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IDAPA 23 - 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(13), Idaho Code. (4-4-13)

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 54-1418, 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. (3-30-07)

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." (3-30-07)

005. PUBLIC RECORDS.
Board records are subject to the provisions of the Idaho Public Records Act, Title 74, Chapter 1, Idaho Code. (3-30-01)

006. OFFICE INFORMATION.

01. Street Address. The offices of the Board 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 website is www.ibn.idaho.gov. (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 case must be filed with the executive director of the Board. One (1) original is sufficient for

submission to the hearing officer, with one (1) copy for the Board 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, 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. Abandonment. The termination of a nurse/patient relationship without first making appropriate arrangements for continuation of required nursing care. The nurse/patient relationship begins when responsibility for nursing care of a patient is accepted by the nurse. Refusal to accept an employment assignment or refusal to accept or begin a nurse/patient relationship is not abandonment. Reasonable notification, or a timely request for alternative care for a patient, directed to a qualified provider or to a staff supervisor, prior to leaving the assignment, constitutes termination of the nurse/patient relationship. (4-4-13)

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

03. Administration of Medications. The process whereby a prescribed medication is given to a patient by one (1) of several routes. Administration of medication is a complex nursing responsibility which requires a knowledge of anatomy, physiology, pathophysiology, and pharmacology. Only persons authorized under Board statutes and these rules may administer medications and treatments as prescribed by health care providers authorized to prescribe medications. (4-7-11)

04. Approval. The process by which the Board evaluates and grants official recognition to education programs that meet standards established by the Board. (5-3-03)

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

06. Assistance With Medications. The process whereby a non-licensed care provider is delegated tasks by a licensed nurse to aid a patient who cannot independently self-administer medications. (5-3-03)

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

08. Board Staff. The executive director and other such personnel as are needed to implement the Nursing Practice Act and these rules. (7-1-93)

09. Charge Nurse. A licensed nurse who bears primary responsibility for assessing, planning, prioritizing and evaluating care for the patients on a unit, as well as the overall supervision of the licensed and unlicensed staff delivering the nursing care. (5-3-03)

10. Clinical Preceptor. A licensed registered nurse or other qualified individual as defined in these rules who acts to facilitate student training in a manner prescribed by a written agreement between the preceptor's employer and an educational institution. (8-1-16)T

11. **Competence**. Safely performing those functions within the role of the licensee in a manner that demonstrates essential knowledge, judgment and skills. (5-3-03)

12. **Curriculum**. The systematic arrangement of learning experiences including didactic courses, practical experiences, and other activities needed to meet the requirements of the nursing program and of the certificate or degree conferred by the parent institution. (5-3-03)

13. **Delegation**. The process by which a licensed nurse assigns tasks to be performed by others. (5-3-03)

14. **Disability**. Any physical, mental, or emotional condition that interferes with the nurse's ability to practice nursing safely and competently. (5-3-03)

15. **Emeritus License**. A license issued to a nurse who desires to retire from active practice for any length of time. (5-3-03)

16. **Licensing Examination**. A licensing examination that is acceptable to the Board. (5-3-03)

17. **License in Good Standing**. A license not subject to current disciplinary action, restriction, probation or investigation in any jurisdiction. (5-3-03)

18. **Limited License**. A nursing license subject to specific restrictions, terms, and conditions. (5-3-03)

19. **Nursing Assessment**. The systematic collection of data related to the patient's health care needs. (5-3-03)

20. **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)

21. **Nursing Intervention**. An action deliberately selected and performed to support the plan of care. (5-3-03)

22. **Nursing Jurisdiction**. Unless the context clearly denotes a different meaning, when used in these rules, the term nursing jurisdiction shall mean any or all of the fifty (50) states, U.S. territories or commonwealths, as the case may be. (4-4-13)

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

24. **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)

25. **Patient**. An individual or a group of individuals who are the beneficiaries of nursing services in any setting and may include client, resident, family, community. (5-3-03)

26. **Patient Education**. The act of teaching patients and their families, for the purpose of improving or maintaining an individual's health status. (5-3-03)

27. **Plan of Care**. The goal-oriented strategy developed to assist individuals or groups to achieve optimal health potential. (5-3-03)

28. **Practice Standards**. General guidelines that identify roles and responsibilities for a particular category of licensure and, used in conjunction with the decision-making model, define a nurse's relationship with other care providers. (5-3-03)

29. **Probation**. A period of time set forth in an order in which certain restrictions, conditions or limitations are imposed on a licensee. (5-3-03)

30. **Protocols**. Written standards that define or specify performance expectations, objectives, and criteria. (5-3-03)

31. **Revocation**. Termination of the authorization to practice. (5-3-03)

32. **Scope of Practice**. The extent of treatment, activity, influence, or range of actions permitted or authorized for licensed nurses based on the nurse's education, preparation, and experience. (5-3-03)

33. **Supervision**. Designating or prescribing a course of action, or giving procedural guidance, direction, and periodic evaluation. Direct supervision requires the supervisor to be physically present and immediately accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation. (4-6-05)

34. **Suspension**. An order temporarily withdrawing a nurse's right to practice nursing. (5-3-03)

35. **Technician/Technologist**. These individuals are not credentialed by regulatory bodies in Idaho and may include, but are not limited to: surgical, dialysis and radiology technicians/technologists, monitor technicians and medical assistants. (3-30-07)

36. **Universal Standards**. The recommendations published by the Center for Disease Control, Atlanta, Georgia, for preventing transmission of infectious disease, also referred to as "Standard Precautions." (5-3-03)

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

040. TEMPORARY LICENSE.
A temporary license is a nonrenewable license. (3-30-07)

01. **Issued at Discretion of Board**. Temporary licenses are issued, and may be extended, at the discretion of the Board. (3-30-07)

02. **Temporary Licensure by Interstate Endorsement**. A temporary license may be issued to an applicant for interstate endorsement on proof of current licensure in good standing in another nursing jurisdiction, satisfactory documentation of employment within the three (3) years immediately preceding application, and compliance with the requirements of Section 240 of these rules. (4-4-13)

03. **Temporary Licensure by Examination**. A temporary license to practice nursing until notification of examination results and completion of criminal background check may be issued to an applicant for Idaho licensure following graduation from a nursing education program recognized by the professional licensing board for another nursing jurisdiction, and compliance with Section 221 of these rules. (4-4-13)

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 registered nurse must be provided. (3-30-01)

ii. May not act as charge nurse. (5-3-03)

b. Temporary licenses issued to examination candidates will be issued for a period not to exceed three (3) months. (3-30-07)

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 nursing jurisdiction 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. (4-4-13)

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 a nursing jurisdiction, pending notification of results of the licensing examination. (4-4-13)

07. Fee. The applicant must pay the temporary license fee, as prescribed in Subsection 901.07 of these rules. (5-3-03)

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 Notice -- Licensed Registered Nurse. A notice of renewal will be mailed to every currently licensed registered nurse, at the address on record with the Board, on or before July 1 of every odd-numbered year. (4-7-11)

02. Renewal Notice -- Licensed Practical Nurse. A notice of renewal 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. (4-7-11)

03. Renewal Notice -- Advanced Practice Registered Nurse. A notice of renewal will be mailed to every currently licensed advanced practice registered nurse, at the address on record with the Board, on or before July 1 of every odd-numbered year. (4-7-11)

04. Renewal Notice -- Emeritus Licensure. A notice of renewal will be mailed to every holder of a current emeritus license, at the address on record with the Board, on or before July 1 of the renewal year that applied to the applicant's license at the time emeritus status was granted. If the applicant was an RN or APRN at the time emeritus status was granted, renewal will take place in odd numbered years. If the applicant was an LPN at the time emeritus status was granted, renewal will take place in even numbered years. (4-7-11)

05. Renewal Applications. Renewal applications may be obtained by contacting the Board. (4-7-11)

06. Final Date to Renew. The original completed renewal application and renewal fee as prescribed in Section 900 of these rules, must be submitted to the Board and post-marked or electronically dated not later than August 31 of the appropriate renewal year. (4-7-11)

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

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

061. CONTINUED COMPETENCE REQUIREMENTS FOR RENEWAL OF AN ACTIVE LICENSE.

01. Learning Activities. In order to renew an LPN or RN license, a licensee shall complete or comply with at least two (2) of any of the learning activities listed below in Paragraphs 061.01.a., b., or c. within the two (2)-year renewal period: (3-25-16)

a. Practice: (3-25-16)

i. Current nursing specialty certification as defined in Section 402 of these rules; or (3-25-16)

ii. One hundred (100) hours of practice or simulation practice, paid or unpaid, in which the nurse applies knowledge or clinical judgment in a way that influences patients, families, nurses, or organizations; (3-25-16)

b. Education, Continuing Education, E-learning, and In-service: (3-25-16)

i. Fifteen (15) contact hours of continuing education, e-learning, academic courses, nursing-related in-service offered by an accredited educational institution, healthcare institution, or organization (a contact hour equals not less than fifty (50) minutes); or (3-25-16)

ii. Completion of a minimum of one (1) semester credit hour of post-licensure academic education relevant to nursing practice, offered by a college or university accredited by an organization recognized by the U.S. Department of Education; or (3-25-16)

iii. Completion of a Board-recognized refresher course in nursing or nurse residency program; or (3-25-16)

iv. Participation in or presentation of a workshop, seminar, conference, or course relevant to the practice of nursing and approved by an organization recognized by the Board to include, but not limited to: (3-25-16)

(1) A nationally recognized nursing organization; (3-25-16)

(2) An accredited academic institution; (3-25-16)

(3) A provider of continuing education recognized by another board of nursing; (3-25-16)

(4) A provider of continuing education recognized by a regulatory board of another discipline; or (3-25-16)

(5) A program that meets criteria established by the Board; (3-25-16)

c. Professional Engagement: (3-25-16)

i. Acknowledged contributor to a published nursing-related article or manuscript; or (3-25-16)

ii. Teaching or developing a nursing-related course of instruction; or (3-25-16)

iii. Participation in related professional activities including, but not limited to, research, published professional materials, nursing-related volunteer work, teaching (if not licensee's primary employment), peer reviewing, precepting, professional auditing, and service on nursing or healthcare related boards, organizations, associations or committees. (3-25-16)

02. APRN Continued Competence Requirements. Registered nurses who also hold an active license as an APRN shall only meet the requirements of Section 300 of these rules. (3-25-16)

03. First Renewal Exemption. A licensee is exempt from the continued competence requirement for the first renewal following initial licensure by examination. (3-25-16)

04. Extension. The Board may grant an extension for good cause for up to one (1) year for the completion of continuing competence requirements. Such extension shall not relieve the licensee of the continuing competence requirements. (3-25-16)

05. Beyond the Control of Licensee Exemption. The Board may, in the exercise of its sound

discretion, grant an exemption for all or part of the continuing competence requirements due to circumstances beyond the control of the licensee. (3-25-16)

06. Disciplinary Proceeding. Continued competence activities or courses required by Board order in a disciplinary proceeding shall not be counted as meeting the requirements for licensure renewal. (3-25-16)

07. Compliance Effective Dates. Compliance with the continuing competence requirements of Sections 061 and 062 will be necessary to renew an LPN license beginning with 2018 renewals and an RN license beginning with 2019 renewals. (3-25-16)

062. DOCUMENTING COMPLIANCE WITH CONTINUED COMPETENCE REQUIREMENTS.

01. Retention of Original Documentation. All licensees are required to maintain original documentation of completion for a period of two (2) years following renewal and to provide such documentation within thirty (30) days of a request from the Board for proof of compliance. (3-25-16)

02. Documentation of Compliance. Documentation of compliance shall be as follows: (3-25-16)

a. Evidence of national certification shall include a copy of a certificate that includes the name of licensee, name of certifying body, date of certification, and date of certification expiration. Certification shall be initially attained during the licensure period, have been in effect during the entire licensure period, or have been recertified during the licensure period. (3-25-16)

b. Evidence of post-licensure academic education shall include a copy of the transcript with the name of the licensee, name of educational institution, date(s) of attendance, name of course, and number of credit hours received. (3-25-16)

c. Evidence of completion of a Board-recognized refresher course shall include certificate or written correspondence from the provider with the name of the licensee, name of provider, and verification of successful completion of the course. (3-25-16)

d. Evidence of completion of research or a nursing project shall include an abstract or summary, the name of the licensee, role of the licensee as principal or contributing investigator, date of completion, statement of the problem, research or project objectives, methods used, and summary of findings. (3-25-16)

e. Evidence of contributing to a published nursing-related article, manuscript, paper, book, or book chapter shall include a copy of the publication to include the name of the licensee and publication date. (3-25-16)

f. Evidence of teaching a course for college credit shall include documentation of the course offering indicating instructor, course title, course syllabus, and the number of credit hours. Teaching a particular course may only be used once to satisfy the continued competence requirement unless the course offering and syllabus has changed in a material or significant fashion. (3-25-16)

g. Evidence of teaching a course for continuing education credit shall include a written attestation from the director of the program or authorizing entity including the date(s) of the course and the number of hours awarded. (3-25-16)

h. Evidence of hours of continuing learning activities or courses shall include the name of the licensee, title of activity, name of provider, number of hours, and date of activity. (3-25-16)

i. Evidence of one hundred (100) hours of practice in nursing shall include the name of the licensee and documentation satisfactory to the Board of the number of hours worked during review period validated by the employer/recipient agency. If self-employed, hours worked may be validated through other methods such as tax records or other business records. If practice is of a volunteer or gratuitous nature, hours worked may be validated by the recipient agency. (3-25-16)

063. LICENSE REINSTATEMENT (NON-DISCIPLINE).

01. Within One Year. A person whose license has lapsed for failure to pay the renewal fee by the specified date may apply for reinstatement within one (1) year by: (3-30-07)

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 900.05 of these rules. (4-2-03)

02. 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: (3-30-07)

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

b. Payment of the fees prescribed in Subsection 900.05 of these rules; and (3-30-07)

c. Providing evidence satisfactory to the Board of the applicant's ability to practice safely and competently. (3-30-01)

d. Causing the submission of a current fingerprint-based criminal history check as set forth in Section 54-1401(3), Idaho Code. (4-7-11)

03. 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: (3-30-07)

a. Filing a completed reinstatement application; and (3-30-07)

b. Payment of the fees prescribed in Subsection 900.05 of these rules; and (3-30-07)

c. Payment of the temporary license fee prescribed in Subsection 901.07 of these rules, if required; and (4-2-03)

d. Providing evidence, satisfactory to the Board, of the applicant's ability to practice safely and competently. (3-30-07)

e. Causing the submission of a current fingerprint-based criminal history check as set forth in Section 54-1401(3), Idaho Code. (4-7-11)

04. Reinstatement of Emeritus License to Current Status. A person who holds a current emeritus license in good standing may apply for reinstatement of the license to active and unrestricted status by: (4-2-03)

a. Submitting a completed application for reinstatement; and (4-2-03)

b. Payment of the fees prescribed in Subsection 900.05 of these rules; and (3-30-07)

c. Providing evidence, satisfactory to the Board, of the applicant's current competency to practice. (3-30-07)

064. REINSTATEMENT AFTER DISCIPLINE.

01. Submission of Application Materials. A person whose license has been subject to disciplinary action by the Board may apply for reinstatement of the license to active and unrestricted status by: (4-7-11)

a. Submitting a completed application for reinstatement; and (4-7-11)

b. Payment of the fees prescribed in Subsection 900.05 of these rules; and (4-7-11)

c. Documenting compliance with any term and restrictions set forth in any order as a condition of reinstatement; and (4-7-11)

d. Providing evidence, satisfactory to the Board, of the applicant's ability to practice safely and competently. (4-7-11)

e. Causing the submission of a current fingerprint-based criminal history check as set forth in Section 54-1401(3), Idaho Code. (4-7-11)

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 discipline; (4-7-11)

b. The conduct of the applicant subsequent to the discipline; (4-7-11)

c. The lapse of time since discipline; (4-7-11)

d. The degree of compliance with all terms and conditions the Board may have set forth as a prerequisite for reinstatement; (3-15-02)

e. Any intervening circumstances that may have altered the need for compliance; (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; (11-28-84)

g. The applicant's adherence to or violation of any applicable law or rule regulating the practice of nursing; and (4-6-05)

h. The applicant's criminal background information as evidenced by a current fingerprint based criminal history check as set forth in Section 54-1401(3), Idaho Code. (4-6-05)

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 prior disciplinary 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. (4-7-11)

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)

065. -- 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 and Technologists. Technicians and technologists who comply with Section 491 of these rules. (3-30-07)

02. Non-Resident Nurses. Non-resident nurses currently licensed in good standing in another nursing

jurisdiction, who are in Idaho on a temporary basis because of enrollment in or presentation of a short term course of instruction recognized or approved by the Board and who are performing functions incident to formal instruction. (4-4-13)

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/registered 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 registered nurse supervision, perform all functions approved by the Board for unlicensed assistive personnel as set forth in Section 490 of these rules. (3-30-07)

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; (6-20-92)

ii. Job descriptions for apprentice; (3-30-01)

iii. A written plan for orientation and skill validation; (6-20-92)

iv. The name of the licensed registered nurse who shall be accountable and responsible for the coordination or management of the nurse apprentice program; (3-30-01)

v. Assurance that a licensed registered 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 apprentices 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 its 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 a person's declared fixed permanent and principal home for legal purposes; domicile. (3-29-10)

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. Examination. No applicant may be issued a compact license granting a multistate privilege to practice unless the applicant first obtains a passing score on the applicable NCLEX (National Council Licensure Examination): (4-4-13)

a. NCLEX-RN for registered nursing; or (4-6-05)

b. NCLEX-PN for practical nursing. (4-6-05)

03. 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; (3-29-10)

iii. Federal income tax return declaring the primary state of residence; (3-29-10)

iv. Military Form No. 2058 - state of legal residence certificate; or (3-29-10)

v. W2 from U.S. Government or any bureau, division, or agency thereof, indicating the declared state of residence. (3-29-10)

b. A nurse on a visa from another country applying for licensure in a party state may declare either the country of origin or the party state as the primary state of residence. If the foreign country is declared the primary state of residence, a single state license will be issued by the party state. (3-29-10)

c. A license issued by a party state is valid for practice in all other party states unless clearly designated as valid only in the state which issued the license. (3-29-10)

d. When a party state issues a license authorizing practice only in that state and not authorizing practice in other party states (i.e., a single state license), the license shall be clearly marked with words indicating that it is valid only in the state of issuance. (3-29-10)

e. 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 ninety (90) days. (3-20-14)

f. 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 ninety (90) day period in Paragraph 077.03.e. of these rules shall be stayed until resolution of the pending investigation. (3-20-14)

g. The former home state license is not valid upon the issuance of a new home state license. (3-15-02)

h. 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)

04. 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 Paragraph 077.04.a. of these rules 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. (3-30-07)

c. An individual who had a license that was surrendered, revoked, suspended, or an application denied for cause in a prior state of primary residence, may be issued a single state license in a new primary state of residence until such time as the individual would be eligible for an unrestricted license by the prior state(s) of adverse action. Once eligible for licensure in the prior state(s), a multistate license may be issued. (3-29-10)

05. 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 nursing jurisdiction. (4-4-13)

02. Notification of Denial. The Board 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 for denial; and (3-15-02)

c. Directing the applicant's attention to his rights under Section 54-1413(3)(a), Idaho Code. (3-30-07)

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; (7-1-93)

ii. The conduct of the applicant subsequent to the denial of license; (7-1-93)

iii. The lapse of time since denial of license; (7-1-93)

iv. Compliance with any conditions the Board may have stipulated as a prerequisite for reapplication; (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 contendre 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 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. (3-26-08)

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 registered 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)

12. Failure to Cooperate With Authorities. Failure to cooperate with authorities in the investigation of any alleged misconduct or interfering with a Board investigation by willful misrepresentation of facts, failure to provide information on request of the Board, or the use of threats or harassment against any patient or witness to prevent them from providing evidence. (3-30-07)

13. Patterns of Poor Practice. Repeatedly engaging in conduct that departs from the customary standards of care. (3-30-07)

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 these rules. (3-30-07)

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 registered 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 any licensed nurse who is grossly negligent or reckless in performing nursing functions or who otherwise violates the Nursing Practice Act or the Board 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. (4-4-13)

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. Controlled substances may not be wasted without witnesses. 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 a 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. (3-30-07)

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 sexual misconduct or 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. (4-11-15)

i. For purposes of this rule and Section 54-1413, Idaho Code, sexual misconduct violations include, but are not limited to: (4-11-15)

(1) Engaging in or soliciting any type of sexual conduct with a patient; (4-11-15)

(2) Using the nurse-patient relationship, trust and confidence of the patient derived from the nurse-patient relationship, or any information obtained as a result of the nurse-patient relationship, to solicit, suggest or discuss dating or a romantic or sexual relationship with a patient; (4-11-15)

(3) Using confidential information obtained during the course of the nurse-patient relationship to solicit, suggest or discuss dating or a romantic relationship, or engaged in sexual conduct with a patient, former patient, colleague, or member of the public; and (4-11-15)

(4) Engaging in or attempting to engage in sexual exploitation or criminal sexual misconduct directed at patients, former patients, colleagues, or members of the public, whether within or outside the workplace. (4-11-15)

ii. For purposes of this rule: (4-11-15)

(1) Consent of a patient shall not be a defense. In the case of sexual exploitation or criminal sexual misconduct, consent of the victim shall not be a defense. (4-11-15)

(2) A patient ceases to be a patient thirty (30) days after receiving the final nursing services, or final reasonably anticipated nursing services from a nurse, unless the patient is determined by the Board to be particularly vulnerable by his minority; known mental, emotional, or physical disability; known alcohol or drug dependency; or other circumstance. A patient that is deemed particularly vulnerable ceases to be a patient one (1) year after receiving the final nursing services, or final reasonably anticipated nursing services from a nurse. (4-11-15)

(3) It is not a violation of this rule for a nurse to continue a sexual relationship with a spouse or individual of majority if a consensual sexual relationship existed prior to the establishment of the nurse-patient relationship. (4-11-15)

iii. The following definitions apply to this rule: (4-11-15)

(1) "Sexual conduct" means any behavior that might reasonably be interpreted as being designed or intended to arouse or gratify the sexual desires of an individual. This includes, but is not limited to, physical touching of breasts, buttocks or sexual organs, creation or use of pornographic images, discussion about sexual topics unrelated to the patient's care, intentional exposure of genitals, and not allowing a patient privacy, except as may be medically necessary. (4-11-15)

(2) "Sexual exploitation" means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual conduct of another, or withholding or threatening to withhold care, medication, food or other services to coerce sexual conduct. (4-11-15)

(3) "Criminal sexual misconduct" means any sexual conduct that, if proven, would constitute a felony or misdemeanor under state or federal law. (4-11-15)

102. -- 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 summary suspension. (3-30-07)

01. Following Disciplinary Action. (3-30-07)

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 license to practice in Idaho as a registered or practical nurse or is otherwise eligible and is in the process of applying for licensure; (3-30-07)

ii. Abused drugs or alcohol, or both, or demonstrated mental disability such that ability to safely practice is, or may be, impaired; (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 treatment program accepted by the Board. (3-30-07)

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 or issuance of a limited license, or both, 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. 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. (3-30-07)

05. Compliance Required. Limited licensure shall be conditioned upon the individual's prompt and faithful compliance with the following: (3-30-07)

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

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

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

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

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

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

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

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

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

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

k. Compliance with other specific terms and conditions as may be required by the executive director. (3-15-02)

06. Summary Suspension - Lack of Compliance. (3-30-07)

a. Summary Suspension. Any failure to comply with the terms and conditions of a limited license 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, summarily suspend the limited license. (3-30-07)

i. Summary suspension 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. (3-30-07)

ii. Upon summary suspension of a limited license, the executive director shall provide prompt written notice to the licensee stating the reason for the suspension, 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(3)(a), Idaho Code. (3-30-07)

b. Right to Hearing. An individual whose limited license has been summarily suspended by the executive director may request a hearing regarding the suspension by certified letter addressed to the Board. If the individual fails to request a hearing within twenty (20) days after service of the notice of suspension by the executive director, the right to a hearing is waived. If a hearing is timely requested, after the hearing the Board shall enter an order affirming or rejecting summary suspension of the limited license and enter such further orders revoking, suspending, or otherwise disciplining the nursing license as may be necessary. The above provisions do not limit or restrict the right of Board staff to bring any summary suspension order before the Board for further proceedings, even if the licensee has not requested a hearing. (4-2-08)

c. Other Orders. 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. (3-30-07)

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. -- 164. (RESERVED)

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; or (11-28-84)

b. Error in the proceeding or Board decision that would be grounds for reversal or judicial review of the order; or (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. Administrative Procedure. The Administrative Procedures Act, Title 67, Chapter 52, Idaho Code, shall govern proceedings on petitions for reconsideration. (3-30-07)

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 nursing jurisdiction 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. (4-4-13)

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 (such as 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 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)

04. Criminal Background Check. A current fingerprint based criminal history check as set forth in Section 54-1401(3), Idaho Code. (4-6-05)

222. EXAMINATION AND RE-EXAMINATION.

01. Applicants for Registered or Practical Nurse Licensure. Applicants must successfully take the National Council Licensure Examination (NCLEX) for registered nurse licensure or for practical nurse licensure, as applied for and approved. (3-30-07)

02. Passing Score. The passing standard will be that established by the examining entity. (3-30-07)

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

04. Equivalent Exams. In lieu of the NCLEX, the Board may accept documentation that the applicant has taken and successfully passed the State Board Test Pool examination. (3-30-07)

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 registered nursing education program that is substantially equivalent to Idaho's board-approved practical or registered nursing education program. Applicants for practical nurse licensure may also qualify under the provisions of Section 241 of these rules. (7-1-93)

02. 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. (4-4-13)

03. Minimum Requirements. In lieu of the requirements in Subsections 240.01 and 240.02 of this rule, have qualifications that are substantially equivalent to Idaho's minimum requirements. (5-8-09)

04. Current Practice Experience. Have actively practiced nursing at least eighty (80) hours within the

preceding three (3) years. (3-30-07)

05. License from Another Nursing Jurisdiction. Hold a license in good standing from another nursing jurisdiction. The license of any applicant subject to official investigation or disciplinary proceedings shall not be considered in good standing. (4-4-13)

241. LICENSURE BY EQUIVALENCY AND ENDORSEMENT LICENSURE.

01. Application by Equivalency. An applicant for practical nurse licensure by interstate endorsement based on equivalency must meet the following requirements: (3-30-07)

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

b. License from Another Nursing Jurisdiction. Hold a license in another nursing jurisdiction based on successful completion of nursing and related courses at an approved school preparing persons for licensure as registered nurses to include a course 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. (4-4-13)

02. Applicants Licensed in Another Nursing Jurisdiction. Graduates of schools of nursing located outside the United States, its territories or commonwealths who are licensed in a nursing jurisdiction and who meet the requirements of Subsections 240.02 through 240.05 of these rules may be processed as applicants for licensure by endorsement from another state. (4-4-13)

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

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

b. Verification. Verification and documentation of licensure status from state of applicant's original licensure; (3-15-02)

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

d. Census Questionnaire. Completed Census Questionnaire; (6-1-78)

e. Fee. Payment of all required fees; and (3-15-02)

f. Criminal Background Check. A current fingerprint based criminal history check as set forth in Section 54-1401(3), Idaho Code. (4-6-05)

242. -- 259. (RESERVED)

260. QUALIFICATIONS FOR LICENSURE OF GRADUATES OF SCHOOLS OF NURSING LOCATED OUTSIDE THE UNITED STATES, ITS TERRITORIES, OR COMMONWEALTHS.
A graduate from a nursing education program outside of the United States, its territories or commonwealths must: (4-4-13)

01. Qualifications. Demonstrate nursing knowledge and English proficiency skills in reading, writing, speaking and listening. (4-4-13)

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 or other indication of authorization to practice in good standing, issued by

a government entity or agency from a country outside the United States, its territories or commonwealths. (4-4-13)

04. Examination/Re-Examination. Take and achieve a passing score on the licensing examination required in Subsection 222.01 of these rules. (3-30-07)

261. APPLICATION FOR LICENSURE OF GRADUATES OF SCHOOLS OF NURSING LOCATED OUTSIDE THE UNITED STATES, ITS TERRITORIES, OR COMMONWEALTHS.
A completed application for licensure by a graduate of a nursing education program outside of the United States, its territories or commonwealths must include the following: (4-4-13)

01. Verification. Verification of demonstrated nursing knowledge and English proficiency skills in reading, writing, speaking and listening. (4-4-13)

02. Application Form. Completed notarized application form provided by the Board. (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. (3-30-01)

04. Verification of Licensure. Verification of licensure or other authority to practice from state, province, or country of applicant's original licensure. (4-4-13)

05. Employment Reference. One (1) satisfactory nursing employment reference from the three (3) year period immediately preceding the application. (3-30-01)

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

07. Criminal Background Check. A current fingerprint based criminal history check as set forth in Section 54-1401(3), Idaho Code. (4-6-05)

262. -- 270. (RESERVED)

271. DEFINITIONS RELATED TO ADVANCED PRACTICE REGISTERED NURSING.

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

02. Advanced Practice Registered Nurse. Means a registered nurse licensed in this state who has gained additional specialized knowledge, skills and experience through a graduate or post-graduate 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 registered nurses shall include nurses licensed in the roles of certified nurse-midwife, clinical nurse specialist, certified nurse practitioner, and certified registered nurse anesthetist. Advanced practice registered nurses, when functioning within the recognized scope of practice, assume primary responsibility for the care of their patients in diverse settings. This practice incorporates the use of professional judgment in the assessment and management of wellness and conditions appropriate to the advanced practice registered nurse's role, population focus and area of specialization. (7-1-13)

03. Authorized Advanced Practice Registered Nurse. Means an advanced practice registered nurse authorized by the Board to prescribe and dispense pharmacologic and non-pharmacologic agents pursuant to Section 315 of these rules. (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 registered nurse who has graduated from a nationally

accredited graduate or post-graduate nurse-midwifery program, and has current certification as a nurse-midwife from a national organization recognized by the Board. (7-1-13)

06. Certified Nurse Practitioner. Means a licensed registered nurse who has graduated from a nationally accredited graduate or post-graduate nurse practitioner program and has current certification as a nurse practitioner from a national organization recognized by the Board. (7-1-13)

07. Certified Registered Nurse Anesthetist. Means a licensed registered nurse who has graduated from a nationally accredited graduate or post-graduate nurse anesthesia program and has current certification as a nurse anesthetist from a national organization recognized by the Board. (7-1-13)

08. Clinical Nurse Specialist. Means a licensed registered nurse who has graduated from a nationally accredited graduate or post-graduate clinical nurse specialist program and has current certification as a clinical nurse specialist from a national organization recognized by the Board. (7-1-13)

09. 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)

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

11. 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 through interview, physical exam, diagnostic tests or other investigations. (7-1-13)

12. 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)

13. Peer Review Process. The systematic process by which a qualified peer assesses, monitors, and makes judgments about the quality of care provided to patients measured against established practice standards. Peer review: (7-1-13)

a. Measures on-going practice competency of the advance practice registered nurse (APRN); (3-30-07)

b. Is performed by a licensed APRN, physician, physician assistant, or other professional certified by a recognized credentialing organization; and (7-1-13)

c. Focuses on a mutual desire for quality of care and professional growth incorporating attitudes of mutual trust and motivation. (3-30-07)

14. Population Focus. Means the section of the population which the APRN has targeted to practice within. The categories of population foci are: (7-1-13)

a. Family/individual across the lifespan; (7-1-13)

b. Adult-gerontology; (7-1-13)

c. Women's health/gender-related; (7-1-13)

d. Neonatal; (7-1-13)

e. Pediatrics; and (7-1-13)

f. Psychiatric-mental health. (7-1-13)

15. 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)

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

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

18. Specialization. Means a more focused area of preparation and practice than that of the APRN role/ population foci that is built on established criteria for recognition as a nursing specialty to include, but not limited to, specific patient populations (e.g., elder care, care of post-menopausal women), and specific health care needs (e.g., palliative care, pain management, nephrology). (7-1-13)

272. -- 279. (RESERVED)

280. STANDARDS OF PRACTICE FOR ADVANCED PRACTICE REGISTERED NURSING.

01. Purpose. (7-1-99)

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

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

02. Core Standards for All Roles of Advanced Practice Registered Nursing. The advanced practice registered nurse is a licensed independent practitioner who shall practice consistent with the definition of advanced practice registered nursing, recognized national standards and the standards set forth in these rules. (7-1-13)

a. The advanced practice registered nurse shall provide client services for which the advanced practice registered nurse is educationally prepared and for which competence has been achieved and maintained. (7-1-13)

b. The advanced practice registered 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 registered nurse shall evaluate and apply current evidence-based research findings relevant to the advanced nursing practice role. (7-1-13)

d. The advanced practice registered nurse shall assume responsibility and accountability for health promotion and maintenance as well as the assessment, diagnosis and management of client conditions to include the use of pharmacologic and non-pharmacologic interventions and the prescribing and dispensing of pharmacologic and non-pharmacologic agents. (7-1-13)

e. The advanced practice registered nurse shall use advanced practice knowledge and skills in teaching and guiding clients and other health care team members. (7-1-13)

f. The advanced practice registered nurse shall have knowledge of the statutes and rules governing advanced nursing practice, and shall practice within the established standards for the advanced nursing practice role and population focus. (7-1-13)

g. The advanced practice registered nurse shall practice consistent with Subsections 400.01 and 400.02 of these rules. (7-1-13)

03. Certified Nurse-Midwife. In addition to the core standards, the advanced practice registered nurse in the role of certified nurse midwife provides the full range of primary health care services to women throughout the lifespan, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, care of the newborn and reproductive health care treatment of the male partners of female clients. (7-1-13)

04. Clinical Nurse Specialist. In addition to core standards, the advanced practice registered nurse in the role of clinical nurse specialist provides services to patients, care providers and health care delivery systems including, but not limited to, direct care, expert consultation, care coordination, monitoring for quality indicators and facilitating communication between patients, their families, members of the health care team and components of the health care delivery system. (7-1-13)

05. Certified Nurse Practitioner. In addition to core standards, the advanced practice registered nurse in the role of certified nurse practitioner provides initial and ongoing comprehensive primary care services to clients including, but not limited to, diagnosis and management of acute and chronic disease, and health promotion, disease prevention, health education counseling, and identification and management of the effects of illness on clients and their families. (7-1-13)

06. Certified Registered Nurse Anesthetist. In addition to core standards, the advanced practice registered nurse in the role of certified registered nurse anesthetist provides the full spectrum of anesthesia care and anesthesia-related care and services to individuals across the lifespan whose health status may range across the wellness-illness continuum to include healthy persons; persons with immediate, severe or life-threatening illness or injury; and persons with sustained or chronic health conditions. (7-1-13)

07. Documentation of Specialization. Unless exempted under Section 305 of these rules, the advanced practice registered nurse must document competency within his specialty area of practice based upon education, experience and national certification in the role and population focus. (7-1-13)

281. -- 284. (RESERVED)

285. QUALIFICATIONS FOR ADVANCED PRACTICE REGISTERED NURSE.
To qualify as an advanced practice registered nurse, an applicant shall provide evidence of: (7-1-13)

01. Current Licensure. Current licensure to practice as a registered nurse in Idaho; (7-1-13)

02. Completion of Advanced Practice Registered Nurse Program. Successful completion of a graduate or post-graduate advanced practice registered nurse program which is accredited by a national organization recognized by the Board; and (7-1-13)

03. National Certification. Current national certification by an organization recognized by the Board for the specified APRN role. (7-1-13)

286. -- 289. (RESERVED)

290. APPLICATION FOR LICENSURE -- ADVANCED PRACTICE REGISTERED NURSE.
The advanced practice registered nurse requesting licensure to practice as a certified nurse-midwife, clinical nurse specialist, certified nurse practitioner or certified 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 verifying successful completion of a graduate or post-graduate advanced practice nursing education program nationally accredited by an organization recognized by the Board. (7-1-13)

03. National Certification. Verification of current national certification from a Board-recognized APRN certifying organization. (7-1-13)

04. Fee. The fee specified in Section 901 of these rules. (7-1-13)

05. Criminal Background Check. A current fingerprint based criminal history check as set forth in Section 54-1401(3), Idaho Code. (4-6-05)

291. -- 294. (RESERVED)

295. TEMPORARY LICENSURE -- ADVANCED PRACTICE REGISTERED NURSE.
A temporary license to engage in advanced practice registered nursing may be issued to the following: (7-1-13)

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 registered 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 registered 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 registered 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 registered nursing until such time as all requirements are met. (7-1-99)

02. Applicants Whose Certification Has Lapsed. A licensed registered nurse applying for re-entry into advanced registered 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 Registered Nursing License. An advanced practice registered nurse currently authorized to practice advanced practice registered nursing in another nursing jurisdiction upon issuance of a temporary license to practice as a registered nurse, and upon evidence of current certification as an advanced practice registered nurse from a Board-recognized national certifying organization. (7-1-13)

04. Applicants Without Required Practice Hours. An advanced practice registered 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. Application Processing. An APRN whose application has been received but is not yet complete may be issued a temporary license. (3-30-07)

06. Term of Temporary License. A temporary license expires at the conclusion of the term for which it is issued, or the issuance of a renewable license, whichever occurs earlier. (3-30-07)

296. -- 299. (RESERVED)

300. RENEWAL OF ADVANCED PRACTICE REGISTERED NURSE LICENSE.
The advanced practice registered nurse license may be renewed every two (2) years as specified in Section 54-1411, Idaho Code, provided that the advanced practice registered nurse: (7-1-13)

01. Current Registered Nurse License. Maintains a current registered nurse license or privilege to

practice in Idaho. (7-1-13)

02. Evidence of Certification. Submits evidence of current APRN certification by a national organization recognized by the Board. (7-1-13)

03. Evidence of Continuing Education. Provides documentation of thirty (30) contact hours of continuing education during the renewal period, which shall include ten (10) contact hours in pharmacology if the nurse has prescriptive authority. 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. (7-1-13)

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

05. Fee. Pays the fee specified in Section 900 of these rules. (7-1-13)

06. Peer Review Process. Provides evidence, satisfactory to the Board, of participation in a peer review process acceptable to the Board. (7-1-13)

07. 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 Subsection 300.02 of these rules. (7-1-99)

301. REINSTATEMENT OF ADVANCED PRACTICE REGISTERED NURSE LICENSE.
An advanced practice registered nurse license may be reinstated as specified in Section 54-1411, Idaho Code, provided that the applicant: (7-1-13)

01. Current Registered Nurse License. Maintains a current registered nurse license or privilege to practice in Idaho. (7-1-13)

02. Evidence of Certification. Submits evidence of current APRN certification by a national organization recognized by the Board. (7-1-13)

03. Prior Board Order. Complies with the provisions of any Board order, if discipline had previously been imposed. (7-1-13)

04. Fee. Pays the fee specified in Section 900 of these rules. (7-1-13)

05. Criminal Background Check. Submits a current fingerprint based criminal history check as set forth in Section 54-1401(3), Idaho Code. (7-1-13)

06. Reinstatement Rules. Complies with any additional requirements for reinstatement under the applicable provisions of Sections 061 and 062 of these rules. (7-1-13)

302. -- 304. (RESERVED)

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

01. Students. Nothing in these rules shall prohibit a registered nurse who holds a current license, or privilege, to practice in Idaho and who is enrolled as a matriculated student in a nationally accredited educational program for advanced practice registered nursing from practicing as an advanced practice registered nurse when such practice is an integral part of the advanced practice registered nurse curriculum. (7-1-13)

02. Certified Nurse Practitioners Licensed Prior to July 1, 1998. A certified nurse practitioner authorized to practice prior to July 1, 1998 may satisfy the requirement of Section 280.07 of these rules by documenting competency within his specialty area of practice based upon education, experience and national

certification in that specialty or education, experience and approval by the Board. (7-1-13)

03. Advanced Practice Registered Nurses Educated Prior to January 1, 2016. (7-1-13)

a. An applicant for APRN licensure who completed a nationally accredited undergraduate or certificate APRN program prior to January 1, 2016, does not need to meet the APRN graduate or post-graduate educational requirements for initial licensure contained within Section 285 of these rules. (7-1-13)

b. A person applying for APRN licensure in Idaho who: holds an existing APRN license issued by any nursing jurisdiction, completed his formal APRN education prior to January 1, 2016, and who meets all of the requirements for initial licensure contained within Sections 285 and 286 of these rules except for the APRN graduate or post-graduate educational requirement, may be issued an APRN license by endorsement if at the time the person received his APRN license in the other jurisdiction he would have been eligible for licensure as an APRN in Idaho. (7-1-13)

306. DISCIPLINARY ENFORCEMENT.
The Board may revoke, suspend or otherwise discipline the advanced practice registered 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. -- 314. (RESERVED)

315. PRESCRIPTIVE AND DISPENSING AUTHORIZATION FOR ADVANCED PRACTICE REGISTERED 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. Advanced practice registered nurses who complete their APRN graduate or post-graduate educational program after December 31, 2015, will automatically be granted prescriptive and dispensing authority with the issuance of their Idaho license. (7-1-13)

a. An advanced practice registered nurse who applies for authorization to prescribe pharmacologic and non-pharmacologic agents within the scope of practice for the advanced practice role, shall: (7-1-13)

i. Be currently licensed as an advanced practice registered nurse in Idaho; (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, related to advanced nursing practice. (7-1-13)

iii. Submit a completed, notarized application form provided by the Board; and (7-1-99)

iv. Remit fees prescribed in Section 901 of these rules. (7-1-13)

b. Exceptions to the pharmacotherapeutic education may be approved by the Board. (7-1-99)

c. Prescriptions written by authorized advanced practice registered nurses shall comply with all applicable state and federal laws and be signed by the prescriber with the abbreviation for the applicable role of advanced nursing practice, the identification number assigned by the Board and where applicable, the Idaho Board of Pharmacy controlled substance registration number and the federal Drug Enforcement Agency registration number. (7-1-13)

02. Temporary Authorization. The Board may grant temporary prescriptive authority to an applicant who holds a temporary advanced practice registered nurse license and who meets the requirements for initial authorization pursuant to Subsection 315.01 of these rules. (7-1-99)

03. Expiration of Temporary Prescriptive Authorization. Temporary prescriptive authorization automatically expires on the expiration, revocation, suspension, placement on probation, or denial of any advanced practice registered nurse license. (7-1-99)

04. Prescribing and Dispensing Authorization. All authorized advanced practice registered nurses may prescribe and dispense pharmacologic and non-pharmacologic agents pursuant to applicable state and federal laws. (7-1-13)

05. Valid Advanced Practice Registered Nurse/Patient Relationships. (7-1-13)

a. An advanced practice registered nurse shall not dispense pharmacologic agents except in the course of his professional practice and when a bona fide advanced practice registered nurse/patient relationship has been established. A valid relationship will exist when the advanced practice registered nurse has obtained sufficient knowledge of the patient's medical condition through examination and has assumed responsibility for the health care of the patient. (7-1-13)

b. A valid advanced practice registered nurse/patient relationship is not required when dispensing or prescribing medications under the circumstances set forth at Section 54-1733(4), Idaho Code. (7-1-13)

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

In addition to the grounds set forth in Section 54-1413, Idaho Code, and Section 100 of these rules, an advanced practice registered nursing license may be suspended, revoked, placed upon probation, or other disciplinary sanctions imposed by the Board on the following grounds: (3-30-07)

01. Prescribing or Dispensing Controlled Substances. Prescribing, dispensing, or selling any drug classified as a controlled substance to a family member or to himself. For purposes of Section 316 of these rules, "family member" is defined as the licensee's spouse, child (biological, adopted, or foster), parent, sibling, grandparent, grandchild, or the same relation by marriage. (4-7-11)

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 registered 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. -- 319. (RESERVED)

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

The Board recognizes advanced practice registered nurse certification organizations that meet criteria as defined by the National Council of State Boards of Nursing. (7-1-13)

321. -- 389. (RESERVED)

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

01. Title for Graduates. A new graduate issued a temporary license pursuant to Section 040 of these rules shall use the title graduate nurse, abbreviated G.N., or graduate practical nurse, abbreviated G.P.N., or graduate nurse midwife, abbreviated G.N.M., or graduate clinical nurse specialist, abbreviated G.C.N.S., or graduate nurse

practitioner, abbreviated G.N.P., or graduate nurse anesthetist, abbreviated G.N.A., whichever is appropriate, until the renewable license is issued. (3-30-07)

02. **Titles**. An individual who has successfully met all requirements for licensure as an advanced practice registered nurse shall have the right to use the title corresponding to the role of advanced nursing practice for which the individual is licensed. (7-1-13)

a. 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 APRN, CNM. (7-1-13)

b. 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 APRN, CNS. (7-1-13)

c. Title of Certified Nurse Practitioner. Individuals who have successfully met all requirements for licensure as a certified nurse practitioner shall have the right to use the title certified nurse practitioner, abbreviated APRN, CNP. (7-1-13)

d. Title of Certified Registered Nurse Anesthetist. Individuals who have successfully met all requirements for licensure as a certified registered nurse anesthetist shall have the right to use the title certified registered nurse anesthetist, abbreviated APRN, CRNA. (7-1-13)

03. Registered Nurse Title. Individuals who have successfully met all requirements for licensure as registered nurse shall have the right to use the title Registered Nurse, abbreviated R.N. (7-1-13)

04. Licensed Practical Nurse Title. Individuals who have successfully met all requirements for licensure as a practical nurse shall have the right to use the title Licensed Practical Nurse, abbreviated L.P.N.(7-1-13)

391. -- 399. (RESERVED)

400. DECISION-MAKING MODEL.
The decision-making model is the process by which a licensed nurse evaluates whether a particular act is within the legal scope of that nurse's practice and determines whether to delegate the performance of a particular nursing task in a given setting. This model applies to all licensure categories permitting active practice, regardless of practice setting. (5-3-03)

01. **Determining Scope of Practice**. To evaluate whether a specific act is within the legal scope of nursing practice, a licensed nurse shall determine whether: (5-3-03)

a. The act is expressly prohibited by the Nursing Practice Act, or the act is limited to the scope of practice of advanced practice registered nurses or to licensed registered nurses, or the act is prohibited by other laws; (5-3-03)

b. The act was taught as a part of the nurse's educational institution's required curriculum and the nurse possesses current clinical skills; (5-3-03)

c. The act does not exceed any existing policies and procedures established by the nurse's employer; (5-3-03)

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 an organized program of study including supervised clinical practice or equivalent demonstrated competency; (5-3-03)

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. Deciding to Delegate. When delegating nursing care, the licensed nurse retains accountability for the delegated acts and the consequences of delegation. Before delegating any task the nurse shall: (5-3-03)

a. 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; (7-1-96)

b. 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;(7-1-96)

c. Exercise professional judgment to determine the safety of the delegated activities, to whom the acts may be delegated, and the potential for harm; (5-3-03)

d. 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; (5-3-03)

e. Consider the impact of timeliness of care, continuity of care, and the level of interaction required with the patient and family; (5-3-03)

f. 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; (7-1-96)

g. 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)

h. Provide appropriate instruction for performance of the act. (5-3-03)

03. Monitoring Delegation. Subsequent to delegation, the licensed nurse shall: (5-3-03)

a. Evaluate the patient's response and the outcome of the delegated act, and take such further action as necessary; and (5-3-03)

b. Determine the degree of supervision required and 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 patient, the complexity of the care and the knowledge and competence of the individual to whom the activity is delegated. (5-3-03)

401. LICENSED REGISTERED NURSE (RN).
In addition to providing hands-on nursing care, licensed registered nurses work and serve in a broad range of capacities including, but not limited to, regulation, delegation, management, administration, teaching, and case management. Licensed registered nurses, also referred to as registered nurses or as "RNs," are expected to exercise 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. (5-3-03)

01. Standards of Practice. A licensed registered nurse adheres to the decision-making model set forth in Section 400 of these rules. (5-3-03)

02. Functions. A partial listing of tasks within the licensed registered nurse's function follows. This listing is for illustrative purposes only, it is not exclusive. The licensed registered nurse: (5-3-03)

a. Assesses the health status of individuals and groups; (5-3-03)

b. Utilizes data obtained by assessment to identify and document nursing diagnoses which serve as a

basis for the plan of nursing care; (5-3-03)

c. Collaborates with the patient, family, and health team members; (5-3-03)

d. Develops and documents a plan for nursing intervention based on assessment, analysis of data, identified nursing diagnoses and patient outcomes; (5-3-03)

e. Is accountable and responsible for implementation of planned and prescribed nursing care;(5-3-03)

f. Maintains safe and effective nursing care by: (5-3-03)

i. Maintaining a safe environment; (5-3-03)

ii. Evaluating patient status and instituting appropriate therapy or procedures which might be required in emergency situations to stabilize the patient'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 patient has been assessed and determined to be in peril; (5-3-03)

iii. Acting as a patient's advocate; (5-3-03)

iv. Applying principles of asepsis and infection control and universal standards when providing nursing care; (5-3-03)

v. Implementing orders for medications and treatments issued by an authorized prescriber; and (5-3-03)

vi. Providing information and making recommendations to patients and others in accordance with employer policies; (5-3-03)

g. Utilizes identified goals and outcomes to evaluate responses to interventions; (5-3-03)

h. Collaborates with other health professionals by: (5-3-03)

i. Communicating significant changes in a patient's status or responses to appropriate health team professionals; (5-3-03)

ii. Coordinating the plan of care with other health team professionals; and (5-3-03)

iii. Consulting with nurses and other health team members as necessary; (5-3-03)

i. Teaches the theory and practice of nursing; and (5-3-03)

j. Facilitates, mentors and guides the practice of nursing formally and informally in practice settings. (5-3-03)

k. Engages in other interfaces with healthcare providers and other workers in settings where there is not a structured nursing organization and in settings where health care plays a secondary role, where the nurse needs to identify the nursing role and responsibility for the particular type of interface, for example, teaching, supervising, consulting, advising, etc. (3-20-14)

03. Chief Administrative Nurse. A licensed registered nurse functioning as chief administrative nurse is accountable and responsible for: (5-3-03)

a. Prescribing, directing and evaluating the quality of nursing services including but not limited to staff development and quality improvement; (7-1-96)

b. Assuring that organizational policies and procedures, job descriptions and standards of nursing practice conform to the Nursing Practice Act and nursing practice rules; (7-1-96)

c. 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)

d. Assuring that documentation of all aspects of the nursing organization is maintained. (7-1-96)

04. Management Role. A licensed registered nurse functioning in a management role shall be accountable and responsible for: (5-3-03)

a. The quality and quantity of nursing care provided by nursing personnel under his supervision; (5-3-03)

b. Managing and coordinating nursing care in accordance with established guidelines for delegation; and (5-3-03)

c. Providing leadership in formulating, interpreting, implementing, and evaluating the objectives and policies of nursing practice. (7-1-96)

402. LICENSED REGISTERED NURSE FUNCTIONING IN SPECIALTY AREAS.

01. Extended Functions. A licensed registered nurse may carry out functions beyond the basic educational preparation described in Sections 600 through 681 of these rules under certain conditions. (3-25-16)

02. Conditions for Licensed Registered Nurses Functioning in Specialty Practice Areas. A licensed registered nurse may carry out functions defined within parameters of a nursing specialty that meets criteria approved by the American Board of Nursing Specialties (ABNS) or the National Commission for Certifying Agencies (NCCA) of the National Organization for Competency Assurance (NOCA) when the nurse: (3-25-16)

a. Can document successful completion of additional education through an organized program of study including supervised clinical experience or equivalent demonstrated competence consistent with provisions of Section 400 of these rules; and (3-25-16)

b. Conforms to recognized nursing specialty practice parameters, characters, and standards for practice of the specialty. (3-25-16)

403. -- 459. (RESERVED)

460. LICENSED PRACTICAL NURSE (LPN).
Licensed practical nurses function in dependent roles. Licensed practical nurses, also referred to as LPNs, provide nursing care at the delegation of a licensed registered nurse, licensed physician, or licensed dentist pursuant to rules established by the Board. The stability of the patient's environment, the patient's clinical state, and the predictability of the outcome determine the degree of direction and supervision that must be provided to the licensed practical nurse. (5-3-03)

01. Standards. The licensed practical nurse shall be personally accountable and responsible for all actions taken in carrying out nursing activities and adheres to the decision-making model set forth in Section 400 of these rules. (5-3-03)

02. Functions. A partial listing of some of the functions that are included within the legal definition of licensed practical nurse, Section 54-1402(3), Idaho Code, (Nursing Practice Act) follows. This list is for example only, it is not complete. The licensed practical nurse: (5-3-03)

a. Contributes to the assessment of health status by collecting, reporting and recording objective and subjective data; (5-3-03)

b. Participates in the development and modification of the plan of care; (5-3-03)

c. Implements aspects of the plan of care; (5-3-03)

d. Maintains safe and effective nursing care; (5-3-03)

e. Participates in the evaluation of responses to interventions; (5-3-03)

f. Fulfills charge nurse responsibilities in health care facilities as allowed by state and federal law; (5-3-03)

g. Delegates to others as allowed by application of the decision-making model; and (5-3-03)

h. Accepts delegated assignments only as allowed by application of the decision-making model. (5-3-03)

i. Engages in other interfaces with healthcare providers and other workers in settings where there is not a structured nursing organization and in settings where health care plays a secondary role, where the nurse needs to identify the nursing role and responsibility for the particular type of interface, for example, teaching, supervising, consulting, advising, etc. (3-20-14)

461. -- 489. (RESERVED)

490. UNLICENSED ASSISTIVE PERSONNEL (UAP).
The term unlicensed assistive personnel, also referred to as "UAP," is used to designate unlicensed personnel employed to perform nursing care services under the direction and supervision of licensed nurses. The term unlicensed assistive personnel also includes licensed or credentialed health care workers whose job responsibilities extend to health care services beyond their usual and customary roles and which activities are provided under the direction and supervision of licensed nurses. (5-3-03)

01. Not a Substitute for the Licensed Nurse. Unlicensed assistive personnel may complement 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. (5-3-03)

02. Delegation. The nursing care tasks that may be delegated to unlicensed assistive personnel shall be stated in writing in the practice setting. Decisions concerning delegation will be determined in accordance with the provisions of Section 400 of these rules. (5-3-03)

03. Training. The following training requirements apply to all unlicensed assistive personnel. The training program shall: (5-3-03)

a. Include written objectives which describe the expected outcomes for the learner and which can be evaluated by written or oral examination and by clinical demonstration of competency or application; (5-3-03)

b. Incorporate learning experiences appropriate to the stated objectives; (5-3-03)

c. Be conducted by licensed registered nurses and other licensed health professionals, including, but not limited to, physicians, pharmacists, psychologists, social workers, and dieticians; (5-3-03)

d. Include an evaluation mechanism to determine the effectiveness of the program; and (5-3-03)

e. Address the general unlicensed assistive personnel curriculum content areas set forth in Paragraph 681.04.g. of these rules. (5-3-03)

04. Nurse Aide Registry. In addition to the foregoing training requirements, UAP desiring placement on the Nurse Aide Registry must comply with the requirements set forth in Sections 600 through 681 of these rules. (5-3-03)

05. Assistance With Medications. Where permitted by law, after completion of a Board-approved training program, unlicensed assistive personnel in care settings may assist patients who cannot independently self-administer medications, provided that: (5-3-03)

a. A plan of care has been developed by a licensed registered nurse; (7-1-96)

b. The act has been delegated by a licensed nurse; (7-1-96)

c. 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; (7-1-96)

d. 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; (7-1-96)

e. Any medication dosages not taken and the reasons thereof are recorded and reported to appropriate supervisory persons; and (5-3-03)

f. 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)

06. Prohibitions and Limitations. Unlicensed assistive personnel are prohibited from performing any licensed nurse functions that are specifically defined in Section 54-1402, Idaho Code. Unlicensed assistive personnel may not be delegated procedures involving acts that require nursing assessment or diagnosis, establishment of a plan of care or teaching, the exercise of nursing judgment, or procedures requiring specialized nursing knowledge, skills or techniques. (3-20-14)

491. TECHNICIANS/TECHNOLOGISTS.

01. Functions. Technicians/technologists may perform limited nursing functions within the ordinary, customary, and usual roles in their fields and are exempted from licensure by the Board under Section 54-1412, Idaho Code, (Nursing Practice Act), provided they are: (5-3-03)

a. Enrolled in or have completed a formal training program acceptable to the Board; or (5-3-03)

b. Registered with or certified by a national organization acceptable to the Board. (5-3-03)

02. Supervision. Technicians/technologists providing basic nursing care services on an organized nursing unit in an institutional setting must function under the supervision of a licensed registered nurse. (3-30-07)

492. MEDICATION ADMINISTRATION BY MEDICATION ASSISTANTS - CERTIFIED (MA-C).

01. When Tasks May Be Performed. A medication assistant - certified may perform the delegated function of administration of medications and related tasks under the direct supervision of a licensed nurse, if: (3-26-08)

a. The medication assistant - certified does not assume other unrelated tasks while he is administering drugs; (3-26-08)

b. The medication is given by an approved medication route, to include: (3-26-08)

i. Orally, to include sublingual, buccal; (3-26-08)

ii. Topically; (3-26-08)

iii. For the eye, ear, or nose; (3-26-08)

iv. Vaginally; (3-26-08)

v. Rectally; (3-26-08)

vi. Transdermally; (3-26-08)

vii. Oral inhaler; (3-26-08)

viii. Established gastric (non-nasogastric) tube; and (3-26-08)

c. The delegation does not conflict with provisions of Subsection 400.02 of these rules. (3-26-08)

02. When Tasks Shall Not Be Performed. A medication assistant - certified shall not perform a task involving the administration of medication if: (3-26-08)

a. The medication administration requires a nurse's assessment of the patient prior to or following the medication, a calculation of the dosage of the medication, or the conversion of the dosage. The provision does not restrict the medication assistant - certified from administering PRN medication to stable patients; or (3-26-08)

b. The supervising nurse is unavailable to monitor the progress of the patient and the effect on the patient of the medication; or (3-26-08)

c. The patient's condition is unstable or the patient has changing nursing needs. (3-26-08)

03. Report Medication Errors. A medication assistant - certified who has any reason to believe that he has made an error in the administration of medication shall follow facility policy and procedure to report the possible or known error to his supervising nurse and shall assist in completing any required documentation of the medication error. (3-26-08)

04. Medication Administration Policies. (3-26-08)

a. The medication assistant - certified shall report to the supervising nurse: (3-26-08)

i. Signs or symptoms that appear life-threatening; (3-26-08)

ii. Events that appear health threatening; and (3-26-08)

iii. Medications that produce no results or undesirable effects as reported by the patient. (3-26-08)

b. A licensed nurse shall supervise medication assistant - certified. (3-26-08)

c. A licensed registered nurse shall periodically review the following: (3-26-08)

i. Authorized provider orders; and (3-26-08)

ii. Patient medication records. (3-26-08)

d. Tasks that may not be performed by the medication assistant - certified: (3-26-08)

i. Receive controlled substances. (3-26-08)

ii. Administration of parenteral or injectable medications. (3-26-08)

iii. Administration of any medication by nasogastric tube. (3-26-08)

iv. Calculate drug dosage. (3-26-08)

v. Destruction of medications. (3-26-08)

vi. Receive written or verbal medication orders. (3-26-08)

vii. Request initial dose medications. (3-26-08)

viii. Evaluate medication error reports. (3-26-08)

ix. Perform treatments unrelated to the administration of medications. (3-26-08)

x. Conduct patient assessments. (3-26-08)

xi. Engage in patient teaching activities. (3-26-08)

xii. Administer initial dose or non-routine medications when the patient's response to the medication is not predictable. (3-26-08)

493. EDUCATION AND TRAINING FOR MEDICATION ASSISTANT - CERTIFIED.

01. Education Program Content. Education for medication assistant - certified shall include: (3-26-08)

a. At least eighty (80) clock hours of didactic content in: (3-26-08)

i. The role of the medication assistant - certified, to include, but not be limited to, medication administration as a delegated nursing function under the supervision of a licensed nurse in a setting or facility where the performance of the delegated function is not otherwise prohibited by law. (3-26-08)

ii. Fundamentals of medication administration, to include, but not be limited to, medication orders, medication storage, measurement, forms of medications, preparation of medications, role of the medication assistant - certified, and role of the delegating nurse. (3-26-08)

iii. Safety factors in administering medications, to include, but not be limited to, rights of medication administration, prevention of medication errors, and reporting medication errors. (3-26-08)

iv. Communication and documentation, to include, but not be limited to, communication process, boundaries, reporting symptoms and side effects, reporting deviations from normal, and documenting medication administration. (3-26-08)

v. Medication administration, to include, but not be limited to, routes of administration, factors affecting how the body responds to medications, and classes of medications. (3-26-08)

vi. Ethical and legal issues, to include, but not be limited to, responsibility of the medication assistant - certified, patient rights, patient self-administration of medications, and ethical and legal violations. (3-26-08)

b. At least forty (40) clock hours of correlated supervised practicum in medication administration. (3-26-08)

02. Board Approval. Programs preparing medication assistant - certified must be approved by the Board. (3-26-08)

a. Institutions applying for initial approval must make application to the Board on forms supplied by the Board. The following information must be included: (3-26-08)

i. Accreditation status, relationship of educational program to parent institution. (3-26-08)

ii. Curriculum to be used. (3-26-08)

iii. Clinical sites to be used. (3-26-08)

iv. Provision for qualified faculty. (3-26-08)

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. (3-26-08)

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. (3-26-08)

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. (3-26-08)

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. (3-26-08)

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. (3-26-08)

e. A letter of continuing approval will be granted annually to programs that substantially meet the Board's requirements, as evidenced by: (3-26-08)

i. Information included in annual reports to the Board; and (3-26-08)

ii. Information obtained by Board representative during on-site visits. (3-26-08)

03. Administration of Program. The educational program shall be administered by an educational institution accredited by an organization recognized by the U.S. Department of Education. (3-26-08)

04. Medication Assistant - Certified Program Requirements. An educational program preparing medication assistant - certified shall: (3-26-08)

a. Provide evidence of financial support and resources adequate to achieve the purpose of the program, to include, but not limited to, classrooms, laboratories, equipment, supplies, and qualified administrative, instructional, and support personnel and services. (3-26-08)

b. Maintain current and final records for each student enrolled in the program in accordance with policies of the parent institution. (3-26-08)

c. Provide sufficient numbers of qualified faculty to implement the curriculum. (3-26-08)

d. Provide sufficient numbers of faculty in the clinical setting to assure patient safety and meet student learning needs. (3-26-08)

e. Use a curriculum approved by the Board that includes didactic content and supervised clinical as defined in Subsection 493.01 of these rules. (3-26-08)

05. Program Administrator. Medication assistant - certified program administrator shall meet institutional requirements for the position. (3-26-08)

06. Program Instructors. Medication assistant - certified instructors shall: (3-26-08)

a. Hold a current, unencumbered license to practice as a registered nurse in Idaho. (3-26-08)

b. Have a minimum of two (2) years practice experience in a health care facility. (3-26-08)

c. Have at least one (1) year clinical experience relevant to areas of teaching responsibility. (3-26-08)

d. Provide documented evidence of preparation for teaching adults. (3-26-08)

07. Instructor Responsibilities. Medication assistant - certified instructor responsibilities are the same as those identified in Subsection 644.01 of these rules. (3-26-08)

08. Program Changes. Board approval is required to make substantive changes in an approved medication assistant - certified training program. The program provider shall submit a description of the proposed change in curriculum or other substantive change to the Board for review at least sixty (60) days before the program provider plans to implement the changes. The Board will notify the provider in writing of its decision. (3-26-08)

09. Periodic Training Program Evaluation. To insure compliance with the requirements for medication assistant - certified programs: (3-26-08)

a. Each program shall submit a report annually regarding the program's operation and compliance with the Board rules. (3-26-08)

b. Each program shall be on-site surveyed by representatives of the Board and evaluated for ongoing approval every four (4) years or as requested by the Board. (3-26-08)

c. A copy of the survey visit report will be made available to the education and training program. (3-26-08)

10. Withdrawal of Approval. (3-26-08)

a. The Board shall withdraw approval of medication assistant - certified education and training programs when the Board determines that there is not sufficient evidence that the program is meeting requirements. (3-26-08)

b. The Board shall provide due process rights and adhere to the procedures of the Idaho Administrative Procedures Act, providing notice, opportunity for hearing, and correction of deficiencies. (3-26-08)

c. The Board may consider reinstatement or approval of an educational program upon submission of satisfactory evidence that the program meets the requirements. (3-26-08)

11. Closing of Education Programs. When a person or entity plans to discontinue offering an education program, it shall comply with the requirements set forth at Section 604 of these rules. (3-26-08)

494. APPLICATION FOR CERTIFICATION FOR MEDICATION ASSISTANT - CERTIFIED.

01. Application Submission. An applicant for medication assistant - certified shall submit to the Board: (3-26-08)

a. A completed, notarized application form provided by the Board; (3-26-08)

b. A notarized affidavit of graduation from an approved medication assistant - certified education and training program; (3-26-08)

c. Evidence of successful completion of a medication assistant - certified competency evaluation, approved by the Board; (3-26-08)

d. Payment of application fees as established in Section 497 of these rules; and (3-26-08)

e. Applicant's current fingerprint-based criminal history check as set forth in Section 54-1406A(5), Idaho Code. (3-26-08)

02. Temporary Certification. (3-26-08)

a. At the Board's discretion, and pending completion of the competency evaluation and receipt of the criminal background report, a temporary certification may be issued to an applicant who meets all other requirements. (3-29-12)

b. Temporary certification is valid for six (6) months from the date of issuance or until a permanent certification is issued or denied, whichever occurs first. (3-26-08)

c. The applicant must pay the temporary certification fee established in Section 498 of these rules. (3-26-08)

03. Denial of Certification. Certification as a medication assistant - certified may be denied for any of the following grounds: (3-26-08)

a. Failure to meet any requirement established by statute or these rules; or (3-26-08)

b. False representation of facts on an application for certification; or (3-26-08)

c. Failure to pass any certification examination required by the Board; or (3-29-12)

d. Having another person appear in his place for any certification examination required by the Board; or (3-29-12)

e. Engaging in any conduct which would be grounds for discipline under Section 54-1406A, Idaho Code, or these rules; or (3-26-08)

f. Revocation, suspension, limitation, reprimand, voluntary surrender, or any other disciplinary action or proceeding including investigation against a certificate to practice by another state or jurisdiction. (3-26-08)

04. Notification. If certification is denied, the Board will notify the applicant in writing of the reason for denial and inform him of his procedural rights under the Idaho Administrative Procedures Act. (3-26-08)

495. CERTIFICATION RENEWAL FOR MEDICATION ASSISTANT - CERTIFIED.

01. Renewal Time. Certifications of medication assistants - certified must be renewed every two (2) years. (3-26-08)

02. Renewal Application. A renewal application will be provided by the Board to persons certified under these rules. The application will be either mailed to the applicant's address on record with the Board no later than one (1) month before expiration of the certification, or be available to applicants on the Board's website. (3-26-08)

03. Final Date to Renew. The original signed renewal application and renewal fees, as establish in Section 497 of these rules, must be submitted to the Board by personal delivery or postmarked no later than August 31 of every even-numbered year. (3-26-08)

04. Attestation of Good Standing. Along with the renewal application and applicable fees, the applicant must submit evidence that he is currently listed in good standing on the state's certified nurse aide registry and has been employed as a medication assistant - certified within the preceding twenty-four (24) month period. (3-26-08)

05. Date Certification Lapsed. Certifications not renewed prior to September 1 of the appropriate year will automatically lapse and be invalid. (3-26-08)

496. REINSTATEMENT OF CERTIFICATION.

01. Within One Year. A person whose certificate has lapsed for failure to pay the renewal fee by the specified date may apply for reinstatement within one (1) year by: (3-26-08)

a. Filing a completed renewal application; and (3-26-08)

b. Payment of the verification of records fee and the reinstatement fee as prescribed in Section 498 of these rules. (3-26-08)

02. After One Year. After one (1) year, but less than three (3) years, a person whose certificate has lapsed for failure to pay the renewal fee by the specified date may apply for reinstatement by: (3-26-08)

a. Filing a completed reinstatement application; (3-26-08)

b. Payment of the fees prescribed in Section 497 of these rules; (3-26-08)

c. Providing evidence satisfactory to the Board of the applicant's ability to practice safely and competently; and (3-26-08)

d. A current fingerprint-based criminal history check as set forth in Section 54-1406A(5), Idaho Code. (3-26-08)

03. After Three Years. After three (3) years, a person whose certificate has lapsed for failure to timely pay the renewal fee may apply for reinstatement by: (3-26-08)

a. Filing a completed reinstatement application; (3-26-08)

b. Payment of the fees prescribed in Section 497 of these rules; (3-26-08)

c. Payment of the temporary certification fee prescribed in Section 497 of these rules, if required; (3-26-08)

d. Providing evidence, satisfactory to the Board, of the applicant's ability to practice safely and competently; and (3-26-08)

e. A current fingerprint-based criminal history check as set forth in Section 54-1406A(5), Idaho Code. (3-26-08)

04. After Discipline. A person whose certificate has been subject to disciplinary action by the Board may apply for reinstatement of the certificate to active and unrestricted status by: (3-26-08)

a. Submitting a completed application for reinstatement; (3-26-08)

b. Payment of the fees prescribed in Section 497 of these rules; (3-26-08)

c. Documenting compliance with any term and restrictions set forth in any order as a condition of reinstatement; (3-26-08)

d. Providing evidence, satisfactory to the Board, of the applicant's ability to practice safely and competently; and (3-26-08)

e. A current fingerprint-based criminal history check as set forth in Section 54-1406A(5), Idaho Code.

(3-26-08)

f. A person whose certificate has been revoked may not apply for reinstatement until two (2) years following the order of revocation. (3-26-08)

497. FEES APPLICABLE TO MEDICATION ASSISTANT - CERTIFIED AND THE CERTIFICATION PROCESS.
The applicable fees are as follows: (3-26-08)

01. Initial Fee By Examination. The initial application fee for medication assistant - certified, by examination: thirty-five dollars ($35). (3-26-08)

02. Initial Fee By Endorsement. The initial application fee for medication assistant - certified, by endorsement: forty dollars ($40). (3-26-08)

03. Temporary. Temporary certification fee: twenty-five dollars ($25). (3-26-08)

04. Renewal. Renewal of certification fee: sixty-five dollars ($65). (3-26-08)

05. Reinstatement. Reinstatement of certification fee: fifty dollars ($50). (3-26-08)

06. Records. Verification of records fee: thirty-five dollars ($35). (3-26-08)

07. Verification. Fee for verification of certification to another state or jurisdiction: thirty dollars ($30). (3-26-08)

08. Evaluation of Education Programs. A fee not to exceed one hundred dollars ($100) per day will be assessed for survey and evaluation of medication assistant - certified education programs, which will be due at the time the evaluation is requested. (3-26-08)

498. CHANGES IN NAME AND ADDRESS FOR NOTIFICATION PURPOSES.

01. Change of Name. Whenever a change of certificate holder 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. (3-26-08)

02. Change of Address. Whenever a change of certificate holder mailing address occurs, the Board must be immediately notified of the change. (3-26-08)

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 certificate holder including, but not limited to, notification of renewal and notices related to disciplinary actions. (3-26-08)

499. -- 599. (RESERVED)

600. NURSING EDUCATION FOR REGISTERED 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, Registered Nurses, and Advanced Practice Registered 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; (11-28-84)

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

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

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

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

vi. Potential student enrollment; (11-28-84)

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

ii. There are sufficient qualified faculty to initiate the program; (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 its 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, Registered Nurses, and Advanced Practice Registered 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; (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 its 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 Title 67, Chapter 52, 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)

01. Notify in Writing. Notify the Board in writing at least one (1) academic year prior to the closure; and (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 an educational institution accredited by an organization recognized by the United States Department of Education. (5-3-03)

02. Programs Preparing Practical Nurse, Registered Nurse, and Advanced Practice Registered 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 workloads shall be consistent with responsibilities identified in Section 644 of these rules. (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, REGISTERED NURSE, AND ADVANCED PRACTICE REGISTERED 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 registered nurse in this state; (4-5-00)

b. Evidence of three (3) years experience working as a registered nurse; (4-5-00)

c. Evidence of two (2) years experience in caring for the elderly or chronically ill of any age; and (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 registered 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. Registered 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 registered nurse shall have: (4-5-00)

i. A current, unencumbered license to practice as a registered nurse in this state; (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 registered nurse in this state; (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 Registered Nurse Program Faculty Qualifications. There shall be sufficient faculty to achieve the purpose of the program. Faculty in an advanced practice registered nurse program shall have: (4-5-00)

a. A current, unencumbered license to practice as a registered 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 registered nurse credential if responsible for courses in a specific advanced practice registered nurse category; and (4-5-00)

d. Evidence of nursing practice experience. (4-5-00)

05. Clinical Preceptors in Registered Nurse, Practical Nurse, and Advanced Practice Registered Nurse Programs. Clinical preceptors may be used to enhance clinical learning experiences. (8-1-16)T

a. Clinical preceptors in registered and practical nurse programs shall be licensed for nursing practice at or above the license role for which the student is preparing. (8-1-16)T

b. Clinical preceptors in advanced practice registered nurse programs shall be licensed to practice as an advanced practice registered nurse (APRN), a physician (MD or DO), or a physician assistant (PA) in an area of practice relevant to the educational course objectives. (8-1-16)T

c. 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)

d. Criteria for selecting preceptors shall be in writing. (4-5-00)

e. 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)

f. 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)

g. Provide direct supervision, by either a qualified faculty person or an experienced registered 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.

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)

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 registered 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: (4-5-00)

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. Registered Nurse Administrator. The administrator in a program preparing for registered nurse licensure shall: (4-5-00)

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 Registered Nurse Administrator. The administrator in a program preparing for advanced practice registered 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)

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. (4-7-11)

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; and (4-5-00)

c. Evaluate student achievement of curricular outcomes related to nursing knowledge and practice; (4-5-00)

02. For Practical Nurse, Registered Nurse, and Advanced Practice Registered 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, Registered Nurses, and Advanced Practice Registered 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 460 of these rules. (4-6-05)

c. Students enrolled in a registered 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 registered nurse program is responsible and accountable to practice according to the standards of practice for the registered nurse as defined in Section 401 of these rules. (4-6-05)

d. Students enrolled in advanced practice registered 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 registered 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 of these rules. (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, registered nurses, and advanced practice registered nurses shall: (4-5-00)

a. Be planned, implemented, and evaluated by the faculty with provisions for student input; (5-3-03)

b. Reflect the mission and purpose of the nursing education program; (5-3-03)

c. Be organized logically and sequenced appropriately; (5-3-03)

d. Facilitate articulation for horizontal and vertical mobility; (5-3-03)

e. Have a syllabus for each nursing course; (5-3-03)

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 of these rules, 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; (5-3-03)

b. Each unit of instruction shall have behaviorally stated objectives; (5-3-03)

c. Clinical (skills) experience shall be selected to enable achievement of the defined objectives; (5-3-03)

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; (5-3-03)

e. 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; (5-3-03)

f. 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; and (5-3-03)

g. General Unlicensed Assistive Personnel Curriculum. (5-3-03)

i. Course Content. The course content shall address the following (as appropriate): (5-3-03)

(1) Related anatomy, physiology, and pathology; (5-3-03)

(2) Clinical signs, symptoms, and complications; (5-3-03)

(3) Measures for prevention and intervention; (5-3-03)

(4) Precautions and related hazards; (5-3-03)

(5) Emergency measures; and (5-3-03)

(6) Documentation. (5-3-03)

ii. Additional Training. Unless the individual has completed course work in the following areas, the

following topics must be addressed in the context of the training: (5-3-03)

(1) Communication and interpersonal skills; (5-3-03)

(2) Infection control; (5-3-03)

(3) Universal standards; and (5-3-03)

(4) Safety procedures. (5-3-03)

05. Practical Nurse Curriculum. The curriculum includes: (5-3-03)

a. Nursing didactic content and practice experience that establish the knowledge base for demonstrating beginning competency; and (5-3-03)

b. Integrated, combined or separate coursework from the following academic disciplines and meets requirements for the credential with a major in practical nursing: (5-3-03)

i. Communication and information systems concepts; (5-3-03)

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; (5-3-03)

iii. Physical and biological sciences concepts that help the students gain an understanding of the principles of scientific theory and computation; (5-3-03)

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; (5-3-03)

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. Registered Nurse Curriculum. The curriculum includes: (5-3-03)

a. Nursing didactic content and practice experience that establish the knowledge base for demonstrating beginning competency related to: (5-3-03)

i. Nursing practice; (5-3-03)

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

iii. The promotion and restoration of optimal patient health throughout the lifespan in a variety of primary, secondary and tertiary settings focusing on individuals, groups, and communities. (5-3-03)

b. Integrated, combined or separate coursework from the following academic disciplines and meets requirements for a degree with a major in nursing: (5-3-03)

i. Concepts in written and oral communication, values clarification, scientific inquiry, computation, and informatics; (5-3-03)

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; (5-3-03)

iii. Physical and biological sciences concepts that help the student gain an understanding of the principles of scientific theory; (5-3-03)

iv. Arts and humanities concepts that develop the aesthetic, ethical, and intellectual capabilities of the student; (5-3-03)

v. Concepts regarding research, nursing theory, legal and ethical issues, trends in nursing, principles of education and learning, and professional responsibilities; (5-3-03)

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 Registered Nursing Program Curriculum. The curriculum includes: (5-3-03)

a. Content necessary to prepare the graduate for practice consistent with defined standards for advanced nursing practice; and (5-3-03)

b. Content from nursing and related academic disciplines and meet requirements for a graduate degree with a major in nursing: (5-3-03)

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 registered nurse; (5-3-03)

ii. Legal, ethical, and professional responsibilities of a graduate prepared registered nurse; (5-3-03)

iii. Didactic content and supervised practice experience relevant to the nursing focus of the graduate specialty; and (5-3-03)

iv. Courses to meet the school's requirements for the graduate degree. (5-3-03)

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 or for reinstatement of a lapsed, disciplined, limited, or emeritus license. Any person submitting the renewal application and fee post-marked or electronically dated later than August 31 shall be considered delinquent and the license lapsed and therefore invalid: (4-7-11)

01. Licensed Registered Nurse Renewal Fee. Licensed registered nurses will be assessed a renewal fee of ninety dollars ($90) due by August 31 of each odd-numbered year. (3-30-06)

02. Licensed Practical Nurse Renewal Fee. Licensed practical nurses will be assessed a renewal fee of ninety dollars ($90) due by August 31 of each even-numbered year. (3-30-06)

03. Advanced Practice Registered Nurse. Licensed advanced practice registered nurses will be assessed a renewal fee of ninety dollars ($90) due by August 31 of each odd-numbered year. (3-30-06)

04. Emeritus License. Emeritus status nurses will be assessed a renewal fee of twenty dollars ($20) due by August 31 of the renewal year. (4-2-03)

05. Reinstatement Fee. Nurses requesting reinstatement of a lapsed, disciplined, limited, or emeritus license, or reinstatement of an emeritus license to active status, will be assessed the records verification and renewal fees. (3-30-07)

06. 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 registered 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. Registered nurse applicants: ninety dollars ($90). (3-30-01)

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

02. Advanced Practice Registered Nurses. Advanced practice registered nurse applicants: ninety dollars ($90). (3-30-01)

03. Licensure by Endorsement. The fee assessed for licensure by endorsement of licensed registered and licensed practical nurses will be one hundred ten dollars ($110). (3-30-06)

04. Verification of Licensure Fee. Licensed registered 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)

05. Authorization Fee. Advanced practice registered nurses will be assessed an authorization fee of fifty dollars ($50) which will be due upon application. (3-30-01)

06. Emeritus License Fee. Applicants requesting emeritus status will be assessed a fee of twenty-five dollars ($25), which will be due upon application. (4-2-03)

07. Temporary License Fee. Registered 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)

08. 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)

09. Records Verification Fee. Thirty-five dollars ($35). (3-30-07)

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. (RESERVED)

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 registered nurses must also be licensed to practice as licensed registered 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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