

**NORTH CAROLINA BOARD OF NURSING
REGULAR BOARD MEETING**

**September 23, 2016
MINUTES**

Time and Place of Meeting	A regular meeting of the North Carolina Board of Nursing was held at the North Carolina Board of Nursing office in Raleigh, North Carolina on September 23, 2016. Meeting convened at 9:00 a.m.
Presiding	Martha Ann Harrell, Public Member
Members Present	Pat Campbell, Public Member Maggie Conklin, Public Member Frank DeMarco, RN Deborah Herring, RN Mary Jones, LPN Jennifer Kaylor, RN Bob Newsom, LPN Peggy Walters, RN Christina Weaver, RN Carol Wilson, LPN
Members Absent	Yolanda Hyde, RN Sharon Moore, RN
Staff Present	Julia George, RN, Executive Director Anna Choi, General Counsel Linda Burhans, Associate Executive Director – Education/Practice Gayle Bellamy, Director of Finance Angela Ellis, Manager, Executive Office
Ethics Awareness and Conflict of Interest	Ethics Awareness and Conflict of Interest Statement was read. No conflicts were identified
Consent Agenda	The Consent Agenda be approved as presented. MOTION: That the Consent Agenda be approved as presented. Weaver/Passed.
Consent Agenda	The following items were accepted/approved by the adoption of the Consent Agenda: <ul style="list-style-type: none">• Minutes of May 20, 2016 (Board Meeting)• Minutes of May 19, 2016 (Administrative Hearing)• Minutes of July 21, 2016 (Administrative Hearing)

- Board Governance Committee
 - (a) Summary of Activities
 - (b) 2016 Board Assessment Action Plan (FYI)
 - (c) BOES Update (FYI)
- Executive Director
 - (a) 2016 Election Report (FYI)
- Education and Practice Committee
 - (a) Education Program Activity (Attachment A)
 - (b) Quarterly NCLEX Pass Rates
- Licensure Review Panels
 - (a) Licensure Review Panel Report (Attachment B)
- Hearing Committee
 - (a) Settlement Cases (Attachment C)
- Report on Non-Hearing Discipline, Investigation/Monitoring, Practice Matters (Attachment D)
 - (a) Administrative Actions on Non-Hearing Disciplinary Activities
 - (b) Administrative Actions on Non-Hearing Compliance Matters
 - (c) Administrative Actions on Non-Hearing Practice Matters
- Drug Monitoring Programs
 - (a) Program Statistics
- Meetings/Conferences/Liaison Activities

Meeting Agenda	<p>The Meeting Agenda be adopted as presented.</p> <p>MOTION: That the Meeting Agenda be adopted as presented. Herring/Passed.</p>
Open Comment Period	No requests to address the Board.
Presentation of Slate of Candidates for Board Office	<p>Bob Newsom, LPN, presented the slate of candidates for the Chair and Vice-Chair positions for 2017. Candidates for Chair: Pat Campbell, Public Member. Candidates for Vice-Chair: Deborah Herring, RN and Mary Jones, LPN. No nominations were received from the floor.</p> <p>MOTION: That the slate of candidates for Chair and Vice-Chair be accepted as presented from the Nominating Committee. Committee Recommendation/Passed.</p>
Finance Committee	Received and reviewed Summary of Activities to include 4 th Quarter Financials and review of investments as presented by Wes Thomas with Wells Fargo Advisors.
Board Governance Committee	Received and reviewed Summary of Activities to include member surveys and use of web conference for Committee meetings.
Executive Director	<p>Received updates as follows:</p> <ul style="list-style-type: none"> • Reviewed report of LPN-BSN Feasibility Study.

- Provided update on closure of ITT Technical Institute. One nursing school closed. NC students who completed the program working with NC Community College System.
- Provided update on National Council State Board of Nursing's environmental scan specifically related to threat of consolidation of Boards.
- Received and reviewed 2016 Strategic Plan Roadmap. Brief discussion regarding planning process for the 2018-2021 Strategic Plan.
- Staff provided update on activities of the Research Committee. Current project focuses on the impact of a web-based educational program on NP compliance rates in North Carolina.
- Staff provided update on NC Department of Health and Human Services Prescription Drug Abuse Advisory Committee which focuses on prevention, intervention and treatment of opioid addiction.

NCAC Chapter 36 - Rules

- Received and reviewed proposed amendments to Education Rules as follows (Attachment E):
 - 21 NCAC 36 .0120 Definitions
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0120 Definitions as presented. Further, direct staff to proceed with the rulemaking process.
Jones/Passed.
 - 21 NCAC 36 .0302 Establishment of a Nursing Program – Initial Approval
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0302 Establishment of a Nursing Program – Initial Approval as presented. Further, direct staff to proceed with the rulemaking process.
Walters/Passed.
 - 21 NCAC 36 .0303 Existing Nursing Program
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0303 Existing Nursing Program as presented. Further, direct staff to proceed with the rulemaking process.
DeMarco/Passed.
 - 21 NCAC 36 .0309 Process for Closure of a Program
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0309 Process for Closure of a Program as presented. Further, direct staff to proceed with the rulemaking process.
Herring/Passed.
 - 21 NCAC 36 .0317 Administration
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0317 Administration as presented. Further, direct staff to proceed with the rulemaking process.
Jones/Passed.
 - 21 NCAC 36 .0318 Faculty
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0318 Faculty as presented. Further, direct staff to proceed with the rulemaking process.

- Walters/Passed.
- 21 NCAC 36 .0320 Students
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0320 Students as presented. Further, direct staff to proceed with the rulemaking process.
Weaver/Passed.
 - 21 NCAC 36 .0321 Curriculum
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0321 Curriculum as presented. Further, direct staff to proceed with the rulemaking process.
Herring/Passed.
 - 21 NCAC 36 .0322 Facilities
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0322 Facilities as presented. Further, direct staff to proceed with the rulemaking process.
Weaver/Passed.
 - 21 NCAC 36 .0323 Records and Reports
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0323 Records and Reports as presented. Further, direct staff to proceed with the rulemaking process.
Jones/Passed.
- Received and reviewed proposed amendments to Rules (Attachment F) as follows:
 - 21 NCAC 36 .0120 Definitions
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0120 Definitions as presented. Further, direct staff to proceed with the rulemaking process.
Committee Recommendation/Passed.
 - 21 NCAC 36 .0217 Revocation, Suspension or Denial of Licensure
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0217 Revocation, Suspension or Denial of Licensure as presented. Further, direct staff to proceed with the rulemaking process.
Committee Recommendation/Passed.

Education & Practice

- Received and reviewed summary of activities from the Education and Practice Committee to include proposed revisions to Position Statements to be presented to the Board for approval.
- Received and reviewed proposed revisions to Position Statement on Safety and Patient/Client Safety (Attachment G).
MOTION: That the Board approve the Staffing and Patient/Client Safety Position Statement as presented.
Committee Recommendation/Passed.
- Received and reviewed proposed revisions to Position Statement on Cosmetic Procedures (Attachment H).
MOTION: That the Board approved revised Position Statement on Cosmetic Procedures as presented
Weaver/Passed.

- Received and reviewed Education Consultant's report regarding Initial Approval for Establishment of a Nursing Program. Kimberly Burr, MSN, RN, Director of Nursing, was in attendance.
MOTION: That the Board grant Mayland Community College initial approval for a Practical Nursing program and approval for maximum total enrollment for 25 students to begin January 2017.
DeMarco/Passed.

Joint Sub
Committee

Received and reviewed proposed amendment to Rules (Attachment I) as follows:

- 21 NCAC 36 .0806 Annual Renewal
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0806 as presented. Further, direct staff to proceed with the rulemaking process.
Committee Recommendation/Passed.
- 21 NCAC 36 .0807 Continuing Education (CE)
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0807 Continuing Education (CE) as presented. Further, direct staff to proceed with the rulemaking process.
Committee Recommendation/Passed.
- 21 NCAC 36 .0809 Prescribing Authority
MOTION: That the Board approve proposed revisions to 21 NCAC 36 .0809 Prescribing Authority as presented. Further, direct staff to proceed with the rulemaking process.
Committee Recommendation/Passed.

Results of Election
of Officers

Bob Newsom announced the results of the Chair/Vice-Chair election for the year 2017 as follows:

Chair: Pat Campbell, Public Member
Vice-Chair: Deborah Herring, RN

Presentation of
Resolutions and
Plaques

Resolutions and plaques were presented to Maggie Conklin, Jennifer Kaylor, Sharon Moore and Martha Ann Harrell whose terms expire December 31, 2016 (Attachment J).

Further, plaques were presented to Martha Ann Harrell and Pat Campbell recognizing their service in 2016 as Chair and Vice-Chair respectively.

Legal Matters

Legislative long session begins in 2017.

Closed Session

MOTION: 11:50 am Executive Session for discussion of personnel matters.
Wilson/Passed

Open Session

MOTION: 12:15 pm Open Session
Jones/Passed

ATTACHMENT A

EDUCATION PROGRAM ACTIVITY
September 2016

Ratification of Full Approval Status

- University of North Carolina Wilmington - BSN

Ratification to Approve the Following Expansion in Enrollment

- Southwestern Community College – ADN, increase of 28 for a total 80 beginning August 16, 2016

ATTACHMENT B

The Licensure Review Panel met on April 14, 2016 and submits the following report regarding actions taken:

Reviewed six (6)
candidates for
reinstatement

Lisa Baylous Riddle, RN #165415

Issue unencumbered license upon successful completion of Board approved
Refresher Course

ACCEPTED

Robert Joseph Rawls, RN #139862

Issue Probationary License

ACCEPTED

Stefanie Renee Imbrogno, RN #210977

Issue single state license and comply with Chemical Dependency Discipline
Program

ACCEPTED

Monica Joyce Holmes, LPN #71775

Issue unencumbered license

Bradley Keith Brock, RN #247168

Issue unencumbered license

Margaret Owens (Bah) (Harvey), LPN #42710

Issue unencumbered license upon successful completion of Board approved
Refresher Course

ACCEPTED

The Licensure Review Panel met on May 12, 2016 and submits the following report regarding actions taken:

Reviewed four (4)
candidates for
reinstatement

Angela Keathley Corcoran, RN #204037

Issue single state Probationary License

ACCEPTED

Angela Mills Edwards, RN #100692

Issue Probationary License

ACCEPTED

Angela McClellan Clay, LPN #61814

Issue Probationary License

ACCEPTED

Christina Gray Stone, RN #156548

Issue unencumbered single state license

Reviewed one (1)
candidate for
endorsement

Lisa Michelle Turner, Applicant

Licensure denied

The Licensure Review Panel met on June 9, 2016 and submits the following report regarding actions taken:

Reviewed one (1)
candidate for
reinstatement **April Marie Machek, LPN #74957**
Issue probationary single state license
ACCEPTED

Reviewed one (1)
candidate for initial
licensure **Pamela Jean Parker, Applicant**
Issue unencumbered license

Reviewed two (2)
candidates requesting
extension of
probationary license **Cassandra Eubanks Williams, RN #191020**
Extend probationary term twelve (12) months
ACCEPTED

Generoso Orsino Barcarse, Jr., RN #171771
Extend probationary term twelve (12) months
ACCEPTED

ATTACHMENT C

The Hearing Committee met on March 17, 2016 and reviewed the following Settlement Cases:

Reviewed six (6)
candidates for
Settlement

Stacie Varnell Reason, RN - Fail to Maintain Accurate Record
Reprimand
ACCEPTED

Myrna Iris Maxie, RN - Diversion of Controlled Substance
Probationary License for twelve (12) months
ACCEPTED

Tanya Lurleen Cullers, LPN - Diversion of Controlled Substance
Probationary License for twelve (12) months
ACCEPTED

Kara Lyn Minton, LPN - Impaired on Duty
Probationary License for six (6) months
ACCEPTED

Kathy Melissa Craig, LPN – Sleep on Duty
Non-Disciplinary Consent Order
ACCEPTED

Tanya Dixon Little, RN – Patient Neglect
Probationary License for twelve (12) months
ACCEPTED

The Hearing Committee met on April 28, 2016 and reviewed the following Settlement Cases:

Reviewed two (2)
candidates for
Settlement

Joycie Ballentine Singletary, RN – Sleep on Duty
Suspension for three (3) months
ACCEPTED

Carol Ann Hawbaker, LPN – Patient Neglect
Suspension for twelve (12) months
ACCEPTED

The Hearing Committee met on June 16, 2016 and reviewed the following Settlement Cases:

Reviewed one (1)
candidate for
Settlement

Trista Dawn Stiles, RN – Diversion of Controlled Substance
Chemical Dependency Discipline Program
ACCEPTED

ATTACHMENT D

TOOK THE FOLLOWING ACTIONS REGARDING NON-HEARING ACTIVITIES BY THE ADOPTION OF THE CONSENT AGENDA

Ratified Probation with Conditions:

Sherry Lynn Johnson, RN (Lumberton) – Action in another jurisdiction

Tia Elaine Saul, RN (Sandy Ridge) – Action in another jurisdiction

Ratified Probation with Drug Screen:

Kimberly Ann Drennen, RN (Brevard) – Diversion of drugs; Discrepancies in documentation of controlled substances

Heather Crawford Funes, RN (Chapel Hill) – Impaired on Duty; Drugs

Valeria Bryant Galloway, RN (New Bern) – Abandonment

James Richard Griffin, RN (Raleigh) – Diversion of drugs; Controlled substances

Ratified Issuance of Reprimand:

Dawn Michele Ivey-Potts, RN (Catawba) – Action in another jurisdiction

Andrea Winebarger Royall, RN (Statesville) – Fraud; Falsification of Application Seeking Licensure

Melissa Simon, LPN (Potsdam, NY) – Fraud, Falsification of Application Seeking Licensure

Christy Renee Smith, LPN (Knotts Island) – Action in another jurisdiction

Ratified Issuance of Reprimand with conditions:

Feleasa Dawn Brewer, LPN (Newland) – Documentation Errors; Falsification of medical records

Mary Miller Buchanan, LPN (Wake Forest) – Failure to maintain licensure

Brittany Nicole Calhoun, LPN (Crossnore) – Exceeding scope; Performing

Brandy Hedgepeth Cleaton, RN (Winterville) – Failure to maintain licensure; practicing without a license

Gloria Thomas Ethers, RN (Valdese) – Failure to maintain licensure

Renyatta Gray, RN (Raleigh) – Unsafe Practice; Medication/Treatment/Care Errors

Melissa Ann Kirk, LPN (Asheboro) – Breach of patient confidentiality

Melody Keel Knox, RN (Robersonville) – Neglect; Failure to assess/evaluate

Kassel Robert Koch, RN (Raleigh) – Neglect; sleeping on duty

Angela Maniscalco, RN (Smithfield) – Exceeding Scope; performing

Marie Ann Mellone, RN (Cornelius) – Failure to maintain licensure

Dianne M. Pawlak, RN (Burlington) – Unsafe practice; failure to maintain minimum standards

Rosemarie Richards, RN (Eden) – Failure to maintain licensure; practicing without a license

Leslie Elaine Roach, LPN (Ellenboro) – Failure to maintain licensure, practicing without a license

Kimberly Dawn Simmons, LPN (Roseboro) – Documentation errors; failure to maintain an accurate medical record

Joseph Gerard Stowell, RN (Jacksonville) – Documentation errors; failure to maintain an accurate medical record

Amie Marie Swaringen, RN (Oakboro) – Documentation errors; falsification of medical records

Nolie Virginia Tilgman Raines, LPN (Deep Run) – Documentation errors; discrepancies in documentation of non-controlled

Michelle Richards Vestrand, LPN (Winnabow) – Failure to maintain licensure; practicing without a license

Tonya Byrd Williams, RN (Morganton) – Abandonment

Ratified Revocation of TL:

Cheryl Ann Hastie, LPN (Kill Devil Hills) – Action in another jurisdiction; falsification of application seeking licensure

Ratified Privilege to Practice:

Tonya J. Hale, RN (Rock Hill, SC) – Impaired on duty, drugs
Joel Miller, RN (Chattanooga, TN) – Diversion of drugs; controlled substances

Ratified Suspension:

Janice Herndon Abernathy, RN (Gastonia) – Impaired on duty
Nicholas Howard Alexander, RN (Chapel Hill) – Unsafe practice; failure to maintain minimum standards
Tiffany Alfred, LPN (Mt. Airy) – Neglect; sleeping on duty
Amanda Rene Bailey, LPN (Gastonia) – Diversion of drugs; prescription forgery/fraud
Melissa Ann Bellow, RN (Kernersville) – Documentation Errors; failure to maintain an accurate medical record
Deborah Davis Brady, RN (Elon College) – Diversion of drugs; controlled substances
Cynthia Buchanan Cole, LPN (Sanford) – Diversion of drugs; controlled substances
Krystal Lynn Curtis, LPN (Old Fort) – Diversion of drugs; controlled substances
Fathia Anna Davis, RN (Matthews) – Court conviction; criminal charges-convictions-nolo contendere plea
Donna Jean Deem, RN (Louisburg) – Diversion of drugs
Stevie Lynn Feige, RN (Fort Mill, SC) – Impaired on duty; drugs
Janet Worthington Forrest, RN (Greenville) – Inappropriate interaction with client (abuse); physical
Lisa Marie Gavin, RN (Fayetteville) – Diversion of drugs; controlled substances
Tiffany Grady Guardado, RN (Mount Olive) – Impaired on duty; drugs
Tracy McKie Hatem, RN (Dudley) – Neglect; failure to assess/evaluate
Kevin Neal Keller, RN (Hampstead) – Diversion of drugs; controlled substances
Catherine Elizabeth Liipfert, RN (Rocky Mount) – Court conviction; DWI
Cheryl Gwyn Mauldin, LPN (Mt. Airy) – Impaired on duty; alcohol
Lisa J. Mision, RN (Osage Beach, MO) – Abandonment
Lee Whitener O;Malley, RN (Matthews) – Diversion of drugs; controlled substances
Kaitlyn Jill Pollick, RN (Hastings, NE) – Impaired on duty; drugs
Rebecca Gene Pride, RN (Salisbury) – Impaired on duty
Kimberly June Rowland, RN (Reidsville) – Diversion of drugs; controlled substances
Sharon Elizabeth Vandergriff, RN (Old Fort) – Diversion of Drugs; controlled substances
Faye Vlady, LPN (High Point) – Violating conditions imposed by the Board
Amy Elizabeth Walsh, RN (Reidsville) – Impaired on duty; alcohol
Vanessa Marie Westbrook, RN (Spring Lake) – Positive drug screen
Angela Dawn Wiggins, RN (Dover) – Diversion of drugs; non-controlled substances
Audrey Lee Wilson-Howell, RN (Shalotte) – Diversion of drugs; controlled substances
Tammy Adams Worrell, RN (Greensboro) – Exceeding scope; Failure to maintain an accurate medical record

Ratified Suspension with conditions:

Adelina Cuomo, LPN (Morehead City) – Neglect; failure to perform prescribed treatments
Nancy Joyce George, LPN (Clayton) – Impaired on Duty; drugs
Sarah Melissa Hersey, RN (Wadesboro) – Diversion of drugs; controlled substances
Earl Jack Rushing Jr., RN (Rockingham) – Neglect; failure to assess/evaluate

Ratified Voluntary Surrender:

Deborah Lynn Braswell, RN (Shelby) – Impaired on duty; drugs

Ratified Voluntary Surrender Privilege to Practice:

Amber Leann Ferguson, RN (York, SC) – Diversion of drugs; controlled substances

ATTACHMENT E

1 21 NCAC 36 .0120 is adopted as published in NCR 31:01, pages 25-27, as follows:
2

3 **21 NCAC 36 .0120 DEFINITIONS**

4 The following definitions apply throughout this chapter unless the context indicates otherwise:

- 5 (1) "Academic term" means one semester of a school year.
- 6 (2) "Accountability/Responsibility" means being answerable for action or inaction of self, and of
7 others in the context of delegation or assignment.
- 8 (3) "Accredited institution" means an institution accredited by a United States Department of
9 Education approved institutional accrediting body.
- 10 (4) "Active Practice" means activities that are performed, either for compensation or without
11 compensation, consistent with the scope of practice for each level of licensee as defined in
12 G.S. 90-171.20(4), (7) and (8).
- 13 (5) "Advanced Practice Registered Nurse (APRN)" means a nurse practitioner, nurse
14 anesthetist, nurse-midwife or clinical nurse specialist.
- 15 (6) "Assigning" means designating responsibility for implementation of a specific activity or set of
16 activities to a person licensed and competent to perform such activities.
- 17 (7) "Clinical experience" means application of nursing knowledge in demonstrating clinical
18 judgment. judgment in a current or evolving practice setting where the student provides care
19 to clients under the [guidance] supervision of [an instructor] faculty or a preceptor.
- 20 (8) "Clinical judgment" means the application of the nursing student's knowledge, skills, abilities
21 and experience in making decisions about client care.
- 22 (9) "Competent" means having the knowledge, skills and ability to safely perform an activity or
23 role.
- 24 (10) "Continuing Competence" means the on-going acquisition and application of knowledge and
25 the decision-making, psychomotor, and interpersonal skills expected of the licensed nurse
26 resulting in nursing care that contributes to the health and welfare of clients served.
- 27 (11) "Contact Hour" means 60 minutes of an organized learning experience.
- 28 (12) "Continuing Education Activity" means a planned, organized learning experience that is
29 related to the practice of nursing or contributes to the competency of the nurse as defined in
30 21 NCAC 36 .0223 Subparagraph (a)(2).
- 31 (13) "Controlling institution" means the degree-granting organization or hospital under which the
32 nursing education program is operating.
- 33 (14) "Curriculum" means an organized system of teaching and learning activities directed toward
34 the achievement of specified learning objectives/outcomes.
- 35 (15) "Delegation" means transferring to a competent individual the authority to perform a selected
36 nursing activity in a selected situation. The nurse retains accountability for the delegation.
- 37 (16) "Debriefing" means an activity that follows a clinical or simulated experience and is led by a
38 trained faculty facilitator. Students' reflective thinking is encouraged, and feedback is

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- 1 provided regarding the students' performance while various aspects of the completed
2 experiences are discussed.
- 3 ~~(16)~~(17) "Dimensions of Practice" means those aspects of nursing practice that include professional
4 responsibility, knowledge-based practice, legal/ethical practice and collaborating with others,
5 consistent with G.S. 90-171.20(4), (7) and (8).
- 6 ~~(17)~~(18) "Distance education" means the teaching and learning strategies used to meet the learning
7 needs of students, when the students and faculty are separate from each other.
- 8 (19) "External standardized examinations" means a commercially available standardized
9 predictive test that provides individual student scores that are linked to a probability of
10 passing the NCLEX™ examination.
- 11 ~~(18)~~(20) "Faculty directed clinical practice" means the responsibility of nursing program faculty in
12 overseeing student clinical learning including the utilization of preceptors.
- 13 ~~(19)~~(21) "Focused client care experience" means a clinical experience that ~~simulates~~ emulates an
14 entry-level work experience. The intent is to assist the student to transition to an entry-level
15 practice. There is no specific setting requirement. Supervision may be by faculty and
16 preceptor dyad or direct faculty supervision.
- 17 ~~(20)~~(22) "Interdisciplinary faculty" means faculty from professions other than nursing.
- 18 ~~(21)~~(23) "Interdisciplinary team" means all individuals involved in providing a client's care who
19 cooperate, collaborate, communicate and integrate care to ensure that care is continuous
20 and reliable.
- 21 (24) "Learning resources" means a variety of instrumental materials that faculty use to assist
22 students to meet the expectations for learning defined by the curriculum.
- 23 ~~(22)~~(25) "Level of Licensure" means practice of nursing by either a Licensed Practice Nurse or a
24 Registered Nurse as defined in G.S. 90-171.20(7) and (8).
- 25 ~~(23)~~(26) "Level of student" means the point in the program to which the student has progressed.
- 26 ~~(24)~~(27) "Maximum enrollment" means the total number of pre-licensure students that can be enrolled
27 in the nursing program at any one time. The number reflects the capacity of the nursing
28 program based on demonstrated resources sufficient to implement the curriculum.
- 29 ~~(25)~~(28) "Methods of Instruction" means the planned process through which teacher and student
30 interact with selected environment and content so that the response of the student gives
31 evidence that learning has taken place. It is based upon stated course objectives and
32 outcomes for learning experiences in classroom, ~~laboratory~~ laboratory, simulation and clinical
33 settings.
- 34 ~~(26)~~(29) "National Credentialing Body" means a credentialing body that offers certification or re-
35 certification in the licensed nurse's or Advanced Practice Registered Nurse's specialty area of
36 practice.
- 37 ~~(27)~~(30) "NCLEX-PN™" means the National Council Licensure Examinations for Practical Nurses.
- 38 ~~(28)~~(31) "NCLEX-RN™" means the National Council Licensure Examinations for Registered Nurses.

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1 ~~(29)~~(32) "Nursing Accreditation body" means a national nursing accrediting body, recognized by the
2 United States Department of Education.

3 ~~(30)~~(33) "Nursing program faculty" means individuals employed full or part time by academic
4 institution responsible for developing, implementing, evaluation and updating nursing
5 curricula.

6 ~~(34)~~(34) "Nursing project" means a project or research study of a topic related to nursing practice that
7 includes a problem statement, objectives, methodology and summary of findings.

8 ~~(32)~~(35) "Participating in" means to have a part in or contribute to the elements of the nursing process.

9 ~~(33)~~(36) "Pattern of noncompliance" means episodes of recurring non-compliance with one or more
10 Rules in Section .0300.

11 ~~(34)~~(37) "Preceptor" means a registered nurse at or above the level of licensure that an assigned
12 student is seeking, who may serve as a teacher, mentor, role model and supervisor for a
13 faculty directed clinical experience.

14 ~~(35)~~(38) "Prescribing Authority" means the legal permission granted by the Board of Nursing and
15 Medical Board for the nurse practitioner and nurse midwife to procure and prescribe legend
16 and controlled pharmacological agents and devices to a client in compliance with Board of
17 Nursing rules and other applicable federal and state law and regulations.

18 ~~(36)~~(39) "Program Closure" means to cease operation of a nursing program.

19 ~~(37)~~(40) "Program Type" means a course of study that prepares an individual to function as an entry-
20 level practitioner of nursing. The three program types are:

21 (a) BSN - Curriculum components for Bachelor of Science in Nursing provides for the
22 attainment of knowledge and skill sets in the current practice in nursing, nursing
23 theory, nursing research, community and public health, health care policy, health
24 care delivery and finance, communications, therapeutic interventions and current
25 trends in health care. For this program type, the client is the individual, family, group,
26 and community.

27 (b) Associate Degree in Nursing (ADN)/Diploma in Registered Nursing - Curriculum
28 components for the ADN/Diploma in Registered Nursing provides for the attainment
29 of knowledge and skill sets in the current practice in nursing, community concepts,
30 health care delivery, communications, therapeutic interventions and current trends in
31 health care. For this program type, client is the individual, group of individuals, and
32 family.

33 (c) Practical Nurse Diploma - Curriculum prepares for functioning in a dependent role in
34 providing direct nursing care under the direction of a registered nurse or other health
35 care provider as defined by the Nursing Practice Act. Curriculum components
36 provide for the attainment of knowledge and skill sets in the current practice of
37 practical nursing, communications, therapeutic interventions, including

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1 pharmacology, growth and development and current trends in health care. For this
2 program type client is the individual, or group of individuals.

3 ~~(38)~~(41)"Review" means collecting and analyzing information to assess compliance with Section
4 .0300 of this Chapter. Information may be collected by multiple methods including review of
5 written reports and materials, on-site observations and review of documents or in person or
6 telephone interview(s) and conference(s).

7 ~~(39)~~(42)"Rescind Approval" means a Board action that removes the approval status previously
8 granted.

9 ~~(40)~~(43)"Self Assessment" means the process whereby the individual reviews her or his own nursing
10 practice and identifies the knowledge and skills possessed, as well as those skills to be
11 strengthened.

12 (44) "Simulation" means a technique, not a technology, to replace or amplify clinical experiences
13 with guided experiences that evoke or replicate substantial aspects of the real world in a fully
14 interactive manner.

15 ~~(41)~~(45)"Specialty" means a broad, population-based focus of study encompassing the common
16 health-related problems of that group of patients and the likely co-morbidities, interventions
17 and responses to those problems.

18 ~~(42)~~(46)"Supervision" means the provision of guidance or direction, evaluation and follow-up by the
19 licensed nurse for accomplishment of an assigned or delegated nursing activity or set of
20 activities.

21 ~~(43)~~(47)"Survey" means an on-site visit for the purpose of gathering data in relation to reviewing
22 nursing programs compliance with Section .0300 of this Chapter.

23
24 *History Note: Authority G.S. 90-171.23; 90-171.38;*

25 *Eff. April 1, 2003;*

26 *Amended Eff. December 1, 2016; July 1, 2012; November 1, 2008; May 1, 2006; December*
27 *1, 2005; August 1, 2005.*

ATTACHMENT E

1 21 NCAC 36 .0302 is adopted as published in NCR 31:01, pages 27-28, as follows:
2

3 **21 NCAC 36 .0302 ESTABLISHMENT OF A NURSING PROGRAM - INITIAL APPROVAL**

4 (a) At least six months prior to the proposed enrollment of students in a nursing program, an institution
5 seeking approval to operate a nursing program shall employ a program director qualified pursuant to 21 NCAC
6 36 .0317(c) to develop the application documenting the following:

- 7 (1) a narrative description of the organizational structure of the program and its relationship to
8 the controlling institution, including accreditation status. The controlling institution must be an
9 accredited institution;
- 10 (2) a general overview of the proposed total curriculum that includes:
 - 11 (A) program philosophy, purposes, and objectives;
 - 12 (B) master plan of the curriculum, indicating the sequence for both nursing and non-
13 nursing courses, as well as prerequisites and corequisites;
 - 14 (C) course descriptions and course objectives for all courses; and
 - 15 (D) course syllabi pursuant to 21 NCAC 36.0321(i) for all first-year nursing courses;
- 16 (3) proposed student population;
- 17 (4) projected student enrollment;
- 18 (5) evidence of learning resources and clinical experiences available to implement and maintain
19 the program;
- 20 (6) financial resources adequate to begin and maintain program;
- 21 (7) physical facilities adequate to house the program;
- 22 (8) support services available to the program from the institution;
- 23 (9) approval of the program by the governing body of the parent institution; and
- 24 (10) a plan with a specified time frame for:
 - 25 (A) availability of qualified faculty as specified in 21 NCAC 36 .0318;
 - 26 (B) course syllabi as specified in 21 NCAC 36. 0321(h) of this Section for all nursing
27 courses;
 - 28 (C) student policies pursuant to 21 NCAC 36 .0320 of this Section for admission,
29 progression, and graduation of students; and
 - 30 (D) total program evaluation pursuant to 21 NCAC 36 ~~.0317(e)~~.0317(d).

31 (b) The application to establish a nursing program must be on a Board form, contain current and accurate
32 information, be complete, and be signed by the program director and the chief executive officer of the
33 controlling institution.

34 (c) The completed application shall be received by the Board not less than ~~90~~ 120 days prior to a regular
35 meeting of the Board to be considered for placement on the agenda of that meeting.

36 (d) The Board shall conduct an on-site survey of the proposed program and agencies after the application
37 meets all rule requirements and afford the petitioning institution an opportunity to respond to the survey.

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- 1 (e) The Board shall consider all evidence, including the application, the survey report, and ~~any testimony~~
2 comments from representatives of the petitioning ~~institution~~ institution, public comments, and the status of
3 other nursing programs at the institution in determining approval status.
- 4 (f) If the Board finds, from the evidence presented, that the resources and plans meet all ~~rules~~ rule
5 requirements for establishing a new nursing program, the Board shall grant Initial Approval including a
6 maximum enrollment and implementation date.
- 7 (g) If the Board determines that a proposed program does not comply with all rules, initial approval shall be
8 denied.
- 9 (h) Failure of the controlling institution to submit documentation consistent with the time specified in the plan
10 of Subparagraph (a)(10) of this Rule shall result in Initial Approval being rescinded.
- 11 (i) Following the Initial Approval, if the first class of students are not enrolled in the program within one year,
12 the approval shall be rescinded.
- 13 (j) For 12 months following rescinded approval, the controlling institution shall not submit an application for
14 establishing a nursing program.
- 15 (k) A program may retain Initial Approval Status for the time necessary for full implementation of the
16 curriculum.
- 17 (l) Programs with Initial Approval shall be surveyed:
- 18 (1) during the final term of curriculum implementation of the program; and
19 (2) when there is information that the program may not be complying with Section .0300.
- 20 (m) If at any time it comes to the attention of the Board that a program on initial approval is not complying with
21 Section .0300 of this Chapter, the program, upon written notification, shall:
- 22 (1) correct the area of noncompliance and submit written evidence of correction to the Board; or
23 (2) submit and implement a plan for correction to the Board.
- 24 (n) If the Board determines that the program does not comply with Paragraph (m) of this Rule, Initial Approval
25 shall be rescinded.
- 26 (o) If, following the survey during the final term for curriculum implementation, the Boards finds that the
27 program is complying with Section .0300 of this Chapter, the Board shall place the program on Full Approval
28 status.
- 29 (p) If, following the survey during the final term for curriculum implementation the Board finds that the program
30 does not comply with the Section .0300 of this Chapter, the Board shall rescind Initial Approval and provide the
31 program with written notice of the Board's decision.
- 32 (q) Upon written request from the program submitted within 10 business days of the Board's written notice,
33 the Board shall schedule a hearing within 30 business days from the date on which the request was received.
- 34 (r) Following the hearing and consideration of all evidence provided, the Board shall assign the program Full
35 Approval status or shall enter an Order rescinding the Initial Approval status, which shall constitute closure of
36 the program pursuant to 21 NCAC 36 .0309.

37
38 *History Note: Authority G.S. 90-171.23(b)(8); 90-171.38;*

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- 1 *Eff. February 1, 1976;*
- 2 *Amended Eff. June 1, 1992; January 1, 1989; November 1, 1984; May 1, 1982;*
- 3 *Temporary Amendment Eff. October 11, 2001;*
- 4 *Amended Eff. December 1, 2016; January 1, 2009; December 1, 2005; August 1, 2002.*

ATTACHMENT E

1 21 NCAC 36 .0303 is adopted as published in NCR 31:01, pages 28-29, as follows:
2

3 **21 NCAC 36 .0303 EXISTING NURSING PROGRAM**

4 (a) All nursing programs under the authority of the Board may obtain national program accreditation by a
5 nursing accreditation body as defined in 21 NCAC 36 .0120(29).

6 (b) Full Approval

7 (1) The Board shall review approved programs at least every eight years as specified in G.S. 90-
8 171.40. Reviews of individual programs shall be conducted at shorter intervals upon request
9 from the individual institution or as considered necessary by the Board. National
10 accreditation self study reports shall provide basis for review for accredited programs.

11 (2) The Board shall send a written report of the review no more than 20 business days following
12 the completion of the review process. Responses from a nursing education program
13 regarding a review report or Board Warning Status as referenced in Paragraph (c) of this
14 Rule shall be received in the Board office by the deadline date specified in the letter
15 accompanying the report or notification of Warning Status. If no materials or documents are
16 received by the specified deadline date, the Board shall act upon the findings in the review
17 report and testimony of the Board staff.

18 (3) If the Board determines that a program has complied with the rules in this Section, the
19 program shall be continued on Full Approval status.

20 (4) If the Board determines a pattern of noncompliance with one or more rules in this Section, a
21 review shall be conducted. The program shall submit to the Board a plan of compliance to
22 correct the identified pattern. Failure to comply with the correction plan shall result in
23 withdrawal of approval, constituting closure, consistent with 21 NCAC 36 .0309.

24 (c) Warning Status

25 (1) If the Board determines that a program is not complying with the rules in this Section, the
26 Board shall assign the program Warning Status, and shall give written notice by certified mail
27 to the program specifying:

28 (A) the areas in which there is noncompliance;

29 (B) the date of notice by which the program must comply. The maximum timeframe for
30 compliance is two years; and

31 (C) the opportunity to schedule a hearing.

32 (2) On or before the required date of compliance identified in this Paragraph, if the Board
33 determines that the program is complying with the rules in this Section, the Board shall
34 assign the program Full Approval Status.

35 (3) If the Board finds the program is not in compliance with the rules in this Section by the date
36 specified in Part (c)(1)(B) of this Rule, ~~the Board shall withdraw approval constituting closure~~
37 ~~consistent with 21 NCAC 36 .0309. the program shall remain on Warning Status:~~

38 (A) a review by the Board shall be conducted during that time;

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1 (B) following review, the Board may continue the program on Warning Status; or
2 (C) the Board may withdraw approval constituting closure consistent with 21 NCAC 36
3 .0309.

4 (4) Upon written request from the program, submitted within 10 business days of the Board's
5 written notice of Warning Status, the Board shall schedule a hearing within 30 business days
6 from the date on which the request was received.

7 (5) When a hearing is held at the request of the program and the Board determines ~~that:~~
8 ~~(A) the program is in compliance with the rules in this Section, the Board shall assign the~~
9 ~~program Full Approval status; or Status.~~

10 ~~(B)(6) When a hearing is held at the request of the program and the Board determines that the~~
11 ~~program is not in compliance with the rules in this Section, the program shall remain on~~
12 ~~Warning Status. Status:~~

13 ~~(A) a review by the Board shall be conducted during that time.~~

14 ~~(B) following review, the Board may continue the program on Warning Status; or~~

15 ~~(C) the Board may withdraw approval constituting closure consistent with 21 NCAC 36~~
16 ~~.0309.~~

17 NOTE: The Board recommends but does not require that all nursing programs under the authority of the
18 Board pursue and maintain national nursing accreditation.

19
20 *History Note: Authority G.S. 90-171.23(b); 90-171.38; 90-171.39; 90-171.40;*
21 *Eff. February 1, 1976;*
22 *Amended Eff. December 1, 2016; August 1, 2011; July 3, 2008; March 1, 2006; January 1,*
23 *2004; June 1, 1992; January 1, 1989.*

ATTACHMENT E

1 21 NCAC 36 .0309 is adopted as published in NCR 31:01, page 29 as follows:
2

3 **21 NCAC 36 .0309 PROCESS FOR CLOSURE OF A PROGRAM**

4 (a) When the controlling institution makes the decision to close a nursing program, the Administration of the
5 institution shall submit a written plan for the discontinuation of the program to the ~~Board.~~ Board and include
6 reason(s) for the closing of the program, date of intended closure, and a plan for students to complete this or
7 another approved program.

8 (b) When the Board closes a nursing program, the program director ~~shall develop and submit to the Board a~~
9 ~~plan, for discontinuation of the program including the transfer of students to approved programs. Closure shall~~
10 ~~take place after the transfer of students to approved programs.~~ shall, within 30 days, develop and submit a
11 plan for discontinuation of the program for Board approval. The plan shall address transfer of students to
12 approved programs.

13 (c) The controlling institution shall notify the Board of the arrangement for secure storage of permanent
14 ~~records.~~ and access to academic records and transcripts.

15

16 *History Note: Authority G.S. 90-171.38; 90-171.39; 90-171.40;*

17 *Eff. June 1, 1992;*

18 *Amended Eff. December 1, 2016; December 1, 2005.*

ATTACHMENT E

1 21 NCAC 36 .0317 is adopted as published in NCR 31:01, pages 29-30, as follows:

2

3 **21 NCAC 36 .0317 ADMINISTRATION**

4 (a) The controlling institution of a nursing program shall provide those human, physical, technical, and
5 financial resources and services essential to support program processes, outcomes, and maintain
6 compliance with Section .0300 of this Chapter.

7 (b) A full time registered nurse qualified pursuant to Paragraph (c) of this Rule shall have the authority for
8 the direction of the nursing program. This authority shall encompass responsibilities for maintaining
9 compliance with rules and other legal requirements in all areas of the program. The program director shall
10 have non-teaching time sufficient to allow for program organization, administration, continuous review,
11 planning, and development.

12 (c) Program director in a program preparing for initial nurse licensure shall satisfy the following
13 requirements:

14 (1) hold a current ~~unrestricted~~ unrestricted license or multistate licensure privilege to practice
15 as a registered nurse in North Carolina;

16 (2) have two years of full-time experience as a faculty member in a board approved nursing
17 program;

18 (3) be experientially qualified to lead the program to accomplish the mission, goals, and
19 expected program outcomes;

20 (4) hold either a baccalaureate in nursing or a graduate degree in nursing from an accredited
21 institution. If newly employed on or after January 1, 2016, hold a graduate degree from
22 an accredited institution. If newly employed on or after January 1, 2021, hold a graduate
23 degree in nursing from an accredited institution;

24 (5) prior to or within the first three years of employment, have preparation in teaching and
25 learning principles for adult education, including curriculum development, implementation,
26 and evaluation, appropriate to assignment. This preparation may be demonstrated by
27 one of the following:

28 (A) completion of 45 contact hours of Board approved continuing education courses;

29 (B) completion of a certificate program in nursing education;

30 (C) nine semester hours of graduate course work;

31 (D) national certification in nursing education; or

32 (E) documentation of successful completion of structured, individualized
33 development activities of at least 45 contact hours approved by the Board.
34 Criteria for approval include content in the faculty role within the curriculum
35 implementation, objectives to be met and evaluated, review of strategies for
36 identified student population and expectations of student and faculty
37 performance;

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- 1 (6) maintain competence in the areas of assigned responsibility; and
- 2 (7) have current knowledge of nursing practice for the registered nurse and the licensed
- 3 practical nurse.

4 (d) The nursing education program shall implement, for quality improvement, a comprehensive program
5 evaluation that shall include the following:

- 6 (1) students' achievement of program outcomes;
- 7 (2) evidence of program resources including fiscal, physical, human, clinical, and technical
- 8 learning resources; student support services, and the availability of clinical sites and the
- 9 viability of those sites adequate to meet the objectives of the program;
- 10 (3) measures of program outcomes for graduates;
- 11 (4) evidence that accurate program information for consumers is available;
- 12 (5) evidence that the head of the academic institution and the administration support
- 13 program outcomes;
- 14 (6) evidence that program director and program faculty meet board qualifications and are
- 15 sufficient in number to achieve program outcomes;
- 16 (7) evidence that the academic institution assures security of student information;
- 17 (8) evidence that collected evaluative data is utilized in implementing quality improvement
- 18 activities; and
- 19 (9) evidence of student participation in program planning, implementation, evaluation, and
- 20 continuous improvement.

21 (e) The controlling institution and the nursing education program shall communicate information
22 describing the nursing education program that is accurate, complete, consistent across mediums, and
23 accessible by the public. The following shall be accessible to all applicants and students:

- 24 (1) admission policies and practices;
- 25 (2) policy on advanced placement, transfer of credits;
- 26 (3) number of credits required for completion of the program;
- 27 (4) tuition, fees, and other program costs;
- 28 (5) policies and procedures for withdrawal, including refund of tuition or fees;
- 29 (6) grievance procedure;
- 30 (7) criteria for successful progression in the program including graduation requirements; and
- 31 (8) policies for clinical performance.

32

33 *History Note: Authority G.S. 90-171.23(b)(8); 90-171.38;*
34 *Eff. June 1, 1992;*
35 *Amended Eff. December 1, 2016; January 1, 2015; April 1, 2008; March 1, 2006.*

ATTACHMENT E

1 21 NCAC 36 .0318 is adopted as published in NCR 31:01, pages 30-31, as follows:
2

3 **21 NCAC 36 .0318 FACULTY**

4 (a) Nursing program faculty shall include full-time and part-time faculty members. Part-time faculty shall
5 participate in curriculum implementation and evaluation.

6 (b) Policies for nursing program faculty members shall be consistent with those for other faculty of the
7 institution. Variations in these policies may be necessary due to the nature of the nursing curriculum.

8 (c) Fifty percent or more of the nursing faculty shall hold a graduate degree.

9 (d) As of January 1, 2021, at least 80 percent of the full time faculty shall hold a graduate degree in
10 nursing.

11 (e) As of January 1, 2021, at least 50 percent of the part time faculty shall hold a graduate degree in
12 nursing.

13 (f) Hold a current unrestricted license or multistate licensure privilege to practice as a registered nurse in
14 North Carolina.

15 (g) Full-time and part-time nurse faculty who teach in a program leading to initial licensure as a nurse
16 shall:

17 (1) hold either a baccalaureate in nursing or a graduate degree in nursing from an accredited
18 institution;

19 (2) have two calendar years or the equivalent of full time clinical experience as a registered
20 nurse;

21 (3) if newly employed in a full time faculty position on or after January 1, 2016, hold a
22 graduate degree from an accredited institution, or obtain a graduate degree in nursing
23 from an accredited institution within five years of initial full time employment;

24 (4) prior to or within the first three years of employment, have preparation in teaching and
25 learning principles for adult education, including curriculum development, implementation,
26 and evaluation, appropriate to assignment. This preparation may be demonstrated by
27 one of the following:

28 (A) completion of 45 contact hours of Board approved continuing education courses;

29 (B) completion of a certificate program in nursing education;

30 (C) nine semester hours of graduate course work;

31 (D) national certification in nursing education; or

32 (E) documentation of successful completion of structured, individualized
33 development activities of at least 45 contact hours approved by the Board.
34 Criteria for approval include content in the faculty role within the curriculum
35 implementation, objectives to be met and evaluated, review of strategies for
36 identified student population and expectations of student and faculty
37 performance;

38 (5) maintain competence in the areas of assigned responsibility; and

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1 (6) have current knowledge of nursing practice for the registered nurse and the licensed
2 practical nurse.

3 (h) Interdisciplinary faculty who teach in nursing program courses shall have academic preparation in the
4 content area they are teaching.

5 (i) Clinical preceptors shall have competencies, assessed by the nursing program, related to the area of
6 assigned clinical teaching responsibilities and serve as role models to the student. Clinical preceptors
7 may be used to enhance faculty-directed clinical learning experiences after a student has received basic
8 instruction for that specific learning experience. Clinical preceptors shall hold a current, unrestricted
9 license to practice as a registered nurse in North Carolina.

10 (j) Nurse faculty members shall have the authority and responsibility for:

11 (1) student admission, progression, and graduation requirements; and

12 (2) the development, implementation, and evaluation of the curriculum.

13 (k) Nurse faculty members shall be academically qualified and sufficient in number to implement the
14 curriculum as demanded by the course objectives, the levels of the students, the nature of the learning
15 environment, and to provide for teaching, supervision and evaluation.

16 (l) The faculty-student ratio for faculty directed preceptor clinical experiences shall be no larger than 1:15.
17 The faculty-student ratio for all other clinical experiences shall be no larger than 1:10.

18

19 *History Note: Authority G.S. 90-171.23(b)(8); 90-171.38; 90-171.83;*

20 *Eff. February 1, 1976;*

21 *Amended Eff. December 1, 2016; January 1, 2015; August 1, 2011; November 1, 2008;*

22 *July 1, 2006; July 1, 2000; January 1, 1996; June 1, 1992; January 1, 1989; January 1,*

23 *1984.*

ATTACHMENT E

1 21 NCAC 36 .0320 is adopted as published in NCR 31:01, page 31, as follows:
2

3 **21 NCAC 36 .0320 STUDENTS**

4 (a) Students in nursing programs shall meet requirements established by the controlling institution. Additional
5 requirements may be stipulated by the nursing program for students because of the nature and legal
6 responsibilities of nursing education and nursing practice.

7 (b) Admission requirements and practices shall be stated and published in the controlling institution's
8 publications and shall include assessment of:

9 (1) record of high school graduation, high-school equivalent, or earned credits from a post-
10 secondary institution;

11 (2) achievement potential through the use of previous academic records and pre-entrance
12 examination cut-off scores that are consistent with curriculum demands and scholastic
13 expectations; and

14 (3) physical and emotional health that would provide evidence that is indicative of the applicant's
15 ability to provide safe nursing care to the public.

16 (c) The number of students enrolled in nursing courses shall not exceed the maximum number approved by
17 the Board as defined in 21 NCAC 36 .0302(f) and 21 NCAC 36 .0321(k) by more than 10 students.

18 (d) The nursing program shall publish policies in nursing student handbook and college catalog that provide
19 for identification and dismissal of students who:

20 (1) present physical or emotional problems which conflict with safety essential to nursing practice
21 and do not respond to treatment or counseling within a timeframe that enables meeting
22 program ~~objectives~~. objectives;

23 (2) demonstrate behavior which conflicts with safety essential to nursing ~~practice~~. practice; or

24 (3) fail to demonstrate professional behavior, including honesty, integrity, and appropriate use of
25 social media while in the nursing program of study.

26 (e) The nursing program shall maintain a three year average at or above 95 percent of the national pass rate
27 for licensure level pass rate on first writing of the licensure examination for calendar years ending December
28 31.

29 (f) The controlling institution shall publish policies in nursing student handbook and college catalog for transfer
30 of credits or for admission to advanced placement and the nursing program shall determine the total number
31 of nursing courses or credits awarded for advanced placement.

32

33 *History Note: Authority G.S. 90-171.23(b)(8); 90-171.38; 90-171.43;*

34 *Eff. February 1, 1976;*

35 *Amended Eff. December 1, 2016; January 1, 2006; August 1, 1998; January 1, 1996; June 1,*
36 *1992; January 1, 1989; January 1, 1984.*

ATTACHMENT E

1 21 NCAC 36 .0321 is adopted as published in NCR 31:01, pages 31-32, as follows:

2

3 **21 NCAC 36 .0321 CURRICULUM**

4 (a) Nursing program curriculum shall:

5 (1) be planned by nursing program faculty;

6 (2) reflect the stated program philosophy, purposes, and objectives pursuant to 21 NCAC 36
7 .0302(a)(2);

8 (3) be consistent with the Statutes and Rules governing the practice of nursing;

9 (4) define the level of performance required to pass each course in the curriculum;

10 (5) enable the student to develop the nursing knowledge, skills and ~~competencies~~ abilities
11 necessary for the level, scope and competent practice consistent with the level of licensure
12 and scope in all applicable Rules as defined in 21 NCAC 36 .0221, .0224, .0225, and .0231
13 consistent with the level of licensure; and .0231;

14 (6) include content in the biological, physical, social and behavioral sciences to provide a
15 foundation for safe and effective nursing ~~practice.~~ practice;

16 (7) provide students the opportunity to acquire and demonstrate, through [theory] didactic
17 content and clinical experience under faculty supervision, the knowledge, skills, and abilities
18 required for safe, effective, competent nursing practice across the lifespan; and

19 (8) be revised as necessary to maintain a program that reflects changes and advances in health
20 care and its delivery.

21 (b) Didactic content and supervised clinical experience across the lifespan appropriate to program type shall
22 include:

23 (1) Implementing safety principles and practices, minimizing risk of harm to clients and providers
24 through both system effectiveness and individual performance;

25 ~~(1)(2)~~ Using informatics to communicate, manage knowledge, mitigate error and support decision
26 making; making;

27 ~~(2)(3)~~ Employing evidence-based practice to integrate best research with clinical expertise and
28 client values for optimal care, including skills to identify and apply best practices to nursing
29 ~~care by care;~~

30 ~~(A)(4) providing~~ Providing client-centered, culturally competent ~~care;~~ care by:

31 ~~(B)(A)~~ respecting client differences, values, preferences and expressed needs;

32 ~~(C)(B)~~ involving clients in decision-making and care management;

33 ~~(D)(C)~~ coordinating and managing continuous client care consistent with the level of
34 licensure. This includes demonstration of the ability to supervise others and provide
35 leadership of the profession appropriate for program type; and

36 ~~(E)(D)~~ promoting healthy lifestyles for clients and populations.

37 ~~(3)(5)~~ Working in interdisciplinary teams to cooperate, collaborate, communicate and integrate
38 client care and health promotion.

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1 (1) demonstrate that simulation faculty have been formally educated, and maintain competencies
2 in simulation and ~~debriefing theory;~~ debriefing; and

3 (2) provide a simulation environment with adequate faculty, space, equipment, and supplies to
4 simulate realistic clinical experiences to meet the curriculum and course objectives.

5 (n) Programs not holding national nursing accreditation shall limit simulation experiences to no more than
6 25% in any course, including the focused client care experience.

7 (o) Programs holding national nursing accreditation shall limit simulation experiences to:

8 (1) no more than 25% in the focused client care experience, and

9 (2) no more than 50% of clinical experience time in any other course.

10 (p) External standardized examinations shall not be used as a determinant of a student's progression or
11 graduation in a prelicensure nursing education program.

12
13 *History Note: Authority G.S. 90-171.23(b)(8); 90-171.38;*

14 *Eff. February 1, 1976;*

15 *Amended Eff. December 1, 2016; June 1, 1992; January 1, 1989; January 1, 1984;*

16 *Temporary Amendment Eff. October 11, 2001;*

17 *Amended Eff. December 1, 2005; August 1, 2002.*

ATTACHMENT E

1 21 NCAC 36 .0322 is adopted as published in NCR 31:01, pages 32-33, as follows:

2

3 **21 NCAC 36 .0322 FACILITIES**

4 (a) Campus facilities shall be appropriate in type, number, and accessibility for the total needs of the program.

5 (b) Classrooms, ~~laboratories~~, laboratory/simulation space, and conference rooms shall be sufficient in size,
6 number, and types for the number of students and purposes for which the rooms are to be used. Lighting,
7 ventilation, location, and equipment must be suitable for the number of students and purposes for which the
8 rooms are to be used.

9 (c) Office and conference space for nursing program faculty members shall be appropriate and available for
10 uninterrupted work and privacy including conferences with students.

11 (d) Learning resources, including clinical experiences, shall be comprehensive, current, developed with
12 nursing faculty input, accessible to students and faculty and support the implementation of the curriculum.

13

14 *History Note: Authority G.S. 90-171.23(b)(8); 90-171.38;*

15 *Eff. February 1, 1976;*

16 *Amended Eff. December 1, 2016; January 1, 1996; June 1, 1992; January 1, 1989; May 1,*
17 *1988;*

18 *Temporary Amendment Eff. October 11, 2001;*

19 *Amended Eff. April 1, 2006; August 1, 2002.*

ATTACHMENT E

1 21 NCAC 36 .0323 is adopted as published in NCR 31:01, pages 33, as follows:

2

3 **21 NCAC 36 .0323 RECORDS AND REPORTS**

4 (a) The controlling institution's publications describing the nursing program shall be accurate.

5 (b) There shall be a system for maintaining official records. Current and permanent student records shall
6 be stored in a secure manner that prevents physical damage and unauthorized access.

7 (c) Both permanent and current records shall be available for review by Board staff.

8 (d) The official permanent record for each graduate shall include documentation of graduation from the
9 program and a transcript of the individual's achievement in the program.

10 (e) The record for each currently enrolled student shall contain up-to-date and complete information,
11 including the following:

12 (1) documentation of admission criteria met by the student;

13 (2) high school graduation, high school equivalent, or earned credits from post-secondary
14 institution approved pursuant to G.S. 90-171.38(a); and

15 (3) transcript of credit hours achieved in the classroom, laboratory, and clinical instruction for
16 each course that reflects progression consistent with program policies.

17 (f) The nursing program shall file with the Board records, data, and reports in order to furnish information
18 concerning operation of the program as prescribed in the rules in this Section including:

19 (1) an Annual Report to be filed with the Board by November 1 of each year;

20 (2) a Program Description Report for non-accredited programs filed with the Board at least
21 30 days prior to a scheduled review; and

22 (3) notification by institution administration of any change of the registered nurse responsible
23 for the nursing program. This notification shall include a vitae for the new individual and
24 shall be submitted within ~~20~~ 10 business days of the effective date of the change.

25 (g) All communications relevant to accreditation shall be submitted to the North Carolina Board of
26 Nursing at the same time the communications are submitted to the accrediting body.

27 (h) The Board may require additional records and reports for review at any time to provide evidence and
28 substantiate compliance with the rules in this Section by a program and its associated agencies.

29 (i) The part of the application for licensure by examination to be submitted by the nursing program shall
30 include a statement verifying satisfactory completion of all requirements for graduation and the date of
31 completion. The nursing program director shall submit ~~the online verification form~~ to the Board within **one**
32 **month** ~~[10 business days]~~ following **completion of the [graduation from a]** Board approved nursing
33 program.

34

35 *History Note: Authority G.S. 90-171.23(b)(8); 90-171.38;*

36 *Eff. February 1, 1976;*

ATTACHMENT E

1 *Amended Eff. December 1, 2016; January 1, 2015; December 1, 2005; January 1, 2004;*
2 *June 1, 1992; January 1, 1989; January 1, 1984.*

ATTACHMENT F

1 21 NCAC 36 .0809 is proposed for amendment as follows:

2

3 **21 NCAC 36 .0120 DEFINITIONS**

4 The following definitions apply throughout this chapter unless the context indicates otherwise:

5 (1) "Administrative Law Counsel" means an attorney whom the Board of Nursing has retained to
6 serve as procedural officer for contested cases.

7 ~~(4)~~(2) "Academic term" means one semester of a school year.

8 ~~(2)~~(3) "Accountability/Responsibility" means being answerable for action or inaction of self, and of
9 others in the context of delegation or assignment.

10 ~~(3)~~(4) "Accredited institution" means an institution accredited by a United States Department of
11 Education approved institutional accrediting body.

12 ~~(4)~~(5) "Active Practice" means activities that are performed, either for compensation or without
13 compensation, consistent with the scope of practice for each level of licensee as defined in
14 G.S. 90-171.20(4), (7) and (8).

15 ~~(5)~~(6) "Advanced Practice Registered Nurse (APRN)" means a nurse practitioner, nurse
16 anesthetist, nurse-midwife or clinical nurse specialist.

17 ~~(6)~~(7) "Assigning" means designating responsibility for implementation of a specific activity or set of
18 activities to a person licensed and competent to perform such activities.

19 ~~(7)~~(8) "Clinical experience" means application of nursing knowledge in demonstrating clinical
20 judgment.

21 ~~(8)~~(9) "Clinical judgment" means the application of the nursing student's knowledge, skills, abilities
22 and experience in making decisions about client care.

23 ~~(9)~~(10) "Competent" means having the knowledge, skills and ability to safely perform an activity or
24 role.

25 ~~(10)~~(11) "Continuing Competence" means the on-going acquisition and application of knowledge and
26 the decision-making, psychomotor, and interpersonal skills expected of the licensed nurse
27 resulting in nursing care that contributes to the health and welfare of clients served.

28 ~~(11)~~(12) "Contact Hour" means 60 minutes of an organized learning experience.

29 ~~(12)~~(13) "Continuing Education Activity" means a planned, organized learning experience that is
30 related to the practice of nursing or contributes to the competency of the nurse as defined in
31 21 NCAC 36 .0223 Subparagraph (a)(2).

32 ~~(13)~~(14) "Controlling institution" means the degree-granting organization or hospital under which the
33 nursing education program is operating.

34 ~~(14)~~(15) "Curriculum" means an organized system of teaching and learning activities directed toward
35 the achievement of specified learning objectives/outcomes.

36 ~~(15)~~(16) "Delegation" means transferring to a competent individual the authority to perform a selected
37 nursing activity in a selected situation. The nurse retains accountability for the delegation.

ATTACHMENT F

1 ~~(16)~~(17)"Dimensions of Practice" means those aspects of nursing practice that include professional
2 responsibility, knowledge-based practice, legal/ethical practice and collaborating with others,
3 consistent with G.S. 90-171.20(4), (7) and (8).

4 ~~(17)~~(18)"Distance education" means the teaching and learning strategies used to meet the learning
5 needs of students, when the students and faculty are separate from each other.

6 ~~(18)~~(19)"Faculty directed clinical practice" means the responsibility of nursing program faculty in
7 overseeing student clinical learning including the utilization of preceptors.

8 ~~(19)~~(20)"Focused client care experience" means a clinical experience that simulates an entry-level
9 work experience. The intent is to assist the student to transition to an entry-level practice.
10 There is no specific setting requirement. Supervision may be by faculty and preceptor dyad
11 or direct faculty supervision.

12 ~~(20)~~(21)"Interdisciplinary faculty" means faculty from professions other than nursing.

13 ~~(21)~~(22)"Interdisciplinary team" means all individuals involved in providing a client's care who
14 cooperate, collaborate, communicate and integrate care to ensure that care is continuous
15 and reliable.

16 ~~(22)~~(23)"Level of Licensure" means practice of nursing by either a Licensed Practice Nurse or a
17 Registered Nurse as defined in G.S. 90-171.20(7) and (8).

18 ~~(23)~~(24)"Level of student" means the point in the program to which the student has progressed.

19 ~~(24)~~(25)"Maximum enrollment" means the total number of pre-licensure students that can be enrolled
20 in the nursing program at any one time. The number reflects the capacity of the nursing
21 program based on demonstrated resources sufficient to implement the curriculum.

22 ~~(25)~~(26)"Methods of Instruction" means the planned process through which teacher and student
23 interact with selected environment and content so that the response of the student gives
24 evidence that learning has taken place. It is based upon stated course objectives and
25 outcomes for learning experiences in classroom, laboratory and clinical settings.

26 ~~(26)~~(27)"National Credentialing Body" means a credentialing body that offers certification or re-
27 certification in the licensed nurse's or Advanced Practice Registered Nurse's specialty area of
28 practice.

29 ~~(27)~~(28)"NCLEX-PN™" means the National Council Licensure Examinations for Practical Nurses.

30 ~~(28)~~(29)"NCLEX-RN™" means the National Council Licensure Examinations for Registered Nurses.

31 ~~(29)~~(30)"Nursing Accreditation body" means a national nursing accrediting body, recognized by the
32 United States Department of Education.

33 ~~(30)~~(31)"Nursing program faculty" means individuals employed full or part time by academic
34 institution responsible for developing, implementing, evaluation and updating nursing
35 curricula.

36 ~~(31)~~(32)"Nursing project" means a project or research study of a topic related to nursing practice that
37 includes a problem statement, objectives, methodology and summary of findings.

38 ~~(32)~~(33)"Participating in" means to have a part in or contribute to the elements of the nursing process.

ATTACHMENT F

1 ~~(33)~~(34)"Pattern of noncompliance" means episodes of recurring non-compliance with one or more
2 Rules in Section .0300.

3 ~~(34)~~(35)"Preceptor" means a registered nurse at or above the level of licensure that an assigned
4 student is seeking, who may serve as a teacher, mentor, role model and supervisor for a
5 faculty directed clinical experience.

6 ~~(35)~~(36)"Prescribing Authority" means the legal permission granted by the Board of Nursing and
7 Medical Board for the nurse practitioner and nurse midwife to procure and prescribe legend
8 and controlled pharmacological agents and devices to a client in compliance with Board of
9 Nursing rules and other applicable federal and state law and regulations.

10 ~~(36)~~(37)"Program Closure" means to cease operation of a nursing program.

11 ~~(37)~~(38)"Program Type" means a course of study that prepares an individual to function as an entry-
12 level practitioner of nursing. The three program types are:

13 (a) BSN - Curriculum components for Bachelor of Science in Nursing provides for the
14 attainment of knowledge and skill sets in the current practice in nursing, nursing
15 theory, nursing research, community and public health, health care policy, health
16 care delivery and finance, communications, therapeutic interventions and current
17 trends in health care. For this program type, the client is the individual, family, group,
18 and community.

19 (b) Associate Degree in Nursing (ADN)/Diploma in Registered Nursing - Curriculum
20 components for the ADN/Diploma in Registered Nursing provides for the attainment
21 of knowledge and skill sets in the current practice in nursing, community concepts,
22 health care delivery, communications, therapeutic interventions and current trends in
23 health care. For this program type, client is the individual, group of individuals, and
24 family.

25 (c) Practical Nurse Diploma - Curriculum prepares for functioning in a dependent role in
26 providing direct nursing care under the direction of a registered nurse or other health
27 care provider as defined by the Nursing Practice Act. Curriculum components
28 provide for the attainment of knowledge and skill sets in the current practice of
29 practical nursing, communications, therapeutic interventions, including
30 pharmacology, growth and development and current trends in health care. For this
31 program type client is the individual, or group of individuals.

32 ~~(38)~~(39)"Prosecuting Attorney" means the attorney representing the Board of Nursing to prepare and
33 prosecute contested cases.

34 ~~(39)~~(40)"Review" means collecting and analyzing information to assess compliance with Section
35 .0300 of this Chapter. Information may be collected by multiple methods including review of
36 written reports and materials, on-site observations and review of documents or in person or
37 telephone interview(s) and conference(s).

ATTACHMENT F

1 ~~(39)~~(41) "Rescind Approval" means a Board action that removes the approval status previously
2 granted.

3 ~~(40)~~(42) "Self Assessment" means the process whereby the individual reviews her or his own nursing
4 practice and identifies the knowledge and skills possessed, as well as those skills to be
5 strengthened.

6 ~~(41)~~(43) "Specialty" means a broad, population-based focus of study encompassing the common
7 health-related problems of that group of patients and the likely co-morbidities, interventions
8 and responses to those problems.

9 ~~(42)~~(44) "Supervision" means the provision of guidance or direction, evaluation and follow-up by the
10 licensed nurse for accomplishment of an assigned or delegated nursing activity or set of
11 activities.

12 ~~(43)~~(45) "Survey" means an on-site visit for the purpose of gathering data in relation to reviewing
13 nursing programs compliance with Section .0300 of this Chapter.

14
15 *History Note: Authority G.S. 90-171.23; 90-171.38;*

16 *Eff. April 1, 2003;*

17 *Amended Eff. March 1, 2017; July 1, 2012; November 1, 2008; May 1, 2006; December 1,*
18 *2005; August 1, 2005.*

ATTACHMENT F

1 21 NCAC 36 .0809 is proposed for amendment as follows:

2
3 **21 NCAC 36 .0217 REVOCATION, SUSPENSION, OR DENIAL OF LICENSE INVESTIGATIONS;**
4 **DISCIPLINARY HEARINGS**

5 ~~(a) The definitions contained in G.S. 90-171.20 and G.S. 150B-2 (01), (2), (2b), (3), (4), (5), (8), (8a), and~~
6 ~~(8b) apply. In addition, the following definitions apply:~~

7 (1) ~~—"Investigation" means an exploration of the events and circumstances related to reported~~
8 ~~information in an effort to determine if there is a violation of any provisions of this Act or any~~
9 ~~rule promulgated by the Board.~~

10 (2) ~~—"Administrative Law Counsel" means an attorney whom the Board of Nursing has retained to~~
11 ~~serve as procedural officer for contested cases.~~

12 (3) ~~—"Prosecuting Attorney" means the attorney retained by the Board of Nursing to prepare and~~
13 ~~prosecute contested cases.~~

14 ~~(b) A nursing license which has been forfeited under G.S. 15A-1331A may not be reinstated until the licensee~~
15 ~~has successfully complied with the court's requirements, has petitioned the Board for reinstatement, has~~
16 ~~appeared before the Licensure Committee, and has had reinstatement approved. The license may initially be~~
17 ~~reinstated with restrictions.~~

18 ~~(c)~~(a) Behaviors and activities which may result in disciplinary action by the Board include the following:

19 (1) ~~drug or alcohol abuse; abuse or use of any substance or other agents while on duty or on call~~
20 ~~to the extent that such use may impair the nurse's ability to safely practice nursing;~~

21 (2) ~~testing positive on a drug screen for a non-prescribed drug or illicit substance;~~

22 ~~(2)(3)~~ illegally obtaining, possessing or distributing drugs or alcohol for personal or other use, or
23 other violations of G.S. 90-86 ~~to 90-113.8; et seq.;~~

24 ~~(3)(4)~~ ~~commission conviction~~ of any crime which bears on a licensee's fitness to practice nursing as
25 ~~set out in G.S. 90-171.48(a)(2); nursing;~~

26 ~~(4)(5)~~ failure to make available to another health care professional any client information crucial to
27 ~~the safety of the client's health care; information;~~

28 (5) ~~—delegating responsibilities to a person when the licensee delegating knows or has reason to~~
29 ~~know that the competency of that person is impaired by physical or psychological ailments, or~~
30 ~~by alcohol or other pharmacological agents, prescribed or not;~~

31 (6) practicing or offering to practice beyond the scope permitted by law;

32 (7) accepting and performing professional responsibilities which the licensee knows or has
33 reason to know that he or she is not competent to perform;

34 (8) performing, without adequate supervision, professional services which the licensee is
35 authorized to perform only under the supervision of a licensed professional, ~~except in an~~
36 ~~emergency situation where a person's life or health is in danger; professional;~~

ATTACHMENT F

- 1 (9) ~~abandoning or neglecting a an assigned client who is in need of nursing care,~~ without making
2 reasonable arrangements for the continuation of such equivalent nursing care;
- 3 (10) neglecting a client in need of nursing care;
- 4 ~~(10)(11)threatening, harassing, abusing, or intimidating a client either physically or verbally; client;~~
5 ~~(11)(12)failure to maintain an accurate record for each client which records of all pertinent health care~~
6 information ~~as defined in Rule .0224(f)(2) or .0225(f)(2);~~ for each client;
- 7 ~~(12)(13)failure to exercise supervision over persons who are authorized to practice only under the~~
8 supervision of the licensed professional;
- 9 ~~(13)(14)exercising undue influence on the client, including the promotion of the sale of services,~~
10 appliances, or drugs client for the financial or personal gain of the practitioner or of a third
11 party; licensee;
- 12 ~~(14)(15)directly or indirectly offering, giving, soliciting, or receiving or agreeing to receive, any fee or~~
13 other consideration to or from a third party for the referral of a client, or other violations of
14 G.S. 90-401;
- 15 ~~(15)(16)failure to file a report, or filing a false report, required by law or by the Board, Board or~~
16 impeding or obstructing such filing or inducing another person to do so;
- 17 ~~(16)(17) obtaining, accessing or revealing identifiable data, or healthcare information obtained in a~~
18 professional capacity, without prior consent of the client, from a client record or other source,
19 except as required by professional duties or authorized ~~or required~~ by law;
- 20 ~~(17) guaranteeing that a cure will result from the performance of professional services;~~
- 21 (18) ~~altering a license, using a license that has been altered or permitting or allowing another~~
22 person to use his or her license for the purpose of nursing. ~~Altering is defined to include~~
23 ~~changing the expiration date, certification number, or any other information appearing on the~~
24 license; presenting false or fraudulent licensure information for any purpose;
- 25 (19) assigning or delegating professional responsibilities to a person when the licensee assigning
26 or delegating such responsibilities knows or has reason to know that such a person is not
27 qualified by training, ~~by experience,~~ experience or ~~by licensure;~~
- 28 (20) assigning or delegating responsibilities to a person when the licensee assigning or delegating
29 knows or has reason to know that the competency of that person is impaired by sleep
30 deprivation, physical or psychological conditions or by alcohol or other agents, prescribed or
31 not;
- 32 (21) accepting responsibility for client care while impaired by sleep deprivation, physical or
33 psychological conditions; or by alcohol or other pharmacological agents; agents, prescribed
34 or not;
- 35 (22) falsifying a client's record or the controlled substance ~~records of the agency; or records;~~
- 36 (23) ~~engaging in any activities of a sexual nature with a client including kissing, fondling or~~
37 ~~touching while responsible for the care of that individual. violating boundaries of a~~

ATTACHMENT F

1 professional relationship including but not limited to physical, sexual, emotional or financial
2 exploitation of the client or the client's significant other(s);

3 (24) misappropriating, in connection with the practice of nursing, anything of value or benefit,
4 including but not limited to, any property, real or personal of the client, employer or any other
5 person or entity, or failing to take precautions to prevent such misappropriation; or

6 ~~(20)~~(25)violating any term of probation, condition, or limitation imposed on the licensee by the Board;

7 ~~(d)~~(b) When a person licensed to practice nursing as a licensed practical nurse or as a registered nurse is also
8 licensed or has privilege to practice in another jurisdiction and that other jurisdiction takes disciplinary action
9 against the licensee, the North Carolina Board of Nursing may summarily impose the same or lesser
10 disciplinary action upon receipt of the other jurisdiction's action. The licensee may request a hearing. At the
11 hearing the issues ~~will~~ shall be limited to:

12 (1) whether the person against whom action was taken by the other jurisdiction and the North
13 Carolina licensee are the same person;

14 (2) whether the conduct found by the other jurisdiction also violates the North Carolina Nursing
15 Practice Act; and

16 (3) whether the sanction imposed by the other jurisdiction is lawful under North Carolina law.

17 ~~(e) Before the North Carolina Board of Nursing makes a final decision in any contested case, the person,~~
18 ~~applicant or licensee affected by such decision shall be afforded an administrative hearing pursuant to the~~
19 ~~provisions of G.S.150B, Article 3A.~~

20 ~~(1) The Paragraphs contained in this Rule shall apply to conduct of all contested cases heard~~
21 ~~before or for the North Carolina Board of Nursing.~~

22 ~~(2) The following general statutes, rules, and procedures apply unless another specific statute or~~
23 ~~rule of the North Carolina Board of Nursing provides otherwise: Rules of Civil Procedure as~~
24 ~~contained in G.S. 1A-1 and Rules of Evidence pursuant to G.S. Chapter 8C; G.S. 90-86~~
25 ~~through 90-113.8; 21 NCAC 36 .0224 --.0225; Article 3A, Chapter 150B; and Rule 6 of the~~
26 ~~General Rules of Practice for Superior and District Court.~~

27 ~~(3) Every document filed with the Board of Nursing shall be signed by the person, applicant,~~
28 ~~licensee, or his attorney who prepares the document and shall contain his name,~~
29 ~~title/position, address, and telephone number. If the individual involved is a licensed nurse~~
30 ~~the nursing license certificate number shall appear on all correspondence with the Board of~~
31 ~~Nursing.~~

32 ~~(f)(c) In accordance with G.S. 150B-3(c) a license may be summarily suspended if the public health, safety, or~~
33 ~~welfare requires emergency action. This determination is delegated to the Chairman or Executive Director of~~
34 ~~the Board pursuant to G.S. 90-171.23(b)(3). Such a finding shall be incorporated with the order of the Board~~
35 ~~of Nursing and If a summary suspension is issued pursuant to G.S. 150B-3(c), the order is effective on the~~
36 ~~date specified in the order or on service of the certified copy of the order at the last known address of the~~
37 ~~licensee, whichever is later, and continues to be effective during the proceedings. Failure to receive the order~~

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1 because of refusal of service or unknown address does not invalidate the order. ~~Proceedings shall be~~
2 ~~commenced in a timely manner.~~

3 ~~(g) Board staff shall issue a Letter of Charges only upon completion of an investigation, by authorized Board~~
4 ~~staff, of a written or verbal complaint and review with legal counsel or prosecuting attorney or Executive~~
5 ~~Director.~~

6 (1) ~~Subsequent to an investigation and validation of a complaint, a Letter of Charges shall be~~
7 ~~sent on behalf of the Board of Nursing to the person who is the subject of the complaint.~~

8 (A) ~~The Letter of Charges shall be served in accordance with G.S. 1A-1, Rule 4, Rules~~
9 ~~of Civil Procedure.~~

10 (B) ~~The Letter of Charges serves as the Board's formal notification to the person that an~~
11 ~~allegation of possible violation(s) of the Nursing Practice Act has been initiated.~~

12 (C) ~~The Letter of Charges does not in and of itself constitute a contested case.~~

13 (2) ~~The Letter of Charges shall include the following:~~

14 (A) ~~a short and plain statement of the factual allegations;~~

15 (B) ~~a citation of the relevant sections of the statutes or rules involved;~~

16 (C) ~~notification that a settlement conference will be scheduled upon request;~~

17 (D) ~~explanation of the procedure used to govern the settlement conference;~~

18 (E) ~~notification that if a settlement conference is not requested, or if held, does not result~~
19 ~~in resolution of the case, an administrative hearing shall be scheduled; and~~

20 (F) ~~if applicable, any sanction or remediation in accordance with Board-adopted policy~~
21 ~~may be included.~~

22 (3) ~~A case becomes a contested case after the person disputes the allegations contained in the~~
23 ~~Letter of Charges, requests an administrative hearing, or refuses to accept a settlement offer~~
24 ~~extended by the Board of Nursing.~~

25 ~~(h) No Board member shall discuss with any person the merits of any case pending before the Board of~~
26 ~~Nursing. Any Board member who has direct knowledge about a case prior to the commencement of the~~
27 ~~proceeding shall disqualify himself from any participation with the majority of the Board of Nursing hearing the~~
28 ~~case.~~

29 ~~(i) A settlement conference, if requested by the person, shall be held for the purpose of attempting to resolve~~
30 ~~a dispute through informal procedures prior to the commencement of formal administrative proceedings.~~

31 (1) ~~The conference shall be held in the offices of the Board of Nursing, unless another site is~~
32 ~~designated by mutual agreement of all involved parties.~~

33 (2) ~~All parties shall attend or be represented at the settlement conference. The parties shall be~~
34 ~~prepared to discuss the alleged violations and the incidents on which these are based.~~

35 (3) ~~Prior to the commencement of the settlement conference, a form shall be signed by the~~
36 ~~person which invalidates all previous offers made to the person by the Board.~~

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1 ~~(4) — At the conclusion of the day during which the settlement conference is held, a form shall be~~
2 ~~signed by all parties which indicates whether the settlement offer is accepted or rejected.~~

3 ~~Subsequent to this decision:~~

4 ~~(A) — if a settlement is reached, the Board of Nursing shall forward a written settlement~~
5 ~~agreement containing all conditions of the settlement to the other party(ies); or~~

6 ~~(B) — if a settlement cannot be reached, the case shall proceed to a formal administrative~~
7 ~~hearing.~~

8 ~~(j) — Disposition may be made of any contested case or an issue in a contested case by stipulation, agreement,~~
9 ~~or consent order at any time prior to or during the hearing of a contested case.~~

10 ~~(k) — The Board of Nursing shall give the parties in a contested case a Notice of Hearing not less than 15~~
11 ~~calendar days before the hearing. The Notice shall be given in accordance with G.S. 1A-1, Rule 4, Rules of~~
12 ~~Civil Procedure. The notice shall include:~~

13 ~~(1) — Acknowledgment of service, or attempted service, of the Letter of Charges in compliance~~
14 ~~with Part (g)(1)(A) of this Rule;~~

15 ~~(2) — Date, time, and place of the hearing;~~

16 ~~(3) — Notification of the right of a party to represent himself or to be represented by an attorney;~~

17 ~~(4) — A statement that, pursuant to Paragraph (n) of this Rule, subpoenas may be requested by the~~
18 ~~licensee to compel the attendance of witnesses or the production of documents;~~

19 ~~(5) — A statement advising the licensee that a notice of representation, containing the name of~~
20 ~~licensee's counsel, if any, shall be filed with the Board of Nursing not less than 10 calendar~~
21 ~~days prior to the scheduled date of the hearing;~~

22 ~~(6) — A statement advising the licensee that a list of all witnesses for the licensee shall be filed with~~
23 ~~the Board of Nursing not less than 10 calendar days prior to the scheduled date of the~~
24 ~~hearing; and~~

25 ~~(7) — A statement advising the licensee that failure to appear at the hearing may result in the~~
26 ~~allegations of the Letter of Charges being taken as true and that the Board may proceed on~~
27 ~~that assumption.~~

28 ~~(l) — Pre-hearing conferences may be held to simplify the issues to be determined, to obtain stipulations in~~
29 ~~regards to testimony or exhibits, to obtain stipulations of agreement on nondisputed facts or the application of~~
30 ~~particular laws, to consider the proposed witnesses for each party, to identify and exchange documentary~~
31 ~~evidence intended to be introduced at the hearing, and to consider such other matters that may be necessary~~
32 ~~or advisable for the efficient and expeditious conduct of the hearing.~~

33 ~~(1) — The pre-hearing conference shall be conducted in the offices of the Board of Nursing, unless~~
34 ~~another site is designated by mutual agreement of all parties.~~

35 ~~(2) — The pre-hearing conference shall be an informal proceeding and shall be conducted by a~~
36 ~~Board designated administrative law counsel.~~

ATTACHMENT F

1 ~~continuance shall be ruled on by the majority of the Board members or Administrative Law Counsel sitting at~~
2 ~~hearing. filed on the date of hearing shall be ruled on by the Board.~~

3 ~~(q)(f) All hearings by the Board of Nursing shall be conducted by a majority of members of the Board of~~
4 ~~Nursing, except as provided in Subparagraph (1) of this Paragraph. The Board of Nursing shall designate one~~
5 ~~of its members to preside at the hearing. The Board of Nursing shall designate an administrative law counsel~~
6 ~~who shall advise the presiding officer. The seated members of the Board of Nursing shall hear all evidence,~~
7 ~~make findings of fact and conclusions of law, and issue an order reflecting a majority decision of the Board.~~

8 ~~(4)(g) When a majority of the members of the Board of Nursing is unable or elects not to hear a contested~~
9 ~~case, the Board of Nursing shall request the designation of an administrative law judge from the Office of~~
10 ~~Administrative Hearings to preside at the hearing. The provisions of G.S. 150B, Article 3A and 21 NCAC 36~~
11 ~~.0217 shall govern a contested case in which an administrative law judge is designated as the Hearing Officer.~~

12 ~~(2) In the event that any party or attorney or other representative of a party engages in conduct~~
13 ~~which obstructs the proceedings or would constitute contempt if done in the General Court of~~
14 ~~Justice, the Board may apply to the applicable superior court for an order to show cause why~~
15 ~~the person(s) should not be held in contempt of the Board and its processes.~~

16 ~~(3) During a hearing, if it appears in the interest of justice that further testimony should be~~
17 ~~received and sufficient time does not remain to conclude the testimony, the Board of Nursing~~
18 ~~may continue the hearing to a future date to allow for the additional testimony to be taken by~~
19 ~~deposition or to be presented orally. In such situations and to such extent as possible, the~~
20 ~~seated members of the Board of Nursing and the designated administrative law counsel shall~~
21 ~~receive the additional testimony. In the event that new members of the Board or a different~~
22 ~~administrative law counsel must participate, a copy of the transcript of the hearing shall be~~
23 ~~provided to them prior to the receipt of the additional testimony.~~

24 ~~(r) All parties have the right to present evidence, rebuttal testimony, and argument with respect to the issues~~
25 ~~of law, and to cross-examine witnesses. The North Carolina Rules of Evidence in G.S. 8C shall apply to~~
26 ~~contested case proceedings, except as provided otherwise in this Rule and G.S. 150B-41.~~

27 ~~(4)(h) Sworn affidavits may be introduced by mutual agreement from all parties.~~

28 ~~(2) All oral testimony shall be under oath or affirmation and shall be recorded. Unless otherwise~~
29 ~~stipulated by all parties, witnesses are excluded from the hearing room until such time that~~
30 ~~they have completed their testimony and have been released.~~

31 ~~(s) Any form or Board-approved policy or procedure referenced in this Rule, or any rules applicable to a case,~~
32 ~~are available upon request from the Board of Nursing and shall be supplied at cost.~~

33
34 *History Note: Authority G.S. 14-208.5; 15A-1331A; 90-171.23(b)(3)(7); 90-171.37; 90-171.47; 90-401;*
35 *150B-3(c); 150B-11; 150B-14; 150B-38 through 150B-42;*
36 *Eff. February 1, 1976;*
37 *Amended Eff. October 1, 1989; November 1, 1988; July 1, 1986; July 1, 1984;*

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1 *Temporary Amendment Eff. December 7, 1990 for a period of 180 days to expire on June 5,*
2 *1991;*
3 *ARRC Objection Lodged December 20, 1990;*
4 *Amended Eff. January 1, 1991;*
5 *ARRC Objection Removed February 25, 1991;*
6 *Temporary Amendment Eff. February 26, 1991 for a period of 35 days to expire on April 1,*
7 *1991;*
8 *Amended Eff. January 1, 1996; February 1, 1995; April 1, 1991;*
9 *Temporary Amendment Eff. March 5, 2001;*
10 *Amended Eff. March 1, 2017; January 1, 2007; August 2, 2002.*
11



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STAFFING and PATIENT/CLIENT SAFETY Position Statement for RN and LPN Practice

Introduction:

Licensed nurses (RN or LPN) and RN managers/administrators are accountable for the provision of safe nursing care to their clients. Nursing law and rules mandate that licensed nurses accept only those assignments that the nurse is safe and competent to perform. Nursing law and rules also mandate that RN managers/administrators remain available for direct participation in nursing care; delegate responsibility or assign nursing care functions to qualified personnel; and retain accountability for nursing care given by all personnel to whom that care is assigned and delegated. During periods of under-staffing or limited numbers of well-qualified staff, it is essential that RN managers/administrators and nursing staff work together to provide safe care to all clients in a manner consistent with nursing law and rules. Clear communication is essential to arrive at solutions that best focus on client care needs without compromising either patient safety or a nurse's license. Short Staffing and Extended Work Hours pose considerable challenges for licensed nurses and managers/administrators. Concerns about client Abandonment and Neglect are often related to these challenges and to situations of Emergency Preparedness and Workplace Violence.

Issue: EXTENDED WORK HOURS

The Board receives frequent inquiries concerning the number of hours a licensed nurse (RN or LPN) may work during a 24-hour period and still maintain client safety. Although the Board regulates only the practice of the individual licensed nurses and has no jurisdiction over employer/employee issues such as work hours, it is appropriate that the Board provide guidance to licensed nurses in addressing this concern through the following interpretation of nursing law and rules.

RN & LPN Role:

1. Inherent in the mandate to accept only those assignments that the licensed nurse is safe and competent to perform is the expectation that the licensed nurse will not accept any assignment for which she/he may be unsafe due to lack of sleep, fatigue, or prolonged work hours.
2. Nursing law and rules mandate that the RN manager/administrator is accountable for assessing the capabilities of personnel in relation to client need and plan of nursing care, prior to assigning nursing activities, to assure personnel are qualified to assume such responsibilities and to perform such functions.
3. It is imperative that licensed nurses and RN managers/administrators give thoughtful consideration to the evidence that extended work hours may adversely impact client safety and carefully consider safety to practice prior to giving or accepting an assignment.
4. Cumulative work hours resulting from multiple work commitments or from scheduled work hours in combination with actual hours worked while fulfilling "on-call" assignments must be considered carefully by licensed nurses and RN managers/administrators.

5. Based on existing evidence, caution should be exercised whenever an assignment is expected to exceed 12 hours in a 24 hour time period or 60 hours in a 7-day time period.

Note: The NC Board of Nursing and the Division of Health Service Regulation have issued a Joint Position Statement on Nursing Work Environments that may provide additional guidance.

Issue: SHORT STAFFING

When a licensed nurse (RN or LPN) comes on duty to find that the mix or number of staff is not adequate to meet the nursing care needs of the clients, the nurse should contact the immediate supervisor before accepting the assignment to report the unsafe situation and ask for assistance in planning care based on the available resources within the agency. Such assistance may include, but is not limited to:

- a. acquiring additional or a different mix of staff;
- b. negotiating “periodic” assistance from the immediate supervisor or another staff member for delivery of specific client care activities;
- c. prioritizing the client care activities that will be delivered during that shift or tour of duty; and/or,
- d. notifying other health care providers regarding the limitations in providing optimal care during periods of understaffing.

RN & LPN Role:

1. The RN manager/administrator is responsible and accountable to assure adequate nursing care resources are available.
2. The licensed nurse is accountable for the care that he/she provides to the client, as well as all nursing care delegated or assigned to other staff members.
3. Although it may be impossible to deliver the type of nursing care that would be provided with a full complement and appropriate mix of staff, there are certain activities that must be carried out regardless of staffing. These activities include:
 - a. accurately administering medications and implementing critical medical treatment regimens;
 - b. protecting clients at risk from harming themselves;
 - c. monitoring clients’ responses to medical and nursing interventions consistent with each client’s health care problem(s);
 - d. notifying the physician, NP, PA, or other responsible healthcare provider of deteriorating or unexpected changes in a client’s status; and,
 - e. accurately documenting the care delivered to the clients.

Issue: RN MANAGER/ADMINISTRATOR ROLE IN EXTENDED WORK HOURS AND SHORT STAFFING

During periods of understaffing, the RN manager/administrator may have to reassign staff to different client care areas as well as approve extended tours of duty (e.g., double shifts) for licensed nurses (RN or LPN) who volunteer or agree to work extra hours/shifts.

1. If a nurse has agreed to extend his/her hours of duty due to short staffing, but has informed the RN manager/administrator of a limit to the extra hours they will work, the RN manager/administrator is responsible to provide a nurse who can accept the report and responsibility for the clients from the over-time nurse at the agreed-upon time.

2. If a replacement nurse cannot be found, the RN manager/administrator is responsible for providing the coverage.
3. Failure of the RN manager/administrator to respond to calls from the nurse on duty does not alleviate her/him of responsibility for providing coverage or of the accountability for the care of the clients.
4. Nursing laws and rules require that the RN manager/administrator assess the capabilities and competence of any nurse before assigning client care responsibilities to her/him. When the RN manager/administrator has or should have reason to believe that the licensed nurse is impaired due to physical (including illness, fatigue, and sleep deprivation) or psychological conditions, the assignment of extended tours of duty, mandated overtime, or scheduled work hours in combination with actual hours worked while fulfilling "on-call" assignments is not appropriate.

Issue: ABANDONMENT

Abandonment can only occur after the licensed nurse (RN or LPN) has come on duty for the shift, received a report including status/needs of assigned clients and other assigned responsibilities, and accepted his/her client care assignment. There is no routine answer to the question, "*When does the nurse's duty to a client begin?*" The focus in nursing law and rules is on the relationship and responsibility of the nurse to the client, not to the employer or employment setting. If the nurse does not accept the assignment, then the nurse's relationship and responsibility to and for the client is not established.

RN & LPN Role:

1. Once the licensed nurse has accepted an assignment, she/he remains responsible and accountable for client care and safety until another qualified licensed nurse or other qualified person has accepted responsibility for that client.
 - a. This transfer of responsibility includes a report of client status and may vary based on work setting and client care needs including, but not limited to: at the end of a scheduled acute care or skilled nursing shift; when a nurse leaves a work area for a limited purpose (e.g., to transport another client or take a break); or when a home care nurse is not making a scheduled visit.
 - b. In home care settings, this transfer of responsibility may include release to client self-care or transfer of care to an authorized/approved/trained caregiver as provided for in the client plan of care.
2. A violation of nursing law and rules may result from abandoning a client who is in need of nursing care, without making reasonable arrangements for the continuation of care and providing adequate notification to the immediate supervisor.
3. However, when a nurse refuses to remain on duty for an extra shift or partial shift beyond his/her established schedule, it is not considered abandonment when the nurse leaves at the end of the regular shift, providing she/he has appropriately reported off client status to another nurse or authorized/approved/trained caregiver and has given management notice that the nurse is leaving.
4. On-call assignments require availability and response of the nurse within agency guidelines. Failure of a nurse to respond and report for on-call client care responsibilities without adequate notification to the immediate supervisor, or failure of an on-call RN supervisor/manager/administrator to respond to a call from client care staff, may result in a violation of nursing law and rules for abandonment.

5. It is not considered abandonment under Board of Nursing regulations if a nurse is “no call, no show”; resigns without fulfilling a previously posted work schedule; or reports for work but then declines an assignment.

Issue: NEGLECT

Neglect occurs when a licensed nurse (RN or LPN) fails to provide client care as ordered and/or as indicated by client status. Neglect may include, but is not limited to, failure to assess/evaluate clients; failure to maintain standards of care; failure to administer ordered medication or treatments; failure to perform cardio-respiratory resuscitation (CPR) unless a do not resuscitate order is in place; failure to make scheduled home care visits; and, sleeping on duty.

RN & LPN Role:

1. Once the licensed nurse has accepted an assignment, she/he remains responsible and accountable for comprehensive (RN) or focused (LPN) client care and safety based on nursing scope of practice; standards of nursing care and practice; physician, nurse practitioner, or physician’s assistant orders; and agency policies and procedures.
2. A violation of nursing law and rules may result from neglecting a client who is in need of nursing care.

Issue: EMERGENCY PREPAREDNESS AND WORKPLACE VIOLENCE

Licensed nurses (RN and LPN) have a duty to care for clients and have a professional responsibility to not abandon or neglect them. It is possible, however, that a nurse may have to choose between the duty to provide safe client care and the responsibility to protect the nurse’s own life during an emergency, including but not limited to, disasters, infectious disease outbreaks, bioterrorism events, and workplace violence. Workplace violence includes a broad spectrum of behaviors that include violent acts by strangers, clients, visitors, and/or coworkers that result in a concern for personal and client safety. Standards of nursing practice, nursing ethical guidelines, and agency policies and procedures approved by nursing management/administration should provide guidance for appropriate actions in such situations. **These situations are challenging for all nurses and their employers, therefore the Board recommends policies and procedures be developed, and periodically reviewed to provide clear guidance and direction to nurses in order for clients to receive safe and effective care.**

References:

G.S. 90-171.20 (7) & (8) – Nursing Practice Act
21 NCAC 36.0224 (a) (i) & (j) - RN Rule
21 NCAC 36.0225 (a) - LPN Rule
21 NCAC 36.0217 (c) (5) & (9) - Revocation, Suspension, or Denial of License Rule
NCBON Position Statement – Accepting an Assignment - www.ncbon.com
NCBON/NC DHSR Joint Statement on Nursing Work Environments – www.ncbon.com – Practice –
Position Statements
ANA Code of Ethics for Nurses (2015)
ANA Position Statement on “Risk and Responsibility in Providing Nursing Care” (June 2015)

COSMETIC PROCEDURES – FINAL DRAFT
Position Statement for RN and LPN Practice

Issue:

It is within scope of practice for licensed nurses (RN and LPN) ~~may to~~ perform cosmetic procedures, provided required criteria are met.

Cosmetic procedures refer to a broad range of procedures including but not limited to:

- Chemical Peels
- Sclerotherapy
- Micropigmentation
- Botox, Restalyne, Collagen Injections
- Micro-dermabrasion
- Laser for Aesthetics, Hair Removal
- Hair Transplants

Specific procedures may be evaluated using the Scope of Practice Decision Tree for RN and LPN Practice at www.ncbon.com >Nursing Practice >Position Statements and Decision Trees.

RN Role:

Does not require the on-site presence of a physician, nurse practitioner, physician assistant or other licensed healthcare practitioner to perform ~~authorized-prescribed/ordered~~ cosmetic procedures.

LPN Role:

In order to perform ~~any~~ prescribed/ordered cosmetic procedures, must have **on-site** presence and supervision by an RN, physician, nurse practitioner, physician assistant, or other licensed health care practitioner acting within their scope. ~~in order to perform any cosmetic procedures.~~

Both RN and LPN Role:

- ~~1. Client must have had **medical evaluation/assessment for appropriateness** by a licensed physician or other licensed practitioner acting within her/his scope.~~
1. Licensed physician, nurse practitioner, physician assistant, or other licensed health care practitioner with prescriptive authority acting within her/his legal scope of practice must complete **client evaluation/assessment** for procedure appropriateness and issue a prescription/order for procedure implementation by the licensed nurse;
2. Licensed nurse has the **documented knowledge, skill, and competency** necessary to carry out the procedure in a safe manner;
3. Employing agency's **policies and procedures** are available in the facility.

Notes:

1. If working in a spa setting in which clients are independently presenting for cosmetic treatment (i.e., treatment has not been prescribed/ordered by a licensed healthcare provider based on an ~~in-person~~ assessment) the licensed nurse can perform cosmetic procedures **ONLY** if also licensed in compliance with the North Carolina Electrolysis Practice Act and/or Cosmetic Arts Act.

ATTACHMENT H

Attachment A

2. If NC state law requires alternative licensure (e.g., providing massage and bodywork therapy beyond the context of nursing care delivery), the nurse must obtain required education and licensure PRIOR to implementing procedures.
3. Licensed nurses are held responsible and accountable for practicing at all times within the scope associated with their highest level of active licensure. Refer to “Practicing at Level Other Than Highest Licensure/Approval/Recognition Position Statement for RN, LPN, and APRN Practice” available at www.ncbon.com for more detail.
4. Licensed nurses educated and competent to perform cosmetic procedures using lasers are advised, PRIOR to implementing these procedures, to review the NC Medical Board’s guidance on Laser Hair and Tattoo Removal in the Position Statement on Laser Surgery available at:
http://www.ncmedboard.org/resources-information/professional-resources/laws-rules-position-statements/position-statements/laser_surgery

References:

G.S. 90-171.20 (7) (e-f) & (8) (c) – Nursing Practice Act
G.S. 88A – Electrolysis Practice Act
G.S. 88B - North Carolina Cosmetic Art Act
21 NCAC 36.0224 (a & d) - RN Rules
21 NCAC 36.0225 (a & d) - LPN Rules

ATTACHMENT I

1 21 NCAC 36 .0806 is proposed for amendment as follows:

2

3 **21 NCAC 36 .0806 ANNUAL RENEWAL**

4 (a) Each registered nurse who is approved to practice as a nurse practitioner in this state shall annually renew
5 each approval to practice with the Board of Nursing no later than the last day of the nurse practitioner's birth
6 month by:

7 (1) Maintaining current RN licensure;

8 (2) Maintaining certification as a nurse practitioner by a national credentialing body identified in
9 21 NCAC 36 .0801(8);

10 ~~(2)~~(3) Submitting the fee required in Rule .0813 of this Section; and

11 ~~(3)~~(4) Completing the renewal application.

12 (b) If the nurse practitioner has not renewed by the last day of her or his birth month, the approval to practice
13 as a nurse practitioner shall lapse.

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15 *History Note: Authority G.S. 90-8.1; 90-8-2; 90-18(14) 90-171.23(b); 90-171.83;*

16 *Recodified from 21 NCAC 36.0227(e) Eff. August 1, 2004;*

17 *Amended Eff. February 1, 2017; December 1, 2009; November 1, 2008; August 1, 2004.*

ATTACHMENT I

1 21 NCAC 36 .0807 is proposed for amendment as follows:

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3 **21 NCAC 36 .0807 CONTINUING EDUCATION (CE)**

4 In order to maintain nurse practitioner approval to practice, the nurse practitioner shall earn 50 contact hours
5 of continuing education each year beginning with the first renewal after initial approval to practice has been
6 granted. At least 20 hours of the required 50 hours must be those hours for which approval has been granted
7 by the American Nurses Credentialing Center (ANCC) or Accreditation Council on Continuing Medical
8 Education (ACCME), other national credentialing bodies or practice relevant courses in an institution of higher
9 learning. Every nurse practitioner who prescribes controlled substances shall complete at least one hour of the
10 total required continuing education (CE) hours annually consisting of CE designed specifically to address
11 controlled substance prescribing practices, signs of the abuse or misuse of controlled substances, and
12 controlled substance prescribing for chronic pain management. Documentation shall be maintained by the
13 nurse practitioner for the previous five calendar years and made available upon request to either Board.

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15 *History Note: Authority G.S. 90-5.1; 90-8.1; 90-8.2; 90-14(a)(15); 90-18(14); 90-171.23(b)(14); 90-171.42;*
16 *2015 Session Law 12F;*
17 *Recodified from 21 NCAC 36 .0227(f) Eff. August 1, 2004;*
18 *Amended Eff. February 1, 2017; December 1, 2009; April 1, 2008; August 1, 2004.*

ATTACHMENT I

1 21 NCAC 36 .0809 is proposed for amendment as follows:

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21 NCAC 36 .0809 PRESCRIBING AUTHORITY

(a) The prescribing stipulations contained in this Rule apply to writing prescriptions and ordering the administration of medications.

(b) Prescribing and dispensing stipulations are as follows:

(1) Drugs and devices that may be prescribed by the nurse practitioner in each practice site shall be included in the collaborative practice agreement as outlined in Rule .0810(b) of this Section.

(2) Controlled Substances (Schedules II, IIN, III, IIIN, IV, V) defined by the State and Federal Controlled Substances Acts may be procured, prescribed or ordered as established in the collaborative practice agreement, providing all of the following requirements are met:

(A) the nurse practitioner has an assigned DEA number which is entered on each prescription for a controlled substance;

(B) ~~dosage units for schedules II, IIN, III, and IIIN are limited to a 30 day supply;~~
Refills may be issued consistent with Controlled Substance Law and Regulation;
and

(C) the supervising physician(s) must possess the same schedule(s) of controlled substances as the nurse practitioner's DEA registration.

(3) The nurse practitioner may prescribe a drug or device not included in the collaborative practice agreement only as follows:

(A) upon a specific written or verbal order obtained from a primary or back-up supervising physician before the prescription or order is issued by the nurse practitioner; and

(B) the written or verbal order as described in Part (b)(3)(A) of this Rule shall be entered into the patient record with a notation that it is issued on the specific order of a primary or back-up supervising physician and signed by the nurse practitioner and the physician.

~~(4) Refills may be issued for a period not to exceed one year.~~

~~(5)~~(4) Each prescription shall be noted on the patient's chart and include the following information:

- (A) medication and dosage;
- (B) amount prescribed;
- (C) directions for use;
- (D) number of refills; and
- (E) signature of nurse practitioner.

~~(6)~~(5) Prescription Format:

ATTACHMENT I

1 (A) all prescriptions issued by the nurse practitioner shall contain the supervising
2 physician(s) name, the name of the patient, and the nurse practitioner's name,
3 telephone number, and approval number;

4 (B) the nurse practitioner's assigned DEA number shall be written on the prescription
5 form when a controlled substance is prescribed as defined in Subparagraph
6 (b)(2) of this Rule.

7 ~~(7)~~(6) A nurse practitioner shall not prescribe controlled substances, as defined by the State
8 and Federal Controlled Substances Acts, for the nurse practitioner's own use or that of a
9 nurse practitioner's supervising physician; or that of a member of the nurse practitioner's
10 immediate family, which shall mean a spouse, parent, child, sibling, parent-in-law, son or
11 daughter-in-law, brother or sister-in-law, step-parent, step-child, step-siblings, or any
12 other person living in the same residence as the licensee; or anyone with whom the
13 nurse practitioner is having a sexual relationship or has a significant emotional
14 relationship.

15 (c) The nurse practitioner may obtain approval to dispense the drugs and devices other than samples
16 included in the collaborative practice agreement for each practice site from the Board of Pharmacy, and
17 dispense in accordance with 21 NCAC 46 .1703 that is hereby incorporated by reference including
18 subsequent amendments of the referenced materials.

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20 *History Note: Authority G.S. 90-8.1; 90-8.2; 90-18(14); 90-18.2; 90-171.23(b)(14);*
21 *Recodified from 21 NCAC 36 .0227(h) Eff. August 1, 2004;*
22 *Amended Eff. February 1, 2017; December 1, 2012; April 1, 2011; November 1, 2008;*
23 *August 1, 2004.*