drops, giving medication through a pre-mixed nebulizer inhaler or gastric (non nasogastric) tube, assisting with oral or topical medications and insertion of suppositories. (7-1-96)
- vii. Assistance with medication does not include mixing or compounding of a medication or administration of medication by injection or intravenously or through intermittent positive pressure breathing machines. (7-1-96)

05. Supervision Responsibilities. When nursing care activities are delegated, the licensed nurse shall determine the degree of supervision required and shall evaluate whether the activity is completed in a manner that meets acceptable outcomes. The degree of supervision shall be based upon the health status and stability of the client, the complexity of the care and the knowledge and competence of the individual to whom the activity is delegated. (7-1-96)

**401. LICENSED PRACTICAL NURSE.**

The licensed practical nurse provides nursing care at the direction of a licensed professional nurse, licensed physician or licensed dentist and under guidelines established by the Board of Nursing and the employing agency. The stability of the environment and clinical state of the client determine the degree of direction and direct supervision that must be provided to the licensed practical nurse. The licensed practical nurse shall be personally accountable and responsible for all actions taken in carrying out nursing activities. The interpretation of functions as set forth in the legal definition of licensed practical nurse, Section 54-1402 (b),(2), Idaho Code, (Nursing Practice Act) is as follows: (7-1-96)

01. Contributing to the Assessment of Health Status. The licensed practical nurse contributes to the assessment of health status by: collecting, reporting and recording objective and subjective data. Data collection includes: (7-1-96)
- a. Obtaining a health history. (7-1-91)
  - b. Making systematic observations to identify deviations from normal. (7-1-91)
  - c. Identifying signs and symptoms of change in behavior or condition. (7-1-91)
  - d. Identifying need for immediate nursing intervention based upon data collected. (7-1-91)
02. Participating in the Development and Modification of Care. The licensed practical nurse participates in the development and modification of the strategy of care by: (7-1-93)
- a. Recognizing, understanding, and respecting the client's cultural background, spiritual needs, values and beliefs, and right of choice. (7-1-96)



- 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. Utilizing 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: (7-1-93)
  - a. Providing direct 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 are taught in Board-approved curriculum for practical nurses, including but not limited to: (7-1-96)
    - i. Inserting, monitoring and caring for various lines 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 Gomco clamps in circumcisions. (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:

- 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)