

ARKANSAS REGISTER

Transmittal Sheet



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Secretary of State
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Name of Agency Arkansas State Board of Nursing

Department _____

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Statutory Authority for Promulgating Rules 17-87-203

Chapters 1, 2, 3, 4, 6, 7, 8 Rules & Regulations

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January 1, 2000

Adopted by State Agency _____

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 As Amended.

Faith A. Fields

Signature

686-2700

Phone Number

Executive Director

Title

11-1-99

Date

BY
SHARON PRIEST
SECRETARY OF STATE

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CHAPTER ONE GENERAL PROVISIONS

SECTION I PURPOSE AND AUTHORITY

A. PURPOSE

1. **ARKANSAS NURSE PRACTICE ACT** - Requires that any person who practices or offers to practice professional nursing, advanced practice nursing, registered nurse practitioner nursing, practical nursing or psychiatric technician nursing for compensation be licensed and submit evidence that he/she is qualified to so practice and shall be licensed as hereinafter provided.
2. **ARKANSAS STATE BOARD OF NURSING** - Established by the Arkansas Nurse Practice Act for the implementation of the statute by carrying on the licensing, disciplinary and educational functions for professional, advanced practice, registered nurse practitioner, practical and psychiatric technician nursing.

- B. **LEGAL AUTHORITY** - The authority of the Board is contained in the Arkansas Code of 1987 Annotated and 1995 Supplement, Sections 17-87-101 through 17-87-402 (Nurse Practice Act).

SECTION II THE PRACTICE OF NURSING

A. THE PRACTICE OF PROFESSIONAL NURSING

The performance for compensation of any acts involving the observation, care and counsel of the ill, injured or infirm; the maintenance of health or prevention of illness of others; the supervision and teaching of other personnel; the delegation of certain nursing practices to other personnel as set forth in regulations established by the board; or the administration of medications and treatments as prescribed by ~~an advanced practice nurse holding a certificate of prescriptive authority, a licensed physician or licensed dentist~~ practitioners authorized to prescribe and treat according to state law where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social sciences.

B. THE PRACTICE OF ADVANCED PRACTICE NURSING

The practice of advanced practice nursing means the delivery of health care services for compensation by professional nurses who have gained additional knowledge and skills through successful completion of an organized program of nursing education that certifies nurses for advanced

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practice roles as advanced nurse practitioners, certified registered nurse anesthetists, certified nurse midwives and clinical nurse specialists.

1. **ADVANCED NURSE PRACTITIONER** – The practice of advanced nurse practitioner nursing means the performance for compensation of nursing skills by a registered nurse who, as demonstrated by national certification, has advanced knowledge and practice skill in the delivery of nursing services.
2. **CERTIFIED REGISTERED NURSE ANESTHETIST** – The practice of certified registered nurse anesthesia means the performance for compensation of advanced nursing skills relevant to the administration of anesthetics under the supervision of, but not necessarily in the presence of, a licensed physician, licensed dentist, or other person lawfully entitled to order anesthesia.
3. **CERTIFIED NURSE MIDWIFE** – The practice of nurse midwifery means the performance for compensation of nursing skills relevant to the management of women's health care, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, family planning and gynecological needs of women, within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client.
4. **CLINICAL NURSE SPECIALIST** – The practice of clinical nurse specialist nursing means the performance for compensation of nursing skills by a registered nurse who, through study and supervised practice at the graduate level and as evidenced by national certification, has advanced knowledge and practice skills in a specialized area of nursing practice.

C. THE PRACTICE OF REGISTERED NURSE PRACTITIONER NURSING

The delivery of health care services for compensation in collaboration with and under the direction of a licensed physician or under the direction of protocols developed with a licensed physician. Registered nurse practitioners shall be authorized to engage in activities as recognized by the nursing profession and as authorized by the Board. Nothing in this subdivision is to be deemed to limit a registered nurse practitioner from engaging in those activities which normally constitute the practice of nursing, or those which may be performed by persons without the necessity of the license to practice medicine.

D. THE PRACTICE OF PRACTICAL NURSING – the performance for compensation of acts involving the care of the ill, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in regulations established by the board; under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, which acts do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

E. THE PRACTICE OF PSYCHIATRIC TECHNICIAN NURSING – The performance for compensation of acts involving the care of the physically

and mentally ill, retarded, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in regulations established by the board, and the carrying out of medical orders under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, where such activities do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

SECTION III IDENTIFICATION INSIGNIA

- A. Any person who holds a license to practice nursing in this state shall use the legal title or the abbreviation as set forth in Arkansas Code Annotated Section 17-87-101, et. seq. No other person shall assume any other name, title or abbreviation or any words, letters, signs, or devices that would cause a reasonable person to believe the user is licensed to practice nursing.
- B. Any person licensed to practice nursing shall wear an insignia to identify himself by his name and appropriate legal title or abbreviation during times when such person is providing health care to the public for compensation.
- C. The insignia shall be prominently displayed and clearly legible such that the person receiving care may readily identify the type of nursing personnel providing such care.

SECTION IV DEFINITION OF TERMS

ACTIVITIES OF DAILY LIVING — Those self-care activities which must be accomplished each day in order for the client to care for his own needs and participate in society.

ADVANCED PRACTICE NURSE CATEGORIES — Advanced nurse practitioner, certified registered nurse anesthetist, certified nurse midwife and clinical nurse specialist.

AGENCY, CLINICAL FACILITY — A facility outside the framework of the program which provides educational experiences for the student.

APPROVAL, TYPES:

PREREQUISITE — Permission to proceed in establishing a program of nursing.

INITIAL — Granted to the program when the curriculum is developed and readiness to admit students is demonstrated.

FULL — Granted to the nursing program which provides evidence that minimum requirements are met.

CONTINUED FULL — Granted to the nursing program which continues to meet the minimum requirements.

CONDITIONAL — Serves to warn the nursing program of deviations from mandatory requirements affecting the quality of the school.

PROBATIONAL APPROVAL — A status designated to a nursing education program which does not meet the minimum NCLEX passing rate established by the Board.

APPROVED/ACCREDITED — An agency or institution which has met the requirements established by a recognized national, regional, state or professional body.

BOARD — The Arkansas State Board of Nursing.

BOARD REPRESENTATIVE — A person appointed, hired or otherwise authorized by the Board to carry out its functions.

CHAIRMAN CHAIRPERSON/DIRECTOR — The person responsible for the specific educational unit in nursing, regardless of the official title in the institution.

COLLABORATING PHYSICIAN — A physician, licensed under the Arkansas Medical Practices Act, § 17-93-201 et seq., who has a practice comparable in scope, specialty or expertise to that of the advanced practice nurse or registered nurse practitioner.

COLLABORATIVE PRACTICE AGREEMENT — Document setting out how an advanced practice nurse and physician intend to cooperate in the delivery of client care.

CONSULTING PHYSICIAN — A physician licensed by the Arkansas Medical Practices Act who has obstetric privileges in a hospital.

CONTROLLED SUBSTANCE — Drug substance or immediate precursor in Schedules I-V.

CREDENTIAL — A license, certificate or other evidence of qualifications.

DELEGATION — Entrusting the performance of a selected nursing task to an individual who is qualified, competent and able to perform such tasks. The nurse retains the accountability for the total nursing care of the individual.

DOCUMENTATION — Written proof or evidence to substantiate factual

claims or statements satisfactory to the Board.

DRUG SAMPLE — A unit of a legend drug which is distributed to a practitioner by a manufacturer or a manufacturer's representative at no charge, is not intended to be sold, and is intended to promote the sale of the drug.

EMERGENCY CARE — Unanticipated care provided to a person who is unconscious, ill or injured, when the circumstances require prompt decisions and actions and when the necessity of immediate care is so apparent that any delay would seriously worsen the physical condition or endanger the life of the person.

LEGEND DRUG — A drug limited by Section 503,(b)(1) of the Federal Food, Drug, and Cosmetic Act to being dispensed by or upon a practitioner's prescription.

MAY — Indicates permission.

OBSERVATIONAL EXPERIENCE — One in which the nursing student provides no nursing care.

OFF CAMPUS/SATELLITE — A site distant from the originating school offering the same program in nursing as that being offered at the originating school.

PERSONAL CARE — Assistance with activities of daily living not requiring a medical prescription.

PHILOSOPHY/MISSION — Includes and identifies the beliefs accepted by the nursing faculty and controlling institution.

PRECEPTOR — A currently licensed nurse or physician, meeting the requirements of these regulations, who serves as a facilitator of student learning in a practice setting.

PRECEPTORSHIP — Practice under the supervision of a qualified preceptor in the care of consumers of health services while a student in a Board approved program.

PRESCRIPTIVE AUTHORITY — Authorization, given by the Board, for an advanced practice nurse who meets established requirements to prescribe. Prescriptive authority for controlled substances shall only extend to drugs listed in Schedules III through V.

PROGRAM — The total educational curriculum in nursing, including theoretical and clinical components.

ASSOCIATE DEGREE PROGRAM — A professional nursing program leading to an associate degree with a major in nursing.

BACCALAUREATE DEGREE PROGRAM — A professional nursing program leading to a baccalaureate degree with a major in nursing.

DIPLOMA PROGRAM — A professional nursing program leading to a diploma with a major in nursing.

PRACTICAL NURSING PROGRAM — A nursing program leading to a certificate in practical nursing.

PSYCHIATRIC TECHNICIAN NURSING PROGRAM — A nursing program leading to a certificate in psychiatric technician nursing.

PROTOCOL — A written statement which delineates agreed-upon approaches in client care and management.

SHALL, WILL, MUST — Indicates a mandatory requirement.

SHOULD — Indicates a recommendation.

SPONSORING/CONTROLLING INSTITUTION — The organization responsible for the administration and continuing operation of the nursing education program.

SURVEY — A visit to determine compliance with minimum requirements.

THERAPEUTIC DEVICE — An instrument or apparatus, requiring a prescription, that is intended for use in diagnosis or treatment, and in the prevention of disease or maintenance or restoration of health.

TRANSMITTING — Relaying an order for a medication, treatment or therapeutic device.

UNDER THE DIRECTION OF A LICENSED PHYSICIAN — The performance of specific acts and procedures which have been authorized by a licensed physician and which may be performed outside the presence of the physician under conditions where a physician is readily available for consultation.

UNENCUMBERED LICENSE — Free of disciplinary limitations or pending action.

SECTION V GENERAL MATTERS

A. OFFICE AND HOURS

The office of the Board is in Little Rock, Arkansas. The office shall be open during business hours each day, Saturday, Sunday and holidays excepted.

B. EXAMINATION, INQUIRY OR INVESTIGATION

The Board may, through one or more of its members, or staff especially authorized, conduct at its office in Little Rock, Arkansas, or in any part of the state, any examination, inquiry or investigation, hearing or other proceeding necessary to perform its duties and functions. The executive director shall have custody of the seal and official records and shall be responsible for the maintenance and custody of the files and records of the Board, including the credentials for all Arkansas licensed nurses, transcripts of testimony and exhibits, the minutes of all actions taken by the Board and all of its findings, determinations, reports, opinions, orders, rules, regulations, and approved forms.

C. AUTHENTICATION

All notices and other actions of the Board shall be authenticated or signed by the president, secretary, or such other person as may be authorized by the Board.

D. NOTICE

Upon order of the Board, the president, secretary, or executive director shall issue all notices of hearings and other process as may be directed by the Board.

E. POWERS OF BOARD

The Board is authorized to:

1. Promulgate whatever regulations it deems necessary for the implementation of the Act;
2. Cause the prosecution of persons violating the Act;
3. Keep a record of all its proceedings;
4. Make an annual report to the Governor;
5. Employ personnel necessary for carrying out its functions;
6. Study, review, develop and recommend role levels of technical classes of nursing service and practice to state and federal health agencies and to public and private administrative bodies;
7. Fix the time for holding its regular meetings;
8. Prescribe minimum standards and approve curricula for educational programs preparing persons for licensure as registered nurses,

- advanced practice nurses, registered nurse practitioners, licensed practical nurses, and licensed psychiatric technician nurses;
9. Provide for surveys of such programs at such times as it deems necessary or at the request of the schools;
 10. Approve programs that meet the requirements of the Act;
 11. Deny or withdraw approval from educational programs for failure to meet prescribed standards;
 12. Examine, license and renew the licenses of duly qualified applicants for professional nursing, practical nursing and psychiatric technician nursing;
 13. License and renew the licenses of duly qualified applicants for advanced practice nursing and registered nurse practitioner nursing;
 14. Issue certificates of prescriptive authority; and
 15. Conduct disciplinary proceedings as provided for in the Act.

F. EXECUTIVE DIRECTOR

The executive director of the Board shall be a registered nurse and meet the qualifications required by the Board.

G. BOARD FUNDS AND FEES

1. The Board shall establish and collect fees for services relating to examination, licensing, endorsement, certification for prescriptive authority, temporary permits, license renewal and other reasonable services as determined by the Board.
2. All funds received by the Board shall be deposited in the State Treasury to the credit of the Board.
3. Fees paid to the Board may be in the form of cash, cashier checks, or money orders. Personal checks for initial licensure are accepted from in-state residents applicants only.
4. Fees paid to the Board are processing fees and are not refundable.

H. APPROVAL REVIEW OF REGULATIONS

No regulations promulgated hereafter by the Board shall be effective until reviewed by the Arkansas Legislative Council and the Joint Interim Committee on Public Health, Welfare and Labor of the Arkansas General Assembly.

I. RECORDS

1. Record Maintenance
The executive director shall enter, in permanent form, credentials of all nurses, records of official transactions and proceedings, and keep such records in safekeeping.
2. Tapes
Meetings may be taped by a secretary as necessary for purposes of minute taking. Tapes may be erased after corresponding

minutes have been approved. The president may request taping of specific agenda items; such tapes will be retained for a minimum of one year. Public hearings for rule changes may be taped; such tapes to be retained until the rule change is effective.

3. Destruction

The executive director may destroy or dispose of records in the office in accord with applicable law.

4. Certified Copies

Upon written request and payment of a fee, the executive director shall provide to any nurse holding Arkansas licensure a certified copy of any of her/his records on file in the Board office.

5. Public Inspection

Records shall be open to public inspection except as may be specifically exempted by statute.

6. Request for Copies of Rules

Copies of rules of the Board will be furnished free of charge to any official of a government agency requesting them in the performance of his/her duties.

J. EXAMINATION REVIEW

A registered nurse, practical nurse or psychiatric technician nurse candidate who has failed the licensure examination may review his/her examination and/or challenge examination items according to the policies and procedures of the test development agency vendor.

**SECTION VI
ADMINISTRATION**

A. ORGANIZATION

1. Composition of Board

The Arkansas State Board of Nursing is composed of fifteen (15) members to be appointed by the Governor subject to confirmation by the Senate. Six members of the Board shall be registered nurses whose highest level of educational preparation shall be as follows: two diploma school graduates, two associate degree graduates and two baccalaureate degree or post-baccalaureate degree graduates. One member shall be a licensed advanced practice nurse holding a certificate of prescriptive authority. Three members of the Board shall be licensed practical nurses. Three members of the Board shall be licensed psychiatric technician nurses. One member shall be a layperson representing consumers of health care services. One member, not actively engaged in or retired from the profession of nursing, shall be sixty years of age or older, and shall be the representative of the elderly. The Board shall make and adopt all necessary rules and regulations; perform the duties and transact the business required under the provisions of the Arkansas Nurse Practice Act.

2. Terms of Office
The term of office for members of the Board shall be four years. ~~Members shall be appointed for such terms as will result in expiration of the terms of three members each year.~~ No member shall be appointed to more than two (2) consecutive terms without a break in service.
3. Quorum
Nine (9) members of the Board shall constitute a quorum.

B. OFFICERS OF THE BOARD

The officers of the Board shall consist of a president, vice president, secretary, and treasurer. The president shall be a registered nurse.

1. Election of Officers
The officers of the Board shall be elected annually. The nominee receiving the largest number of votes shall be declared elected and shall assume office on the day of the election.
2. Vacancies in Office
In case of a vacancy in any of said offices, the Board shall elect one of its members to fill such office until the next regular election.
3. Duties of Officers
 - a. The president shall preside at meetings and shall appoint members to serve on committees as may be created and shall be an ex officio member of all committees ~~except the Grievance Committee.~~ The president shall prepare the agenda for the meeting.
 - b. The vice president shall preside in the absence of the president, and shall assume the duties of the president when necessary.
 - c. ~~The secretary of the Board shall keep a record of Board member attendance and notify the Governor of excessive absences the minutes of the meetings of said Board, together with a record of the action of the Board thereon.~~
 - d. The treasurer shall serve as chairman of the Finance Committee, and be responsible for presenting financial reports ~~and a recommended budget~~ to the Board for approval.

C. BUSINESS MEETINGS

1. Regular Meetings
The Board shall hold a regular meeting within each six (6) month calendar period. Regular meetings shall be determined by the Board unless otherwise ordered by the president.
2. Special Meetings
Special meetings may be called at any time by the president or by the secretary on the request of any three (3) members of the Board.
3. Agenda
An agenda shall be prepared for each meeting. A copy of the agenda shall be sent to each member at least seven (7) days prior

to the meeting. Any member wishing to have a topic placed on the agenda shall notify the executive director at least ten (10) days prior to the meeting. Items of an emergency nature shall be considered at any meeting without prior notice.

4. Records of Meetings

The ~~secretary~~ Board shall keep a record of all meetings and such records shall be retained as a permanent record of the transactions of the Board.

5. Minutes

Minutes of the previous board meeting shall be approved at the beginning of each Board business meeting. ~~Corrections and/or amendments shall be made at this time. Both president and secretary shall sign the minutes, affix~~ Once approved, the minutes shall be signed, the Board seal affixed and filed in the official minutes book. All motions shall be placed in the Board office for safekeeping by the executive director and kept for a period of five (5) years.

6. Procedures for Meetings

Roberts Rules of Order, Newly Revised, shall be the guide to fair and orderly procedure in meetings of the Board.

Effective August 1, 1997

CHAPTER TWO LICENSURE: R.N., L.P.N., AND L.P.T.N.

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SECTION I QUALIFICATIONS

- A. Good moral character.
- B. Completion of an approved high school course of study or the equivalent as determined by the appropriate educational agency.
- C. Completion of the required approved nursing education program. (LPN and LPTN requirements may be waived if applicant is determined to be otherwise qualified.)
- D. The Arkansas State Board of Nursing may refuse to admit to the examination any candidate and refuse to issue a license, certificate or registration to any applicant if the license, certificate or registration of such person has been revoked or suspended or placed on probation and not reinstated by the jurisdiction which took such action.
- E. Effective January 1, 2000, no person shall be eligible to receive or hold a license issued by the board if that person has pleaded guilty or nolo contendere to, or been found guilty by any court in the State of Arkansas, or of any similar offense by a court in another state, or of any similar offense by a federal court of any offense listed in Act 1208 of 1999.

SECTION II EXAMINATION

A. ELIGIBILITY

The applicant shall meet the licensure requirements of the Board.

B. APPLICATION

- 1. Applications for examination shall be completed, certified and filed with the Board prior to the examination.
- 2. One 2x3-inch photograph, signed by the applicant, shall be filed with the application.
- 3. Examination applications shall be notarized. The application shall not be acceptable if the director or chairman of an educational program has certified the applicant prior to date of completion.
- 4. Applicants for licensure by examination shall not be deemed eligible to take the licensure examination until such time that the results of the state and federal criminal background checks have been received.

C. FEE

1. The examination fee shall accompany the application.
2. The examination fee (first time or retake) is not refundable.
3. The fees for the state and federal criminal background checks are the responsibility of the applicant and shall be submitted to the Arkansas State Police with the application for same.
4. The fees are determined by the Arkansas State Police and the FBI and are not refundable.

D. PASSING SCORE

The passing score on the licensure examination shall be determined by the Board ~~in accordance with national standards.~~

E. FAILING SCORE AND ELIGIBILITY TO RETAKE THE EXAMINATION

1. Any applicant whose score falls below the passing score shall fail the examination.
2. Persons failing the examination will be responsible for preparing to retake the examination.
3. The frequency and number of retests by unsuccessful candidates shall be determined by the Board.
4. Applicants retaking the examination shall have state and federal criminal background checks within the past twelve months on file with the Board.

F. RESULTS

1. Examination results shall not be released until a copy of the applicant's transcript is received from the school.
2. Examination results shall be mailed to all applicants and to their respective schools.

G. FOREIGN EDUCATED NURSES

1. The applicant must present evidence of:
 - a. ~~Graduation from a high school of 12 grades or the equivalent.~~
 - ba. Graduation from an approved or accredited school of nursing. The Board may waive this requirement for LPN and LPTN applicants provided they are otherwise qualified.
 - eb. Licensure or proof of eligibility for licensure in the country of graduation.
 - ec. Theory and practice in medical, surgical, pediatric, obstetric and psychiatric nursing which is substantially similar in length and content to that in equivalent Arkansas Board approved nursing programs at the time of application as verified by a credentials review agency.
 - d. State and federal criminal background checks within the past

- twelve months on file with the Board.
2. L.P.N. applicants must have evidence of all the foregoing with the exception of psychiatric nursing, in which theory only is required.
 3. Ability to write, speak and understand English evidenced by:
 - a. RN applicants: Certification by the Commission on Graduates of Foreign Nursing Schools or Test of English as a Foreign Language (TOEFL).
 - b. LPN/LPTN applicants: A score of 50 or better on the *Test of Spoken English.*
 4. Transcripts and certificates which are not in English must be accompanied by a certified translation.
 5. Credentials shall be evaluated prior to submission of application and fees.

H. EQUIVALENCIES

1. LPN to LPTN: Candidates holding LPN licensure may, with the approval of the Board's representative, take the requisite psychiatric nursing courses in a Board approved LPTN program to meet the Board's requirements for LPTN licensure by examination at the time of application.
2. LPTN to LPN: Candidates holding LPTN licensure who completed Arkansas Board approved LPTN programs after March 18, 1980, may be admitted to the LPN licensure examination provided they are otherwise qualified.
3. Air Force: Graduates of the Air Force J3A2R90270 Medical Service Technician/4NO71 Medical Service Craftsman course, who satisfactorily completed the 90230, theory and clinical, and 5 level CDC courses, may be admitted to the LPN licensure examination provided they are otherwise qualified.
4. RN examination failures: Graduates of Board approved R.N. programs, upon submission of an official transcript directly from the school, and a copy of their R.N. examination failure results, may be admitted to the LPN licensure examination provided they are otherwise qualified.
5. Portion of RN Program: Candidates who have completed equivalent courses in a state approved program of nursing may be admitted to the LPN licensure examination provided they are otherwise qualified. Evidence must be provided verifying successful completion of classroom instruction and clinical practice substantially similar to the minimum requirements for practical nursing programs.

SECTION III
INTERSTATE NURSE LICENSURE COMPACT

A. DEFINITIONS OF TERMS IN THE COMPACT

For the purpose of the Compact:

1. "Board" means party state's regulatory body responsible for issuing nurse licenses.
2. "Information system" means the coordinated licensure information system.
3. "Primary state of residence" means the state of a person's declared fixed permanent and principal home for legal purposes; domicile.
4. "Public" means any individual or entity other than designated staff or representatives of party state Boards or the National Council of State Boards of Nursing, Inc.
5. "Alternative program" means a voluntary, non-disciplinary monitoring program approved by a nurse licensing board.
6. "Coordinated Licensure Information System" means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a non-profit organization composed of state nurse licensing boards.
7. "Home state" means the party state which is the nurse's primary state of residence.
8. "Multistate licensure privilege" means current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in such party state.
9. "Nurse" means a registered nurse or licensed practical nurse, as those terms are defined by each party's state practice laws.
10. "Party state" means any state that has adopted this Compact.
11. "Remote state" means a party state, other than the home state,
 - (a) where the patient is located at the time nursing care is provided, or,
 - (b) in the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located.
12. "Current significant investigative information" means:
 - (a) investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
 - (b) investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.

Other terms used in these rules are to be defined as in the Interstate Compact.

B. ISSUANCE OF A LICENSE A COMPACT PARTY STATE

For the purpose of this Compact:

1. A nurse applying for a license in a home party state shall produce evidence of the nurses' primary state of residence. Such evidence shall include a declaration signed by the licensee. Further evidence that may be requested may include but is not limited to:
 - a. Driver's license with a home address;
 - b. Voter registration card displaying a home address; or
 - c. Federal income tax return declaring the primary state of residence.
2. A nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multistate licensure privilege during the processing of the nurse's licensure application in the new home state for a period not to exceed thirty (30) days.
3. The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the thirty (30) day period in section B.2. shall be stayed until resolution of the pending investigation.
4. The former home state license shall no longer be valid upon the issuance of a new home state license.
5. 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 may take action in accordance with that state's laws and rules.

C. LIMITATIONS ON MULTISTATE LICENSURE PRIVILEGE

Home state Boards shall include in all licensure disciplinary orders and/or agreements that limit practice and/or require monitoring the requirement that the licensee subject to said order and/or agreement will agree to limit the licensee's practice to the home state during the pendency of the disciplinary order and/or agreement. This requirement may, in the alternative, allow the nurse to practice in other party states with prior written authorization from both the home state and such other party state Boards.

D. INFORMATION SYSTEM

1. Levels of access
 - a. The public shall have access to nurse licensure information limited to:
 - (1) the nurse's name,
 - (2) jurisdiction(s) of licensure,
 - (3) license expiration date(s).

- (4) licensure classification(s) and status(es),
 - (5) public emergency and final disciplinary actions, as defined by contributing state authority, and
 - (6) the status of multistate licensure privileges.
 - b. Non-party state Boards shall have access to all Information System data except current significant investigative information and other information as limited by contributing party state authority.
 - c. Party state Boards shall have access to all Information System data contributed by the party states and other information as limited by contributing non-party state authority.
- 2. The licensee may request in writing to the home state Board to review the data relating to the licensee in the Information System. In the event a licensee asserts that any data relating to him or her is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The Board shall verify and within ten (10) business days correct inaccurate data to the Information System.
- 3. The Board shall report to the Information System within ten (10) business days:
 - a. Disciplinary action, agreement or order requiring participation in alternative programs or which limit practice or require monitoring (except agreements and orders relating to participation in alternative programs required to remain nonpublic by contributing state authority),
 - b. Dismissal of complaint, and
 - c. Changes in status of disciplinary action, or licensure encumbrance.
- 4. Current significant investigative information shall be deleted from the Information System within ten (10) business days upon report of disciplinary action, agreement or order requiring participation in alternative programs or agreements which limit practice or require monitoring or dismissal of a complaint.
- 5. Changes to licensure information in the Information System shall be completed within ten (10) business days upon notification by a Board.

SECTION III IV ENDORSEMENT

A. ELIGIBILITY

1. An applicant for licensure by endorsement must meet the requirements of the Board at the time of graduation.
2. An applicant licensed in another state after January 1950 must have taken a state board licensing examination and achieved a passing score.
3. LPTN applicants will be accepted from California and Kansas only.

B. EQUIVALENCIES

1. Air Force: Graduates of the Air Force J3A2R90270 Medical Service Technician/4NO71 Medical Service Craftsman course, who satisfactorily completed the 90230, theory and clinical, the 5 level CDC courses, and who hold LPN licensure in other jurisdictions may be endorsed provided they are otherwise qualified.
2. R.N. examination failures: Graduates of Board approved RN programs, holding LPN licensure by examination in other jurisdictions, may be endorsed provided they are otherwise qualified.
3. Canadian Registered Nurses licensed by NLN State Board Test Pool Examination in the following provinces during the years indicated: Alberta, 1952-1970; British Columbia, 1949-1970; Manitoba, 1955-1970; Newfoundland, 1961-1970; Nova Scotia, 1955-1970; Prince Edward Island, 1956-1970; Quebec (English language), 1959-1970; and Saskatchewan, 1956-1970. These applicants may be endorsed provided they are otherwise qualified.
4. Portion of RN Program: candidates who have completed equivalent courses in a state approved program of nursing may be endorsed provided they are otherwise qualified. Evidence must be provided verifying successful completion of classroom instruction and clinical practice substantially similar to the minimum requirements for practical nursing programs.

C. APPLICATION

1. Applications must be completed, certified, accompanied by a 2x3-inch photograph signed by the applicant, and filed with the Board.
2. Endorsement certification will be accepted from the state of original licensure only.
3. Applicants for licensure by endorsement shall not be issued a permanent license to practice until such time that the results of the state and federal criminal background checks have been received.

D. FEE

1. The endorsement fee must accompany the application.
2. The fees for the state and federal criminal background checks are the responsibility of the applicant and shall be submitted to the Arkansas State Police with the application for same.
3. The fees are is not refundable.

SECTION V CRIMINAL BACKGROUND CHECK

- A. Effective January 1, 2000, no application for issuance of an initial license will be considered without state and federal criminal background checks by the Arkansas State Police and the Federal Bureau of Investigation.
- B. Each applicant shall sign a release of information on the criminal background check and licensure applications and shall be solely responsible for the payment of any fees associated with the state and federal criminal background checks to the Arkansas State Police.
- C. Upon completion of the state and federal criminal background checks, the Identification Bureau of the Arkansas State Police shall forward all information obtained concerning the applicant in the commission of any offense listed in Act 1208 of 1999.
- D. The state and federal criminal background checks conducted by the Arkansas State Police and the Federal Bureau of Investigation shall have been completed no earlier than twelve (12) months prior to the application for an initial license issued by the ASBN and at any other time thereafter that the Board deems necessary.
- E. The ASBN shall not issue an initial license until the state and federal criminal background checks conducted by the Arkansas State Police and the Federal Bureau of Investigation have been completed.
- F. A request to seek waiver of the denial of licensure pursuant to the provisions of Act 1208 of 1999 may be made to the ASBN by:
(1) the affected applicant for licensure, or
(2) the person holding a license subject to revocation.
- G. The request for a waiver shall be made in writing to the Executive Director or the designee within thirty (30) calendar days after notification of denial of a license. The request for waiver shall include, but not be limited to the following:
(1) certified copy of court records indicating grounds for conviction,
(2) any other pertinent documentation to indicate surrounding circumstances.

- H. If an individual notifies ASBN in writing that he/she desires a hearing regarding their request for a waiver, the ASBN will schedule the individual for a hearing pursuant to the Arkansas Administrative Procedures Act.
- I. If the individual does not notify the ASBN that he/she desires a hearing regarding their request for a waiver, the ASBN will not hold a hearing and may take action regarding their request for a waiver based upon proof submitted by ASBN and the applicant.

SECTION IV VI TEMPORARY PERMITS

A. ENDORSEMENT APPLICANT

1. ASBN shall be authorized to issue a temporary permit for a period not exceeding six months. This temporary permit shall be issued only to those applicants who meet all other qualifications for licensure by the ASBN, and upon whom results of the Arkansas State Police criminal background check have been received showing no violations listed in Act 1208 of 1999.
2. The temporary permit shall immediately become invalid upon receipt of information obtained from the federal criminal background check indicating any offense listed in Act 1208 of 1999.
3. Falsification of the applicants criminal record history shall be grounds for disciplinary action by the Board.
- ~~1. The Board shall issue a temporary permit to a qualified applicant holding a current, unencumbered license from another state or territory.~~
- ~~2. The permit shall have an issuance date and a date when it shall become invalid, a period not exceeding ninety (90) days.~~

B. FEES AND APPLICATIONS

1. The temporary permit fee shall be submitted with the application.
2. The fee is not refundable.

SECTION V-VII RENEWALS

- A. Each person licensed under the provisions of the Nurse Practice Act shall renew biennially.
1. Thirty (30) days prior to the expiration date, the Board shall mail a renewal application to the last known address of each nurse to

- whom a license was issued or renewed during the current period.
2. The application shall be completed before the license renewal is processed.
 3. The fee for renewal shall accompany the application.
 4. The fee is not refundable.

B. LAPSED LICENSE

1. The license is lapsed if not renewed or placed in inactive status by the expiration date.
2. Failure to receive the renewal notice at the last address of record in the Board office shall not relieve the licensee of the responsibility for renewing the license by the expiration date.
3. Any licensee whose license has lapsed shall file a reinstatement application and pay the current renewal fee and the reinstatement fee.
4. Any person practicing nursing during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of the Nurse Practice Act.

C. INACTIVE STATUS

1. Any licensee in good standing, who desires to retire temporarily from the practice of nursing in this state, shall submit a request in writing and the current license shall be placed on inactive status from the date of expiration.
2. While inactive, the licensee shall not practice nursing nor be subject to the payment of renewal fees.
3. When the licensee desires to resume practice, he or she shall request a renewal application, which shall be completed and submitted with a reinstatement fee and the renewal fee.
4. When disciplinary proceedings have been initiated against an inactive licensee, the license shall not be reinstated until the proceedings have been completed.

SECTION VI VIII

LOST, STOLEN OR DESTROYED CREDENTIALS DUPLICATE LICENSE

- A. A duplicate license or certificate shall be issued when the licensee submits a notarized statement to the Board that the document is lost, stolen, or destroyed, and pays the required a duplicate credential fee.
- B. The license credential will be marked "duplicate" and ~~date of issuance~~ noted.

SECTION VII ~~IX~~
CERTIFICATION TO ANOTHER JURISDICTION

Upon payment of a certification fee, a nurse seeking licensure in another state may have a certified statement of Arkansas licensure issued to the Board of Nursing in that state.

SECTION VIII ~~X~~
NAME OR ADDRESS CHANGE

- A. A licensee, whose name is legally changed, shall be issued a replacement license following submission of the current license, along with a notarized statement, copy of marriage license or court action, and the required fee.
- B. A licensee, whose address changes from the address appearing on the current license, shall immediately notify the Board in writing of the change. ~~The Board shall not issue a new license; but shall make such changes in current license files.~~

~~Effective September 25, 1995~~

DRAFT

CHAPTER THREE REGISTERED NURSE PRACTITIONER

SECTION I SCOPE OF PRACTICE

A. REGISTERED NURSE PRACTITIONER

A registered nurse practitioner is a licensed professional nurse prepared in the manner stated herein who provides direct care to individuals, families and other groups in a variety of settings, including homes, hospitals, offices, industry, schools and other institutions and health care settings. The service provided by the nurse practitioner is directed toward the delivery of primary, secondary and tertiary care which focuses on the achievement and maintenance of optimal functions in the population. The nurse practitioner engages in independent decision making about the nursing care needs of clients and collaborates with health professionals and others in making decisions about other health care needs. The practitioner plans and institutes health care programs as a member of the health care team. The nurse practitioner is directly accountable and responsible to the recipient for the quality of care rendered.

Regulations which apply to registered nurses are hereby incorporated by reference.

B. ACTS PROPER TO BE PERFORMED BY A REGISTERED NURSE PRACTITIONER

1. The Arkansas State Board of Nursing authorizes the registered nurse practitioner, in collaboration with and under the direction of a licensed physician ~~and under direction of the physician~~, to perform particular acts at the advanced and specialized levels as recognized by the nursing profession and which are in conformity with the Nurse Practice Act.
 - a. Secures, records and evaluates the health, psychosocial and developmental history of patients.
 - b. Performs physical examinations using techniques of observation, inspection, auscultation, palpation and percussion, and uses appropriate diagnostic tests.
 - c. Discriminates between normal and abnormal findings on the history and physical examination and refers the individuals who need further evaluation or supervision.
 - d. Documents the processes of nursing care delivery.
 - e. Contributes to the comprehensive care of the ill in collaboration with the health care team.
 - f. Coordinates health care plans to enhance the quality of health care and diminish both fragmentation and duplication of service.

- g. Contributes to the health education of individuals and groups and applies methods designed to increase each person's motivation to assume responsibility for his own health care.
 - h. Facilitates entry into and through the health care system by appropriate route.
 - i. Counsels with families and/or individuals regarding family planning, pregnancy, child care, emotional stresses, long term illness and general health problems.
 - j. Performs periodic health evaluations and plans for health maintenance of clients.
 - k. Conducts community clinics for case finding and screening for health problems.
2. The Arkansas State Board of Nursing authorizes the registered nurse practitioner, in collaboration with and under the direction of a licensed physician ~~and under direction of the physician~~, to perform particular acts recognized by the nursing profession and which are in conformity with the Nurse Practice Act.
- a. Assumes responsibility for ongoing health maintenance and clinical management of stable chronically ill patients.
 - b. Provides initial care of emergencies and initiates arrangements for continuing definitive care.
 - c. Identifies, manages and initiates treatment for common medical problems by "Protocols" as described in Section I.C.
 - d. Evaluates progress and manages prenatal and postpartum care.

C. PROTOCOLS

- 1. Any nurse practicing as a registered nurse practitioner shall practice in accordance with protocols developed in collaboration with and signed by a licensed physician.
- 2. Protocols shall address:
 - a. Established procedures for the management of common medical problems in the practice setting.
 - b. The degree to which collaboration, independent action and supervision are required.
 - c. Acts including, but not limited to, assessment, diagnosis, treatment and evaluation.
- 3. Protocols shall not include controlled substances.
- 4. Documentation.
 - a. Orders transmitted from protocols shall be documented on the client's medical record.
 - b. Orders transmitted from protocols to inpatient medical records shall contain:
 - (1) Name of medication, therapeutic device or treatment.
 - (2) Strength
 - (3) Dose
 - (4) Length of time or amount prescribed.
 - (5) Directions for use
 - (6) RNP Signature

(7)Physician's name, printed, followed by notation "protocol."

5. Any deviation from written protocols shall require:
 - a. A specific written or verbal order from the collaborating physician before the order is transmitted or implemented.
 - b. Documentation in the medical record as specified in § b.(1)-(6) above, and notation that order was by consultation, to be signed by the RNP.
6. Review of Protocols
 - a. The RNP shall document annual joint review with the licensed physician, and revise when necessary.
 - b. The RNP shall, upon request, provide the Board with current protocols.
7. Nothing in this regulation shall be construed to prohibit any registered nurse practitioner from transmitting a prescription order orally or telephonically, or from administering a legend drug pursuant to a lawful direction of a licensed physician, dentist, or advanced practice nurse who holds a certificate of prescriptive authority.

D. SERVICES AND RESPONSIBILITIES

The RNP shall, upon request of the Board, provide documentation outlining the extent of services, responsibilities and required supervision of nurse practitioners, and the accompanying responsibilities of collaborating physicians.

E. DELEGATED ACTS

The registered nurse practitioner shall demonstrate competence in any act or procedure delegated by the collaborating physician.

SECTION II LICENSURE

A. QUALIFICATIONS

1. Active licensure as a registered nurse in Arkansas.
2. Documentation acceptable to the Board of:
 - a. Satisfactory completion of a nurse practitioner educational program. Such program of study shall conform to the program guidelines outlined herein, in Chapter Six of these regulations and shall be approved by the Board.
3. Documentation ~~to the Board~~ of completion of a preceptorship under a preceptor who meets the following qualifications:
 - a. Current licensure as an RNP or ARNP, and
 - b. Three (3) years experience as an RNP or ARNP; or
 - c. A physician currently licensed.

B. APPLICATION FOR INITIAL LICENSURE

In addition to current licensure as a registered nurse, the information submitted to the Board shall include:

1. A completed application form;
2. An official transcript or document from a program which meets the qualification as set forth in ~~§ II.A above~~ Chapter Six of these regulations, and which contains the dates of entry and completion, and the credential conferred.
3. If not included in the official transcript, a document from the program verifying the preceptorship, including the beginning and ending dates, and the licensure status of the preceptor.

C. RENEWAL

1. The date for renewal of licensure to practice as a registered nurse practitioner shall coincide with the renewal of the applicant's registered nurse license.
2. An application for renewal of a registered nurse practitioner license shall submit to the Board:
 - a. A completed application form;
 - b. Payment of the nonrefundable renewal fee.

D. LAPSED LICENSE

1. The license is lapsed if not renewed or placed in an inactive status by the expiration date.
2. Failure to receive the renewal notice shall not relieve the licensee of the responsibility for renewing the license by the expiration date.
3. Any licensee whose license has lapsed shall submit to the Board:
 - a. A completed Board renewal application form;
 - b. The renewal fee and the reinstatement fee.
4. Fees are nonrefundable.
5. Any person practicing as a registered nurse practitioner during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subjected to the penalties provided for violation of the Nurse Practice Act.

E. INACTIVE STATUS

1. Any licensee in good standing who desired his or her registered nurse practitioner license to be placed on inactive status may submit a request in writing to the Board.
2. The current license shall be placed on inactive status from the date of expiration.
3. While the license is inactive, the licensee shall not engage in registered nurse practitioner nursing nor be subject to the payment of renewal fees.
4. If the nurse desires to resume practice, he or she shall submit a

- written request for a renewal application, which shall be completed and submitted with a renewal fee and the reinstatement fee.
5. Fees are nonrefundable.
 6. If disciplinary proceedings on an inactive licensee have been initiated, the license shall not be reinstated until the proceedings have been completed.

SECTION III

CREDENTIALS DUPLICATE LICENSE

- A. The licensee shall immediately report a lost, stolen or destroyed license to the Board.
- B. A duplicate license shall be issued when the licensee submits a notarized statement to the Board that the document is lost, stolen, or destroyed, and pays a ~~duplicate credential~~ the required fee.
- C. The license will be marked "duplicate" and ~~date of issuance noted~~.

SECTION IV

NAME OR ADDRESS CHANGE

- A. A licensee whose name is legally changed shall be issued a replacement license following submission of the current license, along with an affidavit, copy of marriage license or court action, and the required fee.
- B. A licensee, whose address changes from the address appearing on the current license, shall immediately notify the Board in writing of the change. ~~The Board shall not issue a new license; but shall make such changes in current license files.~~

Effective May 13, 1997

DRAFT

CHAPTER FOUR ADVANCED PRACTICE NURSING

SECTION I SCOPE OF PRACTICE

The advanced practice nurse shall practice in a manner consistent with the definition of the practice of advanced practice nursing set forth in Ark. Code Ann. § 17-87-102(3).(A)(B)(C)(D), and in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in these regulations. The advanced practice nurse may provide health care for which the APN is educationally prepared and for which competence has been attained and maintained

SECTION II QUALIFICATIONS FOR LICENSURE

Advanced practice nurse (APN) licensure shall be designated in one of the four categories below. Current registered nurse licensure in Arkansas is required for all categories of advanced practice licensure. APN categories and their respective qualifications are:

A. ADVANCED NURSE PRACTITIONER (ANP)

1. Successful completion of an organized program of nursing education that prepares nurses for the advanced practice role of advanced nurse practitioner; and
2. Current certification as a nurse practitioner by a nationally recognized certifying body which meets the requirements of Section VII of this Chapter.

B. CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

1. Satisfactory completion, beyond generic nursing preparation, of a formal educational program that meets the standards of the Council on Accreditation of Nurse Anesthesia Educational Programs or another nationally recognized accrediting body that has as its objective preparation of nurses to perform as nurse anesthetists; and
2. Current certification from the Council on Certification of Nurse Anesthetists, Council on Recertification of Nurse Anesthetists, or another nationally recognized certifying body which meets the requirements of Section VII of this Chapter.

C. CERTIFIED NURSE MIDWIFE (CNM)

1. Successful completion of an organized program of nursing education

- that prepares nurses for the advanced practice role of nurse midwife;
2. Current certification as a nurse midwife from the American College of Nurse Midwives, or another nationally recognized certifying body which meets the requirements of Section VII of this Chapter; and
 3. Written agreement with a consulting physician if providing intrapartum care.

D. CLINICAL NURSE SPECIALIST (CNS)

1. Master's degree evidencing successful completion of a graduate program in nursing, which shall include supervised clinical practice and classroom instruction in a nursing clinical practice specialty; and
2. Current certification in a specialty role as a clinical nurse specialist from a nationally recognized certifying body which meets the requirements of Section VII of this Chapter.

SECTION III LICENSURE

A. ELIGIBILITY

The applicant shall meet the licensure requirements of the Board.

B. APPLICATION FOR INITIAL LICENSURE

In addition to current licensure as a registered nurse, the information submitted to the Board shall include:

1. A completed Board application form;
2. An official transcript or document from a nursing education program that meets the qualifications of Section II of this Chapter in the category of advanced practice nursing for which the applicant is seeking licensure. The transcript or document shall verify the date of graduation and the degree or certificate conferred;
3. A statement directly from the national certifying body evidencing current certification in good standing;
- ~~4. For the certified nurse midwife only: an agreement with a consulting physician;~~
- ~~5.4. Payment of the nonrefundable fee.~~
- ~~6. Upon application for licensure, the Board may utilize the licensure documentation on file in the Board office as a basis for licensure of advanced practice nurses in the categories of certified nurse midwife and certified registered nurse anesthetist who meet the requirements for initial licensure as advanced practice nurses.~~

C. TEMPORARY PERMITS

1. Upon application and payment of the required temporary permit fee, the Board shall issue a temporary permit to practice in an advanced

practice nursing category to a qualified applicant who:

- a. Meets the educational requirements set forth in Section II of this Chapter; and
 - b. Has been accepted by the appropriate certification body to sit for the first national certification exam he or she is eligible to take.
2. The permit shall expire upon notification to the applicant of the results of the examination.
 3. The permit is not renewable and does not apply to prescriptive authority.

D. RENEWALS

1. The date for renewal of licensure to practice as an advanced practice nurse shall coincide with renewal of the applicant's registered nurse license.
2. An applicant for renewal of an advanced practice nurse license shall submit to the Board:
 - a. A completed Board renewal application form;
 - b. Proof of current national certification;
 - c. Payment of the nonrefundable renewal fee.
3. Continuing education submitted to the certifying body to meet the qualifications for recertification shall be accepted as meeting the statutory requirement for continuing education.
4. Upon request, an APN shall submit documentation of continuing education to the Board.

E. LAPSED LICENSE

1. The license is lapsed if not renewed or placed in an inactive status by the expiration date.
2. Failure to receive the renewal notice shall not relieve the licensee of the responsibility for renewing the license by the expiration date.
3. Any licensee whose license has lapsed shall submit to the Board:
 - a. A completed Board renewal application form;
 - b. Proof of current national certification;
 - c. The renewal fee and the reinstatement fee.
4. Fees submitted to the Board are nonrefundable.
5. Any person engaged in advanced practice nursing during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of the Nurse Practice Act.

F. INACTIVE STATUS

1. Any licensee in good standing who desires his or her advanced practice license to be placed on inactive status may submit a request in writing to the Board.
2. The current license shall be placed on inactive status from the date

- of expiration.
3. While the license is inactive, the licensee shall not engage in advanced practice nursing nor be subject to the payment of renewal fees.
 4. If the nurse desires to resume practice in this state, he or she shall request a renewal application, which shall be completed and submitted with a renewal fee and the reinstatement fee. Fees are nonrefundable.
 5. All certification and continuing education requirements for renewal shall apply.
 6. If disciplinary proceedings on an inactive licensee have been initiated, the license shall not be reinstated until the proceedings have been completed.

SECTION IV

LOST, STOLEN OR DESTROYED CREDENTIALS DUPLICATE LICENSE

- A. A duplicate license or certificate shall be issued when the licensee submits a notarized statement to the Board that the document is lost, stolen, or destroyed, and pays a duplicate credential the required fee.
- B. The credential license will be marked "duplicate" and ~~date of issuance~~ noted.

SECTION V

NAME OR ADDRESS CHANGE

- A. A licensee whose name is legally changed shall be issued a replacement license following submission of the current license, along with an affidavit, copy of marriage license or court action, and the required fee.
- B. A licensee whose address changes from the address appearing on the current license shall immediately notify the Board in writing of the change. ~~The Board shall not issue a new license; but shall make such changes in current license files.~~

SECTION VI

STANDARDS OF NURSING PRACTICE

A. PURPOSE

1. To establish standards essential for safe practice by the advanced practice nurse.
2. To serve as a guide for evaluation of advanced nursing practice.

B. CORE STANDARDS FOR ALL CATEGORIES OF ADVANCED PRACTICE NURSING

1. The advanced practice nurse shall assess clients at an advanced level, identify health status including abnormal conditions, establish a diagnosis, develop and implement treatment plans and evaluate client outcomes.
 2. The advanced practice nurse shall use advanced knowledge and skills in teaching and guiding clients and other health team members.
 3. The advanced practice nurse shall use critical thinking and decision making at an advanced level, commensurate with the autonomy, authority and responsibility of his/her practice category.
 4. The advanced practice nurse shall have knowledge of the statutes and regulations governing advanced nursing practice, and function within the legal boundaries of the appropriate advanced practice nursing category.
 5. The advanced practice nurse shall recognize the APN's limits of knowledge and experience, planning for situations beyond expertise, and collaborating with or referring clients to other health care providers as appropriate.
 6. The advanced practice nurse shall retain professional accountability for advanced practice nursing care when delegating interventions.
 7. The advanced practice nurse shall maintain current knowledge and skills in the advanced practice nursing category.
 8. Regulations which apply to registered nurses are hereby incorporated by reference.
- C. In addition to the core standards, the advanced practice nurse shall practice in accordance with the standards established by the national certifying body from which the APN holds his or her certification required for licensure. These standards shall have been reviewed and accepted by the Board.

D. ADDITIONAL STANDARDS FOR CRNAS

1. The CRNA, acting in the normal course of his/her professional practice, may be authorized by a hospital or institution to act as their agent or employee to order the administration of controlled substances under the DEA registration of the hospital or institution.
2. The CRNA may order nurses to administer drugs preoperatively and/or postoperatively in connection with an anesthetic and/or other operative or invasive procedure that will be or has been provided.
3. The CRNA's order shall be directly related to the administration of drugs preoperatively and/or postoperatively in connection with an anesthetic and/or other operative or invasive procedure that will be or has been provided.
4. A CRNA who has not been granted authority by a DEA registrant as described in Title 21 CFR 1301.22, or its successor to order the

administration of controlled substances shall give all orders as verbal orders from the supervising physician, dentist, or other person lawfully entitled to order anesthesia.

5. The CRNA shall be responsible for complying with all applicable state and federal laws and regulations related to medications.

SECTION VII PROFESSIONAL CERTIFICATION PROGRAMS

- A. A national certifying body which meets the following criteria shall be recognized by the Board to satisfy Section II of these regulations.
- B. The national certifying body:
 1. Is national in the scope of its credentialing;
 2. Has no requirement for an applicant to be a member of any organization;
 3. Has an application process and credential review which includes documentation that the applicant's education is in the advanced practice nursing category being certified, and that the applicant's clinical practice is in the certification category;
 4. Uses an examination as a basis for certification in the advanced practice nursing category which meets the following criteria:
 - a. The examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community;
 - b. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to clients;
 - c. The examination content and its distribution are specified in a test plan (blueprint), based on the job analysis study, that is available to examinees;
 - d. Examination items are reviewed for content validity and correct scoring using an established mechanism, both before use and periodically;
 - e. Examinations are evaluated for psychometric performance;
 - f. The passing standard is established using acceptable psychometric methods, and is reevaluated periodically; and
 - g. Examination security is maintained through established procedures.
 5. Issues certification based upon passing the examination and meeting all other certification requirements;
 6. Provides for periodic recertification which includes review of continued education, qualifications and continued competence;
 7. Has mechanisms in place for communication to the Board for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice; and

8. Has an evaluation process to provide quality assurance in its certification program.

SECTION VIII PRESCRIPTIVE AUTHORITY

A. INITIAL APPLICANT REQUIREMENTS FOR A CERTIFICATE OF PRESCRIPTIVE AUTHORITY

An applicant for a an initial certificate of prescriptive authority shall:

1. Be currently licensed as an advanced practice nurse in Arkansas.
2. Provide evidence from the national certifying body that differential diagnosis and prescribing practices are recognized as being within the scope of practice for the applicant's certification category.
3. Provide documentation of successful completion of pharmacology coursework which shall include pharmacokinetics principles and their clinical application and the prescription of pharmacological agents in the prevention and treatment of illness, and the restoration and maintenance of health. The coursework shall contain a minimum of:
 - a. Three (3) graduate credit hours of a post-baccalaureate pharmacology course offered by an accredited college or university within two years immediately prior to the date of application to the Board; or
 - b. Forty-five (45) contact hours [a contact hour is fifty (50) minutes] ~~of continuing education in a pharmacology course,~~ offered by an accredited college or university, or sanctioned by a nationally recognized continuing education accrediting body acceptable to the Board, within two (2) years immediately prior to the date of application to the Board; or
 - c. Three (3) graduate credit hours pharmacology course, included as part of an advanced practice nursing education program, within five (5) years immediately prior to the date of application to the Board, ~~or~~
4. Provide documentation of a minimum of three hundred (300) clock hours preceptorial experience in the prescription of drugs, medicines and therapeutic devices with a qualified preceptor, ~~completed as a corequisite with the required pharmacology course or to be initiated with the pharmacology course and to be completed within one year of the beginning of the course.~~ Preceptorial experience completed as a part of the formal educational program in which the pharmacology course is taught will meet the three hundred (300) clock hour requirement.
5. Provide evidence of a minimum of one thousand (1000) hours of practice in an advanced practice nursing category prior to application for a certificate of prescriptive authority. The 1,000 hours shall not include clinical hours obtained in the advanced practice nursing education program.

6. ~~Submit to the Board the applicant's~~ a current collaborative practice agreement with a physician who is licensed under the Arkansas Medical Practices Act, § 17-93-201 et seq., and who has a practice comparable in scope, specialty or expertise to that of the advanced practice nurse. APN's who will prescribe controlled substances should seek a collaborative practice with a physician who has an unrestricted DEA registration number.

The collaborative practice agreement shall include, but not be limited to:

- a. Availability of the collaborating physician(s) for consultation or referral or both;
 - b. Methods of management of the collaborative practice, which shall include the use of protocols for prescriptive authority;
 - c. Plans for coverage of the health care needs of a client in the emergency absence of the advanced practice nurse or physician;
 - d. Provision for quality assurance; and
 - e. Signatures of the advanced practice nurse and collaborating physician(s), signifying mutual agreement to the terms of the collaborative practice.
7. Submit the nonrefundable processing fee with the application for a certificate of prescriptive authority.

B. ENDORSEMENT APPLICANT

1. An applicant for endorsement of prescriptive authority shall:
 - a. Provide evidence that the initial criteria for prescriptive authority has been met in the jurisdiction from which the applicant is moving;
 - b. Provide evidence that prescriptive authority is current in the jurisdiction from which the applicant is moving;
 - c. Provide evidence of prescribing in a clinical setting for at least 1000 hours in the year prior to application for a certificate of prescriptive authority;
 - d. Have an unencumbered advanced practice nursing license to practice or the equivalent in the jurisdiction from which the applicant is moving.
 - e. Provide a copy of current DEA registration (if prescriber has DEA number) and history of registration status; and
 - f. Meet requirements in Section VIII.A.6.7.
2. Endorsement applicants who do not meet all requirements established herein shall be required to submit documentation acceptable to the Board according to Section VIII.A.

BC. PROTOCOLS FOR PRESCRIPTIVE AUTHORITY

Protocols shall be made available upon request of the Board. Such protocols shall, at a minimum, include:

1. Indications for and classifications of legend drugs, controlled substances (if prescriber holds a DEA registration number) and therapeutic devices which will be prescribed or administered by the

- APN;
2. Date the protocol was adopted or last reviewed, which shall be at least annually.

CD. PRESCRIBING PRIVILEGES

1. The APN, applying for a certificate of prescriptive authority, shall acknowledge in the application that he/she is familiar with all state and federal laws and regulations regarding prescribing; and shall agree to comply with these laws and regulations.
2. An advanced practice nurse with a certificate of prescriptive authority may receive and prescribe legend drugs, medicines or therapeutic devices appropriate to the APN's area of practice. The prescriptive authority for controlled drugs shall only extend to drugs listed in Schedules III through V.
3. Prescribing stipulations are as follows:
 - a. Legend drugs and therapeutic devices that are prescribed by the APN shall be included in the protocols as outlined in Subsection B.C. of this Section.
 - b. Controlled substances (Schedules III-V), defined by the state and/or federal controlled substances lists, will be prescribed, administered or ordered as established in protocols provided that the APN has an assigned DEA registration number which is entered on each written prescription for a controlled substance.
 - c. The APN shall file his/her DEA registration number with the Board upon receipt.
 - d. Advanced practice nurses shall not delegate to unlicensed ancillary staff the calling in of prescriptions to the pharmacy.
 - e. The APN shall consult the Board for direction the next working day following termination of the collaborative practice agreement.
4. The APN may prescribe a legend drug, medicine or therapeutic device not included in the written protocols only as follows:
 - a. Upon a specific written or verbal order obtained from the collaborating physician before the prescription or order is issued by the APN; and
 - b. Include documentation of consultation as described above in the client's medical record to be signed by the APN;
 - c. Schedules I and II controlled substances shall not be prescribed under the APN's certificate of prescriptive authority.
5. The APN shall note prescriptions on the client's medical record and include the following information:
 - a. Medication and strength;
 - b. Dose;
 - c. Amount prescribed;
 - d. Directions for use;
 - e. Number of refills; and
 - g. Initials or signature of APN.
6. The Board shall be responsible for keeping an up-to-date record, available to the public, of the advanced practice nurses authorized

to prescribe in the state.

7. Advanced practice nurses in the category of certified registered nurse anesthetists shall not be required to have prescriptive authority to provide anesthesia care, including the administration of drugs or medicines necessary for such care.

DE. WRITTEN PRESCRIPTION FORMAT

1. All written prescriptions issued by the APN shall contain the name of the client, and the APN's name, telephone number, signature with the initials "APN", prescribing identification number issued by the Board, and should include information contained in Subsection CD.5.a-e of this Section.
2. All prescriptions for controlled substances shall be written in accordance with federal regulations. The APN's assigned DEA registration number shall be written on the prescription form when a controlled substance is prescribed.

EE. RECEIVING PREPACKAGED DRUG SAMPLES

1. APN's who have fulfilled requirements for prescriptive authority may receive legend drug samples and therapeutic devices appropriate to their area of practice, including controlled substances contained in Schedules III through V of the Controlled Substance Act, which have been prepared, packaged, or fabricated by a pharmaceutical manufacturer in accordance with the Arkansas pharmacy laws and regulations.
2. Records must comply with all applicable federal and state laws and regulations.

FG. TERMINATION OF PRESCRIPTIVE AUTHORITY

1. Prescriptive authority may be terminated by the Board when the prescriber:
 - a. 4- Fails to maintain current active licensure as an advanced practice nurse;
 - b. 2- Violates provisions of this Act and/or regulations established by the Arkansas Department of Health, Nursing or Pharmacy Boards;
 - c. 3- Violates any state or federal law or regulations applicable to prescriptions; or
 - d. 4- Fails to follow any conditions imposed.
2. To reinstate prescriptive authority, the APN must meet requirements of the Board at the time of reinstatement.

GH. LAPSED CERTIFICATE OF PRESCRIPTIVE AUTHORITY

1. The certificate of prescriptive authority is lapsed if the licensee's advanced practice nurse license is not renewed by the expiration date for the advanced practice license.
2. Failure to receive the renewal notice for the advanced practice license shall not relieve the licensee of the responsibility for renewing the advanced practice license by the expiration date.
3. Any licensee whose certificate of prescriptive authority has lapsed shall submit to the Board:
 - a. A complete Board APN license renewal application;
 - b. Proof of current national certification;
 - c. Proof of current Collaborative Practice Agreement;
 - d. The renewal fee and the reinstatement fee.
4. Fees submitted to the Board are nonrefundable.
5. Any person engaged in practicing within the scope of his or her certificate of prescriptive authority during the time his or her certificate or advanced practice license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of the Nurse Practice Act.

H.I. INACTIVE STATUS

1. A certificate of prescriptive authority will automatically be considered lapsed and subject to the requirements of these rules when a licensee places his or her advanced practice license in inactive status.
2. While the certificate of prescriptive authority or advanced practice nurse license is inactive the licensee shall not engage in any practice within the scope of the certificate of prescriptive authority.
3. If the nurse desires to resume practice in this state, he or she shall request a renewal application which shall be completed and submitted with a renewal fee and the reinstatement fee. Fees are nonrefundable.
4. All certification requirements for renewal shall apply.
5. If disciplinary proceedings on an inactive licensee have been initiated, the license shall not be reinstated until the proceedings have been completed.

SECTION IX PRESCRIPTIVE AUTHORITY ADVISORY COMMITTEE

A. PURPOSE

The purpose of this committee shall include functioning in an advisory capacity to assist the Board with oversight and implementation of the provisions regarding prescriptive authority.

B. COMPOSITION

The Advisory Committee shall be composed of five (5) members appointed by the Board and approved by the Governor. Three (3) members shall be advanced practice nurses holding certificates of prescriptive authority, ~~except that the initial advanced practice nurse appointees shall be exempt from holding a certificate. The Board shall issue certificates of prescriptive authority to the initial three (3) advanced practice nurse appointees based on the criteria in Chapter Four, Section IX.~~ One (1) committee member shall be a licensed physician who has been involved in a collaborative practice with a registered nurse practitioner for at least five (5) years. One member shall be a licensed pharmacist who has been in practice for a least five (5) years. ~~The Board shall select the initial chairperson.~~

C. TERMS OF OFFICE

~~The five (5) initial members appointed to the committee shall draw lots to determine staggered lengths of their initial terms. Successive m~~Members shall serve three (3) year terms and may be reappointed. No member shall be appointed to more than two (2) consecutive terms without a break in service. The Board may remove any advisory committee member, after notice and hearing, for incapacity, incompetence, neglect of duty or malfeasance in office.

D. COMPENSATION

Advisory committee members shall serve without compensation; but may be reimbursed to the extent special monies are appropriated therefor for actual and necessary expenses incurred in the performance of their official Board duties.

~~Effective January 1, 1998~~

DRAFT

CHAPTER SIX MINIMUM REQUIREMENTS FOR NURSING EDUCATION PROGRAMS

SECTION I APPROVAL

This chapter presents the Minimum Requirements established by the Arkansas State Board of Nursing for nursing education programs that lead to licensure.

The Requirements are purposefully designed broad in scope to be applicable to all programs. Some programs, however, require specific criteria and those are so indicated in each section as appropriate under the heading variation.

The Board of Nursing has the authority to grant or withdraw any type of approval status from any nursing education program based upon compliance with these minimum requirements.

A. PURPOSES

1. Promote the safe practice of nursing by establishing and maintaining Minimum Requirements for nursing education programs.
2. Provide graduates of RN, LPN, and LPTN programs assurance of eligibility to apply for admission to the applicable examination for licensure, and provide graduates of APN programs a basis to take an ASBN approved certification examination in a category of advanced practice nursing.
3. Set forth the criteria to approve new and established educational programs leading to licensure.
4. Insure quality of nursing education programs.
5. Facilitate the decision making process regarding nursing education programs approval.

B. APPROVALS

The following content, related to five approvals granted by the Board to nursing education programs, is presented in process format. Variations to an established process are so reflected.

While the Board grants approvals, it also shall take away those same approvals as indicated by a program's compliance with the Minimum Requirements.

In addition, any program which has obtained approval and not admitted students within twelve months after approval has been granted, or has suspended student admissions for a period of twelve months, shall automatically forfeit approval. Should the institution again desire to admit students, application shall be made to the Board for a new program.

1. New Program

- a. An institution, wishing to conduct a new nursing education program leading to licensure shall apply to the Board and submit evidence that it is prepared to carry out the program.
- b. Utilize established appropriate Minimum Requirements:
 - 1) Applicant for new program approval, shall comply with the Requirements for Prerequisite Approval.
 - 2) Variation: Applicant for Advanced Practice program shall comply with the "Criteria and Procedures for Preparing Proposals for New Programs", established by the Arkansas Department of Higher Education.
 - 3) The Board shall evaluate the extent of compliance with the Requirements and take one of the following actions:
 - a) Deny Prerequisite Approval or,
 - b) Defer Prerequisite Approval or,
 - c) Grant Prerequisite Approval.
- c. A survey of the institution and the proposed new program shall be made by an authorized representative of the Board, who shall submit a written report of survey findings to the Board.
- d. After receiving Prerequisite Approval status, the new program applicant may proceed toward compliance with the Requirements for Initial Approval.
- e. The Board shall evaluate the extent of compliance with the Requirements for Initial Approval and take one of the following actions:
 - 1) Deny Initial Approval or,
 - 2) Defer Initial Approval or,
 - 3) Grant Initial Approval.
- f. After receiving Initial Approval status, the new program may admit students and proceed toward compliance with Requirements for Full Approval. Before graduation of the first class, a survey visit

shall be made by a representative of the Board and the Board shall evaluate the extent of compliance with the Requirements for Full Approval and take one of the following actions:

- 1) Deny Full Approval or,
- 2) Defer Full Approval or,
- 3) Grant Full Approval.

- g. After Full Approval status is obtained by the new program, it shall be evaluated as an established program.

2. Established Program

- a. An established program is reviewed on a scheduled basis and as deemed necessary for compliance with minimum requirements.
- b. Information regarding a nursing education program, requested by the Board, shall be provided by the controlling institution.
- c. Established programs with Full Approval status shall be surveyed by a Board representative as follows:
 - 1) New established program--first survey--three (3) years after Full Approval status granted.
 - 2) Registered nurse program--every five (5) years thereafter.
 - 3) Practical nurse program and psychiatric technician nurse program--every three (3) years thereafter.
 - 4) Advanced practice nurse program--every five (5) years or until requirements for exemption are met.

Exemption: Master's programs in advanced practice nursing, which submit evidence of having current accreditation by a Board recognized national educational accrediting agency for the discipline of nursing, shall be accepted by the Board as having met the regulations for Board approval. The standards for accreditation shall be maintained during the accrediting period.

- d. Minimum Requirements for Continued Full Approval status shall be utilized during the survey

- visit by the Board representative.
- e. In addition, criteria established by the Arkansas Department of Higher Education shall be utilized for advanced practice programs until requirements for exemption are met.
 - f. The representative shall report survey findings and other available information to the Board.
 - g. The Board shall evaluate the extent of compliance with the Minimum Requirements and/or ADHE Criteria for advanced practice programs and take one of the following actions:
 - 1) Defer Continued Full Approval or,
 - 2) Grant Continued Full Approval or,
 - 3) Grant Conditional Approval or
 - 4) Withdraw Full Approval, after public hearing.
 - h. The program shall receive written notification of the Board's action. If noncompliance is evident, the notification shall include deviations of concern as noted by the Board.
3. Off Campus Program
- a. Off campus programs shall maintain the same level of quality as that of the established program with Full Approval status.
 - b. Off campus programs shall be approved by the Board before implementation of operations.
 - c. New Off Campus Program
 - 1) Comply with Requirements for Prerequisite Approval; and,
 - 2) Provide evidence that indicates readiness and available resources to operate the off campus program at the same quality level as the established program on the main campus.
 - 3) The Board shall consider all available information and take one of the following actions:
 - a) Defer Approval or,
 - b) Grant Approval or,
 - c) Deny Approval.
 - d. The program shall received written notification of the Board's action regarding the off campus program.

- e. After implementation of operations, off campus program surveys shall be conducted as a part of the established program survey visit. Approval status shall be given to the main campus.

C. PROCESSES

1. Prerequisite Approval

An institution seeking to establish a new nursing education program or off campus program shall submit a letter of intent to the Board of Nursing.

- a. The institution must submit a recent feasibility study, signed by the appropriate administrative officers, which includes but is not limited to the following:
 - 1) Purpose for establishing a school.
 - 2) Type of educational program to be established.
 - 3) Relationship to the controlling institution (organization chart).
 - 4) Philosophy, purposes and accreditation status of the controlling institution.
 - 5) Financial resources for the program.
 - 6) Need and readiness of the community to support the program.
 - 7) Source and numbers of potential students and faculty.
 - 8) Proposed clinical facilities for student experiences, with letters of support from facilities.
 - 9) Other schools using proposed clinical facilities.
 - 10) Proposed physical facilities.
 - 11) Availability of the general education component of the curriculum.
 - 12) Timetable for initiating the program.
 - b. A representative of the Board shall conduct a survey.
 - c. The survey report and the materials from the institution shall be submitted to the Board.
 - d. The program and controlling institution shall receive written notification of the Board's action.
- ### 2. Initial Approval
- a. The institution shall secure a director for the program.

- b. Job responsibilities of the director shall include the following:
 - 1) Program planning.
 - 2) Detailed budget preparation.
 - 3) Employment of qualified faculty.
 - 4) Preparation of a school organizational chart showing institutional control, relationships and lines of authority.
 - 5) Securing consultation with demonstrated evidence of visits.
 - 6) Statement of philosophy and purpose.
 - 7) Curriculum and objectives.
 - 8) Student and faculty welfare.
 - 9) Program Evaluation process.
 - 10) Agency contracts.
 - c. Representatives of the Board shall meet periodically with the director and faculty of the program. Consultation by representatives of the Board will be available upon written request from the director.
 - d. The director must submit to the Board written evidence of readiness of the program to admit students.
 - e. A representative of the Board shall conduct a survey.
 - f. The report of the Board representative's findings shall be submitted to the Board.
 - g. The program and controlling institution shall receive written notification of the Board's action.
3. Full Approval
- a. Information regarding a nursing education program, requested by the Board, shall be provided by the controlling institution.
 - b. A survey visit for Full Approval shall be made by a representative of the Board prior to graduation of the first class.
 - c. The representative's findings shall be shared with the program for corrections and additions. A written report shall be presented to the Board.
 - d. Additional information available to the Board may be considered.
 - e. The program and controlling institution shall receive written notification of the Board's action.
 - f. A survey visit shall be conducted within three (3) years after the first Full Approval is granted.

Surveys thereafter, shall be in accordance with Continued Full Approval Requirements.

4. Continued Full Approval
 - a. Information regarding a nursing education program, requested by the Board, shall be provided by the controlling institution.
 - b. A survey visit shall be completed by a representative of the Board:
 - 1) Once every five (5) years for APN programs not exempted, RN and RNP programs.
 - 2) Once every three (3) years for PN and PTN programs.
 - 3) As deemed necessary by the Board.
 - c. The representative's findings shall be shared with the program for corrections and additions. A written report shall be presented to the Board.
 - d. Additional information available to the Board may be considered.
 - e. The program and controlling institution shall receive written notification of the Board's action.
5. Conditional Approval
 - a. Information regarding a nursing education program, requested by the Board, shall be provided by the controlling institution.
 - b. A survey visit shall be completed by a representative of the Board.
 - c. The representative's findings shall be shared with the program for corrections and additions. A written report shall be presented to the Board.
 - d. Additional information available to the Board may be considered.
 - e. The controlling institution shall receive written notification of noncompliance deviations and Board's action.
 - f. Conditional Approval status shall be in effect for a maximum time of one (1) year time allowed for correcting the noncompliance deviations unless otherwise determined by the Board.
 - g. Full Approval status may be reestablished when evidence reflects full compliance with the Minimum Requirements.

6. Probational Approval

- a. Nursing programs not meeting the minimum NCLEX passing rate established by the Board will be notified by letter that the program is placed on Probational Approval.
- b. Probational Approval shall remain in effect until the program has maintained the minimum passing rate for two consecutive years.
- c. Probational Approval will be granted for no longer than four years.
- d. After four years, the nursing program's approval will be withdrawn.

6-7. Withdrawal of Approval

- a. Information regarding a nursing education program, requested by the Board, shall be provided by the controlling institution.
- b. A survey visit shall be completed by a representative of the Board.
- c. The representative's findings shall be shared with the program for corrections or additions.
- d. Additional information available to the Board may be considered.
- e. The representative presents a report of noncompliance findings to the Board.
- f. A public hearing is scheduled and held.
- g. Approval status shall be withdrawn when:
 - 1) Conditional approval deviations are not corrected within the time frame established by the Board; or
 - 2) The program reflects continuing noncompliance with criteria for established program.
- h. The program and controlling institution shall receive written notification of the Board's action.
- i. The Board shall give public notice to students that as graduates of the program they will not be eligible for admission to the appropriate licensing examination.
- j. The program is responsible for assisting students in transferring to a program which has Board approval.
- k. Approval may be reestablished, by Board action within one year after withdrawal of approval, when evidence reflects full compliance with the Minimum Requirements.

SECTION II PROGRAM REQUIREMENTS

A. ADMINISTRATION AND ORGANIZATION

1. Institutional Accreditation
The controlling institution shall be approved or accredited by the appropriate state and regional bodies, or must demonstrate progress in securing approval/accreditation by these bodies.
2. Institutional Organization
 - a. The controlling institution shall be a post-secondary educational institution, a hospital, or a consortium of such institutions appropriate to the purpose and implementation of the nursing education program.
 - b. An institutional chart or plan shall show the relationship of the nursing education program to other departments, and indicate appropriate channels of communication. Nursing education programs shall have equal status with other educational units within the controlling institution.
 - 1) There shall be a nursing education program organizational chart or plan showing appropriate lines of authority and communication within the program.
 - 2) Functional relationships between the nursing education program and overall administration shall be clearly defined and reflected in job descriptions.

B. PHILOSOPHY AND OBJECTIVES

1. The nursing program shall have either a nursing philosophy or a nursing mission, formulated by the nursing faculty and available in written form, that is clearly defined and consistent with that of the controlling institution.
2. The program shall have either objectives or goals, available in written form, which are clearly defined in behavioral terms, consistent with the philosophy or mission, and describe the competencies of the graduate.
3. The philosophy or mission and goals or objectives shall be used by the faculty in planning, developing, implementing, and evaluating the total program.

C. RESOURCES

1. Financial Resources

- a. There shall be adequate financial support to provide stability, development and effective operation of the program.
- b. The director of the nursing program shall be responsible for budget recommendations and administration within general institutional policies.

2. Library and Learning Resources

- a. Library and learning resources shall be appropriate for the purpose of the program and number of faculty and students.
- b. Holdings shall be conveniently available and accessible to students and faculty.
- c. Holdings shall be comprehensive, current, and appropriate in number and type.
- d. RN PROGRAMS: The library shall be under the direction of a qualified librarian.

D. FACILITIES

1. CLASSROOMS AND LABORATORIES

- a. Classrooms, laboratories, and conference rooms shall be available at the time needed, adequate in size, number, and type and appropriate to the number of students and the educational purpose.
- b. Acoustics, lighting, ventilation, heating and cooling, seating arrangement, location, plumbing, equipment, supplies, storage and safety provisions shall be adequate for the educational purpose.

2. OFFICES

- a. Faculty offices shall be available, private, accessible, and adequate in size, number and type to provide for uninterrupted work and privacy for conferences with students.
- b. There shall be adequate office space for clerical staff.
- c. There shall be adequate space and security for records, files and equipment and supplies.
- d. There shall be office equipment and supplies adequate to meet the needs of faculty and office personnel.

3. CLINICAL FACILITIES

- a. Agencies providing learning experiences shall be approved or accredited by the appropriate bodies.
- b. Clinical facilities shall be available and adequate to

provide planned educational experiences essential to the achievement of course and program goals and objectives.

- c. There shall be cooperative planning when a clinical facility is used by more than one student group.
- d. There shall be an adequate staff of professional and practical nurses to insure safe care of clients.

E. AFFILIATION AGREEMENTS

- 1. There shall be written agreements between the nursing education program and clinical facilities utilized for educational experiences. Such agreements shall specify their respective responsibilities and shall be reviewed annually. Agreements shall be on file in the nursing program.
- 2. Written agreements are not required for observational experiences.
- 3. The current agreement shall be signed by the director of the nursing program and clinical facilities representative.
- 4. LPN and LPTN PROGRAMS: The agreement shall guarantee supervision by a registered nurse at all times.

F. PERSONNEL

- 1. PROGRAM DIRECTOR
 - a. The program director, at the time of appointment, shall hold a current license to practice as a registered nurse in the State of Arkansas.
 - b. The program director shall have a workload which allows for adequate time to conduct relevant administrative duties and responsibilities.
 - c. The program director shall have previous experience in clinical nursing practice and teaching.
 - d. Educational requirements:
 - 1) APN--The program director shall hold a master's degree and a doctoral degree, one of which is in nursing.
 - 2) RN--The program director shall hold a master's degree with a major in nursing.
 - 3) LPN/LPTN--The program director should hold a minimum of a baccalaureate degree in nursing.

2. FACULTY

- a. Nurse faculty shall hold a current license to practice as a registered nurse in the State of Arkansas.
- b. Nurse faculty shall have experience in clinical nursing practice.
- c. There shall be an adequate number of qualified faculty to develop and implement the program and achieve the stated objectives.
- d. Nurse faculty shall demonstrate continuing competence in teaching, curriculum development and nursing as shown by participation in academic study, continuing education, clinical practice or other appropriate activities.
- e. Non-nurse faculty shall meet the requirements of the institution in education and experience in their field of specialization.
- f. Faculty personnel policies:
 - 1) The policies shall be consistent with policies applying to faculty in other departments of the institution.
 - 2) Policies specific to the nursing program shall be developed by nursing faculty.
 - 3). Responsibilities for each position shall be clearly stated in writing. Each faculty shall have a copy.
- g. In programs with greater than two faculty, there shall be a faculty organization with written policies and rules of procedure established by the faculty and in harmony with the mission or philosophy and goals or objectives of the program. All members of the faculty shall participate in the activities of the organization. Minutes of the meetings, which include actions and decisions, shall be on file.
- h. Additional faculty qualifications for specific programs are as follows:
 - 1) APN
 - (a) Nurse faculty shall hold a minimum of a master's degree in nursing and should have a major in their area of responsibility.
 - (b) A majority of nurse faculty shall hold a doctoral degree and have expertise in curriculum development, research and evaluation.

- (c) Clinical faculty shall include advanced practice nurse(s) currently licensed in Arkansas in the category being taught.
 - (d) Non-nurse faculty members shall hold a doctoral degree, or the minimum of a master's degree in their respective disciplines, to teach supportive courses. A majority of the non-nurse faculty who teach supportive courses must hold a doctoral degree in their respective discipline.
- 2) RNP
 - (a) Faculty shall include master's prepared registered nurse practitioners.
 - (b) Medical faculty must hold a current license to practice medicine in Arkansas.
- 3) RN
 - (a) Full time faculty members shall have at least a baccalaureate degree in nursing with additional preparation and/or experience in the area of teaching.
 - (b) Faculty serving as course coordinators shall have at least a master's degree in nursing. It is recommended that graduate preparation in a variety of institutions be represented.
- 4) LPN
 - (a) A licensed practical nurse may serve as an assistant clinical instructor under the supervision of the appropriate registered nurse faculty. The assistant clinical instructor shall hold a current license as a licensed practical nurse in the State of Arkansas.
- 5) LPTN
 - (a) A licensed psychiatric technician nurse may serve as an assistant clinical instructor under the

supervision of the appropriate registered nurse faculty. The assistant clinical instructor shall hold a current license as a licensed psychiatric technician nurse in the State of Arkansas.

3. **STAFF**

There shall be secretarial and clerical staff in the nursing program sufficient to meet the needs of administrative and instructional personnel.

G. STUDENTS

1. Admission, Progression, Graduation:
 - a. There shall be educationally sound written policies and criteria established by the nursing faculty for selection, admission, readmission, progression, and graduation of students.
 - b. High school graduation, or the equivalent as determined by the appropriate educational agency, shall be an admission requirement.
2. Counseling and Guidance: There shall be provision for a counseling and guidance program separate from nursing faculty.
3. Student Participation: There should be student participation in appropriate administrative and instructional planning.
4. Student Fees: An itemized list of fees charged to students shall be printed in the school catalog or attached as an addendum. The list shall specify the purpose of each fee.
5. Student Records: Student records shall be kept in accordance with the policy of the controlling institution.
6. Transfer: Transfer students may be accepted. The school shall evaluate transcripts of work completed for transfer of specific course credits.
7. Advanced Standing (LPN and LPTN): Advanced standing may be granted for previous educational experience by granting credit for specific courses through testing, i.e. teacher-made final examinations, practical examinations, achievement tests.
8. Absenteeism: Policies regarding absenteeism shall be determined by the nursing faculty.
9. School Catalog:
 - a. The school catalog should be current and dated.
 - b. The catalog should include:

- 1) Approval status as granted by the Arkansas State Board of Nursing.
- 2) Curriculum plan.
- 3) Costs to student.
- 4) Scholarship and loan funds.
- 5) Admission requirements.
- 6) Other information as recommended by the nursing faculty.

H. CURRICULUM

The nursing education curriculum shall provide selected learning experiences which promote student acquisition of knowledge, skills, and attitudes essential for beginning practice.

There shall be adequate supervision by nursing faculty of clinical experiences throughout the curriculum.

1. ORGANIZATION

- a. The development and teaching of the nursing curriculum shall be the responsibility of the nursing faculty.
- b. There shall be an organized pattern which reflects the philosophy/mission and facilitates achievement of the goals/objectives of the program.
- c. The choice and placement of courses and the selection and organization of learning experiences shall provide for continuity, sequence, and integration in the total curriculum.
- d. All courses shall have, in writing, course outlines or syllabi describing learning experiences and requirements of the course.

2. CURRICULUM CONTENT REQUIREMENTS (The curriculum shall include, but is not limited to the following minimum requirements).

- a. Curriculum for advanced practice nursing education programs shall include theoretical content and clinical experiences relevant to practice as an APN in the specified category.
 - 1) Theoretical content shall include content from biological, behavioral, pharmacological, medical, and nursing sciences. Content related to the legal, ethical, and professional responsibilities of the advanced practice nurse shall also be included.

- 2) Clinical experiences shall include supervised practice relevant to the category of advanced practice nurse;
 - 3) Students enrolled in courses which include clinical experiences shall hold a registered nurse temporary permit or license according to Arkansas law.
 - 4) The curriculum shall provide the academic basis for graduates to take the certification examination in a category of advanced practice nursing.
- b. **Curriculum for registered nurse practitioner education programs** shall include theoretical content and clinical experiences relevant to registered nurse practitioner practice.
- 1) Theoretical content shall include content from the biological behavioral, nursing, and medical sciences. Comprehensive physical, and biopsychosocial assessment; interviewing and communication skills; eliciting, recording, and maintaining a health history; interpretation of laboratory findings; assessment of community resources; making referrals to appropriate professionals or agencies shall also be included, as well as content relating to role realignment, legal implications of registered nurse practitioner practice, and the health care delivery system.
 - 2) Clinical experiences shall be provided that reflect the theoretical content and allow the opportunity to perform the activities outlined in Chapter Three, Section I.B. "Acts Proper To Be Performed By A Registered Nurse Practitioner."
 - 3) The curriculum shall provide graduates with an academic basis to take the certification examination in a category of registered nurse practitioner nursing.
- c. **Curriculum for registered nursing education programs** (ADN, diploma, and BSN) shall include theoretical content and clinical experiences related to major health problems of society that focus on prevention, detection, and treatment of disease; rehabilitation; and the promotion and maintenance

of health; and assessing, planning, implementing, and evaluating nursing care for persons throughout the life span.

- 1) Theoretical content shall include content in nursing of clients with medical surgical conditions, pediatric and obstetric nursing, mental health nursing, and gerontological nursing. Baccalaureate programs shall include nursing in the community.
- 2) Content shall include principles of nutrition, pharmacology, historical development of the profession; delegation of tasks; and ethical and legal and professional roles of the registered nurse.
- 3) There shall be supporting content from the biological and physical sciences, including anatomy, physiology, chemistry, physics, microbiology, and mathematics.
- 4) Other supporting content shall be drawn from the behavioral sciences and humanities such as psychology, sociology, anthropology, normal growth and development, interpersonal relationships, communication, and English.
- 5) Clinical experiences shall include opportunities for students to develop competence in all phases of care in medical, surgical, obstetric, psychiatric, pediatric, and gerontological nursing. Baccalaureate programs shall include clinical experiences for community nursing.

d. **Curriculum for practical nursing education programs** shall include theoretical content and clinical experiences that focus on health care for persons throughout the life span. The entire curriculum should be so designed that qualified individuals are prepared to meet community nursing needs and to perform those functions which are generally recognized as being within the scope of practical nursing and where skill of registered nurses is not required.

- 1) Theoretical content shall include anatomy and physiology (64/4), nutrition (32/2), pharmacology (64/4), legal and ethical aspects as related to the role of the

- practical nurse (16/1), basic concepts of nursing (160/10), gerontological nursing (16/1), medical-surgical nursing (128/8), maternity nursing (32/2) mental health nursing (16/1), and nursing of children (32/2). Content shall also include delegation appropriate to the role of the practical nurse.
- 2) Clinical experiences shall include care of clients requiring basic skills (96/2), geriatric clients (48/1), adult clients with medical-surgical conditions (504/10.5), maternal clients (72/1.5), and pediatric clients (48/1).

NOTE: Numbers in parentheses designate minimum number of required theory and clinical hours. The first number indicates clock hours; the second number indicates credit hours.

- e. **Curriculum for psychiatric technician nursing programs** shall include theoretical content and clinical experiences that focus on health care for persons throughout the life span. There is an additional emphasis on care of persons with psychiatric disorders.
 - 1) Theoretical content shall include anatomy and physiology (40), microbiology (10), nutrition (20), pharmacology (40), basic concepts of nursing (96), gerontological nursing (30), medical-surgical nursing (110), maternity nursing (30) psychiatric nursing (224), nursing of children (20), and developmental disabilities (30). Content shall also include delegation appropriate to the role of the psychiatric technician nurse.
 - 2) Clinical experiences shall include care of clients requiring basic skills (152), geriatric clients (60), adult clients with medical-surgical conditions (220), maternal clients (60), pediatric clients (40), psychiatric clients (408), and developmentally disabled clients (60), and pharmacology (80).

NOTE: Numbers in parentheses designate minimum number of required theory and clinical clock hours.

3. CURRICULUM REQUIREMENTS

a. Concurrent theory/clinical practice

There shall be evidence of concurrent instruction of theory and clinical practice.

b. Length of Program

RNP

The registered nurse practitioner program shall be at least one (1) academic year in length (nine months full-time) and include a minimum of sixteen (16) continuous weeks (640 hours) preceptorship with a qualified preceptor.

LPN

The Practical nurse program shall be a minimum of 560 theory clock hours and 768 clinical clock hours or the equivalent in credit hours. (One credit hour = 16 theory clock hours or 48 clinical clock hours).

LPTN

The psychiatric technician nurse program shall be a minimum of six hundred fifty (650) clock hours in theory and one thousand eighty (1,080) clock hours of clinical experience.

c. Clinical Requirements

- 1) The faculty-student ratio in clinical shall be a maximum of 1:10 and be consistent with sound educational practice, the curriculum pattern, the number of clinical facilities utilized, and the preparation of nursing faculty.
- 2) Patient census must be sufficient in each area to permit meaningful assignment to each student.
- 3) A student rotation plan shall reflect student clinical experiences for each semester.
- 4) There shall be faculty supervision of all clinical experiences.

d. Preceptorial Experiences

1) Preceptor Qualifications:

(a) APN

- i) Current licensure as a registered nurse in the state of practice; according to

- (d) Prior to and throughout the preceptorial learning activities, faculty shall interact with preceptors, individually or in groups, to clarify roles and the nature of the learning activities.
- (e) The preceptor shall be assigned no more than two students at any given time.
- (f) Each student shall have a designated faculty member who is responsible for the preceptorial learning activity.
- (g) Faculty shall be readily available for consultation with students and preceptors during preceptorial experiences.

4. EXPERIMENTATION

- a. Nursing faculty may develop a curriculum which differs from the usual patterns.
- b. The director shall submit a proposal in writing to the Board for approval to implement the experimental curriculum.
- c. Mandatory requirements remain in effect for experimental programs.

I. NURSING PROGRAM EVALUATION

- 1. The evaluation of the nursing program shall be the responsibility of the nursing faculty.
- 2. An appropriate plan for systematic evaluation of all aspects of the program shall be implemented.
- 3. The plan shall include but not be limited to the following areas: philosophy/mission, objectives/goals, curriculum, policies, resources, facilities, faculty, students, and graduates.
- 4. There shall be provision for student participation in the evaluation of his/her own learning experience.
- 5. Appropriate records shall be maintained to assist in the evaluation of the educational program.
- 6. The outcomes of systematic evaluation shall be used for ongoing development of the program.

J. STUDENT RECORDS

- 1. Student final records, which are supplied by the Board, or transcripts, shall be submitted for all graduates who

qualify to take the licensure examination. The student final record or transcript shall include statements of credit or clock hours of theory and clinical practice per course satisfactorily completed, bear the impression of the school seal, and the signature of the chairman of the program or registrar.

2. Licensure by examination applications shall not be signed by the nursing program director or her/his designee prior to completion of the program.
3. Permanent student records shall be safely stored to prevent loss by destruction and unauthorized use.

K. REPORTS TO THE BOARD

1. Annual Report (APN, LPN, LPTN, RN, RNP)
An annual report shall be submitted no later than December 1, of each year utilizing the format provided by the Board. The report shall include appointment and termination of faculty during the reporting period.
2. Special Reports
 - a. The Board shall be notified in writing of major changes affecting the school. (e.g. Change of school name, change of program chairperson, etc.)
 - b. Curriculum Changes
 - 1) Major curriculum changes in RN programs must be reported to the Board including, but not limited to, the following:
 - a) Changes in philosophy, mission, or goals or objectives which alter the present curriculum.
 - b) Increase or decrease in the length of the program.
 - c) Reorganization of the curriculum.
 - 2) Major curriculum changes and minimum requirement variations in LPN/LPTN programs shall be approved by the Arkansas State Board of Nursing or the Board's representative prior to implementation.

L. NURSING EDUCATION PROGRAM OUTCOMES

Arkansas Nursing education programs shall maintain a minimum NCLEX passing rate of 70% for first writes. The minimum passing rate will increase to 75% effective January, 2003.

Nursing education programs which fall below the minimum Board

established passing rate on NCLEX shall comply with the following process:

1. First Year - the nursing program with an unacceptable passing rate will receive a letter of concern from the Board regarding the low pass rate. The program will provide the Board with a report analyzing all aspects of the education program, identifying areas contributing to the unacceptable pass rate and a plan of action to resolve low pass rate.
2. Second Consecutive Year - the program administrator and institution head must appear before and present to, the full Board problems identified and analysis taken the first year and a further corrective plan of action. The program will be placed on probational approval at this time. Probational Approval shall remain in effect until the program has maintained the minimum passing rate for two (2) consecutive years. Probational Approval will be granted for no longer than four years. After four years if pass rates have not been corrected the program's approval will be withdrawn.

SECTION III CHANGE OF CONTROLLING INSTITUTION

- A. If ownership of an institution operating a nursing education program should change, the new governing body shall consult the Board for direction in continuing the program.
- B. At the discretion of the Board's representative a survey visit may be conducted and results presented to the Board for action.

SECTION IV CLOSING A NURSING PROGRAM

A. METHOD

1. When the decision to close a nursing education program leading to licensure has been made, the director shall advise the Board and submit a written plan for the discontinuation of the program.
2. The closure may be accomplished in one of two ways:
 - a. Transfer students to another Board approved program; or
 - b. Discontinue admission of students, with the

official closing of the program on the date that the last student either withdraws or completes the program.

3. The program shall prevent applicants from applying for admission by announcing early the plan to close.
4. The program shall maintain full compliance with Minimum Requirements until the last student is transferred, withdraws or completes the program.

B. RECORDS

1. The controlling institution shall be responsible for maintaining custody of records in accordance with the policy for that institution.
2. The controlling institution shall notify the Board in writing of arrangements to maintain permanent student and graduate records and other pertinent documents.

~~Effective May 13, 1997~~

CHAPTER SEVEN RULES OF PROCEDURE

DRAFT

SECTION I

RULES UNDER THE NURSE PRACTICE ACT AND NOTICE – HEARING

A. RULES UNDER THE NURSE PRACTICE ACT

This exposition of the Rules of Procedure formulated under the Administrative Procedure Act, as amended, ACA §25-15-201 et seq, does not effect a repeal of the provisions of the nurse practice act, its amendments and related laws, except insofar as these Rules of Procedure were formulated under provisions of law which specifically contravenes provisions of the nurse practice act, its amendments and related laws.

B. NOTICE – HEARING

Any such rule shall be made or amended only after a hearing upon notice as set forth in these Rules of Procedure.

SECTION II PRIOR RULES

PRIOR RULES – VALID

Rules of the Board formulated previously are declared to be still in force until amended and certified to the *Arkansas Register*.

SECTION III RULE MAKING

In any case of rule-making, every person has a right to seek to cause the Board to act to make a rule. Every person also has the right to seek to cause an incorrect rule to be corrected.

SECTION IV VIOLATION OF RULES

- A. Willful violation of any rule of the Board, in addition to any other penalty provided by law, shall subject the violator to such denial, suspension or revocation of approval of a nursing program or license to practice nursing as may be applicable.
- B. The ASBN may require state and federal criminal background checks of any licensee for cause.

SECTION V ORDER

A. ORDER – EFFECTIVE ONLY IN WRITING

Orders of the Board shall be effective only when in writing.

B. EFFECTIVE DATE

Each order shall contain its effective date and shall concisely state:

1. Its intent or purpose;
2. The grounds on which it is based;
3. The pertinent provision of law.

C. ORDER MAY BE EFFECTUATED

An order may be given by service upon or delivery to the person ordered by mail, postage prepaid, addressed to the person at his principal place of business or his home as last of record with the Board. An order may also be served by any officer authorized to serve legal process or by any member of the Board or any employee of the Board. An attempt to serve notice at the last address of record in the Board office shall constitute official notice.

D. ORDER FORMULATED UPON ADJUDICATION

There shall be an order formulated upon each adjudication made by the Board or its hearing officer.

**SECTION VI
DECLARATORY ORDER – RULES**

A. DECLARATORY ORDER – PETITION FOR

Any person who alleges a rule, or its possible application, may injure or threaten to injure him, his business or property may file a petition for a declaratory order as to the applicability of any rule to be enforced by the Board.

B. PROMPT DISPOSITION

Such petition shall be promptly considered and a prompt disposition shall be made.

C. STATUS

Declaratory orders shall have the same status as agency orders formulated upon adjudication.

**SECTION VII
DECLARATORY ORDER – STATUTES AND ORDERS**

Applicability of statutes or department orders as to any person may be determined in the same manner by declaratory orders.

**SECTION VIII
ADJUDICATION**

A. REASONABLE NOTICE

All parties shall be afforded opportunity for hearing after reasonable notice.
(See Section XI, subsection B.3. *infra*.)

B. EVIDENCE MAY BE PRESENTED

Opportunity shall be afforded all people interested in the action to respond and present evidence and argument on all issues involved.

C. STIPULATION/SETTLEMENT/CONSENT OR DEFAULT NOT PROHIBITED

Nothing in these rules shall prohibit informal disposition by stipulation, settlement, consent order or default.

D. RECORD

The record shall include:

1. All pleadings, motions and intermediate rulings;
2. All evidence received or considered, including on request of any party a transcript of all proceedings or any part;
3. A statement of matters officially noticed;
4. Offers of proof, objections and rulings;
5. Proposed findings and exceptions;
6. All staff memoranda or data submitted to the hearing officer in connection with any staff consideration of the matter.

E. FINDINGS OF FACT

Findings of fact shall be based exclusively on the evidence received and on matters officially noticed.

**SECTION IX
ADJUDICATION – DECISIONS**

A. FINAL DECISION

In every case of adjudication there shall be a final decision, or order, which shall be in writing or stated in the record.

1. The final decision shall include findings of fact and conclusions of law each separately stated.
2. The findings of fact, if set forth in statutory language, shall be accompanied by a concise and explicit statement of the underlying evidence supporting the findings.
3. If any party submitted proposed findings of fact, the decision shall include a ruling upon each proposed finding.

B. SERVICE OF COPY – DECISION

Parties shall be served either personally or by mail with a copy of any decision or order.

C. EXEMPTION

Where a formal hearing before a hearing officer has been held at which the parties were given proper notice, and at which opportunity was offered to them to be present in person and by counsel to present testimony, briefs, and argument, a proposal for decision will not be required.

SECTION X HEARING OFFICER

Where convenient and appropriate, a hearing officer may be appointed to take testimony and prepare the record for the consideration of the Board. The hearing officer may conduct hearings at any place within the State of Arkansas. In the conduct of such hearings, the hearing officer shall preside and have the power and duties of a presiding official as set forth in Section X.D. The decision on the record made by the hearing officer shall be made by a majority of the members of the Board.

A. HEARINGS

In every case of adjudication, and in cases of rule making where rules are to be made after hearing, there shall be a hearing.

B. RIGHT OF COUNSEL

Any person compelled to appear before the Board or a hearing officer shall have the right to counsel.

C. IMPARTIALITY

Every member of the Board present shall conduct her/himself in an impartial manner and the presiding official may withdraw if she/he deems her/himself disqualified. Any party may file an affidavit of personal bias or disqualification which shall be ruled upon by the Board and granted if it is timely, sufficient, and filed in good faith.

D. POWER AND DUTIES OF PRESIDING OFFICIAL

The presiding officer of the hearing shall have power to:

1. Administer oaths and affirmations;
2. Maintain order;
3. Rule on all questions arising during the course of the hearing;
4. Hold conferences for the settlement or simplification of the issues;
5. Make or recommend decisions;
6. Generally, to regulate and guide the course of the proceedings.

E. BURDEN OF PROOF

The proponent of a rule or order shall have the burden of proof.

F. EVIDENCE EXCLUDED

Irrelevant, immaterial and unduly repetitious evidence shall be excluded.

G. EVIDENCE ADMITTED

Any other evidence, oral or documentary, not privileged, may be received if it is of a type commonly relied upon by reasonably prudent ~~men~~ person in the conduct of their affairs.

H. OBJECTIONS

Objections to evidence may be made and shall be noted of record.

I. EVIDENCE MAY BE WRITTEN – WHEN

When a hearing can be so expedited (and the interests of the parties will not be prejudiced) any part of the evidence may be received in written form.

J. CROSS-EXAMINATION

Parties shall have the right to conduct such cross-examination as may be required for a full, true disclosure of the facts.

K. OFFICIAL NOTICE

Official notice may be taken of judicially cognizable facts and of generally recognized technical or scientific facts peculiarly within the Board's specialized knowledge.

1. Parties shall be notified of material so noticed (including any staff memoranda or data).
2. Parties shall be afforded a reasonable opportunity to show the contrary.

SECTION XI

PROCEDURE ON DENIAL, REPRIMAND, PROBATION, CIVIL PENALTIES, SUSPENSION, OR REVOCATION

A. GROUNDS FOR DISCIPLINE

(a) The Board shall have sole authority to deny, or suspend, revoke or limit any license to practice nursing or certificate of prescriptive authority issued by the Board or applied for in accordance with the provisions of this chapter, or to otherwise discipline a licensee upon proof that the person:

1. Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing;
2. Is guilty of crime or gross immorality;
3. Is unfit or incompetent by reason of negligence, habits or other causes;
4. Is habitually intemperate or is addicted to the use of habit-forming drugs;
5. Is mentally incompetent;
6. Is guilty of unprofessional conduct;
7. Has had a license, certificate or registration revoked, suspended or placed on probation or under disciplinary order in any jurisdiction;
8. Has voluntarily surrendered a license, certification or registration and has not been reinstated in any jurisdiction; or
9. Has willfully or repeatedly violated any of the provisions of this chapter.

(b) The board shall refuse to issue or shall revoke the license of any person who is found guilty of or pleads guilty or nolo contendere to any offense listed in §17-87-312(f) unless the person requests and the board grants a

waiver pursuant to §17-87-312(h).

(c) Proceedings under this section shall be as provided in the Arkansas Administrative Procedure Act, as amended, § 25-15-201 et seq.

B. PROCEEDINGS

Proceedings shall be as follows.

1. Opportunity for licensee or applicant to have hearing.

Except as provided in subsection 2 below, every licensee or applicant for a license shall be afforded notice and an opportunity to be heard before the Board. The Board shall have authority to take any action the effect of which would be to:

 - a. Deny permission to take an examination for licensing for which application has been duly made;
 - b. Deny a license after examination for any cause other than failure to pass an examination;
 - c. Withhold the renewal or reinstatement of a license for any cause;
 - d. Revoke a license;
 - e. Suspend a license;
 - f. Probate a license;
 - g. Reprimand a licensee;
 - h. Levy civil penalties.
2. Suspension of license without prior notice or hearing.

If the Board finds that the continued practice by a licensee of the occupation or profession for which he/she is licensed will create an immediate hazard to the public, the Board may suspend the license pending a hearing without prior notice of hearing.
3. Notice of action or contemplated action by the Board—Request for Hearing—Notice of Hearing.
 - a. When the Board contemplates taking any action of a type specified in paragraphs a. and b. of subsection B.1. *supra*, it shall give written notice to the applicant at the last address of record in the Board office, including a statement:
 - (1) That the applicant has failed to satisfy the Board of his or her qualifications to be examined or to be licensed, as the case may be;
 - (2) Indicating in what respects the applicant has failed to satisfy the Board; and
 - (3) That the applicant may secure a hearing before the Board by depositing in the mail, within 20 days after service of said notice, a registered letter addressed to the Board containing a request for a hearing.
 1. In any proceeding of the Board involving the denial of a duly made application to take an examination, or refusal to issue a license after an applicant has taken and passed an examination, the burden of satisfying the Board of the applicant's qualifications shall be upon the

- applicant.
2. When the Board contemplates taking any action of a type specified in subsections c, d, and e of subsection B.1. supra, it shall give a written notice to the licensee at the last address of record in the Board office, through the Board's attorney, which contains a statement:
 - (1) That the Board has sufficient evidence which, if not rebutted or explained, will justify the Board in taking the contemplated action;
 - (2) Indicating the general nature of the evidence, and detailed allegations of violation of ACA §17-87-309(a)(1-9) the licensee is charged with;
 - (3) That a hearing will be held on a date certain, no sooner than 20 days after the mailing of the notice to the last address of record in the Board office; and at that hearing the Board will receive evidence.
 3. When the Board shall summarily suspend a license pending a hearing, as authorized in subsection B.2 supra, it shall give written notice of the general nature of the evidence and detailed allegations of violation of ACA §17-87-309(a)(1-9) the licensee is charged with:
 - (1) That the Board has sufficient evidence which, if not rebutted or explained, will justify revocation of the license by the Board;
 - (2) Indicating the general nature of the evidence against the licensee;
 - (3) That, based on the evidence indicated, the Board has determined that the continuation of practice of the occupation or profession of the licensee will create an immediate hazard to the public and has therefore suspended the license of the licensee effective as of the date such notice is served;
 - (4) The Board will then set an immediate hearing for a full evidentiary presentation by the licensee and the Board.
 4. In any hearing before the Board involving the suspension or revocation of a license, the burden shall be on the Board to present competent evidence to justify the action taken or proposed by the Board.

C. CIVIL PENALTIES

The Board may, after providing notice and a hearing, levy civil penalties in an amount not to exceed one thousand dollars (\$1,000.00) for each violation against those individuals or entities found to be in violation of this

Chapter or regulations promulgated thereunder.

1. Each day of violation shall be a separate offense.
2. These penalties shall be in addition to other penalties which may be imposed by the Board pursuant to this Chapter.
3. Unless the penalty assessed under this subsection is paid within fifteen (15) calendar days following the date for an appeal from the order, the Board shall have the power to file suit in the Circuit Court of Pulaski County to obtain a judgment for the amount of penalty not paid.

D. ENCUMBRANCE OR SUSPENSION OF DEA REGISTRATION

The APN shall submit his/her DEA Registration to the Board upon request following disciplinary hearing in which the registration is encumbered or suspended.

E. METHOD OF SERVING NOTICE OF HEARING

Any notice required by subsection B.3, above, may be served either personally or by an officer authorized by law to serve process, or by registered mail or certified mail with return receipt requested, directed to the licensee or applicant at his or her last known address as shown by the records of the Board. If notice is served personally, it shall be deemed to have been served at the time when the officer delivers the notice to the person addressed. Where notice is served by registered mail, it shall be deemed to have been served on the date borne by the return receipt showing delivery of the notice to the addressee or refusal of the addressee to accept the notice. An attempt to serve notice at the last address of record shall constitute official notice.

F. VENUE OF HEARING

Board hearings held under the provisions of this rule shall be conducted at the Board office or elsewhere in Pulaski County.

G. HEARINGS PUBLIC

Use of Hearing Office – All hearings under this section shall be open to the public.

At all such hearings at least a quorum of the Board shall be present to hear and determine the matter.

H. RIGHTS OF PERSONS ENTITLED TO HEARING

A person entitled to be heard pursuant to this section shall have the right to:

1. Be represented by counsel;
2. Present all relevant evidence by means of witnesses and books, papers and documents;
3. Examine all opposing witnesses on any matter relevant to the issues;
4. Have subpoenas and subpoenas duces tecum issued to compel the attendance of witnesses and the production of relevant books, papers and documents upon making written request

- therefor to the Board; and
5. Have a transcript of the hearing made at his or her own expense as provided in Section VIII.D. hereof.

I. POWERS OF THE BOARD IN CONNECTION WITH HEARING

In connection with any hearing held pursuant to the provisions of this section, the Board or its hearing officer shall have power to:

1. Have counsel to develop the case;
2. Administer oaths or affirmations to witnesses called to testify;
3. Take testimony;
4. Examine witnesses;
5. Have a transcript of the hearing made at the expense of the Board; and
6. Direct a continuance of any case.

J. RULES OF EVIDENCE

In proceedings held pursuant to this rule, the Board may admit any evidence and may give probative effect to evidence that is of a kind commonly relied on by reasonably prudent men in the conduct of serious affairs. The Board may in their discretion exclude incompetent, irrelevant, immaterial and unduly repetitious evidence.

K. FEES – WITNESSES

Witness fees and mileage, if claimed, shall be allowed the same as for testimony in a Circuit Court.

L. MANNER AND TIME OF RENDERING DECISION

After a hearing has been completed, the members of the Board shall proceed to consider the case and as soon as practicable shall render their decision. If the hearing was conducted by a hearing officer, the decision shall be rendered by the Board at a meeting where a quorum of the members of the Board are present and participating in the decision. In any case the decision must be rendered within ninety (90) days after the hearing.

M. SERVICE OF WRITTEN DECISION

Within a reasonable time after the decision is rendered, the Board shall serve upon the person whose license is involved a written copy of the decision, either personally or by registered mail to the last address of record in the Board office. If the decision is sent by registered mail, it shall be deemed to have been served on the date borne on the return receipt.

N. PROCEDURE WHERE PERSON FAILS TO REQUEST OR APPEAR FOR HEARING—REOPENING HEARING

If a person duly notified fails to appear for a disciplinary hearing and no continuance has been granted, the Board, or its hearing officer, shall hear the evidence of such witnesses as may have appeared, and the Board shall proceed to consider the matter and dispose of it on the basis of the

**B. JUDICIAL REVIEW - FAILURE TO ACT
RULE MAKING**

If the Board shall unlawfully, unreasonably, or capriciously fail, refuse, or delay to act in respect to rule-making, any person may sue for an order commanding the Board to act.

VENUE – CHANCERY COURTS

The suit may be brought in the chancery court of Pulaski County.

C. JUDICIAL REVIEW – FAILURE TO ACT IN ADJUDICATION

Any person who considers himself injured by a failure to act in a case of adjudication has the same judicial review as in a matter of failure to act pertaining to rule-making.

VENUE – CHANCERY COURTS

The plaintiff may bring suit for an order commanding the Board to act. The suit shall be in the Pulaski Chancery Court.

D. JUDICIAL REVIEW – ADJUDICATION

In cases of adjudication, any person who considers himself injured in his person, business or property by final Board action shall be entitled to judicial review.

1. OTHER REVIEW – NOT EXTINGUISHED

Nothing in this section shall be construed to limit other means of review provided by law.

2. VENUE – CIRCUIT COURTS

Proceedings for review may be instituted by filing a petition in the circuit court of Pulaski County or the county in which the person resides.

3. TIME

The petition shall be filed within thirty days after service of the Board's final decision of the adjudication upon petitioner.

4. SERVICE

Service shall be had by serving a copy of the petition upon the Board and all other parties of record either by personal service or by mail.

5. INTERVENORS

The court may permit other interested parties to intervene.

6. STAY OF ORDER

Filing of the petition shall not automatically stay enforcement of the Board decision. The Board, upon its own action, or the reviewing court may stay the order upon such terms as may be just.

7. RESPONSE

Response shall be made within thirty (30) days after service of the petition, or within such time as the court may allow, but not exceeding a total of ninety (90) days.

8. BOARD SHALL TRANSMIT RECORD TO COURT

The Board shall transmit the record to the reviewing Court.

- a. The record shall be either the original or a certified copy of the entire record.

evidence before it in the manner required by subsection L. of Section XI. Failure of the licensee to keep the Board informed of a change of address shall not be grounds to have the hearing reopened.

Where because of accident, sickness, or other cause a person fails to appear for a hearing which has been scheduled by the Board, the person may, within a reasonable time, apply to the Board to reopen the proceeding; and the Board, upon finding such cause sufficient, shall immediately fix a time and place for hearing, and give such person notice thereof as required by Sections XI.B.3. and XI.E. At the time and place fixed, a hearing shall be held in the same manner as would have been employed if the person had appeared in response to the original notice of hearing.

O. CONTENTS OF DECISION

The decision of the Board shall contain:

1. Findings of fact made by the Board;
2. Conclusions of law reached by the Board;
3. The order of the Board based upon these findings of fact and conclusions of law; and
4. A statement informing the person whose license is involved of his right to request a judicial review and the time within which such request must be made.

P. JUDICIAL REVIEW

Judicial review of proceedings under this rule shall be set out in Section XII.

**SECTION XII
JUDICIAL REVIEW**

A. JUDICIAL REVIEW – RULE MAKING

1. **DECLARATORY JUDGMENT**
The validity or applicability of a rule may be determined in an action of declaratory judgment if it is alleged that the rule (or its threatened application) injures or threatens to injure the plaintiff.
2. **VENUE – CIRCUIT COURTS**
An application for declaratory judgment may be brought in the circuit court of Pulaski County.
3. **BOARD NAMED DEFENDANT**
The Board shall be named defendant.
4. **DECLARATORY JUDGMENT AVAILABLE**
A declaratory judgment may be sought and rendered whether or not the plaintiff requested the Board to act upon the validity or applicability of the questioned rule.

- b. By stipulation of all parties to the review, the record may be shortened.
 - c. The court may require or permit subsequent corrections or additions to the record.
- 9. **ADDITIONAL EVIDENCE**

Additional evidence may be had if, before the date for hearing, application is made to the Court for leave to present additional evidence.

 - a. Must obtain leave of court.
 - b. Evidence must be material.
 - c. Must show a good reason for failure to present the evidence.
 - d. The court may set such conditions as may be just.
 - e. The Board may modify its findings and decisions by reason of the additional evidence. If so, that evidence and any modifications, new findings, or decisions shall be filed with the reviewing court.
- 10. **REVIEW BY COURT WITHOUT JURY**

The review shall be conducted by the court without jury and shall be confined to the record.

EXCEPTION:

 - a. In cases of alleged irregularities in procedure before the Board (not shown in the record) testimony may be taken before the Court.
 - b. Upon request, the court shall hear oral arguments and receive written briefs.
- 11. **RULING OF REVIEWING COURT**

The reviewing court may affirm the decision of the Board, or it may remand the case for further proceedings. It also may reverse or modify the decision if substantive rights of the petitioner have been prejudiced because the administrative findings, inferences, conclusions or decisions are:

 - a. In violation of constitutional or statutory provisions;
 - b. In excess of the Board's statutory authority;
 - c. Made upon unlawful procedure;
 - d. Affected by other error of law;
 - e. Not supported by substantial evidence of record, or, if it is arbitrary, capricious, or characterized by abuse of discretion.

E. JUDICIAL REVIEW – DISCIPLINARY PROCEEDINGS

In cases of disciplinary proceedings any respondent shall be entitled to judicial review of the final Board action.

- 1. **VENUE – CIRCUIT COURT**

Proceedings for review may be instituted by filing a petition in the Circuit Court of Pulaski County or the county in which the person resides.
- 2. **TIME**

The petition shall be filed within thirty (30) days after service of the Board's final decision of the adjudication upon petitioner.

3. SERVICE
Service shall be had by serving a copy of the petition upon the president or the secretary of the Board.
4. STAY OF ORDER
Filing of the petition shall not automatically stay enforcement of the Board decision. The Board, upon its own action, or the reviewing court may stay the decision or order upon such terms as may be just.
5. RESPONSE
Response shall be made within thirty (30) days after service of petition, or within such time as the court may allow, but not exceeding a total of ninety (90) days.
6. THE BOARD SHALL TRANSMIT RECORD TO COURT
The Board shall transmit the record to the reviewing court.
 - a. The record shall be either the original or a certified copy of the entire record.
 - b. By stipulation of all parties to the review, the record may be shortened.
 - c. The court may require or permit subsequent corrections or additions to the record.
7. ADDITIONAL EVIDENCE
Additional evidence may be had if, before the date for hearing, application is made to the court for leave to present additional evidence.
 - a. Must obtain leave of court.
 - b. Evidence must be material.
 - c. Must show a good reason for failure to present the evidence.
 - d. The court may set such conditions as may be just.
 - e. The Board may modify its findings and decisions by reason of the additional evidence. If so, that evidence and any modifications, new findings, or decisions shall be filed with the reviewing court.
8. REVIEW BY COURT WITHOUT JURY
The review shall be conducted by the court without a jury and shall be confined to the record.
 - a. EXCEPTION
In cases of alleged irregularities in procedure before the Board (not shown in the record) testimony may be taken before the court.
 - b. Upon request, the court shall hear oral argument and receive written briefs.
9. RULING OF REVIEWING COURT
The reviewing court may affirm the decision of the Board, or it may remand the case for further proceedings. It also may reverse or modify the decision if substantive rights of the petitioner have been prejudiced because the administrative findings, inferences, conclusions or decisions are:
 - a. In violation of constitutional or statutory provisions;
 - b. In excess of the Board's statutory authority;

- c. Made upon unlawful procedure;
- d. Affected by other error of law;
- e. Not supported by substantial evidence of record, or if it is arbitrary, capricious, or characterized by abuse of discretion.

SECTION XIII

APPEALS TO THE SUPREME COURT OF ARKANSAS

Appeals to the Arkansas Supreme Court from any final action of a chancery or circuit court shall follow the procedure prescribed by law.

SECTION XIV

ENFORCEMENT

A. CIVIL ACTION

The Board may institute such civil suits or other legal proceedings as may be required for enforcement of any provisions of ACA §17-87-101 through 17-87-401 (Nurse Practice Act), as amended, and related acts.

B. CRIMINAL ACTION

If the Board has reason to believe that any person has violated any provisions of the Nurse Practice Act, as amended, or related acts for which criminal prosecution would be in order, it shall so inform the prosecuting attorney in whose district any such purported violation may have occurred.

SECTION XV

DISCIPLINARY PROCEEDINGS

A. DEFINITIONS

1. The term "fraud and deceit" shall include but not be limited to:
 - a. False representation of facts on an application for licensure by examination or licensure by endorsement without examination or on application for renewal of license;
 - b. False representation by having another person in his/her place for the licensing examination or any part thereof;
 - c. Forged or altered documents or credentials as required for the application for original license, application for renewal of license, or application for certificate of prescriptive authority;
 - d. Disclosing the contents of the licensing examination or soliciting, accepting or compiling information regarding the examination before, during or after its administration;
 - e. Aiding, abetting, assisting or hiring an individual to violate or circumvent any law or duly promulgated rules and regulations intended to guide the conduct of a nurse or other health care provider;
 - f. Prescribing any drug, medicine, or therapeutic device unless certified by the Board as having prescriptive authority.

2. The term "gross immorality" shall include but not be limited to acts and conduct inconsistent with the rules and principles of morality which relate to the practice of nursing and the responsibilities of the licensee.
3. The term "negligence" means the failure to do some act of nursing which a licensee should do, guided by those ordinary considerations which regulate the practice of nursing; or the doing of something which a reasonable and prudent licensee would not do under the same or similar facts and circumstances in the practice of nursing.
The term "gross negligence" is an exercise of such minimal care as to justify the belief that there was a conscious disregard or indifference for the health, safety, or welfare of the patient or the public and shall be considered a substantial departure from the accepted standard of care.
The term "other causes" shall include but not be limited to the inability to practice nursing because of physical and/or psychological impairment.
4. The term "habitually intemperate or addicted" shall include but not be limited to the use of hallucinogenics, stimulants, depressants or intoxicants which could result in behavior that interferes with the practice of nursing.
5. The term "mental incompetence" shall include those situations where a court has adjudged a licensee as incompetent.
6. The term "unprofessional conduct" which, in the opinion of the Board, is likely to deceive, defraud, or injure patients or the public, means any act, practice, or omission that fails to conform to the accepted standards of the nursing profession and which results from conscious disregard for the health and welfare of the public and of the patient under the nurse's care; and includes, but is not limited to, the conduct listed below:
 - a. Failing to assess and evaluate a patient's status or failing to institute nursing intervention which might be required to stabilize a patient's condition or prevent complications.
 - b. Knowingly or consistently failing to accurately or intelligibly report or document a patient's symptoms, responses, progress, medications, and/or treatments.
 - c. Knowingly or consistently failing to make entries, destroying entries, and/or making false entries in records pertaining to the giving of narcotics, drugs, or nursing care.
 - d. Unlawfully appropriating medications, supplies, equipment, or personal items of the patient or employer.
 - e. Failing to administer medications and/or treatments in a responsible manner.
 - f. Performing or attempting to perform nursing techniques and/or procedures in which the nurse is untrained by experience or education, and practicing without the required professional supervision.

- g. Violating the confidentiality of information or knowledge concerning the patient except where required by law.
- h. Causing suffering, permitting or allowing physical or emotional injury to the patient or failing to report the same in accordance with the incident reporting procedure in effect at the employing institution or agency.
- i. Leaving a nursing assignment without notifying appropriate personnel.
- j. Failing to report to the Board within a reasonable time of the occurrence, any violation or attempted violation of the Arkansas Nurse Practice Act or duly promulgated rules, regulations, or orders.
- k. Delegating nursing care functions and/or responsibilities in violation of the Arkansas Nurse Practice Act and the Arkansas State Board of Nursing Rules and Regulations, Chapter 5.
- l. Failing to supervise persons to whom nursing functions are delegated or assigned.
- m. Practicing nursing when unfit to perform procedures and make decisions in accordance with the license held because of physical, psychological or mental impairment.
- n. Failing to conform to the Universal Precautions for preventing the transmission of Human Immunodeficiency Virus and Hepatitis B Virus to patients during exposure prone invasive procedures.
- o. Providing inaccurate or misleading information regarding employment history to an employer or the Arkansas State Board of Nursing.
- p. Failing a drug screen as requested by employer or Board.
- q. Engaging in acts of dishonesty which relate to the practice of nursing.
- r. Failure to display appropriate insignia to identify the nurse during times when the nurse is providing health care to the public.

7. Has had a license, certificate or registration revoked, suspended or placed on probation or under disciplinary order in any jurisdiction;

8. Has voluntarily surrendered a license, certification or registration and has not been reinstated in any jurisdiction.

7.9. The term "willfully" shall include but not be limited to:

- a. Continuing action after notice by the Arkansas State Board of Nursing;
- b. Disregarding the expiration date of the license;
- c. Providing false, incorrect, or incomplete information to the employer regarding the status of the license;
- d. Performing acts beyond the authorized scope of the level of nursing for which the individual is licensed, and practicing without required professional supervision;
- e. Failing to follow the Nurse Practice Act of the State of Arkansas and its rules and regulations.

Effective August 1, 1997

CHAPTER EIGHT
ASSESSMENT OF FEES

A. COLLECTION OF FEES

The Board shall collect the following fees:

- ~~1.~~ **LICENSURE BY EXAMINATION APPLICATION**
Fifty five dollars (\$55.00) for registered nurse, practical nurse or psychiatric technician nurse licensure by examination.
- ~~2.~~ **LICENSURE BY ENDORSEMENT APPLICATION**
Seventy five dollars (\$75.00) for licensure by endorsement as a registered nurse, licensed practical nurse, or licensed psychiatric technician nurse.
- ~~3.~~ **TEMPORARY PERMIT APPLICATION**
 - ~~a.~~ Ten dollars (\$10.00) for a temporary permit to practice as an advanced practice nurse while awaiting the results of a certification examination.
 - ~~b.~~ Ten dollars (\$10.00) for a temporary permit to practice as a registered nurse, licensed practical nurse, or licensed psychiatric technician nurse while awaiting endorsement.
- ~~4.~~ **RENEWAL APPLICATION**
~~Forty five dollars (\$45.00) for renewal of licensure as a licensed practical nurse or licensed psychiatric technician nurse. Fifty dollars (\$50.00) for renewal of licensure as a registered nurse. Twenty five dollars (\$25.00) for renewal of licensure as a registered nurse or an advanced practice nurse or registered nurse practitioner, licensed practical nurse or licensed psychiatric technician nurse.~~
- ~~5.~~ **CERTIFICATE OF PRESCRIPTIVE AUTHORITY APPLICATION**
~~Twenty five dollars (\$25.00) One hundred dollars (\$100.00) for a certificate of prescriptive authority.~~
- ~~6.~~ **LAPSED LICENSURE REINSTATEMENT APPLICATION**
~~Thirty dollars (\$30.00) late fee for reinstatement of lapsed licensure as a registered nurse, licensed practical nurse, licensed psychiatric technician nurse, registered nurse practitioner or advanced practice nurse.~~
- ~~7.~~ **CERTIFICATION/VERIFICATION APPLICATION**
~~Twenty dollars (\$20.00) for a certified statement that a registered nurse, registered nurse practitioner, advanced practice nurse, licensed practical nurse or licensed psychiatric technician nurse is licensed in this state.~~
- ~~8.~~ **DUPLICATE CREDENTIAL APPLICATION**
~~Five dollars (\$5.00) Ten dollars (\$10.00) credential fee for a duplicate license or certificate.~~

- ~~9. **REPLACEMENT LICENSE APPLICATION**
Five dollars (\$5.00) ~~Ten dollars (\$10.00)~~ for a replacement
license following a name change.~~
- ~~10. **INACTIVE REINSTATEMENT APPLICATION**
Ten dollars (\$10.00) for reinstatement from inactive status.~~
- ~~11. **CERTIFIED COPY OF RECORDS**
Five dollars (\$5.00) for a certified copy of records a
document or transcript.~~
- ~~B. **REFUND OF FEES**
All fees collected by the Board are nonrefundable.~~

Effective May 13, 1997