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**IDAPA 23
TITLE 01
Chapter 01**

IDAPA 23 - IDAHO STATE BOARD OF NURSING

23.01.01 - RULES OF THE IDAHO BOARD OF NURSING

000. LEGAL AUTHORITY.

This chapter is adopted in accordance with Section 54-1404(9), Idaho Code. (3-30-01)

001. TITLE AND SCOPE.

01. Title. These rules shall be cited in full as IDAPA 23.01.01, "Rules of the Idaho 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. INCORPORATION BY REFERENCE.

There are no documents that have been incorporated by reference into these rules. (3-30-01)

003. WRITTEN INTERPRETATIONS.

In accordance with Sections 54-1401 through 54-1417, 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 at the Board office. (3-30-01)

004. ADMINISTRATIVE APPEALS

The Idaho Rules of Administrative Procedure of the Attorney General on contested cases, IDAPA 04.11.01, "Idaho Rules of Administrative Procedure," Section 100, et seq., shall apply in addition to Board of Nursing Rules, IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Sections 090 through 164. (7-1-93)

005. PUBLIC RECORDS.

Board of Nursing records are subject to the provisions of the Idaho Public Records Act, Title 9, Chapter 3, Idaho Code. (3-30-01)

006. OFFICE INFORMATION.

01. Street Address. The offices of the Board of Nursing are located at 280 North Eighth Street, Boise, Idaho. (3-30-01)

02. Mailing Address. The mailing address of the Board is P.O. Box 83720, Boise, Idaho 83720-0061. (3-30-01)

03. Telephone Number. The telephone number of the Board is (208) 334-3110. (3-30-01)

04. Telecommunications. A TDD or telecommunications device for the deaf is available at (800) 377-3529. (3-30-01)

05. Facsimile. The Board's FAX number is (208) 334-3262. (3-30-01)

06. Electronic Address. The Board's web address is www2.state.id.us/ibn/ibnhome.htm. (3-30-01)

007. FILING OF DOCUMENTS.

All written communications and documents that are intended to be part of an official record for decision in a rulemaking 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. (3-30-01)

008. CHANGES IN NAME AND ADDRESS -- ADDRESS FOR NOTIFICATION PURPOSES.

01. Change Of Name. Whenever a change of licensee name occurs, the board must be immediately notified of the change. Documentation confirming the change of name must be provided to the board on request. (3-30-01)

02. Change Of Address. Whenever a change of licensee mailing address occurs, the board must be immediately notified of the change. (3-30-01)

03. Address For Notification Purposes. The most recent mailing address on record with the board will be utilized for purposes of all written communication with the licensee including, but not limited to, notification of renewal and notices related to disciplinary actions. (3-30-01)

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 Licensure By Interstate Endorsement - Current Licensure In Another State. A temporary license may be issued to an applicant for interstate endorsement on proof of current licensure in good standing in another state, satisfactory documentation of employment within the three (3) years immediately preceding application, and compliance with the requirements of Section 242 of these rules. (3-30-01)

03. Applicant For Licensure By Examination. A temporary license to practice nursing until notification of examination results may be issued to an applicant for Idaho licensure following graduation from a nursing education program recognized by the professional licensing board for nursing of any state or territory of the United States, and compliance with Section 221 of these rules. (3-30-01)

a. The practice of nursing by new graduates holding temporary licensure shall be limited as follows: (3-30-01)

i. Direct supervision by a licensed professional nurse must be provided. (3-30-01)

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

b. Terms of temporary licenses issued to examination candidates are as follows: (3-30-01)

i. Temporary licenses will be issued for a period of no more than three (3) months. (3-30-01)

ii. Temporary licenses are not renewable. (3-30-01)

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

a. An applicant who fails to pass the licensing examination shall not be eligible for further temporary licensure. (3-30-01)

b. In the event that such applicant subsequently passes the licensing examination after twelve (12) months or more have elapsed following completion of the educational program, a temporary license with conditions may be issued until verification of clinical competence is received. (3-30-01)

05. Applicants Not In Active Practice. 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. (3-30-01)

06. 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)

07. 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. LICENSE RENEWAL.

All licenses must be renewed as prescribed in the Section 54-1411, Idaho Code. (3-30-01)

01. Renewal Application - Licensed Professional Nurse. A renewal application will be mailed to every currently licensed professional nurse, at the address on record with the Board, on or before July 1 of every odd-numbered year. (3-30-01)

02. Renewal Application - Licensed Practical Nurse. A renewal application will be mailed to every currently licensed practical nurse, at the address on record with the Board, on or before July 1 of every even-numbered year. (3-30-01)

03. Renewal Application - Advanced Practice Professional Nurse. A renewal application will be mailed to every advanced practice professional nurse, at the address on record with the Board, on or before July 1 of every odd-numbered year. (3-30-01)

04. Final Date To Renew. The original signed renewal application 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. (3-30-01)

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

06. Effective Period. Renewed licenses shall be effective for a two (2) year period, from September 1 of the renewal year. (3-30-01)

061. LATE RENEWAL OR REINSTATEMENT OF A LAPSED LICENSE.

01. Reinstatement Within One Year (Late Renewal). 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: (3-30-01)

a. Filing a completed renewal application; and (3-30-01)

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 Year. After one (1) year, but less than three (3) years, a person whose license has lapsed for failure to pay the renewal fee by the specified date may apply for reinstatement by: (3-30-01)

- a. Filing a completed reinstatement application; and (3-30-01)
- b. Payment of the verification of records fee and the renewal fee as prescribed in Subsection 900.03 of these rules; and (7-1-93)
- c. Providing evidence satisfactory to the Board of the applicant's ability to practice safely and competently. (3-30-01)

03. Reinstatement After Three Years. After three (3) years, a person whose license has lapsed for failure to timely pay the renewal fee may apply for reinstatement by: (3-30-01)

- a. Filing a completed application; and (3-30-01)
- b. Payment of the verification of records fee and the renewal fee as prescribed in Subsection 900.03 of these rules; and (3-30-01)
- c. Complying with the requirements of Subsection 040.07 of these rules; and (3-30-01)
- d. Providing evidence satisfactory to the Board of the applicant's ability to practice safely and competently. (3-30-01)

062. -- 075. (RESERVED).

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. 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)

02. Non-Resident Nurses. Non-resident nurses currently licensed in good standing in another state, who are in Idaho on a temporary basis because of enrollment in or presentation a short term course of instruction recognized or approved by the Board and who are performing functions incident to formal instruction. (3-30-01)

03. 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. (3-30-01)

04. Nurse Apprentice. A nurse apprentice is a currently enrolled nursing student who is employed for remuneration in a non-licensed capacity by a Board approved health care agency. (3-30-01)

a. Applicants for nurse apprentice shall: (3-30-01)

i. 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)

ii. Be in good academic standing at the time of application and notify the Board of any change in academic standing. (6-20-92)

- iii. Meet the employing agency's health care skills validation requirements. (3-30-01)
- iv. Satisfactorily complete a basic nursing fundamentals course. (3-30-01)
- v. Use obvious designations that identify the applicant as a nurse apprentice. (3-30-01)
- b.** A completed application for nurse apprentice shall consist of: (3-30-01)
 - i. Completed application form provided by the Board, to include a fee of ten dollars (\$10); and (7-1-93)
 - ii. Verification of satisfactory completion of a basic nursing fundamentals course; and (3-30-01)
 - iii. Validation of successful demonstration of skills from a nursing education program; and (3-30-01)
 - iv. Verification of on-going good academic standing in nursing education program. (3-30-01)
- c.** An individual whose application is approved shall be issued a letter identifying the individual as a nurse apprentice for a designated time period. (3-30-01)
- d.** A nurse apprentice may, under licensed professional nurse supervision, perform all functions approved by the Board of Nursing for unlicensed assistive personnel as set forth in Subsection 400.04. (3-30-01)
- 05. Employer Application.** (3-30-01)
 - a.** A completed application for health care agencies wishing to employ nurse apprentices shall consist of: (3-30-01)
 - i. Completed application form provided by the Board; and (6-20-92)
 - ii. Job descriptions for apprentice; and (3-30-01)
 - iii. A written plan for orientation and skill validation; and (6-20-92)
 - iv. The name of the licensed professional nurse who shall be accountable and responsible for the coordination or management of the nurse apprentice program; and (3-30-01)
 - v. Assurance that a licensed professional nurse is readily available when nurse apprentice is working. (3-30-01)
 - vi. 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; and (3-30-01)
 - vii. A fee of one hundred dollars (\$100). (3-30-01)
 - b.** Following application review, the Board may grant approval to a health care agency to employ nurse apprentice for a period of up to one (1) year. (3-30-01)
 - c.** 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)
 - d.** 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. MULTISTATE LICENSURE.

- 01. Definitions.** In Section 077, the following terms have the meanings indicated. (3-15-02)
- a.** Board means the regulatory body responsible for issuing nurse licenses. (3-15-02)
 - b.** Compact means the Nurse Multistate Licensing Compact. (3-15-02)
 - c.** Coordinated Licensure Information System (CLIS) means an integrated process for collecting, storing, and sharing information on nurse licensing and enforcement activities related to nurse licensing laws, which is administered by a nonprofit organization composed of and controlled by state nurse licensing boards. (3-15-02)
 - d.** Home state means the party state that is the nurse's primary state of residence. (3-15-02)
 - e.** Party state means a state that is a signatory on the compact. (3-15-02)
 - f.** Primary state of residence means the state of an individual's declared, fixed, and permanent residence. (3-15-02)
 - g.** Public means an individual or entity other than designated staff or representatives of party state boards or the National Council of State Boards of Nursing, Inc. (3-15-02)
- 02. Issuance Of License In Compact Party State.** (3-15-02)
- a.** A nurse applying for a license in a home party state shall produce evidence of the nurse's primary state of residence. This evidence shall include a declaration signed by the licensee. Further evidence that may be requested includes, but is not limited to: (3-15-02)
 - i.** Driver's license with a home address; (3-15-02)
 - ii.** Voter registration card displaying a home address; or (3-15-02)
 - iii.** Federal income tax return declaring the primary state of residence. (3-15-02)
 - b.** A nurse changing primary state of residence, from one (1) party state to another party state, may continue to practice under the former home state license and multistate licensure privilege during the processing of the nurse's licensure application in the new home state for a period not to exceed thirty (30) days. (3-15-02)
 - c.** The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance, and the thirty (30) day period in Subsection 077.02.b. shall be stayed until resolution of the pending investigation. (3-15-02)
 - d.** The former home state license is not valid upon the issuance of a new home state license. (3-15-02)
 - e.** If a decision is made by the new home state denying licensure, the new home state shall notify the former home state within ten (10) business days, and the former home state will take action in accordance with that state's laws and regulations. (3-15-02)
- 03. Multistate Licensure Privilege Limitations.** (3-15-02)
- a.** Home state boards shall include, in all disciplinary orders or agreements that limit practice or require monitoring, the requirement that the licensee subject to the order or agreement shall limit the licensee's practice to the home state during pendency of the disciplinary order or agreement. (3-15-02)
 - b.** The requirement referred to in Subsection 077.03.a. may, in the alternative, allow the nurse to practice in other party states with prior written authorization from both the home state and other party state boards. (3-15-02)

- 04. Information System.** (3-15-02)
- a. Levels of Access.** (3-15-02)
- i. Public access to nurse licensure information shall be limited to: (3-15-02)
- (1) The licensee's name; (3-15-02)
- (2) Jurisdictions of licensure; (3-15-02)
- (3) Licensure expiration date; (3-15-02)
- (4) Licensure classification and status; (3-15-02)
- (5) Public emergency, summary, and final disciplinary actions, as defined by contributing state authority; and (3-15-02)
- (6) The status of multistate licensure privileges. (3-15-02)
- ii. Non-party state boards shall have access to all CLIS data except current significant investigative information and other information as limited by contributing party state authority. (3-15-02)
- iii. Party state boards shall have access to all CLIS data contributed by the party states and other information as allowed by contributing non-party state authority. (3-15-02)
- b. Right to Review.** (3-15-02)
- i. The licensee may request, in writing, to the home state board to review data relating to the licensee in the CLIS. (3-15-02)
- ii. If a licensee asserts that any data relating to the licensee is inaccurate, the burden of proof is on the licensee to provide evidence substantiating that claim. (3-15-02)
- iii. Within ten (10) business days, the Board shall correct information that it finds to be inaccurate in the CLIS. (3-15-02)
- c. Changes in Disciplinary Data.** (3-15-02)
- i. Within ten (10) business days, the Board shall report to CLIS: (3-15-02)
- (1) Disciplinary action, agreement or order requiring participation in alternative programs or which limit practice or require monitoring unless the agreement or order relating to participation in alternative programs is required to remain nonpublic by the contributing state authority; (3-15-02)
- (2) Dismissal of the complaint; and (3-15-02)
- (3) Changes in status of disciplinary action, or licensure encumbrance. (3-15-02)
- ii. The Board shall delete current significant investigative information from the CLIS within ten (10) business days after: (3-15-02)
- (1) A disciplinary action; (3-15-02)
- (2) An agreement or order requiring participation in alternative programs; (3-15-02)
- (3) An agreement or agreements, which limit practice or require monitoring; or (3-15-02)

- (4) Dismissal of a complaint. (3-15-02)
- iii. The CLIS administrator shall make changes to licensure information in the CLIS within ten (10) business days upon notification by a board. (3-15-02)

078. -- 089. (RESERVED).

090. DENIAL OF LICENSE.

- 01. Grounds For Denial Of License.** (3-15-02)
 - a.** Failure to meet any requirement or standard established by law or by rules adopted by the Board; or (3-15-02)
 - b.** Failure to pass the licensing examination; or (3-15-02)
 - c.** False representation of facts on an application for licensure; or (3-15-02)
 - d.** Having another person appear in his place for the licensing examination; or (3-15-02)
 - e.** Engaging in any conduct which would be grounds for discipline under Nursing Practice Act, Section 54-1413 (1), Idaho Code or Sections 100 or 101, of these rules. (3-15-02)
 - f.** Revocation, suspension, limitation, reprimand, voluntary surrender or any other disciplinary action or proceeding, including investigation against a license, certificate or privilege to practice by another state or jurisdiction. (3-15-02)
- 02. Notification Of Denial.** The Board of Nursing shall give any applicant whose application for licensure is denied written notice containing a statement: (3-15-02)
 - 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 denial; and (3-15-02)
 - c.** Directing the applicant's attention to his rights under Proceedings, Section 54-1413(2)(a), Idaho Code. (3-15-02)
- 03. Reapplication For A License After Previous Denial.** (3-15-02)
 - a.** Reapplication for a license previously denied must include evidence, satisfactory to the Board, of rehabilitation, or elimination or cure of the conditions for denial. (3-15-02)
 - b.** Evaluation of reapplication for a license denied under Section 54-1413, Idaho Code, shall include consideration of at least the following factors: (3-15-02)
 - i. The nature and severity of the act or omission which resulted in the denial of license; and (7-1-93)
 - ii. The conduct of the applicant subsequent to the denial of license; and (7-1-93)
 - iii. The lapse of time since denial of license; and (7-1-93)
 - iv. Compliance with any conditions the Board may have stipulated as a prerequisite for reapplication; and (7-1-93)
 - v. 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)

vi. Personal interview by the Board, at its discretion. (3-15-02)

c. Reapplication files will remain open and active for a period of twelve (12) months from date of receipt. After expiration of the twelve (12) months, the file will be closed and any subsequent reapplication will require submission of a new application form and payment of required fees. (3-15-02)

091. -- 099. (RESERVED).

100. GROUNDS FOR DISCIPLINE.

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; or (3-15-02)

b. Falsifying, misrepresenting facts or failing to verify and accurately report any and all facts submitted on any application for licensure, examination, relicensure, or reinstatement of licensure by making timely and appropriate inquiry of all jurisdictions in which licensee has made application for, or obtained, licensure or certification or engaged in the practice of nursing; or (3-15-02)

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

02. Conviction Of A Felony. Conviction of, or entry of a withheld judgment or a plea of nolo contendere to, conduct constituting a felony. (3-15-02)

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 the individual's given or legal name. (3-15-02)

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, any violation of those standards of conduct described in Section 101 of these rules. (3-15-02)

09. Conduct To Deceive, Defraud Or Endanger. Conduct of a character likely to deceive, defraud, or endanger patients or the public shall include, but need not be limited to: (3-15-02)

a. Violating the standards of conduct and practice adopted by the Board. (3-15-02)

b. Being convicted of any crime or act substantially related to nursing practice and including but not limited to sex crimes, drug violations, acts of violence and child or adult abuse. (3-15-02)

10. Action Against A License. Action against a license shall mean entry of any order restricting, limiting, revoking or suspending or otherwise disciplining a license or privilege to practice nursing by any jurisdiction. A certified copy of an order entered in any jurisdiction shall be prima facie evidence of the matters contained therein. (3-15-02)

11. Failure To Make Timely And Appropriate Inquiry. Failing to make timely and appropriate inquiry verifying licensure status in all jurisdictions in which the applicant has ever applied for licensure, certification or privilege to practice, including those jurisdictions in which the applicant is currently or was ever licensed, or in which applicant has practiced, prior to filing any application, verification or other statement regarding licensure status with the Board. (3-15-02)

101. STANDARDS OF CONDUCT.

01. Violations. Any violation of these Standards of Conduct shall be grounds for disciplinary action in accordance with Section 54-1413(1), Idaho Code, of the Idaho Nursing Practice Act and Section 090 or 100, of the Rules of the Board of Nursing. Actions based on the violation of any standard of conduct may include, but are not limited to, monitoring, issuance of letters of concern, caution or reprimand, and suspension or revocation of license. (3-15-02)

02. Classification. For purposes of convenience only, the standards of conduct are grouped generally into one (1) of three (3) categories: license, practice, and professional responsibility. The fact that any particular standard is so classified in any particular category will not be relevant for any purpose other than ease of use. (3-15-02)

03. License. (3-15-02)

a. 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 or as otherwise allowed by law. (3-15-02)

b. 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)

c. 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)

d. 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)

e. 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)

04. Practice. (3-15-02)

a. 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. The nurse shall not assume any duty or responsibility within the practice of nursing without adequate training or where competency has not been maintained. (3-15-02)

b. 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)

c. Supervision. The nurse delegating functions shall supervise the persons to whom the functions have been assigned or delegated. (11-28-84)

d. 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)

e. 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)

f. 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)

g. Respecting Patient's Privacy. The nurse shall respect the patient's privacy. (7-1-91)

h. 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)

i. 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)

j. 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)

k. Universal Standards. The nurse shall adhere to universal standards and carry out principles of asepsis and infection control and shall not place the patient, the patient's family or the nurse's coworkers at risk for the transmission of infectious diseases. (3-15-02)

05. Professional Responsibility. (3-15-02)

a. 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)

b. 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)

c. Responsibility and Accountability Assumed. The nurse shall be responsible and accountable for his nursing judgments, actions and competence. (7-1-93)

d. 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. The nurse shall solicit signatures of individuals who witnessed the wastage in a timely manner. (3-15-02)

e. 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)

f. Diverting or Soliciting. The nurse shall respect the property of the patient and employer and shall not take or divert equipment, materials, property, or drugs without prior consent or authorization, nor shall the nurse solicit or borrow money, materials or property from patients. (3-15-02)

g. Exploit, Solicit, or Receive Fees. The nurse shall not exploit the patient or the patient's family for personal or financial gain or offer, give, solicit, or receive any fee or other consideration for the referral of a patient or client. (3-15-02)

h. Professionalism. The nurse must not abuse the patient's trust. The nurse shall respect the dignity of the profession and maintain appropriate professional boundaries with respect to patients, the patients' families, and the nurse's coworkers. The nurse will not engage in violent, threatening or abusive behavior towards patients, patients' families or the nurse's coworkers. The nurse must be aware of the potential imbalance of power in professional relationships with patients, based on their need for care, assistance, guidance, and support, and ensure that all aspects of that relationship focus exclusively upon the needs of the patient. (3-15-02)

102. -- 119. (RESERVED).

120. REINSTATEMENT.

01. Application. Applicants for reinstatement of revoked licenses must apply on forms provided by the Board and must pay any required fees. (3-15-02)

02. Appearance Before Board. Applicants for reinstatement may be required to appear before the Board. (3-15-02)

03. Evaluation Of Applications. In considering applications for reinstatement, the Board will evaluate: (3-15-02)

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 terms and conditions the Board may have set forth as a prerequisite for reinstatement; and (3-15-02)

e. Any intervening circumstances that may have altered the need for compliance; and (3-15-02)

f. 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)

g. The applicant's adherence to or violation of any applicable law or rule regulating the practice of nursing. (3-15-02)

04. Board Action Possible. After evaluation, the Board may deny a reinstatement, grant a reinstatement, or issue a license permitting the applicant to practice nursing under specified terms and conditions. (3-15-02)

05. Assessment Of Costs. As a condition of withdrawing, reversing, modifying or amending a suspension or revocation order, the applicant may be required to pay all or any part of the costs incurred by the Board in the proceedings in which the order was entered. (3-15-02)

06. Application For Reinstatement After Revocation. Unless otherwise provided in the order of revocation, applicants for reinstatement of revoked licenses may not apply for reinstatement for a period of two (2) years after entry of the order. (3-15-02)

121. -- 131. (RESERVED).

132. LIMITED LICENSES.

Limited licenses may be issued to qualified individuals in four (4) categories: post-discipline, non-practicing status, restricted status, and impairment-related disability. Failure to comply with the terms and conditions of a limited license will be cause for immediate discipline, including suspension or revocation of licensure. (3-15-02)

01. Reinstatement After Disciplinary Action. (3-15-02)

a. After evaluation of an application for licensure reinstatement, the Board may issue a limited license to a nurse whose license has been revoked. (3-15-02)

b. The Board shall specify the conditions of issuance of the limited license in writing. The conditions may be stated on the license. (3-15-02)

02. Non-Practicing Status. (3-15-02)

a. Individuals who are prevented from engaging in the active practice of nursing may be issued a limited license. (3-15-02)

b. The Board shall specify that the license being issued does not entitle the licensee to engage in the active practice of nursing. The non-practicing status shall be noted on the license. (3-15-02)

c. The non-practicing limitation may be removed by the Board following receipt and evaluation of evidence satisfactory to the Board confirming that the licensee's physical or mental health status no longer prevents the individual from engaging in the active practice of nursing. (3-15-02)

03. Restricted Status. (3-15-02)

a. Individuals whose disabilities restrict or inhibit their ability to provide a full range of nursing services may be issued a limited license. (3-15-02)

b. In order to determine the appropriate limitations, the Board may 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 and consider input from the applicant for the limited license. (3-15-02)

c. The Board shall specify the conditions of issuance of the limited license in writing. The conditions may be stated on the license. The conditions may include, but are not limited to: (3-15-02)

i. Notifying the Board of changes in employment status. (3-15-02)

ii. Submission of regular reports by the employer or by such other entities or individuals as the Board may desire. (3-15-02)

iii. Meeting with Board representatives. (3-15-02)

iv. Specific parameters of practice, excluding the performance of specific nursing functions. (3-15-02)

d. The conditions of limited practice may be removed by the Board following receipt and evaluation of satisfactory evidence confirming that the health status of the licensee no longer restricts or inhibits the person's ability to provide a full range of nursing services. (3-15-02)

04. Disability Due To Alcohol Or Drug Use Or Emotional Or Mental Impairment. (3-15-02)

a. Individuals disabled due to alcohol or drug use or to emotional or mental impairment may qualify for issuance of a limited license as an alternative to discipline. (3-15-02)

b. The executive director may issue a limited license for a period not to exceed five (5) years to an individual who voluntarily surrenders his license by reason of a disability relating to alcohol or drug use or relating to emotional or mental impairment and who: (3-15-02)

i. Holds a current Idaho license to practice as a professional or practical nurse or is otherwise eligible and is in the process of applying for licensure; and (3-15-02)

ii. Abused drugs and/or alcohol or demonstrated mental disability such that ability to safely practice is/may be impaired; and (3-15-02)

iii. Sign a written statement admitting to all facts which may constitute grounds for disciplinary action or demonstrate impairment of the safe practice of nursing, and waiving the right to a hearing and all other rights to due process in a contested case under the Idaho Administrative Procedures Act and the Nursing Practice Act; and (3-15-02)

iv. Submit reliable evidence, satisfactory to the executive director, that he is competent to safely practice nursing. (3-15-02)

c. If required, the applicant shall satisfactorily complete a Board approved treatment program. (3-15-02)

d. The applicant must agree to participation in the Board's monitoring program to include: (3-15-02)

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

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

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

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

e. Admission to the Program for Recovering Nurses and/or issuance of a limited license may be denied for any reason including, but not limited to the following: (3-15-02)

i. The applicant diverted controlled substances for other than self administration; or (3-15-02)

ii. The applicant creates too great a safety risk; or (3-15-02)

iii. The applicant has been terminated from this, or any other, alternative program for non-compliance. (3-15-02)

f. In the event an applicant is determined to be ineligible for a limited license, the executive director shall refer the applicant's surrendered license to the Board for action. (3-15-02)

g. Limited licensure shall be conditioned upon the individual's prompt and faithful compliance with the following: (3-15-02)

i. Satisfactory progress in any required continuing treatment or rehabilitation program. (3-15-02)

- ii. Regular and prompt notification to the Board of changes in name and address of self or any employer. (7-1-96)
- iii. Obtaining of performance evaluations prepared by the employer to be submitted at specified intervals and at any time upon request. (7-1-96)
- iv. 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)
- v. Submission of written self-evaluations and personal progress reports at specified intervals and at any time upon request. (7-1-93)
- vi. 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)
- vii. Meeting with the Board's professional staff at any time upon request. (7-1-93)
- viii. Working only in approved practice settings. (7-1-96)
- ix. 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)
- x. 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)
- xi. Compliance with other specific terms and conditions as may be required by the executive director. (3-15-02)
- h.** Any failure to comply with the terms and conditions of a limited license issued based upon an admission of misconduct or facts evidencing impairment of the licensee's ability to safely practice nursing by reason of drug, alcohol or other disability, shall be deemed to be an immediate threat to the health, safety, and welfare of the public and the executive director shall, upon receiving evidence of any such failure, immediately withdraw the limited license and refer to the advisory committee for re-evaluation. (3-15-02)
- i.** Termination of a limited 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. (3-15-02)
 - i. Upon termination of a limited license, the executive director shall provide prompt written notice to the licensee stating the reason for the termination, setting forth the evidence relied upon and notifying the licensee of his right to a hearing upon request at the earliest possible date in accordance with Section 54-1413(2)(a) and (b), Idaho Code. (3-15-02)
 - ii. An individual whose limited license has been terminated by the executive director may request a hearing regarding the termination by certified letter addressed to the Board. If the individual 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 him, the Board shall enter its order confirming termination of the limited license and enter further order revoking or suspending the surrendered nursing license. (3-15-02)
- j.** The Board may, for good cause, stay any order of the executive director or may modify the terms and conditions of a limited license as deemed appropriate to regulate, monitor or supervise the practice of any

licensee. (3-15-02)

k. Upon satisfactory compliance with all of the terms of the limited license, and provided that the licensee demonstrates that he is qualified and competent to practice nursing, the executive director shall reinstate the renewable nursing license voluntarily surrendered. (3-15-02)

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 as authorized in Title 67, Chapter 52, Idaho Code. (3-15-02)

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. -- 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 completion 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. (3-15-02)

03. Practical Nurse Equivalency Requirement. An applicant for practical nurse licensure by examination who has not completed an approved practical nurse program, must provide satisfactory 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. Related courses must be equivalent to those same courses included in a practical nursing program approved by the Board. (3-15-02)

04. Time Limit For Writing Examinations. Graduates who do not take the examination within twelve (12) months following completion of the nursing education program may be required to follow specific remedial measures as prescribed by the Board. (3-15-02)

221. EXAMINATION APPLICATION.

A completed application for licensure by examination shall consist of: (3-15-02)

- 01. Application.** Completed, notarized application form provided by the Board; and (3-15-02)

02. Affidavit. Notarized affidavit of graduation signed by the nursing education administrator, or designee; and (3-15-02)

03. Fees. Payment of all required fees. (3-15-02)

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)

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 and documentation of licensure status from state of applicant's original

licensure; and (3-15-02)

03. Employment Reference. One (1) satisfactory nursing employment reference from the three (3) year period immediately preceding the application; and (3-15-02)

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

05. Fee. Payment of all required fees. (3-15-02)

243. -- 259. (RESERVED).

260. QUALIFICATIONS FOR LICENSURE OF GRADUATES OF SCHOOLS OF NURSING LOCATED OUTSIDE THE UNITED STATES OR ITS TERRITORIES.

A graduate from a nursing education program outside of the United States or its territories must: (3-30-01)

01. Examination. Pass examination(s), approved by the Board, which demonstrate nursing knowledge and written English proficiency. (3-30-01)

02. Education Credentials. Have education qualifications that are substantially equivalent to Idaho's minimum requirements at the time of application. (3-30-01)

03. License. Hold a license in good standing from a country outside the United States or its territories. (3-30-01)

04. Examination. Take licensing examination required in Subsection 263.01 and achieve the score determined as passing for that examination by the Board. (3-30-01)

05. Applicants Licensed In Another State Or Territory. Graduates of schools of nursing located outside the United States or its territories who are licensed in a state or territory who meet the requirements of Section 240 may be processed as applicants for licensure by endorsement from another state. (3-30-01)

261. APPLICATION FOR LICENSURE OF GRADUATES OF SCHOOLS OF NURSING LOCATED OUTSIDE THE UNITED STATES OR ITS TERRITORIES.

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: (3-30-01)

01. Verification. Verification of demonstrated nursing knowledge and English proficiency; and (3-30-01)

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 completed equivalence credentials form issued by an organization acceptable to the Board; and (3-30-01)

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 (1) satisfactory nursing employment reference from the three (3) year period immediately preceding the application; and (3-30-01)

06. Fee. Payment of the fee for licensure by examination. (3-30-01)

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. Examination Written Previously. Graduates of schools of nursing located outside the United States or its territories, who have successfully taken the State Board Test Pool Examination or the National Council Licensure Examination, may be processed as applicants for licensure by endorsement from another state in the United States. (3-30-01)

264. -- 270. (RESERVED).

271. DEFINITIONS RELATED TO ADVANCED PRACTICE PROFESSIONAL NURSING.

01. Accountability. Means being answerable for one's own actions. (7-1-99)

02. Advanced Practice Professional Nurse. Means a professional nurse licensed in this state who has gained additional specialized knowledge, skills and experience through a post-basic program of study as defined herein and is authorized to perform advanced nursing practice, which may include acts of diagnosis and treatment, and the prescribing, administering and dispensing of therapeutic pharmacologic and non-pharmacologic agents, as defined herein. Advanced practice professional nurses shall include certified nurse-midwives, clinical nurse specialists, nurse practitioners, and registered nurse anesthetists. Advanced practice professional nurses, when functioning within the recognized scope of practice, assume primary responsibility for the care of their patients. This practice incorporates the use of professional judgment in the assessment and management of wellness and conditions appropriate to the advanced practice professional nurse's area of specialization. (7-1-99)

03. Authorized Advanced Practice Professional Nurse. Means an advanced practice professional nurse authorized by the board to prescribe and dispense pharmacologic and non-pharmacologic agents pursuant to Section 315. (7-1-99)

04. Certification. Means recognition of the applicant's advanced knowledge, skills and abilities in a defined area of nursing practice by a national organization recognized by the board. The certification process measures the theoretical and clinical content denoted in the advanced scope of practice, and is developed in accordance with generally accepted standards of validation and reliability. (7-1-99)

05. Certified Nurse-Midwife. Means a licensed professional nurse who has graduated from a nationally accredited nurse-midwifery program, passed a qualifying examination recognized by the board and has current initial certification or current recertification as a nurse-midwife from a national organization recognized by the board. (7-1-99)

06. Clinical Nurse Specialist. Means a licensed professional nurse who has graduated from a nationally accredited graduate program in nursing with a clinical focus, passed a qualifying examination recognized by the board and has current initial certification or current recertification as a clinical nurse specialist from a national organization recognized by the board. (7-1-99)

07. Collaboration. Means the cooperative working relationship with another health care provider, each contributing his respective 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. (7-1-99)

08. Consultation. Means conferring with another health care provider for the purpose of obtaining information or advice. (7-1-99)

09. Diagnosis. Means identification of actual or potential health problems and the need for intervention based on analysis of data collected. Diagnosis depends upon the synthesis of information obtained during the interview, physical exam, or diagnostic tests. (7-1-99)

10. Intervention. Means measures to promote health, protect against disease, treat illness in its earliest stages, manage acute and chronic illness, and treat disability. Interventions may include, but are not limited to ordering diagnostic studies, performing direct nursing care, prescribing pharmacologic or non-pharmacologic or other therapies and consultation with or referral to other health care providers. (7-1-99)

11. Nurse Practitioner. Means a licensed professional nurse who has graduated from a nationally accredited nurse practitioner program, passed a qualifying examination recognized by the board, and has current initial certification or current recertification as a nurse practitioner from a national organization recognized by the board. (7-1-99)

12. Prescriptive And Dispensing Authorization. Means the legal permission to prescribe, deliver, distribute and dispense pharmacologic and non-pharmacologic agents to a client in compliance with board rules and applicable federal and state laws. Pharmacologic agents include legend and Schedule II through V controlled substances. (7-1-99)

13. Referral. Means directing a client to a physician or other health professional or resource. (7-1-99)

14. Registered Nurse Anesthetist. Means a licensed professional nurse who has graduated from a nationally accredited nurse anesthesia program, passed a qualifying examination recognized by the board and has current initial certification or current recertification as a nurse anesthetist from a national organization recognized by the board. (7-1-99)

15. Scope Of Practice Of Advanced Practice Professional Nurse. Means those activities that the advanced practice professional nurse may perform. Those activities shall be defined by the board according to the advanced practice professional nurse's education, preparation, experience and the parameters set forth by the advanced practice professional nurse's recognized, national certifying organization. (7-1-99)

16. Specialization. Means focusing the advanced practice professional nurse's clinical area of practice, including but not limited to, family health, mental health, child health, gerontological health, adult health or other. (7-1-99)

17. Supervision. Means designation of a course of action or provision of guidance and direction by a physician licensed pursuant to Chapter 18, Title 54, Idaho Code. (7-1-99)

272. -- 279. (RESERVED).

280. STANDARDS OF PRACTICE FOR ADVANCED PRACTICE PROFESSIONAL NURSING.

01. Purpose. (7-1-99)

a. To establish standards essential for safe practice by the advanced practice professional nurse; and (7-1-99)

b. To serve as a guide for evaluation of advanced practice professional nursing to determine if it is safe and effective. (7-1-99)

02. Core Standards For All Categories Of Advanced Practice Professional Nursing. The advanced practice professional nurse shall practice in a manner consistent with the definition of advanced practice professional nursing and the standards set forth in these rules. The advanced practice professional nurse may provide client services for which the advanced practice professional nurse is educationally prepared and for which competence has been attained and maintained. (7-1-99)

a. The advanced practice professional nurse shall consult and collaborate with other members of the health care team. (7-1-99)

b. The advanced practice professional nurse shall recognize his limits of knowledge and experience

and shall consult and collaborate with and refer to other health care professionals as appropriate. (7-1-99)

c. The advanced practice professional nurse shall retain professional accountability for advanced practice professional nursing care according to the advanced practice professional nurse's scope of practice and IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Subsections 400.01 and 400.02. (7-1-99)

d. The advanced practice professional nurse shall evaluate and apply current research findings relevant to the advanced nursing practice category. (7-1-99)

e. The advanced practice professional nurse shall assess clients, identify problems or conditions, establish diagnoses, develop and implement treatment plans and evaluate patient outcomes. (7-1-99)

f. The advanced practice professional nurse shall use advanced knowledge and skills in teaching and guiding clients and other health care team members. (7-1-99)

g. The advanced practice professional nurse shall use critical thinking and independent decision-making, commensurate with the autonomy, authority and responsibility of the practice category. (7-1-99)

h. The advanced practice professional nurse shall have knowledge of the statutes and rules governing advanced nursing practice, and function within the established boundaries of the appropriate advanced nursing practice category. (7-1-99)

03. Certified Nurse-Midwife. In addition to the core standards, advanced practice professional nurses in the category of certified nurse-midwife shall practice in accord with standards established by the American College of Nurse Midwives Certifying Council or the American College of Nurse Midwives. Certified nurse-midwives who meet qualifying requirements and are licensed by the board, may manage women's health care focusing on pregnancy, childbirth, the post-partum period, care of the newborn and reproductive and gynecological needs of well women as defined by the certified nurse-midwife's scope of practice. The certified nurse-midwife shall practice with supervision and provide for appropriate medical consultation, collaborative management and referral. The scope of practice of an authorized certified nurse-midwife may include prescribing and dispensing pharmacologic and non-pharmacologic agents. (7-1-99)

04. Clinical Nurse Specialist. In addition to the core standards, advanced practice professional nurses in the category of clinical nurse specialist shall practice in accord with standards established by the American Nurses Credentialing Center. Clinical nurse specialists who meet qualifying requirements and are licensed by the board, may practice as expert clinicians in a particular specialty or subspecialty of nursing practice. The clinical nurse specialist provides direct client care, which may include assessing, diagnosing, planning, health promotion and preventive care within this specialized area of practice, as defined by the clinical nurse specialist's scope of practice. The clinical nurse specialist shall practice with supervision and provide for appropriate medical consultation, collaborative management and referral. The scope of practice of an authorized clinical nurse specialist may include the prescribing and dispensing of pharmacologic and non-pharmacologic agents. (7-1-99)

05. Nurse Practitioner. In addition to the core standards, advanced practice professional nurses in the category of nurse practitioner shall practice in accord with standards established by the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, the National Association of Pediatric Nurse Associates and Practitioners or the Association of Women's Health Obstetrics and Neonatal Nurses. Nurse practitioners who meet qualifying requirements and are licensed by the board may perform comprehensive health assessments, diagnosis, health promotion and the direct management of acute and chronic illness and disease as defined by the nurse practitioner's scope of practice. The nurse practitioner shall practice with supervision and provide for appropriate medical consultation, collaborative management and referral. The scope of practice of an authorized nurse practitioner may include the prescribing and dispensing of pharmacologic and non-pharmacologic agents. (7-1-99)

06. Registered Nurse Anesthetist. In addition to the core standards, advanced practice professional nurses in the category of registered nurse anesthetist shall practice in accord with standards established by the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists. Registered nurse anesthetists who meet qualifying requirements and are licensed by the board, may, in collaboration with a

physician, dentist or podiatrist authorized to practice in Idaho, provide anesthesia care services including selecting, ordering and administering medications as defined by national standards approved by the board. The scope of practice for authorized registered nurse anesthetists may include the prescribing and dispensing of pharmacologic agents. (7-1-99)

07. Documentation Of Specialization. The advanced practice professional nurse must document competency within his specialty area of practice based upon education, experience and national certification in the specialty. Nurse practitioners authorized to practice prior to July 1, 1998, must document competency within the specialty area of practice based upon education, experience and national certification in that specialty or education, experience and approval by the board. (7-1-99)

281. -- 284. (RESERVED).

285. QUALIFICATIONS FOR ADVANCED PRACTICE PROFESSIONAL NURSE.

An applicant for licensure as an advanced practice professional nurse shall meet the following requirements: (7-1-99)

01. Certified Nurse-Midwife Qualifications. To qualify as a certified nurse-midwife, an applicant shall provide evidence of: (7-1-99)

- a.** Current licensure to practice as a professional nurse in Idaho; (7-1-99)
- b.** Successful completion of a nurse-midwifery program which is accredited by a national organization recognized by the board; (7-1-99)
- c.** Passing results on the certification examination administered by the American College of Nurse-Midwives; and (7-1-99)
- d.** Current national certification as a nurse-midwife from the American College of Nurse-Midwives. (7-1-99)

02. Clinical Nurse Specialist Qualifications. To qualify as a clinical nurse specialist, an applicant shall provide evidence of: (7-1-99)

- a.** Current licensure to practice as a professional nurse in Idaho; (7-1-99)
- b.** A master's or higher degree in nursing with clinical specialization from a program accredited by a national organization recognized by the board; (7-1-99)
- c.** Passing results on a certification examination administered by an organization recognized by the board; and (7-1-99)
- d.** Current national certification as a clinical nurse specialist in the designated nursing specialty from an organization recognized by the board. (7-1-99)

03. Nurse Practitioner Qualifications. To qualify as a nurse practitioner, an applicant shall provide evidence of: (7-1-99)

- a.** Current licensure to practice as a professional nurse in Idaho; (7-1-99)
- b.** Successful completion of a nurse practitioner program which is accredited by a national organization recognized by the board; (7-1-99)
- c.** Passing results on the certification examination administered by an organization recognized by the board; and (7-1-99)
- d.** Current national certification as a nurse practitioner from an organization recognized by the board. (7-1-99)

04. Registered Nurse Anesthetist Qualifications. To qualify as a registered nurse anesthetist, an applicant shall provide evidence of: (7-1-99)

- a.** Current licensure to practice as a professional nurse in Idaho; (7-1-99)
- b.** Successful completion of a nurse anesthetist program accredited by a national organization recognized by the board; (7-1-99)
- c.** Passing results on the certification examination administered by the Council on Certification of Nurse Anesthetists; and (7-1-99)
- d.** Current national certification as a nurse anesthetist from the Council on Certification of Nurse Anesthetists, or current national recertification from the Council on Recertification of Nurse Anesthetists. (7-1-99)

286. -- 289. (RESERVED).

290. APPLICATION FOR LICENSURE - ADVANCED PRACTICE PROFESSIONAL NURSE.

The advanced practice professional nurse requesting licensure to practice as a certified nurse-midwife, clinical nurse specialist, nurse practitioner or registered nurse anesthetist must submit an application to the board which includes: (7-1-99)

- 01. Application Form.** Completed, notarized application form provided by the board. (7-1-99)
- 02. Official Transcript.** Official transcript from the advanced practice nursing education program verifying successful completion. (7-1-99)
- 03. National Certification.** Verification of current national certification from the board-recognized certifying agent; and (7-1-99)
- 04. Enrollment In Continuing Competency Assessment Program.** In addition to verification of national certification, a certified nurse-midwife must submit proof of enrollment in the continuing competency assessment program of the American College of Nurse-Midwives which bears a current expiration date. At the end of five (5) years, the certified nurse-midwife must submit evidence of completion of the continuing competency requirement of the program. (7-1-99)
- 05. Fee.** A non-refundable fee of ninety dollars (\$90). (7-1-99)

291. -- 294. (RESERVED).

295. TEMPORARY LICENSURE - ADVANCED PRACTICE PROFESSIONAL NURSE.

A temporary license to engage in advanced practice professional nursing as a certified nurse-midwife, clinical nurse specialist, nurse practitioner, or registered nurse anesthetist may be issued to the following: (7-1-99)

- 01. Applicants Awaiting Initial Certification Examination Results.** An otherwise qualified applicant who is eligible to take the first available certification examination following completion of an approved advanced practice professional nurse education program. Verification of registration to write a board-recognized national certification examination must be received from the national certifying organization. (7-1-99)
 - a.** Temporary licensure to practice shall be deemed to expire upon failure of the certification examination. An applicant who fails the national certification exam shall not engage in advanced practice professional nursing until such time as all requirements are met. (7-1-99)
 - b.** An applicant who is granted a temporary license to practice as an advanced practice professional nurse must submit notarized results of the certification examination within ten (10) days of receipt. Failure to submit required documentation shall result in the immediate expiration of the temporary license. (7-1-99)

c. The temporary license of an applicant who does not write the examination on the date scheduled shall immediately expire and the applicant shall not engage in advanced practice professional nursing until such time as all requirements are met. (7-1-99)

02. Applicants Whose Certification Has Lapsed. A licensed professional nurse applying for re-entry into advanced professional nursing practice, who is required by the national certifying organization to meet certain specified practice requirements under supervision. The length of and conditions for temporary licensure shall be determined by the board. (7-1-99)

03. Applicants Holding A Temporary Professional Nursing License. An advanced practice professional nurse currently authorized to practice advanced practice professional nursing in another state upon issuance of a temporary license to practice as a professional nurse, and upon evidence of current initial certification or recertification as an advanced practice professional nurse from a board-recognized national certifying organization. (7-1-99)

04. Applicants Without Required Practice Hours. An advanced practice professional nurse who has not practiced the minimum required period of time during the renewal period may be issued a temporary license in order to acquire the required number of hours and demonstrate ability to safely practice. (7-1-99)

05. Expiration Of Temporary License. The temporary license expires when the renewable advanced practice professional nurse license is granted. (7-1-99)

296. -- 299. (RESERVED).

300. RENEWAL AND REINSTATEMENT OF ADVANCED PRACTICE PROFESSIONAL NURSE LICENSE.

The advanced practice professional nurse license may be renewed every two (2) years as prescribed in the Section 54-1411, Idaho Code, provided that the advanced practice professional nurse: (7-1-99)

01. Current Professional License. Maintains a current professional nurse license, or privilege, to practice in Idaho. (3-15-02)

02. Evidence Of Certification. Submits evidence of current certification by a national organization recognized by the Board; and (7-1-99)

03. Evidence Of Continuing Education. Provides documentation of thirty (30) contact hours of continuing education during the renewal period. Continuing education completed may be that required for renewal of national certification if documentation is submitted confirming the certifying organization's requirement is for at least thirty (30) contact hours. These contact hours may include the requirements identified in IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Subsection 315.02.b. in a two (2) year period. (7-1-99)

04. Hours Of Practice. Attests, on forms provided by the board, to a minimum of two hundred (200) hours of advanced professional nursing practice within the preceding two (2) year period. (7-1-99)

05. Fee. Remits a non-refundable renewal fee of fifty dollars (\$50). (7-1-99)

06. Exemption From Requirements. Nurse practitioners not certified by a national organization recognized by the board and approved prior to July 1, 1998 shall be exempt from the requirement set forth in IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Subsection 300.02. (7-1-99)

301. -- 304. (RESERVED).

305. PERSONS EXEMPTED FROM ADVANCED PRACTICE PROFESSIONAL NURSING LICENSE REQUIREMENTS.

Nothing in these rules shall prohibit a professional nurse who holds a current license, or privilege, to practice in Idaho and who is enrolled as a matriculated student in an educational program for advanced practice professional nursing from practicing as an advanced practice professional nurse when such practice is an integral part of the advanced

practice professional nurse curriculum. (3-15-02)

306. DISCIPLINARY ENFORCEMENT.

The board may revoke, suspend or otherwise discipline the advanced practice professional nurse license of a licensee who fails to comply with current recognized scope and standards of practice, who fails to maintain national certification or competency requirements, or who violates the provisions of the Nursing Practice Act or rules of the board. (7-1-99)

307. -- 309. (RESERVED).

310. TITLES.

An individual who has successfully met all requirements for licensure as an advanced practice professional nurse shall have the right to use the title corresponding to the category of advanced nursing practice for which the individual is licensed. (7-1-99)

01. Title Of Certified Nurse-Midwife. Individuals who have successfully met all requirements for licensure as a certified nurse-midwife shall have the right to use the title certified nurse-midwife, abbreviated C.N.M. (7-1-99)

02. Title Of Clinical Nurse Specialist. Individuals who have successfully met all requirements for licensure as a clinical nurse specialist shall have the right to use the title clinical nurse specialist, abbreviated C.N.S. (7-1-99)

03. Title Of Nurse Practitioner. Individuals who have successfully met all requirements for licensure as a nurse practitioner shall have the right to use the title nurse practitioner, abbreviated N.P. (7-1-99)

04. Title Of Registered Nurse Anesthetist. Individuals who have successfully met all requirements for licensure as a registered nurse anesthetist shall have the right to use the title registered nurse anesthetist, abbreviated R.N.A. (7-1-99)

311. -- 314. (RESERVED).

315. PRESCRIPTIVE AND DISPENSING AUTHORIZATION FOR ADVANCED PRACTICE PROFESSIONAL NURSES.

01. Initial Authorization. An application for the authority to prescribe and dispense pharmacologic and non-pharmacologic agents may be made as part of initial licensure application or by separate application at a later date. (7-1-99)

a. An advanced practice professional nurse who applies for authorization to prescribe pharmacologic and non-pharmacologic agents within the scope of practice for the advanced practice category, shall: (7-1-99)

i. Be currently licensed as an advanced practice professional nurse in Idaho; and (7-1-99)

ii. Provide evidence of completion of thirty (30) contact hours of post-basic education in pharmacotherapeutics obtained as part of study within a formal educational program or continuing education program, which are related to the applicant's advanced practice category scope of practice and include: (7-1-99)

(1) Pharmacokinetic principles and their clinical application; (7-1-99)

(2) The use of pharmacologic agents in the prevention of illness, restoration, and maintenance of health; (7-1-99)

(3) Federal and state laws relating to the purchasing, possessing, prescribing, administering, and disposing of pharmacologic and nonpharmacologic agents; (7-1-99)

(4) Prescription writing; (7-1-99)

- (5) Drug selection, dosage and route of administration; and (7-1-99)
- (6) Drug interactions. (7-1-99)
- iii. Submit a completed, notarized application form provided by the board; and (7-1-99)
- iv. Remit a non-refundable fee of fifty dollars (\$50). (7-1-99)
- b.** Exceptions to the pharmacotherapeutic education may be approved by the board. (7-1-99)
- c.** Prescriptions written by authorized advanced practice professional nurses shall comply with all applicable state and federal laws and be signed by the prescriber with the abbreviation for the applicable category of advanced nursing practice, the identification number assigned by the board and where applicable, the Idaho controlled substance registration number and the federal Drug Enforcement Agency registration number. (7-1-99)
- d.** Advanced practice professional nurse authorization shall expire and may be renewed at the same time as the advanced practice professional nurse license. (7-1-99)
- 02. Authorization Renewal.** Authorization may be renewed provided the applicant: (7-1-99)
 - a.** Maintains a valid advanced practice professional nurse license; (7-1-99)
 - b.** Has completed ten (10) contact hours of approved pharmacology-related continuing education in the twenty-four (24) months immediately preceding application for renewal; and (7-1-99)
 - c.** Has not engaged in any act or omission in the exercise of prescriptive authority which demonstrates a threat to the public. (7-1-99)
- 03. Temporary Authorization.** The board may grant temporary prescriptive authority to an applicant who holds a temporary advanced practice professional nurse license and who meets the requirements for initial authorization pursuant to IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Subsection 315.01. (7-1-99)
- 04. Expiration Of Temporary Prescriptive Authorization.** Temporary prescriptive authorization automatically expires on the expiration, revocation, suspension, placement on probation, or denial of any advanced practice professional nurse license. (7-1-99)
- 05. Dispensing Authorization.** All authorized advanced practice professional nurses may dispense pharmacologic and non-pharmacologic agents pursuant to applicable state and federal laws, subject to the following conditions: (7-1-99)
 - a.** Valid Advanced Practice Professional Nurse/Patient Relationships. An advanced practice professional nurse shall not dispense pharmacologic agents except in the course of his professional practice and when a bona fide advanced practice professional nurse/patient relationship has been established. A valid relationship will exist when the advanced practice professional nurse has obtained sufficient knowledge of the patient's medical condition through examination and has assumed responsibility for the health care of the patient. (7-1-99)
 - b.** Restrictions on the Dispensing of Controlled Substances. Dispensing of Schedule II controlled substances shall be limited to emergency periods to be determined on the basis of individual circumstances. The emergency period will extend only until the Schedule II prescription can be filled from a pharmacy. (7-1-99)
- 06. Accountability.** The advanced practice professional nurse when exercising prescriptive and dispensing authority is accountable for: (7-1-99)
 - a.** Patient selection; (7-1-99)
 - b.** Problem identification through appropriate assessment; (7-1-99)

- c. Medication and device selection; (7-1-99)
- d. Patient education for use of therapeutics; (7-1-99)
- e. Knowledge of interactions of therapeutics; (7-1-99)
- f. Evaluation of outcome; and (7-1-99)
- g. Recognition and management of complications and untoward reactions. (7-1-99)

316. GROUNDS FOR DISCIPLINE OF AN ADVANCED PRACTICE PROFESSIONAL NURSE LICENSE.

In addition to the grounds set forth in Section 54-1413, Idaho Code and IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Section 100, an advanced practice professional nursing license may be suspended, revoked, placed upon probation, or other disciplinary sanctions imposed by the board on the following grounds: (7-1-99)

- 01. Prescribing Or Dispensing Controlled Substances.** Prescribing, dispensing, or selling any drug classified as a controlled substance to a family member or to himself. (7-1-99)
- 02. Violating Governing Law.** Violating any state or federal law relating to controlled substances. (7-1-99)
- 03. Outside Scope Of Practice.** Prescribing or dispensing outside the scope of the advanced practice professional nurse's practice. (7-1-99)
- 04. Other Than Therapeutic Purposes.** Prescribing or dispensing for other than therapeutic purposes. (7-1-99)
- 05. Violation Of Nursing Practice Act Or Board Rules.** Violating the provisions of the Nursing Practice Act or the rules of the board. (7-1-99)

317. WITHDRAWAL OF ADVANCED PRACTICE PROFESSIONAL NURSE AUTHORIZATION.

Failure to maintain active licensure as an advanced practice professional nurse shall result in the automatic withdrawal of authorization. (7-1-99)

318. -- 319. (RESERVED).

320. RECOGNITION OF NATIONAL CERTIFYING ORGANIZATIONS FOR ADVANCED PRACTICE PROFESSIONAL NURSING.

- 01. Recognition Of Certification.** The board recognizes certification by the Council on Certification of Nurse Anesthetists, the Council on Recertification of Nurse Anesthetists, the American College of Nurse-Midwives Certification Council (or the American College of Nurse-Midwives), the American Nurses Credentialing Center, the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties, the National Certification Board of Pediatric Nurse Practitioners and Nurses, and the American Academy of Nurse Practitioners. (7-1-99)
- 02. Continuing Recognition.** The board may review and evaluate the certification process of board-recognized national certifying agents for continuing recognition. (7-1-99)
- 03. Discontinuance Of Recognition.** The board may discontinue recognition of certifying agents should the board determine that a certifying agent's certification process does not provide an accurate evaluation of the individual's ability to engage in the safe practice of advanced practice professional nursing. (7-1-99)
- 04. Review Of Standards.** The board may review and evaluate standards for advanced practice professional nursing established by recognized national certifying organizations. (7-1-99)

05. Recognition Criteria. The board may consider recognition of national certifying organizations according to the following criteria: (7-1-99)

- a. The national certifying body: (7-1-99)
 - i. Is national in the scope of its credentialing; (7-1-99)
 - ii. Has no requirement for an applicant to be a member of any organization; (7-1-99)
 - iii. Has educational requirements which are consistent with the requirements of these rules; (7-1-99)
 - iv. Has an application process and credential review which includes documentation that the applicant's education is in the advanced nursing practice category being certified, and that the applicant's clinical practice is in the certification category; (7-1-99)
 - v. Uses an examination as a basis for certification in the advanced nursing practice category which meets the following criteria: (7-1-99)
 - (1) The examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community; (7-1-99)
 - (2) The examination represents entry-level practice in the advanced nursing practice category; (7-1-99)
 - (3) The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to the clients; (7-1-99)
 - (4) The examination content and its distribution are specified in a test plan, based on the job analysis study, that is available to examinees; (7-1-99)
 - (5) Examination items are reviewed for content validity, cultural sensitivity and correct scoring using an established mechanism, both before use and periodically; (7-1-99)
 - (6) Examination items are evaluated for psychometric performance; (7-1-99)
 - (7) The passing standard is established using acceptable psychometric methods, and is re-evaluated periodically; and (7-1-99)
 - (8) Examination security is maintained through established procedures. (7-1-99)
 - vi. Issues certification based upon passing the examination and meeting all other certification requirements; (7-1-99)
 - vii. Provides for periodic re-certification which includes review of qualifications and continued competence; (7-1-99)
 - viii. Has mechanisms in place for communication to the board for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice; and (7-1-99)
 - ix. Has an evaluation process to provide quality assurance in its certification program. (7-1-99)

321. -- 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: (7-1-96)

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 education programs preparing persons for the practice of nursing, and for enhancing the knowledge and skills of those in practice. (4-5-00)

01. Preparation Of Graduates. To ensure that graduates of nursing education programs are prepared for safe and effective nursing practice. (4-5-00)

02. Guide For Development. To serve as a guide for the development of new nursing education programs. (4-5-00)

03. Continued Improvement. To foster the continued improvement of established nursing education programs. (4-5-00)

04. Evaluation Criteria. To provide criteria for the evaluation of new and established nursing education programs. (4-5-00)

05. Eligibility For Licensing Examination. To assure eligibility for admission to the licensing examination for nurses, and to facilitate interstate endorsement of graduates of Board-approved nursing education programs. (4-5-00)

602. APPROVAL OF A NEW EDUCATIONAL PROGRAM.

01. For Programs Preparing Unlicensed Assistive Personnel. (4-5-00)

a. Institutions applying for initial approval must make application to the Board on forms supplied by the Board. The following information must be included: (4-5-00)

i. Accreditation status, relationship of educational program to parent institution. (4-5-00)

ii. Curriculum to be used. (4-5-00)

iii. Clinical sites to be used. (4-5-00)

iv. Provision for qualified faculty. (4-5-00)

b. Provisional approval for one (1) year will be granted to programs on initial application that provide evidence that Board-approved training standards will be met. (4-5-00)

c. Programs with provisional approval must apply for full approval on forms supplied by the Board and submit such application to the Board office one (1) month prior to the expiration of provisional approval. (4-5-00)

d. A representative of the Board shall visit the program one (1) year following initial provisional approval and submit a written report to the Board. (4-5-00)

i. Following the Board's review of the visit report, the institution shall be notified of the Board's decision within thirty (30) days of the review. (4-5-00)

ii. Following its review, the Board may grant full approval, if all conditions have been met; or conditional approval, if all conditions have not been met; or denial of approval if, conditions have not been met and the institution can provide no indication that they will be met within a reasonable timeframe. (4-5-00)

02. For Programs Preparing Practical Nurses, Professional Nurses, And Advanced Practice Professional Nurses. (4-5-00)

a. 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. (4-5-00)

b. The following information must be included with the initial application: (4-5-00)

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

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

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

- iv. Accreditation status, relationship of educational program to parent institution; and (4-5-00)
- v. Financial provision for the educational program; and (11-28-84)
- vi. Potential student enrollment; and (11-28-84)
- vii. Provision for qualified faculty; and (11-28-84)
- viii. Proposed clinical facilities and other physical facilities; and (11-28-84)
- ix. Proposed time schedule for initiating the program. (11-28-84)
- c.** A representative of the Board shall visit the educational and clinical facilities and then submit a written report to the Board. (4-5-00)
- d.** 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. (4-5-00)
- e.** Following the Board's review, the parent institution shall be notified of the Board's decision within thirty (30) days of the review. (4-5-00)
- f.** 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. (4-5-00)
- g.** Provisional approval may be applied for when the following conditions have been met: (4-5-00)
 - i. A qualified nurse administrator has been appointed; and (11-28-84)
 - ii. There are sufficient qualified faculty to initiate the program; and (11-28-84)
 - iii. The curriculum and plans for its implementation have been developed, including tentative clinical affiliation agreements; and (7-1-91)
 - iv. Program policies have been developed. (11-28-84)
- h.** Provisional approval must be granted before the first students are admitted to the nursing program. (4-5-00)
- i.** Full approval may be applied for when the first students have completed the educational program. (4-5-00)
 - i. 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)
 - ii. Following the Board's review, the parent institution will be notified of the Board's decision within thirty (30) days. (7-1-93)
 - iii. 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. (4-5-00)
- j.** Full approval must be applied for and granted within a three (3) year period following eligibility. (4-5-00)

603. CONTINUANCE OF FULL APPROVAL OF EDUCATIONAL PROGRAM.

01. For Programs Preparing Unlicensed Assistive Personnel. A letter of continuing approval will be granted annually to programs that substantially meet the Board's standards, as evidenced by: (4-5-00)

a. Information included in annual reports to the Board; and (4-5-00)

b. Information obtained by Board representative during biennial on-site visits. (4-5-00)

02. For Programs Preparing Practical Nurses, Professional Nurses, And Advanced Practice Professional Nurses. (4-5-00)

a. A certificate of continuing full approval will be granted for up to eight (8) years to nursing education programs that consistently meet the Board's standards, as evidenced by: (4-5-00)

i. Information included in the annual report to the Board; and (4-5-00)

ii. Information obtained by a Board representative through consultation visits; and (4-5-00)

iii. Acceptable performance on the licensing examination for each program shall be a pass rate of eighty percent (80%) for its first-time writers in any given calendar year. A program whose pass rate falls below eighty percent (80%) for first-time writers in any two (2) consecutive calendar years shall: (4-5-00)

(1) Present to the Board a plan for identifying possible contributing factors and for correcting any identified deficiencies; and (4-5-00)

(2) Submit periodic progress reports on a schedule determined by the Board. (4-5-00)

b. 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: (4-5-00)

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

ii. Conduct an on-site review of the nursing education program. (7-1-91)

iii. Request a full survey of the nursing education program. (7-1-91)

c. 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. (4-5-00)

d. 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. (4-5-00)

e. 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. (4-5-00)

f. 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. (4-5-00)

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)

- and
- 01. Notify In Writing.** Notify the Board in writing at least one (1) academic year prior to the closure; (11-28-84)
 - 02. Follow Plan.** Follow institutional plan for program closure including: (4-5-00)
 - a.** Maintenance of program standards until last class has graduated; and (4-5-00)
 - b.** Provision for disposition of student records. (4-5-00)

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. Program Preparing Unlicensed Assistive Personnel. The educational program shall be administered by the State Division of Professional-Technical Education in accredited educational institutions. (4-5-00)

02. Programs Preparing Practical Nurse, Professional Nurse, And Advanced Practice Professional Nurse. (4-5-00)

- a.** The educational program in nursing shall be an integral part of an accredited institution of higher learning. (4-5-00)
- b.** There shall be an institutional organizational design that demonstrates the relationship of the program to the administration and to comparable programs within the institution, and that clearly delineates the lines of authority, responsibility, and channels of communication. The program faculty are given the opportunity to participate in the governance of the program and the institution. (4-5-00)
 - i.** Qualifications, rights, and responsibilities of faculty are addressed in written personnel policies which are consistent with those of the parent institution as well as those of other programs within the institution. (4-5-00)
 - ii.** Faculty work loads shall be consistent with responsibilities identified in Section 644. (4-5-00)
- c.** The program must have an organizational design with clearly defined authority, responsibility, and channels of communication that assures both faculty and student involvement. (4-5-00)
- d.** Administrative responsibility and control shall be delegated to the nursing education administrator by the parent institution. (4-5-00)
- e.** The program must have a written purpose that is consistent with the mission of the institution. The program must have written policies that are congruent with the institution's policies and are periodically reviewed. (4-5-00)

632. FINANCIAL SUPPORT OF EDUCATIONAL PROGRAM FOR PRACTICAL NURSE, PROFESSIONAL NURSE, AND ADVANCED PRACTICE PROFESSIONAL NURSE.

There must be evidence of financial support and resources adequate to achieve the purpose of the program. Resources include: facilities, equipment, supplies, and qualified administrative, instructional, and support personnel and services. (4-5-00)

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.

01. Programs For Unlicensed Assistive Personnel. Primary instructors shall be approved by the Board and shall have: (4-5-00)

- a. A current unencumbered license to practice as a professional nurse in this state; (4-5-00)
- b. Evidence of three (3) years experience working as a professional nurse; (4-5-00)
- c. Evidence of two (2) years experience in caring for the elderly or chronically ill of any age;(4-5-00)
- d. Evidence of completion of a course in methods of instruction or a Train-the-Trainer type program; (4-5-00)
- e. Licensed practical nurses with a minimum of two (2) years experience in caring for the elderly or chronically ill of any age may assist with skills supervision under the supervision of an approved primary instructor. (4-5-00)

02. Practical Nurse Program Faculty Qualifications. Nursing faculty who have primary responsibility for planning, implementing, and evaluating curriculum in a program leading to licensure as a practical nurse shall have: (4-5-00)

- a. A current, unencumbered license to practice as a professional nurse in this state; (4-5-00)
- b. A minimum of a baccalaureate degree with a major in nursing; and (4-5-00)
- c. Evidence of nursing practice experience. (4-5-00)

03. Professional Nurse Program Faculty Qualifications. There shall be sufficient faculty to achieve the purpose of the program. (4-5-00)

a. Nursing faculty who have primary responsibility for planning, implementing, and evaluating curriculum in a program leading to licensure as a professional nurse shall have: (4-5-00)

- i. A current, unencumbered license to practice as a professional nurse in this state; and (4-5-00)
- ii. A minimum of a master's degree with a major in nursing; and (4-5-00)
- iii. Evidence of nursing practice experience. (4-5-00)
- b.** Additional support faculty necessary to accomplish program objectives shall have: (4-5-00)
 - i. A current, unencumbered license to practice as a professional nurse in this state; and (4-5-00)
 - ii. A minimum of a baccalaureate degree with a major in nursing; and (4-5-00)
 - iii. A plan approved by the Board for accomplishment of the master's of nursing within three (3) years of appointment to the faculty position. (4-5-00)

04. Advanced Practice Professional Nurse Program Faculty Qualifications. There shall be sufficient faculty to achieve the purpose of the program. Faculty in an advanced practice professional nurse program shall have: (4-5-00)

- a.** A current, unencumbered license to practice as a professional nurse in this state; and (4-5-00)
- b.** A master's degree and an earned doctoral degree, one (1) of which is in nursing; or (4-5-00)
- c.** A master's degree with a major in nursing and an appropriate advanced practice professional nurse credential if responsible for courses in a specific advanced practice professional nurse category; and (4-5-00)
- d.** Evidence of nursing practice experience. (4-5-00)

05. Clinical Preceptors In Professional Nurse, Practical Nurse, And Advanced Practice Professional Nurse Programs. Clinical preceptors may be used to enhance clinical learning experiences. Clinical preceptors shall be credentialed for nursing practice at or above the level for which the student is preparing. (4-5-00)

- a.** Student-Preceptor ratio shall be appropriate to accomplishment of learning objectives; to provide for patient safety; and to the complexity of the clinical situation. (4-5-00)
- b.** Criteria for selecting preceptors shall be in writing. (4-5-00)
- c.** Functions and responsibilities of the preceptor shall be clearly delineated in a written agreement between the agency, the preceptor, and the educational program. (4-5-00)
- d.** The faculty shall be responsible to: (4-5-00)
 - i.** Make arrangements with agency personnel in advance of the clinical experience, providing information such as numbers of students to be in the agency at a time, dates and times scheduled for clinical experience, faculty supervision to be provided, and arrange for formal orientation of preceptors. (4-5-00)
 - ii.** Inform agency personnel of faculty-defined objectives and serve as a guide for selecting students' learning experiences and making assignments. (4-5-00)
 - iii.** Monitor students' assignments, make periodic site visits to the agency, evaluate students' performance on a regular basis with input from the student and from the preceptor, and be available by telecommunication during students' scheduled clinical time. (4-5-00)
- e.** Provide direct supervision, by either a qualified faculty person or an experienced professional nurse employee of the agency, during initial home visits and whenever the student is implementing a nursing skill for the first time or a nursing skill with which the student has had limited experience. (4-5-00)

06. Continued Study. The parent institution will support and make provisions for continued professional development of the faculty. (7-1-91)

641. FACULTY RESPONSIBILITIES.

01. Numbers Needed. There shall be sufficient faculty with educational preparation and nursing expertise to meet the objectives and purposes of the nursing education program. (4-5-00)

- a.** Number of faculty shall be sufficient to design and implement the curriculum necessary to prepare students to function in a rapidly changing healthcare environment. (4-5-00)
- b.** Number of faculty in the clinical setting shall be sufficient in number to assure patient safety and meet student learning needs. (4-5-00)

02. Faculty-Student Ratio. There shall be no more than ten (10) students for every faculty person in

the clinical agencies. Deviations may be presented for approval with the program's annual report to the Board with written justification assuring client safety and supporting accomplishment of learner objectives. (4-5-00)

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. (RESERVED).

643. ADMINISTRATOR RESPONSIBILITIES AND QUALIFICATIONS.

01. Administrator Responsibilities. The administrator provides the leadership and is accountable for the administration, planning, implementation, and evaluation of the program. The administrator's responsibilities include, but are not limited to: (4-5-00)

- a.** Development and maintenance of an environment conducive to the teaching and learning processes; (4-5-00)
- b.** Liaison with and maintenance of the relationship with administrative and other units within the institution; (4-5-00)
- c.** Leadership within the faculty for the development and implementation of the curriculum; (4-5-00)
- d.** Preparation and administration of the program budget; (4-5-00)
- e.** Facilitation of faculty recruitment, development, performance review, promotion, and retention; (4-5-00)
- f.** Liaison with and maintenance of the relationship with the Board; and (4-5-00)
- g.** Facilitation of cooperative agreements with practice sites. (4-5-00)

02. Administrator Qualifications. The administrator of the program shall be a licensed professional nurse, with an unencumbered license in this state, and with the additional education and experience necessary to direct the program. (4-5-00)

- a.** Programs for Unlicensed Assistive Personnel. Meet institutional requirements. (4-5-00)
- b.** Practical Nurse Administrator. The administrator in a program preparing for practical nurse licensure shall:
 - i.** Hold a minimum of a master's degree with a major in nursing; and (4-5-00)
 - ii.** Have evidence of experience in education, administration, and practice sufficient to administer the program. (4-5-00)
- c.** Professional Nurse Administrator. The administrator in a program preparing for professional nurse licensure shall:
 - i.** Hold a minimum of a master's degree with a major in nursing and meet institutional requirements; and (4-5-00)
 - ii.** Have evidence of experience in education, administration, and practice sufficient to administer the program. (4-5-00)
- d.** Advanced Practice Professional Nurse Administrator. The administrator in a program preparing for

advanced practice professional nursing shall: (4-5-00)

- i. Hold a master's degree and an earned doctoral degree, one of which is in nursing; and (4-5-00)
- ii. Have evidence of experience in education, administration, and practice sufficient to administer the program. (4-5-00)

644. FACULTY RESPONSIBILITIES.

Nursing faculty responsibilities include, but are not limited to the following: (4-5-00)

01. For Unlicensed Assistive Personnel. (4-5-00)

- a. Provide theoretical instruction and practice experiences; (4-5-00)
- b. Select, monitor, and evaluate preceptors and the student learning experiences; (4-5-00)
- c. Evaluate student achievement of curricular outcomes related to nursing knowledge and practice; (4-5-00)

02. For Practical Nurse, Professional Nurse, And Advanced Practice Professional Nurse: (4-5-00)

- a. Assess, plan, implement, evaluate, and modify the program based on sociological and environmental indicators; (4-5-00)
- b. Design, implement, evaluate, and update the curriculum using a written plan; (4-5-00)
- c. Develop, implement, evaluate, and update policies for student admission, progression, retention, and graduation in keeping with the policies of the school; (4-5-00)
- d. Participate in academic advisement and guidance of students; (4-5-00)
- e. Provide theoretical instruction and practice experiences; (4-5-00)
- f. Select, monitor, and evaluate preceptors and the student learning experiences; (4-5-00)
- g. Evaluate student achievement of curricular outcomes related to nursing knowledge and practice; (4-5-00)
- h. Evaluate teaching effectiveness; (4-5-00)
- i. Participate in activities that facilitate maintaining the faculty members' own nursing competence and professional expertise in the area of teaching responsibility, including instructional methodology; (4-5-00)
- j. Participate in other scholarly activities, including research, consistent with institutional and professional requirements; and (4-5-00)
- k. Participate in the organization of the program and institution. (4-5-00)

645. -- 659. (RESERVED).

660. STUDENTS, EDUCATIONAL PROGRAM.

01. For Unlicensed Assistive Personnel. Student policies should facilitate mobility and articulation and be consistent with the educational standards of the parent institution. (4-5-00)

02. For Practical Nurses, Professional Nurses, And Advanced Practice Professional Nurses. Student policies should facilitate mobility and articulation and be consistent with the educational standards of the

parent institution. Student policies in relation to the following must be in writing and available: (4-5-00)

- a. Admission, readmission, progression, retention, graduation, dismissal, and withdrawal; (4-5-00)
- b. Physical, mental health, and legal standards required by affiliate agencies and the law governing the practice of nursing; (4-5-00)
- c. Student responsibilities; (4-5-00)
- d. Student rights and grievance procedures; and (4-5-00)
- e. Student opportunity to participate in program governance and evaluation. (4-5-00)

661. -- 679. (RESERVED).

680. CURRICULUM, EDUCATIONAL PROGRAM.

01. Student Competence. (4-5-00)

a. Students enrolled in a program for unlicensed assistive personnel shall be provided the opportunity to acquire and demonstrate the knowledge, skills, and abilities for safe and effective practice. (4-5-00)

b. Students enrolled in a practical nursing program shall be provided the opportunity to acquire and demonstrate the knowledge, skills, and abilities for safe and effective nursing practice. The graduate from a practical nurse program is responsible and accountable to practice according to the standards of practice for the licensed practical nurse as defined in Section 401. (4-5-00)

c. Students enrolled in a professional nurse program shall be provided the opportunity to acquire and demonstrate the knowledge, skills, and abilities for safe and effective nursing practice. The graduate from a professional nurse program is responsible and accountable to practice according to the standards of practice for the professional nurse as defined in Section 460. (4-5-00)

d. Students enrolled in advanced practice professional nursing education shall be provided the opportunity to acquire and demonstrate the knowledge, skills, and abilities for safe and effective advanced nursing practice. The graduate from an advanced practice professional nursing program is responsible and accountable to practice according to the standards for the advanced practice nursing role for which the nurse is prepared as defined in Section 280. (4-5-00)

02. Program Evaluation. The program shall have a plan for total program evaluation that includes, but is not limited to the following: organization and administration, faculty, students, curriculum, and performance of graduates. Implementation of the plan and use of findings for relevant decision making must be evident. (4-5-00)

681. CURRICULUM REQUIREMENTS FOR NURSING EDUCATION PROGRAMS.

01. General Curriculum. The curriculum for licensed practical nurses, professional nurses, and advanced practice professional nurses shall: (4-5-00)

- a. Be planned, implemented, and evaluated by the faculty with provisions for student input; (4-5-00)
- b. Reflect the mission and purpose of the nursing education program; (4-5-00)
- c. Be organized logically and sequenced appropriately; (4-5-00)
- d. Facilitate articulation for horizontal and vertical mobility; (4-5-00)
- e. Have a syllabus for each nursing course; (4-5-00)

- f.** Have written, measurable terminal outcomes that reflect the role of the graduate; and (4-5-00)
- g.** Be responsive to changing healthcare environment. (4-5-00)
- 02. Curriculum Changes.** Major curriculum changes, as defined in Section 700, must be submitted to the Board for approval prior to implementation. (4-5-00)
- 03. Practice Sites.** The program must have sufficient correlated practice experiences to assure development of nursing competencies. (4-5-00)
- 04. Unlicensed Assistive Personnel Curriculum:** (4-5-00)

 - a.** The curriculum shall reflect classroom hours and clinical hours sufficient to accomplish stated objectives. (4-5-00)
 - b.** Each unit of instruction shall have behaviorally stated objectives. (4-5-00)
 - c.** Clinical (skills) experience shall be selected to enable achievement of the defined objectives. (4-5-00)
 - d.** Within the identified hours of training, at least sixteen (16) hours of classroom instruction shall be provided prior to direct involvement with a facility resident, and shall include the following topics: communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, and respecting residents' rights. (4-5-00)
 - e.** Content that is included in Units 1-3 of the approved curriculum must be taught before the basic care tasks defined in Subsection 400.04 can be done for residents. (4-5-00)
 - f.** Curriculum must include content and clinical practice in basic nursing skills, personal care skills, mental health and social service needs, basic restorative services, and residents' rights. (4-5-00)
 - g.** Clinical training component. Training programs must use a skills checklist to document students' performance of all skills taught in the program. Upon program completion, a copy of the performance record will be given to the student. (4-5-00)
- 05. Practical Nurse Curriculum.** (4-5-00)

 - a.** The curriculum includes nursing didactic content and practice experience that establish the knowledge base for demonstrating beginning competency; and (4-5-00)
 - b.** The curriculum includes content necessary to prepare the graduate for practice consistent with defined standards for practice as defined in Section 401; and (4-5-00)
 - c.** The curriculum includes integrated, combined or separate coursework from the following academic disciplines and meets requirements for the credential with a major in practical nursing: (4-5-00)

 - i.** Communication and information systems concepts; (4-5-00)
 - ii.** Behavioral and social science concepts that serve as a framework for understanding growth and development throughout the life cycle, human behavior, interpersonal relationships, and cultural diversity; (4-5-00)
 - iii.** Physical and biological sciences concepts that help the students gain an understanding of the principles of scientific theory and computation; (4-5-00)
 - iv.** Nursing concepts that provide the basis for understanding the principles of nursing care and appropriate and sufficient correlated nursing practice experiences to assure development of competencies as a member of the interdisciplinary team; (4-5-00)

v. Concepts regarding legal, managerial, economic, and ethical issues related to responsibilities of the practical nurse; and (4-5-00)

vi. Courses to meet the school's general education requirements for the credential awarded. (4-5-00)

06. Professional Nurse Curriculum. (4-5-00)

a. The curriculum includes nursing didactic content and practice experience that establish the knowledge base for demonstrating beginning competency related to: (4-5-00)

i. Nursing practice; (4-5-00)

ii. Systems thinking and interdisciplinary team function; and (4-5-00)

iii. The promotion and restoration of optimal health in clients across the lifespan in a variety of primary, secondary and tertiary settings focusing on individuals, groups, and communities. (4-5-00)

b. The curriculum includes content necessary to prepare the graduate for practice consistent with defined standards for practice as defined in Section 460; and (4-5-00)

c. The curriculum includes integrated, combined or separate coursework from the following academic disciplines and meets requirements for a degree with a major in nursing: (4-5-00)

i. Concepts in written and oral communication, values clarification, scientific inquiry, computation, and informatics. (4-5-00)

ii. Behavioral and social sciences concepts that serve as a framework for the understanding of growth and development throughout the life cycle, human behavior, interpersonal relationships, cultural diversity, and economics related to the social context of healthcare; (4-5-00)

iii. Physical and biological sciences concepts that help the student gain an understanding of the principles of scientific theory; (4-5-00)

iv. Arts and humanities concepts that develop the aesthetic, ethical, and intellectual capabilities of the student; (4-5-00)

v. Concepts regarding research, nursing theory, legal and ethical issues, trends in nursing, principles of education and learning, and professional responsibilities; (4-5-00)

vi. Experiences that promote the development of leadership and management skills, interdisciplinary and professional socialization; and (4-5-00)

vii. Courses to meet the school's general education requirements for the academic degree. (4-5-00)

07. Advanced Practice Professional Nursing Program Curriculum. (4-5-00)

a. The curriculum includes content necessary to prepare the graduate for practice consistent with defined standards for advanced nursing practice; and (4-5-00)

b. The curriculum shall include content from nursing and related academic disciplines and meet requirements for a graduate degree with a major in nursing: (4-5-00)

i. Advanced theory and research in nursing, biological and behavioral sciences, interdisciplinary education, cultural diversity, economics and informatics sufficient to practice as a graduate prepared professional nurse; (4-5-00)

- ii. Legal, ethical, and professional responsibilities of a graduate prepared professional nurse; (4-5-00)
- iii. Didactic content and supervised practice experience relevant to the nursing focus of the graduate specialty; (4-5-00)
- iv. Courses to meet the school's requirements for the master's degree. (4-5-00)

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. Curriculum revision that alters existing articulation agreements must be approved by the State Board of Education prior to implementation. (4-5-00)

701. -- 729. (RESERVED).

730. PRACTICE SITES.

The program must have sufficient practice experiences to assure development of nursing competencies. (4-5-00)

01. Approval By Other Agencies. Cooperating agencies shall be approved by the recognized accreditation, evaluation or licensing body as appropriate. Cooperating agencies for clinical practice used for programs preparing unlicensed assistive personnel shall be approved by the Board, based on Board-approved criteria. (4-5-00)

02. Evaluation By Faculty. Agencies used to provide practice experiences must be evaluated periodically by faculty. (4-5-00)

03. Sufficient Experiences. There must be sufficient practice experiences to assure the development of nursing competencies consistent with the level of preparation. (4-5-00)

04. Written Agreements. There must be written agreements with cooperating agencies that are reviewed and revised periodically. (4-5-00)

05. Faculty Supervision. Sufficient faculty must be employed to supervise student practice experiences. An appropriate student to faculty ratio must be maintained to provide for safety and protection of patients, students, and faculty members. (4-5-00)

06. 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. (4-5-00)

731. -- 899. (RESERVED).

900. RENEWAL AND REINSTATEMENT FEES.

Fees will be assessed for renewal of 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: (3-30-01)

01. Licensed Professional Nurse Renewal Fee. Licensed professional nurses will be assessed a renewal fee of fifty dollars (\$50) due by August 31 of each odd-numbered year; and (3-30-01)

02. Licensed Practical Nurse Renewal Fee. Licensed practical nurses will be assessed a renewal fee of fifty dollars (\$50) due by August 31 of each even-numbered year; and (3-30-01)

03. Advanced Practice Professional Nurse. Licensed advanced practice professional nurses will be assessed a renewal fee of fifty dollars (\$50) due by August 31 of each odd-numbered year; and (3-30-01)

04. Late Renewal/Reinstatement Fee. Advanced practice professional nurses, professional nurses, and practical nurses requesting a late renewal or reinstatement of a lapsed license will be assessed a fee of thirty-five dollars (\$35) for records verification and a fifty dollar (\$50) renewal fee which will be due upon application. (3-30-01)

05. Delay In Processing. Processing of renewal applications not accompanied by cash, cashier's check, a money order, or other guaranteed funds may be delayed in order to allow clearance of personal checks through the licensee's bank. (3-30-01)

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 applicants for licensure by examination as follows: (3-30-01)

a. Professional nurse applicants: ninety dollars (\$90). (3-30-01)

b. Practical nurse applicants: seventy-five dollars (\$75). (3-30-01)

02. Advanced Practice Professional Nurses. Advanced practice professional nurse applicants: ninety dollars (\$90). (3-30-01)

03. Licensure By Endorsement. The fee assessed for licensure by endorsement of licensed professional and licensed practical nurses will be eighty-five dollars (\$85). (3-30-01)

04. Temporary License Fee. Professional and practical nurses requesting a temporary license will be assessed a fee of twenty-five dollars (\$25) which will be due upon application. (3-30-01)

05. Limited License Fee. Persons who are issued a limited license following disciplinary action or temporary voluntary surrender of a license will be assessed a fee of one hundred dollars (\$100) which will be due upon issuance of the limited license. (3-30-01)

06. Verification Of Licensure Fee. Licensed professional and licensed practical nurses requesting verification of licensure to another state will be assessed a fee of thirty dollars (\$30) which will be due upon request. (3-30-01)

07. Authorization Fee. Advance practice professional nurses will be assessed an authorization fee of fifty dollars (\$50) which will be due upon application. (3-30-01)

902. (RESERVED).

903. EDUCATION PROGRAM FEES.

01. Evaluation Of Nursing Education Programs. A fee not to exceed two hundred fifty dollars (\$250) per day will be assessed for survey and evaluation of nursing education programs which will be due at the time the evaluation is requested. (3-30-01)

02. Evaluation Of Courses Of Instruction. A fee not to exceed five hundred dollars (\$500) will be assessed for approval of courses of instruction related to nursing that are offered by commercial establishments. This fee will be due at the time the evaluation is requested. (3-30-01)

904. (RESERVED).

905. NO REFUNDS.

Fees are not refundable either in whole or in part. (3-30-01)

906. RETURNED CHECK FEE.

There will be a twenty-five dollar (\$25) fee assessed for any check returned to the agency for any reason. (3-30-01)

907. LICENSES AND WALLET CERTIFICATES.

01. Duplicate Wallet Certificates. Duplicate wallet certificates will be issued where the original wallet certificate has been lost or destroyed. Applicants requesting a duplicate wallet certificate must pay a ten dollar (\$10) application fee. (3-30-01)

02. Revised Wallet Certificates. Revised wallet certificates will be issued to reflect a change in name. Applicants requesting a revised wallet certificate must pay a ten dollar (\$10) application fee. (3-30-01)

03. Duplicate Licenses. (3-30-01)

a. Duplicate licenses are reproductions of original licenses. (3-30-01)

b. Applicants requesting a duplicate license must pay a ten dollar (\$10) application fee. (3-30-01)

c. Original licenses may not be revised. (3-30-01)

908. ONLY ONE LICENSE - EXCEPTION.

A licensee may hold only one (1) active renewable license to practice nursing at any time except that licensed advanced practice professional nurses must also be licensed to practice as licensed professional nurses. (3-30-01)

909. -- 998. (RESERVED).

999. ADMINISTRATIVE FINE.

01. Fine Assessment. An administrative fine not to exceed one hundred dollars (\$100) for each separate offense of practicing nursing without current licensure may be assessed as a condition of reinstatement of a license, or the issuance of a temporary or renewable license. (3-30-01)

02. Fine Payment. Fines shall be payable by cash, cashier's check, money order, or other guaranteed funds. (3-30-01)

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