

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

**October 18, 2018
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 October 18, 2018. Meeting convened at 4:10 p.m.
Presiding	Pat Campbell, RN, Public Member
Members Present	Frank DeMarco, RN Martha Ann Harrell, Public Member Pam Edwards, RN Lisa Hallman, RN Jodi Capps, LPN Glenda Parker, RN Yolanda VanRiel, RN Peggy Walters, RN Becky Ezell, RN Ashley Stinson, Public Member Sharon Moore, RN
Members Absent	Lori Lewis, LPN
Staff Present	Julia George, RN, Chief Executive Officer Anna Choi, General Counsel Gayle Bellamy, Chief Financial Officer Angela Ellis, Chief Administrative Officer Crystal Tillman, Director, Education and Practice Amy Fitzhugh, Chief Legal Officer Chandra Graves, Executive Assistant
Ethics Awareness and Conflict of Interest	Ethics Awareness and Conflict of Interest Statement was read. Conflicts identified for agenda item M22 Watts School of Nursing – Feasibility Study to Change from a Diploma-RN to a BSN Program.
Consent Agenda	The Consent Agenda be approved as presented. MOTION: That the Consent Agenda be approved as presented. Walters/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 25, 2018 Board Meeting• Minutes of May 24, 2018 Administrative Hearings• Minutes of July 26, 2018 Administrative Hearings• Board Governance Committee<ul style="list-style-type: none">(a) Summary of Activities

- (b) Board Assessment Action Plan 2018 (FYI)
- (c) BOES Update (FYI)
- (d) Results of Semi-Annual Debriefing (FYI)
- Chief Executive Officer
 - (a) NC Department of health and Human Services Prescription Drug Abuse Advisory Committee
 - (b) NC Office of Emergency Medical Services Advisory Council
 - (c) 2018 Election Report (FYI)
- Education and Practice Committee
 - (a) Education Program Activity (Attachment A)
 - (b) Position Statements Triannual Review: (Attachment B)
 - Accepting an Assignment
 - Competency Validation
 - Decision Tree for Delegation to UAP
 - History & Physical Examination
 - Nurse-in-Charge Assignment to LPN
 - Over-the-Counter Medications and Non-Prescriptive Devices
 - Palliative Sedation for End-of-Life Care
 - Physician Orders – Communication and Implementation
 - Practicing at Level Other Than Highest Licensure/Approval/Recognition
 - Procedural Sedation/Analgesia
 - Psychotherapy – An Advanced Practice Nursing Invention
 - Rapid Sequence Intubation (RSI)
 - RN and LPN Scope of Practice: Components of Nursing Comparison Chart
 - Scope of Practice Decision Tree for RN and LPN
 - Staff Development
 - Standing Orders
 - Title “Nurse” is Protected
 - Transport of Client
 - (c) NCLEX Quarterly Pass Rates
 - (d) Research Committee Updates
 - (e) Education Summit Report
- Licensure Review Panels
 - (a) Licensure Review Panel Report (Attachment C)
- Settlement Committee
 - (a) Summary of Activities (Attachment D)
- Report on Non-Hearing Discipline, Investigation/Monitoring, Practice Matters (Attachment E)
 - (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

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- Meeting Agenda The Meeting Agenda be adopted as presented.
MOTION: That the Meeting Agenda be adopted as presented.
Edwards/Passed.
- Open Comment No requests to address the Board.
Period
- Election of Officers Ashley Stinson, Public Member, presented the Slate of Candidates for the Chair and Vice-Chair positions for 2019. Candidate for Chair Frank DeMarco, RN. Candidate for Vice-Chair: Yolanda VanRiel. No Nominations were received from the floor.
MOTION: That the Board accept the Slate of Candidates for Chair and Vice-Chair as presented and elect Frank DeMarco Chair and Yolanda VanRiel Vice-Chair by acclamation.
Committee Recommendation/Passed
- Finance Committee
 - Received and reviewed Summary of Activities to include 4th Quarter Financials and review of investments as presented by Jessica Christie and Wes Thomas with Wells Fargo Advisors.
 - Received and reviewed Auditor's Report presented by Sandy Newell with Bernard Robinson and Associates.
MOTION: That the Board approve the Auditor's Report as presented.
Committee Recommendation/Passed
 - Received and reviewed proposed revisions to Policy F11 Risk Management.
MOTION: That the Board approve a revision to the Fiscal Policy F11 Risk Management as presented.
Committee Recommendation/Passed
 - Received and reviewed request for donation from the NC Foundation for Nursing Leadership Academy.
MOTION: That the Board approve a Platinum Donor Donation of \$5000 to the North Carolina Foundation for Nursing Leadership Academy.
Committee Recommendation/Passed
- Board Governance
 - Received and reviewed proposed revisions to Policy B08 Board Orientation.
MOTION: That the Board approve the revisions to Policy B08 Board Orientation as presented.
Committee Recommendation/Passed
 - Received and reviewed proposed revisions to Policy B15 Guidelines for Use of Adobe Connect for Remote Attendance.
MOTION: That the Board approve revisions to Policy B15 Guidelines for Use of Adobe Connect for Remote Attendance.
Committee Recommendation/Passed
 - Received and reviewed proposed revisions to Hearing Committee Profile.

MOTION: That the revisions to Hearing Committee Profile as presented.
Committee Recommendation/Passed

Chief Executive Officer

Received updates as follows:

- Transition to NCSBN e-Notify from ENS.
- Midwifery Rules approved by the Rules Review Commission. Periodic Review of Midwifery rules complete.
- Verbal report regarding board assessment and retreat
- Email communication between members and staff will now be via a ncbon.com email address.

Strategic Plan 2018

Received and reviewed the 2018 Strategic Plan (Attachment F)

Education & Practice

- Received and reviewed Summary of Activities from the Education and Practice Committee to include review of Position Statements/Standards of Telehealth/Telenursing from national organizations and agencies, APRN Position Statements/Standards of Telehealth/Telenursing, Detailed Literature Review and NCSBN Survey and individual state comparison charts.
- Received and reviewed proposed revisions to Position Statement concerning Telehealth/Telenursing.
MOTION: That the Board approve the revised Position Statement Telehealth/Telenursing. (Attachment G)
Committee Recommendation/Passed
- Received request for new charge LPN Scope of Practice Review. (Attachment H)
MOTION: That the Board approve the request for new charge LPN Scope of Practice
Committee Recommendation/Passed
- Received and reviewed proposed revisions to Policy EP-17 NCLEX (National Council Licensure Examination) Pass Rate Below the Standard.
MOTION: That the Board approve the proposed revisions to Policy EP-17 NCLEX as presented.
Committee Recommendation/Passed
- Received and reviewed Ratification of Mail Referendum: Determination of Program Approval Status – Initial Approval for New Program
 - Caldwell Community College & Technical Institute, Hudson – Application for establishment of a New LPN Program
MOTION: That the Board approve the Ratification of Mail Referendum: Determination of Program Approval Status – Initial Approval for New Program
VanRiel/Passed
 - Montgomery Community College, Troy – Application for Establishment of a new ADN Program
MOTION: That the Board approve the Ratification of Mail Referendum: Determination of Program Approval Status – Initial Approval for New Program
VanRiel/Passed

- Watts School of Nursing, Durham – Change from RN to BSN Program

MOTION: That the Board approve the Ratification of Mail Referendum: Determination of Program Approval Status – Initial Approval of New Program Stinson/Passed

NCAC Chapter 36 - Rules Received and reviewed Update/Proposed Rule Amendments to NCAC Chapter 36. (Attachment I)

MOTION: That the Board approve re-adoption of the periodic review packet and direct staff to proceed with the periodic review process. Stinson/Passed

Ad Hoc Committee for Discipline Review Received and reviewed Summary of Activities from the Ad Hoc Committee for Discipline Review.

- Received and reviewed the Theft Protocol. (Attachment J)
MOTION: That the Board accept the amended Theft Protocol Committee Recommendation/Passed
- Received and reviewed the Exceed Scope Protocol. (Attachment K)
MOTION: That the Board accept the amended Exceed Scope Protocol. Committee Recommendation/Passed
- Received and reviewed the Fraud Protocol. (Attachment L)
MOTION: That the Board accept the amended Fraud Protocol. Committee Recommendation/Passed
- Received and reviewed the Withhold Information Protocol. (Attachment M)
MOTION: That the Board accept the amended Withhold Information Protocol. Committee Recommendation/Passed
- Received and reviewed the Falsification of Renewal Application Protocol. (Attachment N)
MOTION: That the Board accept the amended Falsification of Renewal Application Protocol. (Attachment O) Committee Recommendation/Passed
- Received and reviewed Falsification of Initial/Endorsement/Reinstatement Application Protocol. (Attachment P)
MOTION: That the Board accept the amended Falsification of Initial/Endorsement/Reinstatement Application Protocol. (Attachment Q) Committee Recommendation/Passed

Miscellaneous Resolutions and plaques were presented to Peggy Walters, Becky Ezell, Carol Wilson and Mary Jones. (Attachment R)

Further, plaques were presented to Pat Campbell and Frank DeMarco recognizing their service in 2018 as Chair and Vice-Chair respectively.

Legal Matters No Legal Matters for discussion.

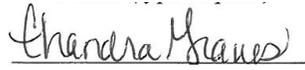
Adjournment **MOTION:** 5:39 pm Meeting be adjourned.

Stinson/Passed.

Minutes respectfully submitted by:

November 20, 2018

Date Submitted



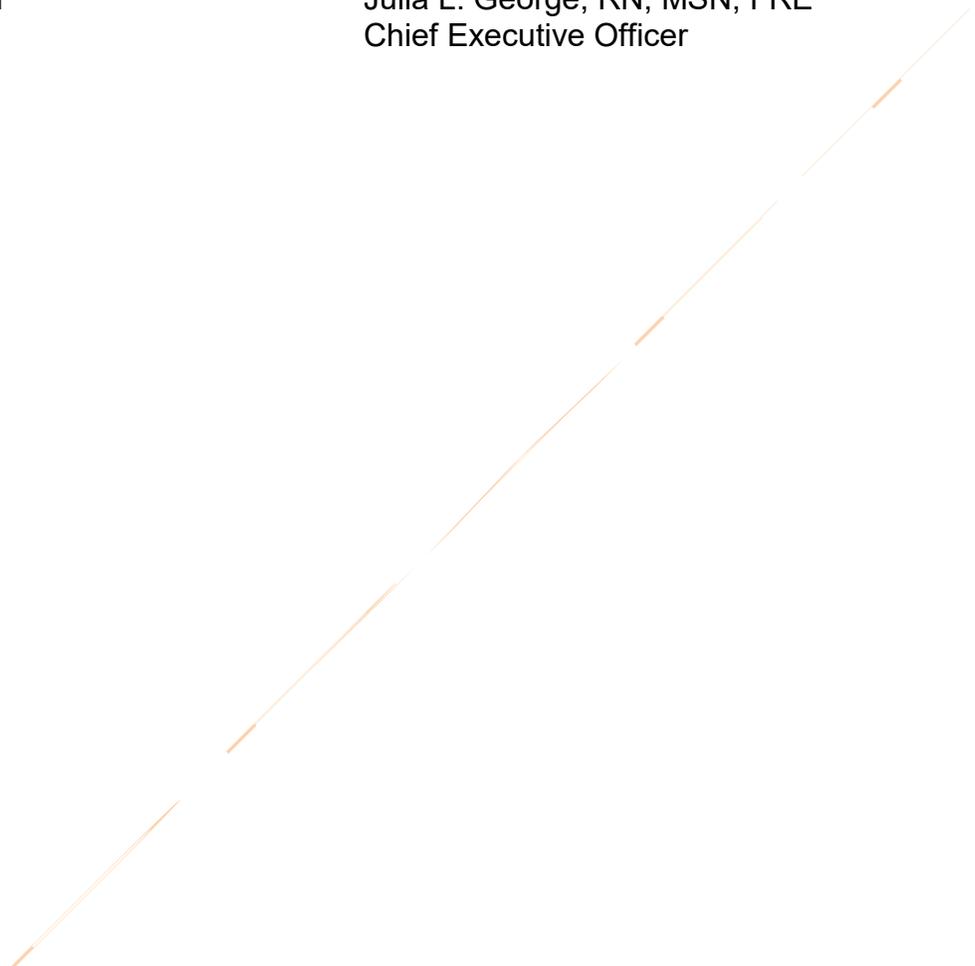
Chandra Graves
Executive Assistant

January 19, 2019

Date Approved



Julia L. George, RN, MSN, FRE
Chief Executive Officer



ATTACHMENT A - Education Program Activity

Ratification of Full Approval Status

Cleveland Community College, Shelby – LPN

Coastal Carolina Community College, Jacksonville – ADN and LPN

Fayetteville Technical Community College, Fayetteville – ADN and LPN

Gardner-Webb University, Boiling Springs – BSN

Gardner-Webb University, Boiling Springs – ADN

Ratification to Approve the Following Enrollment Expansions

- Brunswick Community College, Supply – LPN, increase enrollment by 27 for a total program enrollment of 50 students beginning Fall 2018
- Fayetteville State University, Fayetteville – ADN, increase enrollment by 70 for a total program enrollment of 280 students beginning Fall 2018
- Pitt Community College, Greenville – ADN, increase enrollment by 75 for a total program enrollment of 300 students beginning Spring 2019
- Wilson Community College, Wilson – ADN, increase enrollment by 10 for a total program enrollment of 90 students beginning Fall 2018

Ratification of Approval of NA II Courses

- Gaston College, Dallas – Curriculum Traditional
- Gaston College, Kimbrell – Curriculum Traditional
- Gaston College, Kimbrell – Continuing Education Traditional
- Lenoir Community College – Greene County Center/Hybrid, Snow Hill – Curriculum Traditional
- Lenoir Community College – Jones County Center/Hybrid, Trenton – Curriculum Traditional

Notification of Program Closing

- Beaufort County Community College, Washington – Continuing Education and Curriculum Traditional NA II Programs
- Davidson County Community College, Lexington – Curriculum Traditional NA II Program
- Randolph Community College, Asheboro – Continuing Education and Curriculum Traditional NA II Programs
- South University, High Point – BSN, discontinuing the BSN option beginning Fall 2018

Notification of Planned Decrease in Approved Total Enrollment

- Montgomery Community College, Troy – LPN, decrease enrollment by 25 for a total program enrollment of 35 students beginning Fall 2018

FYI Accreditation Decisions by CNEA (Initial or Continuing Approval – Next Visit)

- Asheville-Buncombe Technical Community College, Asheville – ADN – Pre-Accreditation Status Granted – June 2021
- Sandhills Community College, Locust – ADN – Pre-Accreditation Status Granted – June 2021

FYI Accreditation Decisions by ACEN (Initial or Continuing Approval - Next Visit)

- Caldwell Community College, Hudson – ADN – Initial approval – Spring 2022
- Sampson Community College, Clinton – ADN and LPN – Continuing approval – 2020
- North Carolina Central University, Durham – BSN – Continuing approval – warning status removed

FYI Accreditation Decisions by CCNE (Initial or Continuing Approval – Next Visit)

- Campbell University, Buies Creek – BSN – Initial approval – Fall 2022



Agenda C12
Position Statements Triannual Review
September 2018
Consent

ISSUE: Notification of minor Position Statement (PS) revisions and deletions as completed by Board Staff.

BACKGROUND: NCBON Position Statements clarify Board positions and guidance for licensed nurses concerning common practice issues. Board staff engage in a tri-annual review of Position Statements (on a rotating schedule) to monitor each statement's continued relevance, alignment with laws and rules, cohesiveness with Board opinions, and the need for editorial revisions. Board staff have made minor editorial revisions and as needed, references to applicable rules were also added.

EVIDENCE/BEST PRACTICES:

Minor editorial/formatting/technical revisions have been made to the following:

- ACCEPTING AN ASSIGNMENT – (Attachment A)
- COMPETENCY VALIDATION – (Attachment B)
- DECISION TREE FOR DELEGATION TO UAP – (Attachment C)
- HISTORY & PHYSICAL EXAMINATION – (Attachment D)
- NURSE-IN-CHARGE ASSIGNMENT TO LPN – (Attachment E)
- OVER-THE-COUNTER MEDICATIONS AND NON-PRESCRIPTIVE DEVICES – (Attachment F)
- PALLIATIVE SEDATION FOR END-OF-LIFE CARE – (Attachment G)
- PHYSICIAN ORDERS - COMMUNICATION AND IMPLEMENTATION – (Attachment H)
- PRACTICING AT LEVEL OTHER THAN HIGHEST LICENSURE/ APPROVAL/ RECOGNITION – (Attachment I)
- PROCEDURAL SEDATION/ANALGESIA – (Attachment J)
- PSYCHOTHERAPY – AN ADVANCED PRACTICE NURSING INTERVENTION – (Attachment K)
- RAPID SEQUENCE INTUBATION (RSI) – (Attachment L)
- RN and LPN Scope of Practice: Components of Nursing Comparison Chart – (Attachment M)
- SCOPE OF PRACTICE DECISION TREE FOR RN AND LPN – (Attachment N)
- STAFF DEVELOPMENT – (Attachment O)
- STANDING ORDERS – (Attachment P)
- TITLE "NURSE" IS PROTECTED – (Attachment Q)
- TRANSPORT OF CLIENT – (Attachment R)

RECOMMENDATION: For information only, no Board action required at this time.

Attachment A

A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

Issue:

The Nursing Practice Act (NPA) establishes legal standards that govern legally permissible practice and grounds for disciplinary action. While ethical standards can guide a licensee in determining whether an assignment is morally acceptable, the NPA and relevant law and rules establish whether an assignment is lawful. Nursing law provides licensees the right to accept or refuse lawful assignments. It is the responsibility of the individual licensee to ensure that they are safe and competent to accept an assignment and it is their individual choice to ensure the assignment is aligned with personal and professional values.

Both RN and LPN Roles:

- A. Legally mandated to accept only those assignments within scope of practice and for which:
1. They are qualified and competent to perform the requisite activities;
 2. They can meet complexity and frequency of nursing care needed by a given client population;
 3. The proximity of clients to personnel is considered;
 4. The qualifications and number of staff is considered;
 5. Adequate resources are accessible, and
 6. Policies and procedures support safe patient care.
- B. Accept responsibility for self regarding individual nursing actions which includes:
1. Having knowledge and understanding of the statutes and rules governing nursing, and
 2. Functioning within those legal boundaries.
- C. Accountable for the care provided to that provide clients, as well as all nursing care delegated.
- D. May be asked to accept assignments that are lawful yet conflict with individual or professional ethical standards.
Areas of potential conflict may include:
1. Reproductive rights,
 2. Rights of a fetus,
 3. Newborn viability,
 4. End of life care, or
 5. Capital punishment.
- E. Must consider:
1. Employer expectations for their role, and
 2. Determine whether the activities expected in the course of employment are consistent with:
 - a. Personal moral values,
 - b. Professional ethical standards, and most importantly
 - c. Legal standards of licensure.

References:

- G.S. 90-171.20(7)&(8) – Nursing Practice Act
21 NCAC 36.0224 (a) (k) - RN Rules - Components of Nursing Practice for the Registered Nurse
21 NCAC 36 .0225 (a) (i) - LPN Rules - Components of Nursing Practice for the Licensed Practical Nurse

Agenda C12

Origin: 9-90

Revised: 1-91; 12-96; 3-20-02; 4-2007; 9-2007; 5-2009; 11-2009; 10-2015; 9-2018

Reviewed: 2-2013

CONSENT



A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

ISSUE

The RN is accountable for validating the qualifications of personnel to whom nursing care is assigned or delegated. Qualifications include requirements for licensure or listing as well as knowledge and skills directly related to the nursing activities to be performed. The LPN's participation in validation of competencies is limited to on-the-job assurance that tasks have been performed according to standards of practice established in agency policies and procedures and reporting this information to the RN. Before assigning nursing activities to staff, the RN or LPN needs access to information about the RN-validated competencies for each individual.

RN ROLE

- Responsible for assuring the delivery of safe patient care;
- Establishing the mechanisms for validation of knowledge, skills, and competency; and
- Making the final determination of the overall competency of personnel through:
 - successful completion of orientation processes;
 - competency validation at intervals specified in agency policies and procedures; and
 - competency validation for activities newly added to job responsibilities.

LPN ROLE

- Responsible for assuring the delivery of safe patient care;
- Demonstrating proper performance of specified nursing tasks;
- Observing the performance of specific nursing tasks by LPNs or UAP in relation to the step-by-step procedure established by the agency;
- Communicating observations of performance to the RN accountable for orientation/staff development or to the RN/other authorized healthcare provider supervisor; and
- Intervening immediately if the actions of an LPN or UAP jeopardize the safety of the patient; and
- Communicating observations of performance to the RN accountable for orientation/staff development or to the RN/other authorized healthcare provider supervisor.

Note: It is beyond LPN scope of practice to “sign off” nursing personnel competency validation.

REFERENCES

- 21 NCAC 36.0224 (a)(d)(i) & (j) Components of Practice for the Registered Nurse (RN Rules)
21 NCAC 36.0225 (d) Components of Practice for the Licensed Practical Nurse (LPN Rules)

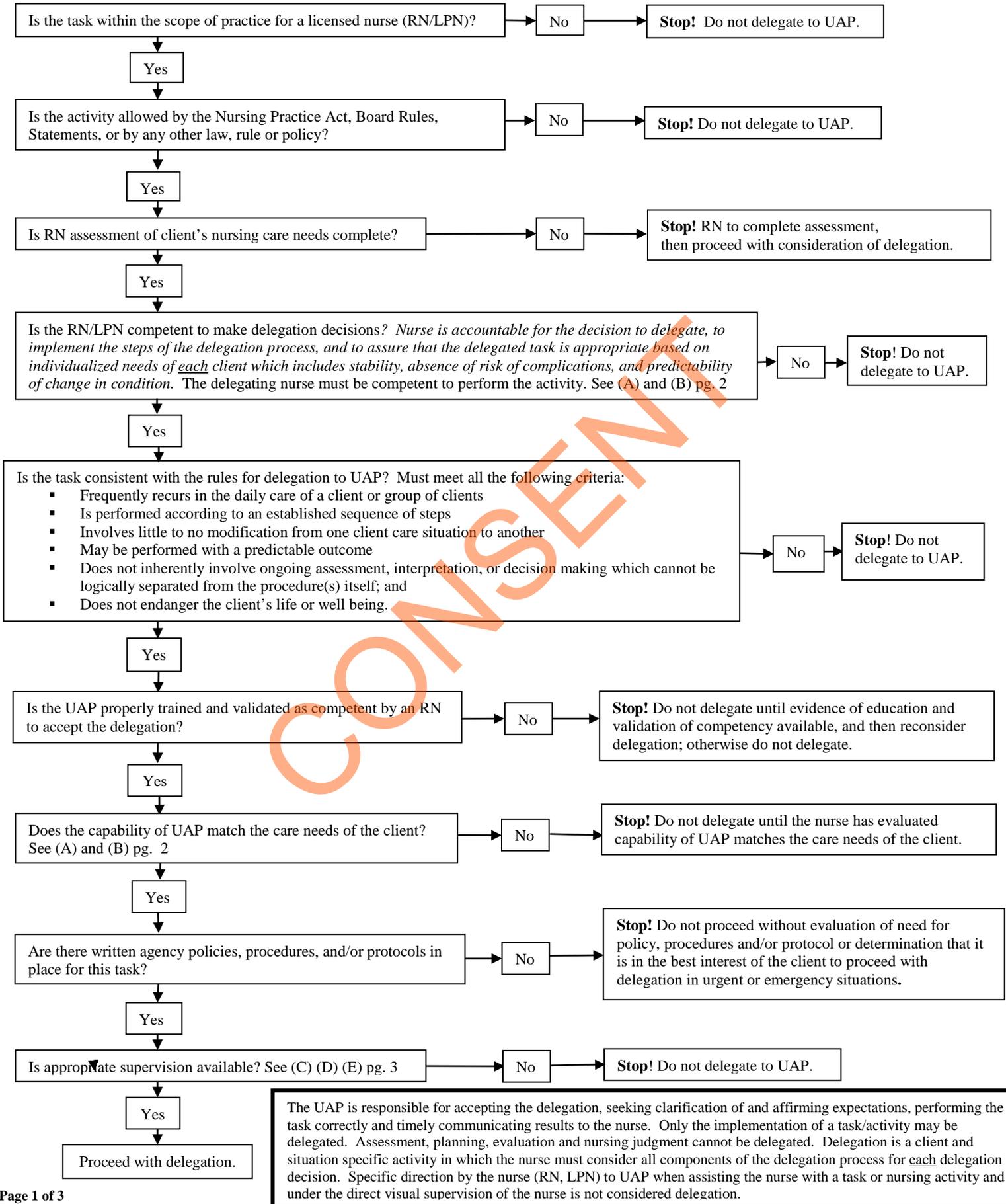
Origin: 9/95

Revised: 4/2007; 1/2010; 9/2018

Reviewed: 2/2013; 10/2015

Step 1 of 4: Assessment and Implementation

Attachment C



The UAP is responsible for accepting the delegation, seeking clarification of and affirming expectations, performing the task correctly and timely communicating results to the nurse. Only the implementation of a task/activity may be delegated. Assessment, planning, evaluation and nursing judgment cannot be delegated. Delegation is a client and situation specific activity in which the nurse must consider all components of the delegation process for each delegation decision. Specific direction by the nurse (RN, LPN) to UAP when assisting the nurse with a task or nursing activity and under the direct visual supervision of the nurse is not considered delegation.

IMPORTANT COMPONENTS FOR DELEGATION TO UAP

Agenda C12

Prior to proceeding to Step 2, consider the following:

Delegation is a process of decision-making, critical thinking and nursing judgment. Decisions to delegate nursing tasks/activities to UAP are based on the RN's assessment of the client's nursing care needs. The LPN may delegate nursing tasks/activities to UAP under the supervision of the RN. Additional criteria that must be considered when determining appropriate delegation of tasks include, but are not limited to:

<p>(A) Variables:</p> <ul style="list-style-type: none"> ▪ Knowledge and skill of UAP ▪ Verification of clinical competence of UAP ▪ Stability of the client's condition which involves predictability, absence of risk of complication, and rate of change ▪ Variables specific for each practice setting: <ul style="list-style-type: none"> ○ The complexity and frequency of nursing care needed by a given client population ○ The proximity of clients to staff ○ The number and qualifications of staff ○ The accessible resources ▪ Established policies, procedures, practices, and channels of communication which lend support to the types of nursing activities being delegated, or not delegated, to UAP 	<p>(B) Use of critical thinking and professional judgment for The Five Rights of Delegation:</p> <ol style="list-style-type: none"> 1. Right Task – the task must meet all of the delegation criteria 2. Right Circumstance – delegation must be appropriate to the client population and practice setting 3. Right Person – the nurse must be competent to perform the activity and to make delegation decisions, the nurse must ensure the right task is being delegated to the right person (UAP) and competence has been validated by an RN, and the delegation is for the individualized needs of the client 4. Right Communication – the nurse must provide clear, concise instructions for performing the task 5. Right Supervision – the nurse must provide appropriate supervision/monitoring, evaluation, and feedback of UAP performance of the task
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Step 2 of 4: **Communication - Communication must be a two-way process**

<p>The nurse:</p> <ul style="list-style-type: none"> ▪ Assesses the UAP's understanding of: <ul style="list-style-type: none"> ○ Task to be performed and expectations of performance of tasks ○ Information to report including client specific observations, expected outcomes and concerns ○ When and how to report/record information ▪ Communicates individualized needs of client population, practice setting, and unique client requirements ▪ Communicates and provides guidance, coaching, and support for UAP ▪ Allows UAP opportunity for questions and clarification ▪ Assures accountability by verifying UAP accepts delegation ▪ Develops and communicates plan of action in emergency situations ▪ Determines communication method between nurse and UAP 	<p>The UAP:</p> <ul style="list-style-type: none"> ▪ Asks questions and seeks clarification ▪ Informs the nurse if UAP has never performed the task or has performed it infrequently ▪ Requests additional training or guidance as needed ▪ Affirms understanding and acceptance of delegation ▪ Complies with communication method between nurse and UAP ▪ Reports care results to nurse in a timely manner ▪ Complies with emergency action plans 	<p>Documentation by nurse and UAP (as determined by facility/agency policy) is:</p> <p>Timely, complete and accurate documentation of provided care:</p> <ul style="list-style-type: none"> ▪ Facilitates communication with other members of the health care team ▪ Records the nursing care provided.
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Step 3 of 4: Supervision and Monitoring – The RN supervises the delegation by monitoring the performance of the task and assures compliance with standards of practice, policies and procedures. The LPN supervision is limited to on-the-job assurance that tasks have been performed as delegated and according to standards of practice established in agency policies and procedures. Frequency, level, and nature of monitoring vary with the needs of the client and experience of the UAP.

<p>(C) The nurse takes into consideration the:</p> <ul style="list-style-type: none"> ▪ Client’s health stability, status, and acuity ▪ Predictability of client response to interventions and risks posed ▪ Practice setting and client population ▪ Available resources ▪ Complexity & frequency of nursing care needed ▪ Proximity of clients to staff ▪ Number and qualification of staff ▪ Policies, procedures, & channels of communication established 	<p>(D) The nurse determines:</p> <ul style="list-style-type: none"> ▪ The amount/degree of supervision required ▪ Type of supervision: direct or indirect ▪ The Five Rights of Delegation have been implemented: <ol style="list-style-type: none"> 1. Right Task 2. Right Circumstances 3. Right Person 4. Right Directions and Communications 5. Right Supervision and Evaluation 	<p>(E) The nurse:</p> <ul style="list-style-type: none"> ▪ Maintains accountability for nursing tasks/activities delegated and performed by UAP ▪ Monitors outcomes of delegated nursing care tasks ▪ Intervenes and follows-up on problems, incidents, and concerns within an appropriate timeframe ▪ Nursing management and administration responsibilities are beyond LPN scope of practice. To assure client safety, the LPN may need authority to alter delegation or temporarily suspend UAP per agency policy until appropriate personnel action can be determined by the supervising RN. ▪ Observes client response to nursing care and UAP’s performance of care ▪ Recognizes subtle signs and symptoms with appropriate intervention when client’s condition changes ▪ Recognizes UAP’s difficulties in completing delegation activities
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Step 4 of 4: Evaluation and Feedback – Evaluate effectiveness of delegation and provide appropriate feedback

- Evaluate the nursing care outcomes:
 - (RN) Evaluate the effectiveness of the nursing plan of care and modify as needed
 - (LPN) Recognize the effectiveness of nursing interventions and propose modifications to plan of care for review by the RN
- Evaluate the effectiveness of delegation:
 - Task performed correctly?
 - Expected outcomes achieved?
 - Communication was timely and effective?
 - Identify challenges and what went well
 - Identify problems and concerns that occurred and how they were addressed
- Provide feedback to UAP regarding performance of tasks/activities and acknowledge the UAP for accomplishing the task

References:

G.S. 90-171.20 (7)(d) & (i) and (8) (d) Nursing Practice Act
 21 NCAC 36.0221 (b)Licensed Required
 21 NCAC 36.0224 (a) (b) (c) (d) (e) (f) (i) & (j) Components of Practice for the Registered nurse
 21 NCAC 36.0225 (b) (c) (d) (e) (f) Components of Practice for the Licensed Practical Nurse
 21 NCAC 36.0401 (c) Roles of Unlicensed Personnel Assistive

American Nurses Association Decision Tree for Delegation by Registered Nurses, 2012
 Joint Statement on Delegation ANA and NCSBN Decision Tree for Delegation to Nursing Assistive Personnel, 2005
 National Council of State Boards of Nursing Decision Tree – Delegation to Nursing Assistive Personnel, 2005



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ISSUE

Registered Nurses (RN) may collaborate with other health care providers in determining the appropriate health care for a patient and may assess the health status of a client.

RN ROLE

1. May interview, perform and document a history and physical exam for health screening purposes and/or for use by and at the request of a physician, nurse practitioner, or physician assistant provided there are agency policies/procedures allowing this, and she/he has received formal education/training in this activity with competency validation.
2. May perform a complete history and physical or components thereof including bimanual, breast and prostate exams.
3. Documentation of findings must include the legal signature of the RN performing the exam.
4. Purpose of performing this activity is to distinguish normal from abnormal findings only and to refer any abnormal findings to a higher level medical provider.
5. Can extract information (including medical diagnoses) from the client's medical plans of care, progress notes, and laboratory/diagnostic reports and prepare a discharge summary that is later validated by the attending physician, nurse practitioner, or physician assistant.

NOTES

- A. It is not within the RN scope of practice to make a medical diagnosis, identify medical problems, develop medical treatment plans, or declare someone "free" of illness.**
- B. The legal scope of practice is the same for all registered nurses, whether employed by a health care provider, hospital, or other health care entity. Scope of practice may be restricted, but cannot be expanded, by employers including health care providers.**
- C. Only the Nurse Practitioner can make a diagnosis or prescribe a medical treatment regimen.**

REFERENCES

G.S.90-171.20(7)(e) – [Nursing Practice Act](#)

G.S. 90-18.2 - Medical Law

21 NCAC 36.0224 (b) – [RN Rule Components of Nursing Practice for the Registered Nurse](#)

[21 NCAC 36.0802 – NP Scope of Practice](#)

Revised: 4/2007; 11/2009; [9/2018](#)

Reviewed: 2/2013; 10/2015



Agenda C12
NURSE-IN-CHARGE ASSIGNMENT TO LPN

Attachment E

POSITION STATEMENT
for RN AND LPN Practice

A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

ISSUE

In non-acute health care settings, the Licensed Practical Nurse (LPN) may participate in assuring the implementation of the established health care plan(s) for a specified number of clients as assigned and supervised by the Registered Nurse (RN). This participation in assuring plan of care implementation may be carried out by the LPN in the capacity of a “nurse-in-charge” role (differentiated from a RN Charge Nurse) as long as the following criteria are met:

- (1) Time limited - restricted to a specific assigned tour of duty which shall not exceed the usual 8-12 hours within any 24-hour time frame;
- (2) Geographically limited - restricted to a geographically-defined unit or clinical area within an institutional setting or for a group of clients within a specified program or service area of an agency;
- (3) Client acuity limited - restricted to the care of clients whose health status would be expected to change only over a period of days and weeks, rather than minutes and hours, and whose complexity and frequency of nursing care needed is within the LPN scope of practice; and
- (4) RN is continuously available, on-site when necessary, for notification of significant changes in client status and consultation regarding further evaluation and care planning decisions.

(5) Nursing plan of care – are established by an RN for each client.

DEFINITIONS

Charge Nurse - an RN who supervises and manages patient care delivery settings or groups of clients, usually for designated time periods.

Nurse-in-charge - the assigned role and responsibilities of an LPN who participates in assuring the implementation of established health care plans for a designated number of clients under RN supervision

RN ROLE

Managing and administering the delivery of nursing care in any practice setting is the responsibility of the RN. The RN assigning the implementation of any “nurse-in-charge” responsibilities to a Licensed Practical Nurse (LPN) is held accountable for assuring the delivery of safe nursing care by all personnel to whom such care is assigned and/or delegated. At a minimum, the RN:

- (1) establishes the plan of nursing care for each client served;
- (2) validates the competencies of all licensed (RN and LPN) and unlicensed assistive personnel (UAP) to whom nursing care is assigned and/or delegated;
- (3) establishes the policies, procedures, and practices that provide the framework in which the LPN may implement the “nurse-in-charge” role; including protocols for communication with the RN on call.

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- (4) maintains continuous availability, on-site when necessary, for on-going management of the delivery of nursing care including participation in direct client assessment and evaluation, on-going education/teaching, supervision, and performance evaluation of all personnel to whom nursing care is assigned and/or delegated; and
- (5) implements disciplinary or corrective actions as necessary to assure the continued delivery of safe nursing care to all clients within the practice setting.

The LPN:

LPN ROLE

- (1) functions within the legal boundaries of LPN practice;
- (2) participates in on-going “focused” assessments, implementation of nursing care, and evaluation of client responses to nursing actions;
- (3) communicates with the supervising RN regarding but not limited to significant changes in the client status, care planning decisions, staffing issues and assignments, and according to the policies and protocols established for the nurse-in-charge assignment;
- (4) maintains accountability for responsibilities accepted, including nursing care given directly and indirectly by all other personnel to whom such care is assigned and/or delegated; and
- (5) assures that nursing activities have been performed as assigned to LPNs and/or delegated to UAP according to established standards of care within the practice setting.

Note: It is beyond LPN scope of practice to function in a broader nursing supervisory or nursing management role in any practice setting. It is beyond LPN scope of practice to supervise or make assignments to RNs.

REFERENCES

G.S. 90-171.20 (7) & (8) – Nursing Practice Act

21 NCAC 36.0224 (i) & (j) – Components of Nursing Practice for Registered Nurse (RN Rules)

21 NCAC 36.0225 (d) – Components of Nursing Practice for Licensed Practical Nurse (LPN Rules)

Origin: 1/96

Revised: 4/3/02, 4/2007 1/2010, 9/2015, 9/2018

Reviewed: 2-2013



Attachment F

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Issue:

Registered Nurse (RN) authority to recommend over-the counter medications and non-prescriptive devices.

RN Role:

1. May recommend the use of over-the-counter (OTC) pharmaceutical products (including dietary supplements and herbal remedies) and non-prescriptive devices for an identified health-related need of an individual or client as part of her/his nursing practice.
2. When making recommendations RN is accountable for having the knowledge to make such nursing care decisions safely according to accepted standards and to monitor the outcomes of her/his actions.
3. For clients being cared for in a healthcare system, the practice of recommending over-the-counter pharmaceutical products and non-prescriptive devices must be consistent with the established policies of the system in which the registered nurse practices as well as consistent with the client's overall health-related plan of care.

LPN Role:

1. Does not have the authority to independently recommend the use of over-the-counter products and non-prescriptive devices.

References:

G.S. 90-171.20 (7) & (8) – Nursing Practice Act

21 NCAC 36.0224 - RN Rule Components of Nursing Practice for the Registered Nurse

21 NCAC 36.0225 - LPN Rule Components of Nursing Practice for the Licensed Practical Nurse

Origin: 10/96

Revised: 5/00; 4/07; 5/09; 9/2018

Reviewed: 2/2013, 9/2015

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Issue:

Palliative Sedation (differentiated from Procedural Sedation) is defined as the controlled and monitored administration of medications at the end-of-life to reduce the client's level of consciousness to the extent necessary, up to and including unconsciousness, to provide relief of intolerable and refractory symptoms but not to intentionally hasten death. Palliative Sedation is not euthanasia or assisted suicide. (Note: "Monitored" in the context of Palliative Sedation refers to monitoring by a nurse to maintain ordered level of sedation but may or may not include electronic physiologic monitoring modalities.)

Palliative Sedation is indicated for both adults and children with advanced incurable (i.e., terminal) illness. It is administered in settings including, but not limited to, inpatient hospice, home hospice, assisted living facilities, skilled nursing facilities, and hospitals.

Palliative Sedation includes minimal (anxiolysis), moderate (conscious), and deep (unconscious) levels based upon effectiveness in relieving refractory symptoms. Palliative Sedation may be administered intermittently or continuously, based on Physician, Nurse Practitioner (NP), or Physician Assistant (PA) orders.

Refractory or intractable client symptoms indicative of the need for Palliative Sedation are those for which:

- aggressive efforts have failed to provide relief;
- additional invasive /noninvasive treatments are incapable of providing relief;
- additional therapies are associated with excessive/unacceptable morbidity; or,
- additional therapies are unlikely to provide relief within a reasonable time frame.

Refractory or intractable client symptoms indicative of the need for Palliative Sedation include, but are not limited to, agitated delirium, dyspnea, pain, bleeding, seizure, uncontrolled myoclonus, or any symptom that is refractory to treatment and declared by the client or their surrogate to have risen to the level of intolerable suffering. In addition to medical assessment, determination of the need for Palliative Sedation may include psychological assessment by a skilled clinician and/or spiritual assessment by a skilled clinician or clergy.

When Palliative Sedation is implemented, informed consent is obtained from client or surrogate and "Do Not Resuscitate (DNR)" is ordered. The administration or discontinuance of routine medications is specified in Physician, NP, or PA orders or protocols. Nutrition and/or hydration, based on changing client status and needs, are addressed through Physician, NP, or PA orders or established protocols.

RN Role:

It is within Registered Nurse Scope of Practice to administer medications and monitor Palliative Sedation

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(including minimal, moderate, and deep levels) at the end-of-life. This includes administration of all medications ordered by physicians, NPs, or PAs, including those classified as anesthetic agents (e.g., propofol). In contrast to Procedural Sedation, RN administration of moderate and/or deep Palliative Sedation does not require the presence of a physician, NP, or PA.

LPN Role:

Licensed Practical Nurse Scope of Practice is limited to the administration and monitoring of Physician, NP, or PA medication orders (e.g., opioids), for minimal sedation (anxiolysis). The administration of Palliative Sedation at moderate and deep levels, including the administration of anesthetic agents, are not within LPN Scope of Practice.

Both RN and LPN Roles:

All appropriate medication administration routes are within RN and LPN scope of practice. The nurse must:

- a. Possess knowledge, skills, and abilities including but not limited to:
 - o pain assessment and treatment,
 - o dying and death,
 - o ethical and practical issues surrounding use of palliative sedation for end-of-life care, and
 - o pharmacology for sedating and anesthetic agents;
- b. Demonstrate applicable competencies; and
- c. Ensure agency policies and procedures are in place before administering palliative sedation.

RN and LPN delegation of the technical task of administering medications for routine sedation and pain relief, or for minimal Palliative Sedation, must be evaluated by assessing all elements as required in the NCBON Position Statements: Delegation of Medication Administration to UAP and the NCBON Decision Tree for Delegation to UAP. (available at www.ncbon.com – Practice tab – Position Statements).

Delegation of the technical task of administering medications for moderate or deep Palliative Sedation to Unlicensed Assistive Personnel (UAP) is not permitted.

References:

NC GS 90-171.19 – Nursing Practice Act

21 NCAC 36.0224 – Components of Practice for the Registered Nurse (RN Rules)

21 NCAC 36.0225 – Components of Practice for the Licensed Practical Nurse (LPN Rules)

NCBON Procedural Sedation/Analgesia Position Statement – www.ncbon.com

NCBON Position Statement: Delegation of Medication Administration to UAP – www.ncbon.com

NCBON Decision Tree for Delegation to UAP – www.ncbon.com

Origin: 5-2015

Revised: 9-2018



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Issue:

The **licensed nurse, registered nurse (RN)** or **licensed practical nurse (LPN)** is responsible to ensure there is a valid, complete medication/treatment order from a duly authorized prescriber **prior** to the administration of any prescriptive or non-prescriptive medication or the implementation of a medical intervention/treatment. Authorized prescribers include physicians, **dentists, osteopaths**, nurse practitioners, certified nurse midwives, physician assistants, **dentists, podiatrists**, and other providers authorized by state law.

Both RN and LPN Role:

1. Nurse has right and responsibility to validate orders when there is a question of authenticity or accuracy of orders.
2. Nurse may accept orders via telephone from other licensed (e.g., pharmacist) or unlicensed (e.g., office personnel or technicians) persons designated by the duly authorized prescriber.
3. In receiving orders via phone from designated unlicensed personnel, nurses are responsible for recognizing the appropriateness of the order with respect to the plan of care, and for implementing the order or obtaining clarification from the prescriber. Nurse must determine that the person conveying the order is acting as a messenger and not the *originator* of the order.
4. Nurse has no authority to prescribe or make medical judgments. Orders must be complete enough so that no further medical judgment is required when the order is implemented.
5. When orders include a medication dose and/or frequency range, the instructions on how the nurse determines the appropriate administration dose or time frame should be included in the order. In the absence of such instructions, the nurse has the authority to adjust medication levels within the dose and frequency ranges stipulated in accordance with the agency's established protocols.
6. When the desired effect of a medication or treatment has not been achieved under the current medical plan, the nurse is responsible for reporting such findings to the prescriber and documenting this communication.
7. Nurse has no authority to change the medical management plan or orders.

RN Role Only:

In some settings, policies may allow RNs to recommend **over the counter (OTC)** meds and non-prescriptive devices.

Agency Role:

1. Agencies establish policies regarding what constitutes a valid, complete order (e.g., date, patient/client/resident's full name, name of medication, dose, frequency, route, indication, specific directions for administration, special conditions such as pulse rate, and the prescriber's name with credentials).
2. Agencies decide whether to accept verbal/telephone orders and the time span for the prescriber to authenticate the order is an agency issue.
3. Agencies establish policies and protocols to guide nurses when orders include a medication dose and/or frequency range but the orders do not include instructions on how the nurse determines the appropriate administration dose or time frame.

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Note:

In certain limited situations (e.g., adult and child care, and summer camp), it is within the licensed nurse's (RN or LPN) discretion to accept an original pharmacy-labeled container, in lieu of an order from a duly authorized prescriber. At a minimum, the agency must have a policy/procedure allowing this practice; the medication container must have a completely written and legible label; the medication must be within its prescription expiration date; and, when indicated, the parent/guardian must give written consent.

References:

G.S. 90-171.20 – Nursing Practice Act

NCBON Position Statement – “Over-the-Counter Medications and Non-Prescriptive Devices”

Origin: 8/90

Revised 10/99; 11/99; 4/2007; 5/2009; 12/2009; 10/2012; 9/2015; 9/2018

Reviewed: 2/2013, 1/2016

CONSENT



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Issue:

Licensed nurses are sometimes employed in positions having qualifications and responsibilities below the level of the nurses' highest level of licensure/approval/recognition.

This Position Statement applies, but is not limited to, licensed nurses employed in the following situations:

- Registered Nurse (RN) working as Licensed Practical Nurse (LPN) or Unlicensed Assistive Personnel (UAP)
- LPN working as UAP
- Advanced Practice Registered Nurse (APRN) [Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, or Clinical Nurse Specialist] working as an RN, LPN, or UAP

RN, LPN, and APRN Responsibility and Accountability:

Licensed nurses are held responsible and accountable for practicing at all times within the scope associated with their highest level of active licensure as either an RN or LPN, and with their highest level of active approval/recognition as an APRN. Regardless of employment role, title, status, or position description, licensed nurses are responsible and accountable for the components of practice specified in the Nursing Practice Act and Administrative Code Rules. This includes, but is not limited to, the responsibility/accountability to assess, plan, implement, and evaluate client care within the full scope of their highest level of active licensure/approval/recognition. Employment roles, titles, status, and position descriptions do not alter or eliminate this responsibility and accountability. Employers, nurse leaders, and others can restrict or limit specific practice activities or tasks but cannot expand legal scope of practice and cannot alter or eliminate legally-determined components or standards of practice.

Nurses should give careful consideration to the challenges and potential complexities of accepting employment at a level other than their highest level of active licensure/approval/recognition. Role and scope of practice confusion may result when performing duties within a designated position description while still being held responsible and accountable for practicing within the full scope of highest level of active licensure/approval/recognition.

References:

G.S. 90-171.20 (7) and (8) Nursing Practice Act
21 NCAC 36.0224 Components of Practice for the Registered Nurse (RN Rules)
21 NCAC 36.0225 Components of Practice for the Licensed Practical Nurse (LPN Rules)
21 NCAC 36.0226 Nurse Anesthesia Practice
21 NCAC 36.0228 Clinical Nurse Specialist Practice
21 NCAC 36.0800 Approval and Practice Parameters for Nurse Practitioners
G.S. 90-178.1 through 90-178.7 Practice of Midwifery
21 NCAC 33.0100 Midwifery Joint Committee
G.S. 90-640 Identification Badges Required

Origin: 5-2015

Reviewed: 9-2018



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Issue: Administration of sedative, analgesic, and anesthetic pharmacological agents, for the purpose of Moderate or Deep Procedural Sedation/Analgesia, to non-intubated clients undergoing therapeutic, diagnostic, and surgical procedures, is within the non-anesthetist Registered Nurse (RN) scope of practice.

Administration of pharmacologic agents for Moderate and/or Deep Procedural Sedation/Analgesia by an RN (who is not a licensed/certified anesthesia provider) **requires all of the following:**

- Policies and procedures of employing agency authorize RN-administered Moderate and/or Deep Procedural Sedation/Analgesia;
- The RN possesses specific knowledge and validated competencies as described in this Position Statement;
- The RN responsible for sedation/analgesia administration and monitoring of a client receiving moderate or deep sedation/analgesia does NOT assume other responsibilities which would leave the client unattended, thereby jeopardizing the safety of the client;
- The physician, certified registered nurse anesthetist (CRNA), nurse practitioner (NP), or physician assistant (PA) ordering RN-administered Moderate Procedural Sedation/Analgesia is physically present in the procedure area and immediately available during the time moderate procedural sedation/analgesia is administered; and,
- The Physician, CRNA, NP, or PA ordering RN-administered Deep Procedural Sedation/Analgesia is physically present at the bedside throughout the time deep sedation/analgesia is administered.

The intended level of sedation/analgesia may quickly change to a deeper level due to the unique characteristics of the pharmacological agents used, as well as the physical status and drug sensitivities of the individual client. The administration of these pharmacologic agents requires ongoing assessment and monitoring of the client and the ability to respond immediately to deviations from the norm.

Given the level of independent assessment, decision-making, and evaluation required for safe care, nursing care of these clients exceeds Licensed Practical Nurse (LPN) scope of practice.

Exclusions from NCBON Procedural Sedation/Analgesia Position Statement:

1. Advanced Practice Registered Nurse - Certified Registered Nurse Anesthetists (APRN-CRNAs) are professional anesthesia providers qualified by education, certification, licensure, registration, and experience to administer anesthesia and all levels of procedural sedation. CRNA scope of practice exceeds and is not limited by the constraints of this Position Statement.

Administration of general anesthesia, including the use of inhalation anesthetics, is limited solely to anesthesia providers, including CRNAs. (Note: Nitrous oxide, used as a procedural sedative/analgesic agent, is the **ONLY** agent that can be administered by non-anesthetist RNs via the inhalation route.)

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2. Administration of sedation/analgesia for the purpose of intubation, including Rapid-Sequence Intubation (RSI), is within RN scope of practice with specific education, competence, and policies and procedures as detailed in the NCBON RSI Position Statement [available at www.ncbon.com](http://www.ncbon.com).
3. Administration of medications for moderate to deep sedation/analgesia of already-intubated, critically ill clients is within RN scope of practice and is not limited by the constraints of this Position Statement.
4. The following are within scope of practice for both RNs and LPNs and are not limited by the constraints of this Position Statement:
 - Administration of Analgesia for pain control without sedatives,
 - Administration of Minimal Sedation/Analgesia (Anxiolysis),
 - Administration of Topical/Local Anesthesia, and,
 - Administration of Sedation/Analgesia solely for the purpose of managing altered mental status.

Definitions:

American Society of Anesthesiologists (ASA) Physical Status Classification –

- a. Class I – normally healthy client
- b. Class II – client with mild systemic disease
- c. Class III – client with severe systemic disease
- d. Class IV – client with severe systemic disease that is constant threat to life
- e. Class V – a moribund client who is not expected to survive 24 hours with or without the procedure.

Anesthetic Agents – medications that, when administered, cause partial or complete loss of sensation, with or without loss of consciousness

Computer-assisted personalized sedation/analgesia devices - integrated drug infusion pump and physiological client monitoring system that administers medication (i.e., propofol) intravenously for initiation and maintenance of minimal to moderate procedural sedation/analgesia. The device continually monitors client physiological parameters and responsiveness, detects signs associated with over-sedation/analgesia, and adjusts the medication delivery rate to limit the depth of sedation/analgesia.

Deep Sedation/Analgesia – drug-induced depression of consciousness during which clients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The client's ability to independently maintain ventilatory function may be impaired. Clients may require assistance to maintain a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

General Anesthesia – drug-induced loss of consciousness during which clients are not arousable, even by painful stimulation. The client's ability to independently maintain ventilatory function is often impaired. Clients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Immediately available – present on site in the unit of care and not otherwise engaged in any other uninterrupted procedure or task.

Minimal Sedation/Analgesia (Anxiolysis) – drug-induced state during which clients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular

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functions are unaffected. Administration of medications appropriate for this purpose include benzodiazepines and opioids, but not anesthesia agents, and is within the scope of practice for both RNs and LPNs.

Moderate (Conscious) Sedation/Analgesia – drug-induced depression of consciousness during which the client responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required for the client to maintain a patent airway and adequate spontaneous ventilation. Cardiovascular function is usually maintained.

Monitored Anesthesia Care (MAC) – anesthesia care that includes the monitoring of the client by a practitioner who is qualified to administer anesthesia. Indications for MAC depend on the nature of the procedure, the client's clinical condition, and/or the potential need to convert to a general or regional anesthetic.

Procedural Sedation/Analgesia – technique of administering sedatives or dissociative agents, with or without analgesics, to induce a state that allows the client to tolerate unpleasant procedures while maintaining cardiovascular and respiratory function.

Rapid-Sequence Intubation (RSI) – airway management technique in which potent sedative or induction agent is administered simultaneously with a paralyzing dose of a neuromuscular blocking agent to facilitate rapid tracheal intubation. The technique includes specific protection against aspiration of gastric contents, provides excellent access to the airway for intubation, and permits pharmacologic control of adverse responses to illness, injury, and the intubation itself.

(For details see NC BON RSI Position Statement [at www.ncbon.com](http://www.ncbon.com).)

Regional Anesthesia – delivery of anesthetic medication at a specific level of the spinal cord and/or to peripheral nerves, including epidurals and spinals and other central neuraxial nerve blocks, is used when loss of consciousness is not desired but sufficient analgesia and loss of voluntary and involuntary movement is required.

Rescue Capacity – requires the competency to manage a compromised airway, provide adequate oxygenation and ventilation, and administer emergency medications and/or reversal agents to clients whose level of sedation becomes deeper than intended.

Sedating Agent – medication that produces calmness, relaxation, reduced anxiety, and sleepiness when administered.

Topical or Local Anesthesia – application or injection of a medication or combination of medications to stop or prevent a painful sensation to a circumscribed area of the body where a painful procedure is to be performed. There are generally no systemic effects of these medications, which are also not anesthesia, despite the name.

RN Education and Competency Requirements for Procedural Sedation/Analgesia:

Education, training, experience, and validation of initial and ongoing competencies appropriate to RN responsibilities, procedures performed, and the client/population must be documented and maintained. (Note: Employing agency determines frequency with which ongoing competencies are re-validated.)

A. The RN administering moderate and/or deep procedural sedation/analgesia must possess in-depth knowledge of and validated competency to apply the following in practice:

1. Anatomy & physiology, including principles of oxygen delivery, transport and uptake, cardiac dysrhythmia recognition and interventions, and complications related to moderate and deep procedural sedation/analgesia;
2. Pharmacology of sedation, analgesia, and anesthetic agent(s) administered singly or in combination, including appropriate administration routes, drug actions, drug interactions, side effects, contraindications,

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reversal agents (as applicable), and untoward effects;

- Airway management skills required to rescue a patient from sedation/analgesia level deeper than intended and to manage a compromised airway or hypoventilation (i.e., establish an open airway, head-tilt, chin lift, use of bag-valve mask, and oral and nasal airways); and,
- Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) certification including dysrhythmia recognition, cardioversion/defibrillation, and emergency resuscitation appropriate to the status of the client/population.

B. In addition, the RN administering moderate and/or deep procedural sedation/analgesia must possess validated practice competencies needed to:

- Assess total client care needs before and during the administration of moderate or deep procedural sedation/analgesia and throughout the recovery phase, including implementing nursing care strategies appropriate to the client's ASA Physical Status Classification as determined by Physician, CRNA, **Nurse Practitioner (NP)**, or **Physician's Assistant (PA)**;
- Perform appropriate physiologic measurements and evaluation of respiratory rate; oxygen saturation; carbon dioxide level; blood pressure; cardiac rate and rhythm; and level of consciousness;
- Assess, identify, and differentiate the levels of sedation/analgesia and provide monitoring appropriate to the client's desired and actual level of sedation/analgesia;
- Identify and implement appropriate nursing interventions in the event of sedation/analgesia complications, untoward outcomes, and emergencies; and,
- Assess sedation/analgesia recovery including the use of a standardized discharge scoring system.

Agency Responsibilities in Procedural Sedation/Analgesia:

Based on client care needs, facility regulations, accreditation requirements, applicable standards, personnel, equipment, and other resources, each employing agency determines IF the administration of moderate and/or deep procedural sedation/analgesia by non-anesthetist RNs is authorized in their setting. If administration of moderate and/or deep procedural sedation/analgesia by non-anesthetist RNs IS permitted, the Director of Nursing or lead RN in the employing agency, in collaboration with anesthesia providers and other appropriate agency personnel, is responsible for assuring that written policies and procedures, including but not limited to the following, are in place to address:

- Credentialing requirements for non-anesthesiologist Physicians, NPs, and PAs approved to perform moderate and/or deep procedural sedation/analgesia;
- Required documentation of initial and ongoing RN education and competency validation in the manner and at the frequency specified by agency policy;
- Physician, CRNA, NP, or PA (not the non-anesthetist RN) responsibility for pre-procedure assessment of the client, including assessment and determination of ASA Physical Status Classification score;
- Number and qualifications of personnel to be present in the room during RN administration of moderate and/or deep procedural sedation/analgesia and requirement that designated personnel are competent to rescue the client should the airway or hemodynamic status be compromised;

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5. Requirement that the Physician, CRNA, NP, or PA ordering RN-administered moderate procedural sedation/analgesia be physically present in the procedure area and immediately available during the time moderate procedural sedation/analgesia is administered in order to respond and implement emergency protocols in the event level of sedation deepens or another emergency occurs;
6. Requirement that the Physician, CRNA, NP, or PA ordering RN-administered deep procedural sedation/analgesia be physically present at the bedside throughout the time deep sedation/analgesia is administered in order to respond in the event of an emergency;
7. Requirement that the RN responsible for sedation/analgesia administration and monitoring of a client receiving moderate or deep sedation/analgesia will NOT assume other responsibilities which would leave the client unattended, thereby jeopardizing the safety of the client;
8. Specification of nursing care responsibilities for client assessment, monitoring, medication administration, potential complications, and documentation during moderate and/or deep procedural sedation/analgesia;
9. Specification of medications approved to be ordered and administered by RNs for moderate and/or deep procedural sedation/analgesia, including dosage limits as appropriate;
10. Specification of emergency protocol(s) including immediate on-site availability of resuscitative equipment, medications, and personnel; and
11. Requirement that age and size-appropriate procedural equipment, emergency resuscitation equipment, and medications, as well as personnel qualified to provide necessary emergency measures, such as intubation and airway management, be readily available during moderate and/or deep procedural sedation/analgesia. Age and size-appropriate equipment includes, but is not limited to:
 - blood pressure cuff and stethoscope
 - cardiac monitor and defibrillator
 - oxygen and suction devices
 - pulse oximetry and capnography
 - positive pressure ventilation equipment
 - intravenous administration devices & fluids
 - basic and advanced airway management devices
 - medications including sedatives, analgesics, reversal agents for opioids or benzodiazepines, and resuscitation drugs

Note: RNs retain responsibility and accountability for direct client assessment, intervention, and evaluation throughout the administration of moderate or deep procedural sedation/analgesia. Mechanical monitoring and medication administration devices (e.g., cardiac monitors, infusion pumps, and computer-assisted personalized sedation/analgesia devices) do not replace, but rather support, the RN's assessment and evaluation of client status.

Note: Pulse oximetry measures oxygenation, not ventilation. In the presence of supplemental oxygen, arterial oxygen desaturation as measured by pulse oximetry may represent a delayed sign of hypoventilation. For this reason, monitoring pulse oximetry is not a substitute for direct observation of patient ventilatory function. Capnography may be able to detect hypoventilation before pulse oximetry indicates oxygen desaturation and has been shown to be a more sensitive gauge of hypoventilation than visual observation.

RN Role in Moderate and Deep Procedural Sedation/Analgesia:

1. The administration and monitoring of sedating and anesthetic agents to produce moderate or deep procedural sedation/analgesia for non-intubated adult and pediatric clients undergoing therapeutic, diagnostic, or surgical procedures is within the non-anesthetist RN scope of practice.

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2. The RN must be educationally prepared; clinically competent; permitted to administer moderate and/or deep procedural sedation/analgesia by agency written policies and procedures; and not prohibited from doing so by facility-focused laws, rules, standards, and policies.
3. A qualified anesthesia provider (anesthesiologist or CRNA) or appropriately credentialed attending Physician, NP, or PA must assess client, determine ASA Physical Status Classification, select, and order the sedative/anesthetic agents to be administered; intended level of sedation/analgesia must be clearly communicated.
4. The RN is accountable for ensuring that moderate and/or deep procedural sedation/analgesia orders implemented are consistent with the current standards of practice and agency policies and procedures.
5. The RN accepts the assignment to administer ordered moderate or deep procedural sedation/analgesia only if competent and the practice setting has provided the age and size-appropriate equipment, medications, personnel, and related resources needed to assure client safety.
6. The RN administers moderate procedural sedation/analgesia to adult and pediatric clients only if a Physician, CRNA, NP, or PA credentialed by the facility in moderate procedural sedation/analgesia, and competent in airway management, is physically present in the procedure area and immediately available in order to respond and implement emergency protocols in the event level of sedation deepens or another emergency occurs.
7. The RN administers deep procedural sedation/analgesia to adult and pediatric clients only if a Physician, CRNA, NP, or PA credentialed by the facility in deep procedural sedation/analgesia, and competent in intubation and airway management, is present at the bedside in order to respond to any emergency.
8. The RN role in moderate and deep procedural sedation/analgesia is dedicated to the continuous and uninterrupted monitoring of the client's physiologic parameters and administration of medications ordered.
9. The administration of all medications via any appropriate route (including Nitrous Oxide via inhalation) for the purpose of moderate or deep procedural sedation/analgesia is within RN scope of practice. Medications, including *Etomidate, Propofol, Ketamine, Fentanyl, and Midazolam*, administered for moderate and/or deep procedural sedation/analgesia purposes, if ordered by Physician, CRNA, NP, PA, or other credentialed health care practitioner, and allowed by agency policy, is not prohibited provided the appropriate indications and precautions are in place.

LPN Role in Moderate and Deep Procedural Sedation/Analgesia: Given the level of independent nursing assessment, decision-making, and evaluation required for the safe care and management of clients undergoing therapeutic, diagnostic, and surgical procedures, the administration of sedation/anesthetic agents for the purposes of moderate or deep procedural sedation/analgesia is **beyond** LPN scope of practice.

RN and LPN Role in Regional Anesthesia: Regional anesthesia requires anesthetic agent delivery at a specific level of the spinal cord and/or to peripheral nerves, including epidurals, spinals, and other central neuraxial nerve blocks, when loss of consciousness is not desired but sufficient analgesia and loss of voluntary and involuntary movement is required. In these situations the positioning and stabilization of the client receiving regional anesthesia is sometimes challenging and the provider performing the procedure may need mechanical

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assistance from the nurse (RN or LPN) to attach and/or push the medication syringe plunger while personally maintaining appropriate positioning of the medication delivery device.

In such situations, the nurse may provide the needed manual support by functioning as the “third hand” of the provider. When acting as the provider’s “third hand”, the nurse is not accepting responsibility for administration of regional anesthesia, which is **beyond** both RN and LPN scope of practice. Instead, the provider retains full responsibility for the appropriate medication administration and accountability for outcomes.

Note:

1) This “third hand” specification does not include the administration of anesthetic agents by the non-anesthetist nurse in any other situation. It is not permissible for the RN or LPN to function as the “third hand” of, or to provide only manual support or mechanical assistance to, a provider in the administration of moderate or deep procedural sedation/analgesia. To do so leaves the provider with responsibility for both performing the procedure and monitoring the patient. Moderate and/or deep procedural sedation/analgesia requires careful monitoring by a dedicated person. Therefore, the RN who administers moderate or deep sedation (this is beyond LPN scope of practice) is providing a nursing intervention and retains full accountability and responsibility for his/her actions. The RN functioning in this capacity must meet the Moderate/Deep Procedural Sedation education and competence requirements as delineated in this Position Statement.

2) It is within RN scope of practice to administer ordered additional or subsequent medication doses through a pre-established, indwelling epidural/caudal device per provider order. This constitutes RN medication administration for which the RN retains full responsibility and accountability. This is not within LPN scope of practice and is not considered manual or “third hand” assistance.

References:

21 NCAC 36.0224 (b)(d)(e) – RN Rules Components of Practice for the Registered Nurse

21 NCAC 36.0225 (b)(d)(e) – LPN Rules Components of Practice for the Licensed Practical Nurse

American Association of Nurse Anesthetists (AANA) – www.aana.com – Resources section provides specific policy considerations for Registered Nurses Engaged in the Administration of Sedation/Analgesia

American Association of Moderate Sedation Nurses (AAMSN) – www.aamsn.org – Resources section provides information on Certified Sedation Registered Nurses (CSRN).

Origin: 1-2015

Revised: 4-2015, **9-2018**



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Issue:

Psychotherapy is:

1. Treatment of mental or emotional disorders and behavioral and adjustment problems through a contractual and therapeutic relationship employing therapeutic communication approaches along with evaluation and management services, when indicated.
2. The goals of psychotherapy are to relieve distress, promote behavioral and lifestyle changes, guide personal awareness, improve social functioning and facilitate overall personal growth. There are many recognized types of therapeutic approaches including, but not limited to, psychodynamic, behavioral, and psychoeducational. Clients can be individual adults, youth or children, couples, families and groups.

RN Role:

1. Psychotherapy is within the scope of practice of a Registered Nurse (RN) who has completed an education program which prepares the nurse to perform this advanced practice nursing activity.
2. This level of education occurs in an advanced academic degree-granting program which prepares the RN for advanced practice either as a Clinical Nurse Specialist in Psychiatric and Mental Health Nursing or as a Psychiatric and Mental Health Nurse Practitioner.
3. These advanced practice nurses are educationally prepared for advanced assessment and diagnosis of mental illness, planning therapeutic interventions, and providing psychotherapy.

Note:

1. The RN without advanced practice education cannot diagnose mental illness nor independently plan for or implement psychotherapy.
2. Nothing in this statement should be construed to prevent the qualified RN from providing counseling to clients for the purpose of assisting the client to reach an optimum level of functioning.

References:

- 21NCAC 36.0228 - Clinical Nurse Specialist Practice Rule
21 NCAC 36.0801 (4) - Nurse Practitioner Practice Rule Approval and Practice Parameters for Nurse Practitioners (Definitions)
21 NCAC 36.0223 (a)(1)(C) – Continuing Education Program Rule
21 NCAC 36.0224 (h) – RN Rule Components of Nursing Practice for the Registered Nurse
G.S. 90-171.42 (b) - Nursing Practice Act
G.S. 90-18 (c)(5) - Practicing without license; penalties
National Institute of Mental Health (NIMH) - <http://www.nimh.nih.gov/health/topics/psychotherapies/index.html>

Origin: 1/1992

Revised: 9/1992; 4/2007; 5/2009; 12/2009; 9/2012; 9/2018

Reviewed: 2-2013, 9-2015

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Issue:

Rapid Sequence Intubation (RSI) is defined as an airway management technique in which a potent sedative or anesthetic induction agent is administered simultaneously with a paralyzing dose of a neuromuscular blocking agent to facilitate rapid tracheal intubation. The technique includes specific protection against aspiration of gastric contents, provides access to the airway for intubation, and permits pharmacologic control of adverse responses to illness, injury, and the intubation itself.

Administration of a sedative and/or anesthetic induction agent simultaneously with a paralyzing dose of a neuromuscular blocking agent for the purpose of intubation, including RSI, is **within** the scope of practice of the non-anesthetist **Registered Nurse (RN)** with specific education, **validated competence**, and policies and procedures.

Given the level of independent assessment, decision-making, and evaluation required for safe care, the administration of medications for the purposes of RSI is **beyond the licensed practical nurse (LPN)** scope of practice.

RN Education and Competency Requirements for RSI:

Education, training, experience, and validation of initial and ongoing competencies appropriate to RN responsibilities, procedures performed, and the client/population must be documented and maintained. (Note: Employing agency determines frequency with which ongoing competencies are re-validated.)

A. The RN administering potent sedatives, anesthetic induction agents, and paralyzing doses of neuromuscular blocking agents to facilitate RSI must possess in-depth knowledge of and validated competency to apply the following in practice:

1. Anatomy & physiology, including principles of oxygen delivery, transport and uptake, cardiac dysrhythmia recognition and interventions, and complications related to RSI;
2. Pharmacology of sedation, anesthetic induction, and neuromuscular blocking agent(s), administered singly or in combination, including appropriate administration routes, drug actions, drug interactions, side effects, contraindications, reversal agents (as applicable), and untoward effects;
3. Airway management skills required to manage a compromised airway if RSI is not successful (i.e., establish an open airway, head-tilt, chin lift, use of bag-valve mask, and oral and nasal airways); and,
4. Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) including competence in dysrhythmia recognition, cardioversion/defibrillation, and emergency resuscitation appropriate to the status of the client/population.

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B. In addition, the RN administering potent sedatives, anesthetic induction agents, and paralyzing doses of neuromuscular blocking agents to facilitate RSI must possess validated practice competencies needed to:

1. Assess client care needs before and during the administration of RSI medications;
2. Perform appropriate physiologic measurements and evaluation of respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and level of consciousness during and following intubation;
3. Identify and implement appropriate nursing interventions in the event of RSI complications, untoward outcomes, and emergencies; and,
4. Assess RSI recovery and implement appropriate nursing care for the intubated client, including administration of continuing moderate or deep sedation/analgesia if ordered by Physician, Nurse Practitioner (NP), or Physician Assistant (PA).

Agency Responsibilities in RSI:

Based on client care needs, facility regulations, accreditation requirements, applicable standards, personnel, equipment, and other resources, each employing agency determines IF medication administration by RNs for purposes of RSI is authorized in their setting. If medication administration for purposes of RSI administration by non-anesthetist RNs IS permitted, the Director of Nursing or lead RN in the employing agency, in collaboration with anesthesia providers and other appropriate agency personnel, is responsible for assuring that written policies and procedures, including but not limited to the following, are in place to address:

1. Credentialing requirements for non-anesthesiologist Physicians, NPs, and PAs approved to perform RSI;
2. Required documentation of initial and ongoing RN education and competency validation in the manner and at the frequency specified by agency policy;
3. Physician, CRNA, NP, or PA (not the non-anesthetist RN) responsibility for pre-RSI assessment of the client;
4. Requirement that the Physician, CRNA, NP, or PA ordering RN-administered RSI be physically present at the bedside throughout the time RSI medications are being administered in order to participate in the intubation and respond in the event of an emergency;
5. Specified sedative or anesthetic induction agents and neuromuscular blocking agents approved to be ordered and administered by RNs for RSI, including dosage limits as appropriate;
6. Specified emergency protocol(s) including immediate on-site availability of resuscitative equipment, medications, and personnel; and
7. Requirement that age and size-appropriate equipment, emergency resuscitation equipment, and medications, be readily available during RSI.

Age and size-appropriate equipment includes, but is not limited to:

- blood pressure cuff and stethoscope
- oxygen and suction devices
- positive pressure ventilation equipment
- basic and advanced airway management devices
- medications including sedatives, analgesics, anesthetic induction agents, neuromuscular blocking agents, reversal agents for opioids or benzodiazepines, and resuscitation drugs
- cardiac monitor and defibrillator
- pulse oximetry and capnography

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Note:

RNs retain responsibility and accountability for direct client assessment, intervention, and evaluation throughout the administration of medications for RSI. Mechanical monitoring and medication administration devices (e.g., cardiac monitors, oximetry, and infusion pumps) do not replace, but rather support, the RN's assessment and evaluation of client status.

RN Role in RSI:

1. The administration and monitoring of sedative, anesthetic induction, and neuromuscular blocking agents at paralyzing doses to facilitate RSI in adult and pediatric clients, is within the non-anesthetist RN scope of practice.
2. The RN must be educationally prepared; clinically competent; permitted to administer sedation/anesthetic induction/neuromuscular blocking agents at paralyzing doses by agency written policies and procedures; and not prohibited from doing so by facility-focused laws, rules, and policies.
3. A qualified anesthesia provider (anesthesiologist or CRNA) or appropriately credentialed attending Physician, NP, or PA must assess client, select, and order the RSI agents to be administered.
4. The RN is accountable for ensuring that RSI orders implemented are consistent with the current standards of practice and agency policies and procedures.
5. The RN accepts the assignment to administer ordered RSI medications only if competent and the practice setting has provided the age and size-appropriate equipment, medications, personnel, and related resources needed to assure client safety.
6. The RN administers ordered medications and monitors RSI in adult and pediatric clients only if a Physician, CRNA, NP, or PA credentialed by the facility in RSI and competent in intubation and airway management is physically present at the bedside throughout the procedure in order to participate in the intubation and in the response to any emergency.
7. **During pre-hospital and/or inter-facility transport**, in the physical absence of a qualified provider, the RN administers RSI medications at the direction of a Physician, CRNA, NP, PA, or other health care professional credentialed in RSI.
8. **Note:** Emergency Medical Services (EMS) Personnel (i.e., EMT, **AEMT-I**, **EMT-Paramedic**) may be approved to participate in RSI, including performing intubation if appropriately credentialed, but are NOT considered "other health care professional credentialed in RSI and/or emergency airway management and cardiovascular support" capable of ordering or directing administration of RSI medications by an RN.
9. The RN role in RSI is dedicated to the administration of medications ordered and to the continuous and uninterrupted monitoring of the client's physiologic parameters, including the implementation of nursing interventions as indicated by client status.
10. The RN accepting responsibility for administering the medications and monitoring the status of the client during RSI cannot assume other responsibilities such as performing a procedure which would leave the client unattended, thereby jeopardizing the safety of the client. (For example, while endotracheal intubation is within the scope of practice for the RN, a single RN could not be simultaneously responsible for both the medication administration/monitoring activities and the intubation itself.)
11. The administration of sedative/anesthetic induction and neuromuscular blocking agents, if ordered by appropriately credentialed attending Physician, NP, or PA and allowed by agency policy for purposes of RSI,

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via appropriate routes is within RN scope of practice.

12. The RN remains responsible for the assessment of RSI recovery and implementation of appropriate nursing care for the now intubated client. Ongoing care may include the continuing administration of moderate or deep sedation/analgesia if ordered by Physician, NP, or PA.

Note:

Administration of medications for moderate to deep sedation/analgesia of already- intubated, critically ill clients is within RN scope of practice without the constraints of this Position Statement.

LPN Role in RSI:

Given the level of independent nursing assessment, decision-making, and evaluation required for the safe care and management of these clients, the administration of potent sedative/anesthetic induction/neuromuscular blocking agents for the purposes of RSI is beyond LPN scope of practice.

References:

G.S. 90-171.20 (7) & (8) Nursing Practice Act

21 NCAC 36.0224 (b) (d) (e)- ~~LPN Rules-Components of Practice for the Registered Nurse~~

21 NCAC 36.0225 (b) (d) (e)- ~~RN Rules-Components of Practice for the Licensed Practical Nurse~~

NCBON Position Statement - Procedural Sedation/Analgesia - ~~www.ncbon.com~~

Origin: 12-2007

Revised: 5-2009; 12-2009; 1-2015, 9-2018

Reviewed: 2-2013

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By law, the scopes of practice for the registered nurse (RN) and the license practical nurse (LPN) differ. The RN functions at an independent level while the LPN functions at a dependent level. This chart provides a snapshot comparison. For more information, please refer to the NCBON's [RN Scope of Practice – Clarification Position Statement](#) and the [LPN Scope of Practice – Clarification Position Statement](#) available on the North Carolina Board of Nursing's website (www.ncbon.com) under Practice – Position Statements.

Components of Nursing Practice	RN Scope of Practice <i>Independent role</i>	LPN Scope of Practice <i>Dependent role</i>
Accepting an Assignment	Accepts assignment based on variables in nursing practice setting and individual competency	Accepts assignment dependent on practice setting variables including availability of RN supervision, & individual competency
Assessment	Responsible for comprehensive ongoing assessment to determine nursing care needs: <ul style="list-style-type: none"> Collects, verifies, analyzes, and interprets data in relation to health status Formulates nursing diagnoses Determines extent and frequency of assessment needed 	Participates in on-going assessment: <ul style="list-style-type: none"> Collects data Recognizes relationship to health status & treatment Determines immediate need for intervention
Planning	Develops client plan of care: <ul style="list-style-type: none"> Identifies client's needs Prioritizes nursing diagnoses Determines nursing care goals Determines interventions appropriate to client 	Participates in planning: <ul style="list-style-type: none"> Suggests goals and interventions to RN
Implementation	Implements plan of care: <ul style="list-style-type: none"> Procures resources Assigns, delegates, and supervises licensed and unlicensed personnel 	Implements established plan of care with following limitations : <ul style="list-style-type: none"> RN supervision required Assignment to other LPNs and delegation to UAPs Supervision by LPN limited to assuring that tasks have been completed according to agency policies and procedures
Evaluation	Evaluates and determines effectiveness of nursing interventions and achievement of expected outcomes <ul style="list-style-type: none"> Modifies plan of care 	Participates in evaluation by: <ul style="list-style-type: none"> Identifies client's response to nursing intervention and suggests to RN revision to plan of care
Reporting and Recording	Reports and Records	Reports and Records
Collaborating	<ul style="list-style-type: none"> Communicates & works with those whose services may affect client's health care Initiates collaboration through coordinating, planning, and implementing nursing care of client within the multidisciplinary team Participates in multidisciplinary decision-making Seeks & utilizes appropriate resources 	Participates in collaboration as assigned.

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Components of Nursing Practice	RN Scope of Practice <i>Independent role</i>	LPN Scope of Practice <i>Dependent role</i>
Teaching and Counseling	Responsible to teach and counsel clients, families, groups and nursing care providers: <ul style="list-style-type: none"> • Identifies learning needs • Develops and evaluates teaching plans • Makes referrals to appropriate resources 	Participates in teaching and counseling of clients and families as assigned through the implementation of an established teaching plan or protocol
Managing Nursing Care	<ul style="list-style-type: none"> • Continuous availability • Assesses capabilities of personnel • Delegates & assigns personnel • Accountable for nursing care given by all 	<p style="text-align: center; color: red;">Not within the LPN scope of practice</p> <p style="text-align: center;">NOTE: See limited supervisory role for LPN in the Implementation Section above.</p>
Administering Nursing Services	Administers nursing services	<p style="text-align: center; color: red;">Not within the LPN scope of practice</p>
Accepting Responsibility	Accepts responsibility for self	Accepts responsibility for self

References:

- G.S. 90-171.20 (7) and (8) Nursing Practice Act
- 21 NCAC 36. 0224 Components of Practice for the Registered Nurse
- 21 NCAC 36. 0225 Components of Practice for the Licensed Practical Nurse

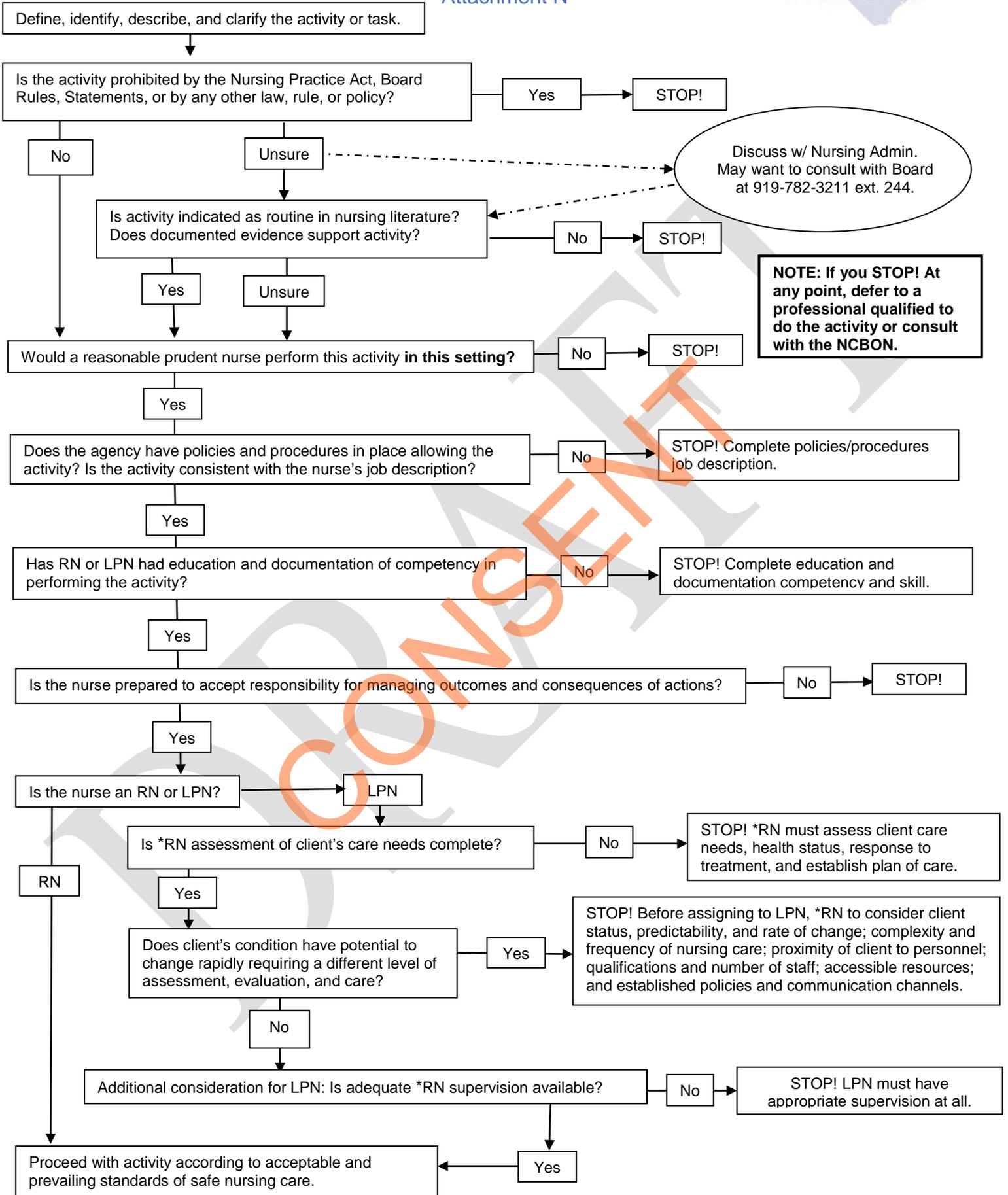
Origin: 1/2012
 Reviewed: 2/2013
 Revised: 11/2015; 9/2018

CONSENT

SCOPE OF PRACTICE DECISION TREE FOR THE RN AND LPN

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Attachment N



SCOPE OF PRACTICE DECISION TREE FOR RN AND LPN

RN and LPN scopes of practice are defined by the Nursing Practice Act (Law) and the North Carolina Administrative Code (Rules). Because the roles and responsibilities of nurses are influenced by the healthcare system which is ever-changing and increasing in complexity, it is important that the nurse makes valid, reliable decisions regarding his/her own scope of practice. This tool is intended to provide direction in that decision making process. These questions offer additional guidance for the nurse's consideration.

- I. Define the Activity/Task
 - a. Describe, clarify the problem/need.
 - b. Does it require a healthcare provider's order?
 - c. Is the activity an independent RN action?
 - d. Does the task require an RN or other practitioner's direction?
 - e. What is the clinical environment in which the task will be completed?
 - f. What will be needed to safely complete the activity?
 - g. Who should be involved in the decision?

- II. Legality
 - a. Could the nurse perform the activity or task and meet the standards of safe nursing practice as defined by NC nursing laws and rules?
 - b. Is the task prohibited by nursing law or rules, or precluded by any other law or rule (e.g., Pharmacy Practice Act, Medical Practice Act, Facility Rules, etc.?)
 - c. Does the facility have a policy in place including the RN and/or LPN as appropriate to complete the activity?
 - d. Is the activity consistent with pre-licensure, post basic or approved continuing education?
 - e. Is there evidence to support that the activity is within acceptable and prevailing standards of safe nursing care (i.e., national nursing organization/association standards, nursing literature/research, agency accreditation standards, board position statement, and/or community standard)?

- III. Competency
 - a. Is there documentation the nurse has completed appropriate education to perform the activity?
 - b. Is there documentation the nurse has demonstrated appropriate knowledge, skill and ability to complete the activity?

- IV. Safety
 - a. Is the activity safe and appropriate to perform with this patient/client at this time?
 - b. Is the activity safe and appropriate to perform only in specific environment where necessary assistive equipment and personnel will be available in case of an unexpected response to assure patient safety and quality of care?
 - c. What is the potential outcome for patient if you do or do not perform procedure?

- V. Accountability
 - a. Is the nurse willing to be accountable for the activity?
 - b. Is the nurse prepared to accept the consequences of activity?
 - c. Would a reasonable or prudent nurse complete the activity?

- VI. Additional considerations for LPN
 - a. Will adequate RN supervision be available?
 - b. Does activity have potential to significantly change the medical status of patient/client, resulting in the need to provide assessment and care requiring a different level of professional licensure?

References:

G.S. 90-171.20 (7) and (8) Nursing Practice Act

21 NCAC 36.0224 Components of Practice for the Registered Nurse

21 NCAC 36.0225 Components of Practice for the Licensed Practical Nurse

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Issue:

The Registered Nurse (RN) is responsible for "supervising, teaching, and evaluating those who perform or are preparing to perform nursing functions." Nursing in-service education and nursing staff development for **licensed registered nurse (RN)** and **licensed practical nurse (LPN)** and unlicensed assistive personnel (UAP) is within the legal scope of practice for the **RN only**.

RN Role:

RN has the authority to and is accountable for:

1. Planning and implementing orientation programs and/or education offerings through which the individual's nursing knowledge, skills, and competencies are developed and assessed;
2. Developing and providing educational opportunities based on the results of ongoing learning needs assessment and evaluation;
3. Establishing the mechanism for validation of knowledge, skills, and competency; and
4. Deciding when, and if, the individual is qualified and competent to perform nursing activities according to nursing law and as defined within that agency's policies and procedures.

LPN Role:

LPN may participate in the orientation of new personnel to agency-specific nursing procedures but participation is limited to:

1. Demonstrating specific nursing tasks or techniques according to the agency's established procedures;
2. Observing an individual's return demonstration of specific tasks or techniques in comparison to the agency's established step-by-step procedures. Such observation is limited to nursing activities that may be:
 - a. assigned by the LPN to other LPNs, or
 - b. delegated by the LPN to UAP; and
3. Providing evaluative data regarding the individual's performance of the nursing tasks or techniques to the RN accountable for nursing orientation/staff development/in-service education or to the RN Supervisor/Manager. It is beyond the LPN scope of practice to validate the competency of nursing personnel (RN, LPN, and unlicensed assistive personnel).

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Note:

It is the agency's decision to determine who may appropriately provide non-nursing or non-clinical general agency orientation and/or on-going non-nursing, non-clinical educational activities, which are applicable to all employees, regardless of position, job responsibilities, or occupational licensure. Nursing law does not limit LPN responsibilities in such non-clinical educational activities.

References:

G.S. 90-171.20 (7) (i) & (8) - Nursing Practice Act

21 NCAC 36.0224 ~~(i) & (j) - RN Rule Components of Nursing Practice for the Registered Nurse~~

21 NCAC 36.0225 - ~~LPN Rule Components of Nursing Practice for the Licensed Practical Nurse~~

Revised: 4/2007; 8/2009; 1/2010; 9/2015; **9/2018**

Reviewed: 2-2013

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Issue:

Standing orders allow for the facilitation of timely interventions and the removal of barriers to care for various patient populations. Standing orders are the signed instructions of a provider authorized by state law to prescribe the medical treatment and/or pharmaceutical regimen. Standing orders describe the parameters of specified situations under which the nurse may act to carry out specific orders for a patient presenting with symptoms or needs addressed in the standing orders. They outline the assessment and interventions that a licensed nurse, registered nurse (RN) or licensed practical nurse (LPN) may perform or deliver. It is not within the nurse's scope of practice to make a medical diagnosis, identify medical problems, develop medical treatment plans, or declare someone "free" of illness. Standing orders must be in written form and signed and dated by the provider.

Standing orders may be implemented in a variety of outpatient and inpatient settings including emergency, intensive care, and acute care units. Examples of situations in which standing orders may be utilized include, but are not limited to:

- a) administration of immunizations (e.g., influenza, pneumococcal, and other vaccines),
- b) treatment of common health problems,
- c) health screening activities,
- d) occupational health services,
- e) public health clinical services,
- f) telephone triage and advice services,
- g) nurse-on-call services,
- h) orders for lab tests or treatments for certain categories of patients, and
- i) frequently occurring orders implemented when indicated for specific patient populations, diagnoses, and symptoms.

Agency:

Agencies utilizing standing orders should have policies in place which allow for the use of standing orders and procedures that describe the process for development and approval of standing orders within the organization or agency.

Components of Standing Orders should include:

1. Condition or situation in which the standing order will be used;
2. Assessment criteria;
3. Subjective findings;
4. Objective findings;
5. Plan of Care including:
 - a) Medical treatment/pharmaceutical regimen if subjective and objective findings as listed above are present,
 - b) Nursing actions, and,
 - c) Follow-up or monitoring requirements

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6. Criteria or circumstances for which the physician, nurse practitioner, certified nurse midwife, or physician assistant is to be called;
7. Date written or last reviewed; and
8. Signature of provider

Note:

In some systems, standing orders may be titled “protocols” and if so, must meet all the requirements of this statement.

References:

Nursing Practice Act, G.S. 90-171.20 (7) (f) & (8) (c).

21 NCAC 36.0224 – Components of Practice for the Registered Nurse

21 NCAC 36.0225 – Components of Practice for the Licensed Practical Nurse

Revised: 4/2007; 5/2009; 12/2009, 9/2015, 9/2018

Reviewed: 2/2013

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Issue:

Restricting the title "nurse" is consistent with the mission of the North Carolina Board of Nursing to ensure minimum standards of competency and provide the public safe nursing care. Questions often arise about unlicensed individuals being referred to as a "nurse" and clarification is needed.

Statement:

In the interest of public safety and consumer protection, any person who refers to or portrays himself or herself in any capacity as a "nurse" in North Carolina must be licensed as a registered nurse or a licensed practical nurse. Unlicensed individuals working in healthcare, community, or other settings may not call themselves "nurse" or use "nurse" in their title. These unlicensed individuals are valuable members of the healthcare team, but do not have the education, training or knowledge of the licensed nurse. Whenever "nurse" is part of a longer title, such as "Nurse Aide", the entire title shall be used at all times and not abbreviated to "nurse". Identification should be clear and unambiguous and in compliance with the Badge Law for Health Care Practitioners. Title protection of "nurse" helps keep the public from being misled about the qualifications of those individuals providing their care.

References:

G.S. 90-171.43 – License Required – Nursing Practice Act
G.S. 90-640 – Identification Badges Required – Badge Law for Health Care Practitioners
21 NCAC 36.0231 – Exceptions to Health Care Practitioners Identification Requirements
ANA Position Statement on Title "Nurse" Protection – www.nursingworld.org
NCNA Position Statement on Protecting the Registered Nurse Title – www.ncnurses.org

Approved: 1-2011

Revised 9-2015

Reviewed: 2-2013; 9/2018

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Issue:

It is within Registered Nurse (RN) scope of practice to function as members of interdisciplinary air and/or ground transport teams on a routine and/or as needed basis. Throughout a client transport, the RN is responsible for:

- providing and maintaining the required level of nursing care, including all ordered medical interventions and medications;
- managing all equipment necessary for client care; and
- ensuring overall client safety.

RNs providing nursing care during client transports are licensed and regulated by the North Carolina Board of Nursing and are not required to hold Emergency Medical Services (EMS) credentials. Employers may, however, require RNs employed by their agency to hold additional credentials or certifications prior to transporting clients.

RN Responsibilities and Role:

The responsibilities of the transport nurse include, but are not limited to:

- obtaining and documenting appropriate education, training, and initial and ongoing competency validation specific to the type of nursing transport responsibilities and activities being delivered;
- maintaining accountability for oversight and supervision of the care of the client;
- conducting comprehensive assessment, continuous evaluation, and reassessment of the effectiveness of the nursing care and medical interventions provided to the client; and developing and revising the plan of care appropriate to the client's needs;
- implementing appropriate interventions based on the plan of care, client priorities, emergency air and ground nursing transport standards of practice, established policies/procedures/protocols, standing orders, and orders received on-line/off-line from authorized providers including physicians, nurse practitioners, certified nurse midwives, and physician assistants;
- communicating and documenting all relevant assessments, nursing care, and medical treatments provided to the client, and the client's response to care;
- providing an accurate and thorough handoff report of client status, both written and verbal, to the receiving health care team;
- working collaboratively with other pre-facility, intra-facility, and inter-facility providers and healthcare professionals to ensure the continuum of optimum client care; and
- ensuring appropriate age and client specific equipment is available prior to embarking on the transport.

RN scope of practice for specific advanced activities, performed during transport and/or within the facility, are evaluated using the NCBON Scope of Practice Decision Tree for the RN and LPN that is available at www.ncbon.com in the Nursing Practice-Position Statements and Decision Trees section. This tool provides for the careful consideration of standards of practice, evidence-based support, and appropriateness of an activity in a particular setting for a specific client or client population.

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LPN Role:

Given the level of independent assessment, decision-making, nursing management, and evaluation required for the safe care of the client in transport situations, this activity is **beyond licensed practice nurse (LPN)** scope of practice.

The LPN may, however, provide convalescent transports for stable clients under the assignment and supervision of an RN, physician, dentist, or other person authorized by State law to provide LPN supervision.

References:

G. S. 90-171.20 (7) – Nursing Practice Act

21 NCAC 36.0224 – **Rules Defining** Components of Practice for the Registered Nurse

21 NCAC 36.0225 – Components of Practice for the Licensed Practical Nurse

NCBON Scope of Practice Decision Tree – www.ncbon.com

Air and Surface Transport Nurses Association (ASTNA) – www.astna.org – Qualifications, orientation, competencies, and continuing education for transport nurses.

Air and Surface Transport Nurses Association (ASTNA) – www.astna.org – Role of the registered nurse in the out-of-hospital environment.

Air and Surface Transport Nurses Association (ASTNA) – www.astna.org – Staffing of critical care transport services.

Emergency Nurses Association (ENA) www.ena.org – Care of the patient during interfacility transfer.

Origin: 6-20-11

Reviewed: 2-2013

Revised: 5-2015, **9-2018**

CONSENT

ATTACHMENT C

The Licensure Review Panel met and submits the following report regarding actions taken:

Reviewed 11 candidates for reinstatement

- Lisa Monique Hawkins, LPN 51438 - Denied reinstatement of license – may petition for reinstatement after obtaining a fitness for duty evaluation
- Diandria Janay Beam, LPN 75221 - Reinstatement license
- John William Lesley, II, LPN 65622 – Successfully complete LPN Refresher Program and comply with conditions of the Chemical Dependency Discipline Program
- Susan Smith Huff, RN 155157 – Successfully complete RN Refresher Program and comply with conditions of the Chemical Dependency Discipline Program
- Suzanne Bauer Steinbroner, RN 229038 – Reinstatement license and comply with conditions of the Chemical Dependency Discipline Program
- Amanda Denise Mumford, LPN 78152 – Reinstatement license with probationary conditions
- Genevieve Cofield, South Carolina RN 70681 – Reinstatement Privilege to Practice with probationary conditions
- Mondella Marie Brown, LPN 60009 – Successfully complete LPN Refresher Program then reinstatement license with probationary conditions
- Dwuan Lataff Blackwell, LPN 62976 – Successfully complete LPN Refresher Program and comply with conditions of the Chemical Dependency Discipline Program
- Nina Shawnquail Grantham, LPN 77070 – Reinstatement Privilege to Practice
- Theresa A. Jomo, LPN 65199 – Reinstatement with probationary conditions

Reviewed two (2) candidates for Licensure by Endorsement

- Gloria Ann Evans, LPN Applicant – Issue license
- Mark Walter Scott, RN Applicant – Issue license with probationary conditions

Reviewed three (3) candidates for Initial Licensure

- Rhonda Sha Rivenbark, LPN Applicant – Issue license
- Mildred Ajuchi Akachukwu, RN applicant – Issue license with probationary conditions
- Sharmaine Riley Ndon, LPN Applicant – Denied licensure – may petition LRP after twelve (12) months

Reviewed two (2) candidates for Extension of Time to Satisfy Probationary Conditions

- Valeria Bryant Galloway, RN 147042 – Extension of twenty-four (24) months granted
- Alisyn Marie Karwoski, RN 195907 – Extension of twenty-four (24) months granted

ATTACHMENT D

The following licensees accepted sanctions offered pursuant to their appearance before the Settlement Committee:

- Dorothea Robinson, RN 267277 – Reprimand with Course Requirement
- Donna Phillips, LPN 48377 – Suspension for minimum of two (2) months Prior to petitioning LRP for reinstatement, shall complete Ethical-Legal Decision-Making course.

ATTACHMENT E

Took the following actions regarding Non-Hearing activities by adoption of the Consent Agenda

Ratified Reprimand:

Felicia Crawford-Meador, RN 240409 – Falsification of Application
Jill Christene Marquis, LPN 71431 – Falsification of Application, Criminal Conviction
Cindy Faye Radford, RN 268890 – Action in Another Jurisdiction
Anthony Disser, RN 155491 – Falsification of Application

Ratified Reprimand with Conditions:

Brenda Morrison Robinson, LPN 47284 – Inappropriate Verbal and Physical Interaction with Patient
Amanda R. Parton, RN 260648 – Diversion of Drugs
Patrick McFarland Jones, RN 262306 – Falsification of Documentation
Regina Ann Linton, RN 189313 – Exceed Scope
Pamela Ann Lester, LPN 64291 – Sleep on Duty
Jennifer Jean Linney, RN 208624 – Exceed Scope, Falsification of Documentation
Mary Barbieri Hartpence, RN 214282 – Failure to Maintain License
Courtney Dawn Briley, RN 261066 – Exceed Scope
Kristi Paige Tugwell, RN 139434 – Falsification of Documentation
Rhonda Renee Sharp, RN 263294 – Falsification of Documentation, Neglect, Failure to Maintain Accurate Records
Amanda Lyn Dube, LPN 63977 – Withhold Crucial Healthcare Information, Failure to Maintain Accurate Records, Neglect
Heather McPhail Maynor, NP 5006715 – Inappropriate Prescribing
Sue Fortag Barnett, NP 5001301 – Failure to Maintain Accurate Records, Failure to Maintain Collaborative Practice Agreement
Mary Jane Burkhalter, Virginia RN 0001203150 – Failure to Maintain Accurate Records

Ratified Reprimand with Probation:

James Wright, NP 5008607 – Unprofessional Conduct by Nurse Practitioner

Ratified Probation with Drug Screen:

John Arnold Sandru, RN 273253 – Impaired on Duty
Cristyl Carmack Hewitt, LPN 67297 – Failure to Maintain Accurate Records
Julie Joann Husske, RN 189656 – Impaired on Duty
Melisa Kay Bradsher, LPN 71469 – Failure to Maintain Accurate Records
Stephanie May Noah, RN 149292 – Falsification of Application

Ratified Suspension:

Jordan Johnson, RN 271375 – Diversion of Drugs, Impaired on Duty
Tonya Foster, RN 203177 – Action in Another Jurisdiction
Michelle Neal Price, RN 139584 – Diversion of Drugs, Failure to Maintain Accurate Records
Susan A. Loudermilk, RN 218152 – Impaired on duty, Positive Drug Screen, Abandonment, Neglect

Ratified Suspension for Violation of Probationary Conditions:

Linda Leathers Brixon, RN 115284 – Request to Withdraw
Deborah Kasuba Hendrix, NP 5000026 – Violation of Conditions Imposed by Board
Sherry Lynn Johnson, RN 104943 – Violation of Conditions Imposed by Board
Amy Elizabeth Fender, RN 135370 – Violation of Conditions Imposed by Board

Ratified Suspension for Violation of Drug Screening Probationary Conditions:

Ann Troxler Joyner, RN 184433 – Violation of Conditions Imposed by Board

Ratified Suspension for Violation of Chemical Dependency Discipline Program Conditions:

Susan Denice Cheek, RN 160302 – Violation of Conditions Imposed by Board

Holly Mae Sizemore, RN 247386 – Violation of Conditions Imposed by Board

Lori Greenhill Pooler, RN 242293 – Violation of Conditions Imposed by Board

Deborah Jane Ward, LPN 77505 – Violation of Conditions Imposed by Board

LaCresha A. Hunter, LPN 79627 – Violation of Conditions Imposed by Board

Deitra Faith Lackey, RN 196516 – Violation of Conditions Imposed by Board

Ratified Suspension for Violation of Alternative Program for Chemical Dependency Conditions:

Stefanie Renee Imbrogno, RN 210977 – Request to Withdraw

Danelle Lyn Lassiter, RN 221937 – Violation of Conditions Imposed by Board

Krista Lynn Davis, RN 242448 – Request to Withdraw

Austin Speas, RN 287897 – Violation of Conditions Imposed by Board

Tonya Arrowood Ray, RN 225760 – Request to Withdraw

Crystal Dawn Williamson, RN 217518 – Request to Withdraw

Amy Nicole Hammond, RN 257839 – Violation of Conditions Imposed by Board

Ratified Suspension for Violation of Intervention Program Conditions:

Brooke Elizabeth Creech, RN 277321 – Violation of Conditions Imposed by Board

Heather Michelle Shimpock, RN 280731 – Violation of Conditions Imposed by Board

Melissa Marie Carter, LPN 77988 – Violation of Conditions Imposed by Board

Robin Lewis, LPN 72106 – Request to Withdraw

Ratified Suspension of Privilege to Practice in North Carolina:

Megan Caps, Virginia RN 0001231965 – Diversion of Drugs, Failure to Maintain Accurate Records

Lori Christensen, Arizona RN 1010207 – Positive Drug Screen, Failure to Maintain Accurate Records

Tamera J. Russell, Virginia RN 0001188265 – Impaired on Duty

Ratified Suspension with Conditions:

Julia Hutchins Fallin, LPN 64005 – Theft of Patient Property

Christina Marie Bolton, RN 277004 – Breach of Patient Confidentiality

Guadalupe Amaya, LPN 81904 – Neglect, Falsification of Documentation

Ratified Voluntary Surrender:

Maria Millsaps Buchanan, RN 179733 – Unsafe to Practice due to Mentally Disability

Michael Wayne Webb, LPN 76596 – Impaired on Duty, Unsafe to Practice due to Physical Disability

Celeste Lynne Perri, RN 197966 – Positive Drug Screen, Illegally Obtain Drugs for Personal Use

Successful Completion

Alternative Program for Chemical Dependency	No. Successfully Completed
April 2018	1
May 2018	1
June 2018	2
July 2018	6

Intervention Program	No. Successfully Completed
April 2018	1
May 2018	2
June 2018	2
July 2018	5

Non-Disciplinary Consent Orders (Practice Improvement Matters)	No. Successfully Completed
April 2018	6
May 2018	7
June 2018	4
July 2018	3

Practitioner Remediation Enhancement Program (PREP)	No. Successfully Completed
April 2018	4
May 2018	2
June 2018	3
July 2018	4

Ratified Probation Completed:

Elida E. Brown-Towne, RN 283822 – 5/2/2018
 Mary Mote Skipper, LPN 72782 – 5/3/2018
 James Sunday Aremu-Cole, RN 207354 – 6/19/2018
 Ricardo Damian Bell, RN 188103 – 7/6/2018

Ratified Probation with Drug Screen Completed:

Michol Natasha McCain, RN 218161 – 6/27/2018
 Ginger M. Hinson, RN 178626 – 7/30/2018

Ratified Chemical Dependency Discipline Program (CDDP) Completed:

Sarah Elizabeth Wallace, LPN 72503 – 5/2/2018
 Cynthia Ann Marcello, RN 249973 – 5/7/2018
 Jennifer Laruen Mack Sigmon, RN 201026 – 6/1/2018
 McKenzie Williams Hampton, RN 194798 – 6/5/2018
 Terry Butner Samuels, RN 161403 – 6/19/2018
 Venessa Desiree Owen, RN 203686 – 6/28/2018
 Jeanine Bell Price, RN 237537 – 6/28/2018
 Kathleen Dorothy Mooney, RN 190106 – 7/3/2018

Ratified Reprimand with Conditions Completed:

Jessica West Herring, RN 231609 – 4/11/2018
 Danielle Renee Copeland, RN 241805 – 4/19/2018
 Regina Ann Linton, RN 189313 – 5/1/2018
 Jean Wilson, NP 5005315 – 5/1/2018
 Annette Antonelli Pearce, RN 232475 – 5/4/2018
 Amanda R. Parton, RN 260648 – 5/11/2018
 Brenda Morrison Robinson, LPN 47284 – 5/14/2018
 Mary Barbieri Hartpence, RN 214282 – 5/18/2018
 Jennifer Jean Linney, RN 208624 – 5/21/2018
 Courtney Dawn Briley, RN 261066 – 5/24/2018
 Marria LaBelle McGowan, LPN 83676 – 5/31/2018
 Stephanie Mahlke Burford, RN 140182 – 6/4/2018
 Dorothea Robinson, RN 265277 – 6/4/2018
 Caitlyn Greer Moseley, RN 263740 – 6/12/2018
 Pamela Ann Lester, LPN 64291 – 7/9/2018
 Patrick McFarland Jones, RN 262306 – 7/10/2018

Ratified Actions of Non-Disciplinary Consent Orders:

Administrative Actions	Number of Actions
Abuse of Client	1
Breach of Patient Confidentiality	1
Exceed Scope	2
Failure to Maintain Accurate Records	7
Failure to Maintain License	4
Falsification of Documentation	3
Inappropriate Physical Interaction with Patient	1
Neglect	2
Violation of Boundaries of a Professional Relationship	2
Withhold Crucial Healthcare Information	1

Ratified Remediation of Enhancement Program (PREP):

Administrative Action	Number of Actions
Documentation Errors	1
Exceed Scope	3
Failure to Maintain Accurate Records	1
Failure to Maintain Minimum Standards	1
Inappropriate Delegation	2
Medication Errors	2

Ratified Letters of Concern:

Administrative Action	Number of Actions
Abandonment	2
Breach of Patient Confidentiality	2
Criminal Conviction	3
Diversions of Drugs	17
DWI Conviction	22
Exceed Scope	7
Failure to Assess/Evaluate	6
Failure to Maintain Accurate Records	9
Failure to Maintain License	2
Failure to Maintain Minimum Standards	7
Failure to Perform Prescribed Treatments	1
Falsification of Application	2
Falsification of Documentation	7
Impaired on Duty	6
Inappropriate Delegation	1
Inappropriate Physical Interaction with Client	2
Inappropriate Sexual Interaction with Client	1
Inappropriate Verbal Interaction with Client	1
Neglect	1
Positive Drug Screen	2
Sleep on Duty	2
Withhold Crucial Healthcare Information	4

Ratified Cautionary Letters:

Administrative Action	Number of Actions
Breach of Patient Confidentiality	1
Exceed Scope	1
Failure to Assess/Evaluate	1
Failure to Maintain Minimum Standards	4
Falsification of Documentation	2
Inappropriate Verbal Interaction with Client	3
Sleep on Duty	1

Ratified Cautionary Letter for Unlicensed Practice:

Administrative Action	Number of Actions
Fraudulent Licensure Representation	2

Ratified Alternative Program for Chemical Dependency:

Administrative Action	Number of Actions
Diversion of Controlled Substances	1
Diversion of Drugs	13
DWI Conviction	1
Failure to Maintain Accurate Records	5
Falsification of Documentation	2
Falsification of Records	1
Impaired on Duty	9
Positive Drug Screen	10

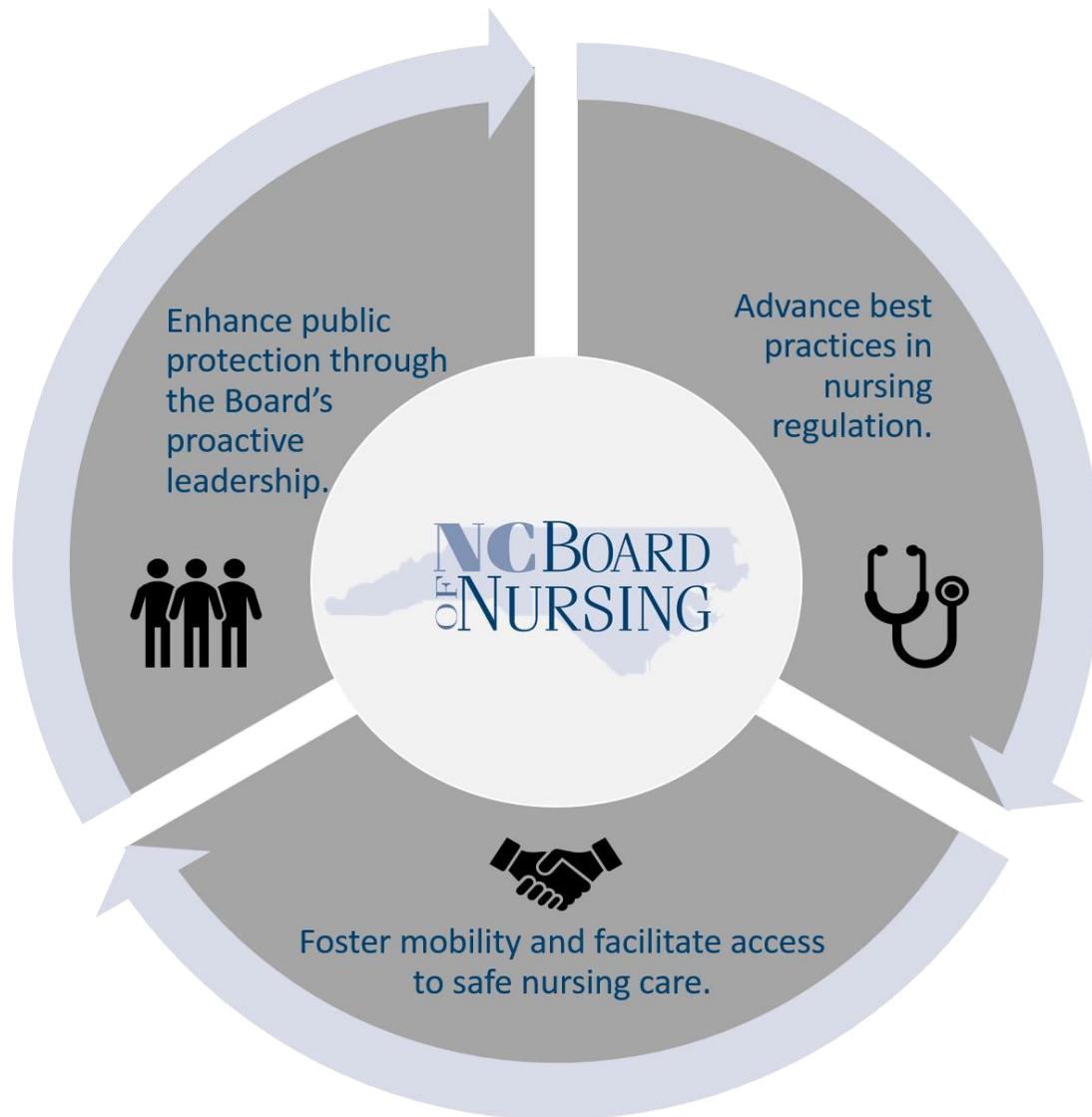
Ratified Intervention Program (IP):

Administrative Action	Number of Actions
Diversion of Drugs	1
DWI Conviction	2
Positive Drug Screen	13

2018 – 2021 Strategic Plan



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Strategic Initiative #1 Enhance public protection through the Board’s proactive leadership

Objective	Target	Target Date	Measured By	Progress
A. Ensuring equitable, efficient, and effective regulatory processes.	1. Continue review and revision of protocols with continued priority focus on standard of care. (AGF; AM)	1. Ongoing	1. Completion of review and implementation of designated protocol(s)	At the February Ad Hoc Discipline Meeting, Documentation, Drug and Neglect Protocols were recommended for approval to the May Board Meeting and they were approved. At the May Ad Hoc Discipline Meeting, the Theft, Fraud and Exceeding Scope Protocols were recommended for approval and will be presented at the September Board Meeting. (AGF)
	2. Review and revise regulatory policies with Ad hoc Discipline Committee. (AGF; AM)	2. Ongoing	2. Review/revision and implementation of designated policies.	At the May Ad Hoc Discipline Meeting, the policies for Withholding Information, Falsification of Renewal Applications and Falsification of Initial/Endorsement/ and Reinstatement were recommended for approval and will be presented at the September Board Meeting. (AGF)

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Strategic Initiative #1 Enhance public protection through the Board’s proactive leadership

Objective	Target	Target Date	Measured By	Progress
	3. Complete periodic rule review and revise rules as needed for re-adoption. (AE; AGF)	3. 2018	3. *Completion of periodic rule review (sunset review) process within timeline assigned by Rules Review Commission; *Completion of rule re-adoption December 2018.	In May, Board voted to approve re-adoption packet. Rules published in July 2 nd <i>NC Register</i> . Public Hearing held July 26 th . Public comment period ends August 31 st . Board will review and vote on final adoption package at September Board meeting.
	4. Perform positively compared to benchmarks for cycle time in licensure and investigations. (TG; AGF; AM)	4. Ongoing	4. *Positive performance compared to benchmarks for licensure: cycle time for licensure by exam, licensure by endorsement, licensure renewal; *Positive performance compared to benchmarks for investigation cycle time, case closure time.	Complaint through the closing of an Investigation cycle time for the months of April- June was 77.7 days. 201 cases were closed by investigation for that date range. Complaint through all final adjudications cycle time for the months of April- June was 88.9 days with 210 cases reaching a final adjudication. (AGF)
B. Achieve legislative change that advances the mission/vision.	1. Build relationships with stakeholders to support modernization of the Nursing Practice Act. (JG; DK)	1. 2018	1. *Identification of key stakeholders by Quarter 4, 2018; *List and assign primary contact person to contacts to encourage support of the NPA modernization; *Monitor ongoing contact needs with identified stakeholders/ sponsors.	Ongoing

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Strategic Initiative #1 Enhance public protection through the Board’s proactive leadership

Objective	Target	Target Date	Measured By	Progress
<p>C. Ensuring adequate resources to fund programs, services and operations through maintaining a strong financial position.</p>	<p>1. Perform positively compared to benchmarks for net position, net revenue, liquidity, investment performance, liability/assets, revenue/expenses, and operating revenue. (GB; JG)</p>	<p>1. FY 2017-2018</p>	<p>1. Positive performance compared to benchmarks for Net Position, Net Revenue, Liquidity, Investment Performance, Liability/Assets and Revenue/Expenses.</p>	<ul style="list-style-type: none"> ◆ Revenue totaled \$9.90 million; expenditures totaled \$9.15 million. Revenue was up 3.4% over same period last year and expenditures were up 4.5%. ◆ As of 4th quarter of FY2017-2018 net position increased by \$749,541 (6.6%). ◆ Operating reserve as of 06/30/2018 was 61.6%; (Target is 50%) ◆ Total liabilities as a % of total assets to measure debt ratio was 41.73% (Target is <50%) ◆ Cash & investments compared to current liabilities as a measure of liquidity was 3.29:1 (Target is 2:1) ◆ Investment performance averages 4.3% per year (Target 3%)

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Strategic Initiative #1

Enhance public protection through the Board’s proactive leadership

Objective	Target	Target Date	Measured By	Progress
D. Increase the visibility and impact of the organization.	1. Proactively engage identified stakeholders to ensure NCBON is represented in discussions/issues related to nursing regulation. (All Administrative Council)	1. Ongoing	1. *By August 2018: evaluate current visibility and impact in relevant arenas, and determine additional opportunities. *By December 2018 design strategies for increasing visibility and impact; *2019 Implement strategies; *2020 Evaluate effectiveness of new strategies and determine next steps.	JW presented at the first LPN Annual Conference sponsored by AHEC. BL presented at legislature. LB attended ECU Advisory Council Meeting. TP & BG are attending & TP is presenting at NCSBN’s May 2018 IT/OPS Conference. Evaluation and data collection related to opportunities is continuing. Amy presented at the NCSBN Discipline Case Management Conference in June. (AGF)

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Strategic Initiative #2

Advance best practices in nursing regulation

Objective	Target	Target Date	Measured By	Progress
A. Conduct and utilize research that expands evidence for regulation.	1. Active participation in NCSBN IRE Program. (LB; JR)	1. 2019-2021	1. Enroll one new participant in IRE cohort in 2019, 2020, and 2021. N/A	JL and AH interested in applying for 2019 NCSBN eliminating IRE program. New Leadership opportunities TBD.
	2. Disseminate research outcomes. (LB, JR)	2. Ongoing	2. At least one publication, poster, or conference presentation each year 2018 - 2021.	Research Committee members currently collaborating on 2 manuscripts for submission for publication by September 2018 Continuing work on manuscripts with September deadline still in place.
B. Facilitate innovations in education and practice.	1. Enhance data collection for academic progression pathways with SHEPS. (TP, JR, CT)	1. Ongoing	1. *2018 Identify data collection requirements; *2019 implement data collection; *2020 evaluate effectiveness and any needed revisions.	Collaborating with SHEPS to determine data collection needs Ongoing work.

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Strategic Initiative #2

Advance best practices in nursing regulation

Objective	Target	Target Date	Measured By	Progress
C. Ensure current and evolving roles and responsibilities of nursing align with regulation.	1. Determine need for Review/analysis of LPN scope. (LB, JR, CT)	1. 2019	1. Comparison summary of LPN scope of practice from current sources presented at Education/Practice Committee meeting with next steps to be determined at that time.	2019 Initiative. E&P Committee requesting charge to address LPN Scope.
	2. Examine roles of direct care givers, including NAs. (LB; JR)	2. 8/2018-12/2019	2. *August 2018: Identify collaborative partners to examine this issue; *September – December 2018 determine data gathering strategies; *2019 gather, analyze data with report to Board at January 2020 meeting.	3 rd Quarter 2018/2019 Initiative Will review following examination of LPN scope – new target 2020.

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Strategic Initiative #2

Advance best practices in nursing regulation

Objective	Target	Target Date	Measured By	Progress
D. Identify and address issues regarding the opioid crisis.	1. Educate nurses regarding the issues surrounding substance use disorder among nurses. (JR, KP, CT, BL, AM, KP)	1. Ongoing	1. *January – June 2018 identify issues requiring additional education for nurses; *June- December 2018 create educational materials and determine best methods for providing access/use of materials; *2019 implement educational materials; *2020-2021 evaluate effectiveness and revise as necessary.	Information posted on NCBON website. Article published in Bulletin by KP & BL. Additional Bulletin article by KP & BL published Summer 2018. Angie presented at the National Association of Drug Diversion Investigators Conference. Alison to attend the 2 nd Annual National Opioid Crisis Management Congress in September . Kathleen co-authored a series of articles with Bobby addressing national crisis related to Opioids. Articles publishing in the Nursing Bulletin Fall 2017, Winter 2018 and Summer 2018.(AGF)

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Strategic Initiative #2

Advance best practices in nursing regulation

Objective	Target	Target Date	Measured By	Progress
	2. Collaborate with stakeholders to implement prevention strategies to improve safe prescribing practices. (JR, CT, BL)	2. Ongoing	2. *Continue collaboration efforts with stakeholders (e.g. SBI, DEA, FDA, NCCSRS, DHSR, other health professions and boards; *Serve on committees dealing with the opioid crisis (Opioid Prescription Drug Abuse Advisory Committee, Prevention and Public Awareness Workgroup, etc.); *Create/disseminate educational materials/advisory statements to NC BON constituents.	BL serves on committees; OPDAAC meets regularly Information posted on NC BON website Continued participation on Opioid Prescription Drug Abuse Advisory Committee (OPDAAC) and on Coalition for Model Opioid Practices (CFMOP).

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Strategic Initiative #3

Foster mobility and facilitate access to safe nursing care

Objective	Target	Target Date	Measured By	Progress
A. Implement the enhanced Nurse Licensure Compact (eNLC).	1. Align policies and procedures with eNLC. (TG, AGF, MM)	1. 2018	1. Operational policies and procedures aligned with eNLC URL procedures January 2018; Implementation of eNLC Quarter 1, 2018.	Staff beginning to map processes and develop revisions in procedures and processes. Additionally, the NLC Commissioners appointed Amy as the Chair of the Policy Committee. Work to begin on NLC policies in the fall.
	2. Transition from ENS to eNotify. (TP)	2. Quarter 1, 2018	2. Transition to eNotify complete by end of Quarter 3, 2018.	Initiated APRN data daily upload to Nursys. Working with NCSBN to complete final action items including marketing and helping ENS customers. On track for 9/30/18 transition except NAll's which are not in Nursys.
	3. Assess readiness for APRN compact. (DK; JG; BL)	3. Ongoing	3. *Identify support and opposition; *Identify possible ways to mitigate opposition; *Identify possible legislative sponsor(s).	Ongoing

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Strategic Initiative #3

Foster mobility and facilitate access to safe nursing care

Objective	Target	Target Date	Measured By	Progress
B. Facilitate the safe and effective practice of nurses using telehealth and emerging technologies.	1. Establish baseline data related to nursing regulation issues in the use of telehealth and emerging technologies. (JR, TP, TG, AF, DK)	1. Ongoing	1. 2018 Education/Practice Committee Review and/or revision of telehealth position statement; *July-December 2019 research committee create and analyze survey of nurses regarding issues related to use of technology; *Report results to Board at January 2020 meeting.	Education/Practice Committee examining telehealth position statement. Revisions to be considered at next meeting August 1. Revisions approved at August 1st meeting – to be presented at September Board Meeting for final approval.
C. Conduct and disseminate a supply and demand workforce study.	1. Design and implement a supply/demand workforce study for RNs and LPNs. (BL, LB)	1. Design and conduct study 2018; *Analyze and disseminate data 2019.	1. *Completion of study design by September 2018; *Completion of data gathering by December 2018; *Completion of data analysis by August 2019; *Dissemination of study results by December 2019.	Collaborating with SHEPS to design workforce study. Ongoing

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Strategic Initiative #3

Foster mobility and facilitate access to safe nursing care

Objective	Target	Target Date	Measured By	Progress
	2. Collect a minimum data set (MDS) established by NCSBN, SHEPs, and National Forum of State Workforce Centers on licensure and renewal applications. (TP, TG, RB)	2. Initial revision 2018 and then ongoing review and revision as necessary.	2. Implementation of revised applications for initial and renewal license application by December 2018.	Evaluating new MDS (File Layout 5.3) provided by NCSBN to identify RN/LPN/APRN application changes. Collaborating with SHEPS to determine new MDS data collection needs.



Agenda M19
Revised Telehealth/Telenursing Position Statement
September 2018
Meeting

ISSUE: Revision of *Telehealth/Telenursing Position Statement for RN, LPN, and APRN Practice* being brought to Board for Approval.

BACKGROUND: In January 2018, the Board charged the Education and Practice Committee to: “Review the Position Statement concerning Telehealth/Telenursing and recommend needed revisions to the Board.”

EVIDENCE/BEST PRACTICE: At the March 14, 2018 Committee meeting, board staff provided information from research of this issue to the Committee. Information/Data provided included a literature review, review of position statements from other Boards of Nursing, Standards/Consensus Statements from professional nursing organizations, results of a survey of other Boards of Nursing conducted through NCSBN, current APRN position statements/standards, language found in the eNLC, and information related to the location where telehealth occurs (patient versus nurse location). Following discussion, Committee members directed board staff to bring a revised telehealth/telenursing position statement to the August 1 meeting for consideration.

At the August 1 Committee meeting, board staff presented the revised Telehealth/Telenursing Position Statement for RN, LPN, and APRN Practice for the Committee’s review. Following discussion, Committee members voted to approve the revised position statement, and forward to the full Board with a recommendation to approve the revised position statement at the September 2018 Board Meeting.

RECOMMENDATION: That the Board approve the revised *Telehealth/Telenursing Position Statement for RN, LPN, and APRN Practice* as recommended by the Education and Practice Committee.



A Position Statement is not a regulation of the NC Board of Nursing and does not carry the force and effect of law and rules. A Position Statement is not an interpretation, clarification, or other delineation of the scope of practice of the Board. A Position Statement is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

Issue:

Licensed nurses (RN and LPN) may practice nursing using telehealth/telenursing modalities, provided required criteria are met. The practice of nursing using telehealth/telenursing modalities is within the legal scope of practice for licensed nurses - registered nurse (RN), licensed practical nurse (LPN), and advanced practice registered nurse (APRN), provided all licensure criteria within this position statement are met.

Definition:

Telehealth/telenursing (alternatively termed telemedicine) is the practice of healthcare within a professionally designated scope of practice using electronic communication, information technology, or other means between a licensee in one location and a client in another location with or without an intervening healthcare provider.

General Information:

The NCBON has The Enhanced Nurse Licensure Compact (eNLC) member states, which include North Carolina, have determined that nursing practice occurs at the location of the client at the time services are being provided.

Licensed nurses practicing and providing client care via telehealth/telenursing modalities are required to be licensed or hold the privilege to practice in the state(s) where the client(s) is/are located. Licensed nurses must practice are responsible and accountable for knowing, understanding, and practicing in compliance with the laws, rules, and standards of practice of the state(s) where the client(s) is/are located. The practice of nursing is not limited to client care but includes all nursing practice as defined by each state's practice law and rules. The following conditions apply:

1. Nurses holding an active, unencumbered multistate license in any eNLC member state or jurisdiction, including NC, are legally authorized to practice to the extent of the RN or LPN scope in any and all eNLC member states and jurisdictions. APRN practice is not included in the eNLC.
2. Nurses holding an active, unencumbered single state license in any state or jurisdiction, including NC, are legally authorized to practice only in the single state(s) or jurisdiction(s) for which individual license(s) is/are held.
3. Licensed nurses seeking to practice via telehealth/telenursing or other care modalities outside of the United States, must contact the country or territories where the client resides to know, understand, and adhere to the law and rules of that country or territory before providing any telehealth/telemedicine services to clients.

RN Role:

Telehealth/telenursing includes all elements of RN scope of practice as delineated in law and rules [(G.S. 90-171.20 (7) and 21 NCAC 36.0224)]. These include assessing (including triaging) clients; planning, implementing, and evaluating client care; teaching and counseling clients; managing and supervising the delivery of care; teaching nursing personnel/students; administering nursing services; collaborating; and consulting with others regarding the client's care.

LPN Role:

Must be supervised by an RN, APRN, physician, nurse practitioner, physician assistant, or other person authorized by state law to provide the supervision.

Telehealth/telenursing ~~by the LPN~~ includes all elements of LPN scope of practice as delineated in law and rules [(G.S. 90-171.20 (8) and 21 NCAC 36.0225)]. These include participation in assessing, planning, and evaluating client care; implementing client care according to an established health care plan; teaching and counseling clients as assigned; and collaborating with other healthcare providers. LPN supervision of others is limited by state laws and rules. It is beyond the scope of LPN practice to perform complex, independent decision-making, such as that potentially required to triage client care needs via telehealth/telenursing modalities.

Both RN and LPN Roles:

1. Report and record pertinent information and communications in relation to all aspects of nursing care provided.
2. Accept responsibility and accountability for client care via telehealth/telenursing modalities only if possess the documented education and validated competence necessary to safely deliver nursing services safely.
3. Accept orders for medical interventions via telehealth/telenursing from nurse practitioners, certified nurse midwives, physicians, and physician assistants authorized to make medical diagnoses and prescribe medical regimens.
- ~~4. Standing orders and protocols for care must meet requirements as stated in the NCBON Standing Orders Position Statement for RN and LPN Practice available at www.ncbon.com.~~
- ~~5. Employing agency's policies and procedures address telehealth/telenursing services and are available in the facility.~~

APRN Role:

An APRN may practice within his/her designated scope of practice set forth in NC law and rules using telehealth/telemedicine methods of healthcare delivery.

Any APRN using telehealth to regularly provide services to clients located in NC need not reside in NC but must hold either a valid, unencumbered multi-state RN license, or a valid, unencumbered NC single-state RN license. Additionally, the APRN must meet the licensure, approval to practice, and listing requirements for their particular APRN role in concert with NC law and rules. Likewise, any APRN who is approved or recognized to practice in NC and wishes to provide telehealth services outside of NC, must meet the licensure laws of the jurisdiction where the client is located before providing any telehealth services to clients outside of NC.

References:

G.S. 90-171.20 (7) & (8) – Nursing Practice Act

21 NCAC 36.0224 - RN Rules

21 NCAC 36.0225 - LPN Rules

NCBON Standing Orders Position Statement for RN and LPN Practice

RN Scope of Practice – Clarification Position Statement for RN Practice

LPN Scope of Practice – Clarification Position Statement for LPN Practice

[The Interstate Commission of Nurse Licensure Compact Administrators](#)

Approved: 5/2016

Revised: **9/2018**

ATTACHMENT H

ISSUE: Request for Board charge for the Education and Practice Committee

BACKGROUND: Periodically the Education and Practice Committee is asked to review the RN and LPN scopes of practice and the related Law and Administrative Code (Rules). It has been longer than eight years since a thorough review of the LPN scope of practice and related Law and Rules have been examined.

EVIDENCE/BEST PRACTICE: The North Carolina Nursing Practice Act, General Statute Sections 90-171.20(8), set forth the requirements that the “practice of nursing by a licensed practical nurse” consists of seven components.

The Rules setting forth Components of Nursing Practice for Licensed Practical Nurse (21 NCAC 36.0225(d) originated from the General Statute Sections 90-171.20(7)(8) and give further details to the LPN Scope of Practice.

There have been major, ongoing changes in the healthcare environment, the overall delivery of healthcare, and the expectation in practice for all levels of health care providers since the last review of the LPN scope of practice by the Board. Board staff daily respond to calls regarding the LPN scope of practice, and this is a topic frequently identified when consultants are requested for onsite or conference presentations. In addition, much of the current literature identifies the changing roles and relationships of healthcare providers, including the LPN.

Board staff have identified the need for a thorough review of the LPN scope of practice in North Carolina, as well as the identification of any needed revisions to the related Law and Rules.

RECOMMENDATION: That Education and Practice Committee requests that the Board charge the Education and Practice Committee to review the LPN Scope of Practice, and related Law and Rules, and recommend needed revisions to the Board.



Agenda M18
Periodic Review Update/Proposed Rule
Amendments to NCAC Chapter 36
May 2018
Meeting

ISSUE: Periodic Review Update/Proposed Rule Amendments to NCAC Chapter 36

BACKGROUND: On April 20, 2017, the Rules Review Commission (RRC) approved the Board of Nursing's request to re-schedule its periodic review and expiration of existing rules from May 2018 to November 2017.

In accordance with G.S. 150B-21.3A(c) Periodic Review and expiration of existing rules, the Board of Nursing "shall conduct a review of the agency's existing rules at least once every 10 years". Step 1 of this process was to "conduct an analysis of each existing rule and make an initial determination as to whether the rule is (i) necessary with substantive public interest, (ii) necessary without substantive public interest, or (iii) unnecessary".

Staff reviewed each Rule utilizing the following definitions:

Necessary with Substantive Public Interest:

- public cares
- comment past 2 years
- affects property interest of regulated public
- agency knows or suspects objection to Rule

Necessary without Substantive Public interest:

- what agency must do as directed by General Assembly
- no comment within past 2 years
- merely identifies info that is readily available to public such as address or phone number

Unnecessary:

- agency deems obsolete, redundant or otherwise not needed

On May 12, 2017, the Board approved the Periodic Review Report reflecting the assigned categories above. The report was posted for public comment on the Board's website from May 31st through end of business on July 31st and comments were received from the public. On September 22, 2017, Board members received and reviewed all comments received and voted to approve the final Periodic Review Report directing staff to proceed with the re-adoption process.

On November 16, 2017, the Periodic Review Report was approved by the Rules Review Commission and forwarded to the Joint Legislative Administrative Procedures Oversight Committee (APO) for final review.



Agenda M18
Periodic Review Update/Proposed Rule
Amendments to NCAC Chapter 36
May 2018
Meeting

The APO met on January 9, 2018 and approved the Board's Periodic Review Report. On January 25, 2018, the Rules Review Commission approved a deadline of December 31, 2018 for re-adoption of the Board's Rules.

As part of the periodic review process, staff conducted an extensive review of the Administrative Code, Board policies and staff process/procedures and presented the initial draft of the proposed amendments at the March 22nd called Board meeting.

UPDATE: At the May 25, 2018 Board meeting, the Board approved the proposed rules re-adoption packet shaded in grey below and directed staff to proceed with the rulemaking process. The Notice of Text was submitted to the Office of Administrative Hearings and was published in the July 2, 2018 edition of the *NC Register*. In addition, interested parties were notified and the re-adoption packet was posted to the Board's website at www.ncbon.com. A public hearing was held on July 26th. The comment period for the Rules ended on August 31, 2018. Two (2) comments were received and are attached for review. Board staff contacted the individual. After further discussion, there were no questions or concerns related to the Rules. At this time, staff do not recommend any further amendments.

In addition, staff reviewed the Rules shaded in grey below and identified grammatical and language changes for Board consideration.

The chart below reflects the status of the Board's Rules:

Repealed in Accordance with eNLC Implementation in January of this year	
.0701	Definitions of Terms in the Compact
.0702	Issuance of a License by a Compact Party State
.0703	Limitations on Multistate Licensure Privilege
.0704	Information System
.0705	Party State Licensure Requirements
Classified Unnecessary Removed from Code	
.0110	Open Meetings
.0209	Duplicate Certificate
.0216	Census of Nursing Personnel
Classified Necessary Without Substantive Public Interest/No amendments proposed Remains in Code as written	
.0119	Suspension of Authority to Expend Funds
.0231	Exceptions to Health Care Practitioners Identification Requirements
.0501	Purpose and Definitions
Classified Necessary With Substantive Public Interest/No amendments proposed Re-adopt to Remain in Code	



Agenda M18
Periodic Review Update/Proposed Rule
Amendments to NCAC Chapter 36
May 2018
Meeting

- .0801 Definitions
- .0802 Scope of Practice
- .0803 Nurse Practitioner Registration
- .0804 Process for Approval to Practice
- .0805 Education and Certification Requirements for Registration as a Nurse Practitioner
- .0806 Annual Renewal
- .0807 Continuing Education (CE)
- .0808 Inactive Status
- .0809 Prescribing Authority
- .0810 Quality Assurance Standards for a Collaborative Practice Agreement
- .0811 Method of Identification
- .0812 Disciplinary Action
- .0813 Fees
- .0814 Practicing During a Disaster

Classified Necessary With Substantive Public Interest/No amendments proposed
Re-adopt to Remain in Code (continued)

- .0815 Reporting Criteria (effective May 1, 2018)
- .0816 Definition of Consultation for Prescribing Targeted Controlled Substances (effective May 1, 2018)

Classified Necessary With and Without Substantive Public Interest/Amendments proposed
Re-adopt to Remain in Code

- .0109 Selection and Qualifications of Nurse Members (with) **format change**
- .0112 Determination of Vacancy (with)
- .0113 Determination of Qualifications (with)
- .0120 Definitions (without) **grammatical change**
- .0201 Regular Renewal (without)
- .0202 Inactive and Retired Status (with)
- .0203 Reinstatement of Lapsed License (with)
- .0207 Verification to Another State (without)
- .0208 Change of Name (without)
- .0211 Licensure by Examination (with)
- .0213 Reexamination (with)
- .0217 Investigations; Disciplinary Hearings (without)
- .0218 Licensure Without Examination (By Endorsement) (with)
- .0219 Temporary License (with)
- .0220 Refresher Course (with)
- .0221 License Required (with)
- .0223 Continuing Education Programs (with)
- .0224 Components of Nursing Practice for the Registered Nurse (with)
- .0225 Components of Nursing Practice for the Licensed Practical Nurse (with) **grammatical change**
- .0226 Nurse Anesthesia Practice (with)
- .0228 Clinical Nurse Specialist Practice (with) **change in language**
- .0232 Continuing Competence (with)
- .0233 Out of State Students (with) **change in language**
- .0302 Establishment of a Nursing Program – Initial Approval (with)
- .0303 Existing Nursing Program (with)
- .0309 Process for Program Closure (with)



Agenda M18
Periodic Review Update/Proposed Rule
Amendments to NCAC Chapter 36
May 2018
Meeting

- .0317 Administration (with) **change in language**
- .0318 Faculty (with) **grammatical change**
- .0320 Students (with)
- .0321 Curriculum (with)
- .0322 Facilities (with)
- .0323 Records and Reports (with)
- .0401 Roles of Unlicensed Personnel (without)
- .0402 Coordination with Division of Health Service Regulation (DHSR) (without) **grammatical change**
- .0403 Qualifications (with) **change in language**
- .0404 Listing and Renewal (with)
- .0405 Approval of Nurse Aide Education Programs (with) **change in language**
- .0406 Medication Aide Training Requirements (with)
- .0502 Name of Professional Corporation (without)
- .0503 Prerequisites for Incorporation (without)

**Classified Necessary With and Without Public Interest/Amendments proposed
Re-adopt to Remain in Code (continued)**

- .0504 Certificate of Registration (without)
- .0505 General and Administrative Provisions (without)
- .0506 Forms (without)
- .0507 Fees (without)
- .0601 Name of Limited Liability Company (without)
- .0602 Prerequisites for Organization (without)
- .0603 Certificate of Registration (without)
- .0604 General and Administrative Provisions (without)
- .0605 Fees (without)

RECOMMENDATION: Madam Chair, staff recommends that the Board approve the proposed rules re-adoption packet shaded in grey above and direct staff to proceed with the rulemaking process.

Angela Ellis

From: North Carolina Board of Nursing <ncbnwebsite@ncbon.com>
Sent: Thursday, July 26, 2018 10:00 AM
To: Public Comment
Subject: Web Site Alert - Public Comment - Board of Nursing (Rules) message has been received from Tama Morris (Representing NCCHEN)

Follow Up Flag: Follow up
Flag Status: Flagged

The Following Contact Us Form Has Been Sent To You...

Destination
Department: Public Comment - Board of Nursing (Rules)

Destination
Department public.comment@ncbon.com
Email Address:

From Name: Tama Morris (Representing NCCHEN)

From Email
Address: morrist@queens.edu

From Telephone: 7043372363

Subject: NC Council of Higher Education in Nursing Response

IP Address: 152.36.1.8

As President of NCCHEN, I requested that the member Chief Nursing Officers review the proposed rule changes related to pre-licensure nursing education (21 NCAC 36.0302 to 21 NCAC 36.0323). Twenty four responded that they endorsed, approved, or had no concerns about the proposed revisions. Three members did
Message: question review of approved programs at least every eight years (21 NCAC 36.0303.(c) (1). CCNE accredited programs are reviewed by CCNE every 10 years. Would the Board consider reviewing CCNE programs on a 10 year cycle to sync CCNE and Board of Nursing review to the same schedule? There are 24 programs accredited by CCNE in NC.

"Serving the Public Through Regulatory Excellence"

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Angela Ellis

From: North Carolina Board of Nursing <ncbnwebsite@ncbon.com>
Sent: Thursday, July 26, 2018 10:15 AM
To: Public Comment
Subject: Web Site Alert - Public Comment - Board of Nursing (Rules) message has been received from Tama Morris

Follow Up Flag: Follow up
Flag Status: Flagged

The Following Contact Us Form Has Been Sent To You...

Destination
Department: Public Comment - Board of Nursing (Rules)

Destination
Department public.comment@ncbon.com
Email Address:

From Name: Tama Morris

From Email
Address: morrist@queens.edu

From Telephone: 7043372363

Subject: Proposed revision 21 NCAC 36.0321

IP Address: 152.36.1.8

My question is in response to the addition of notifying the Board at least 30 days prior to implementation of "changes that alter the currently approved curriculum." I understand the purpose of this notification, but request a description of the type of changes that would trigger notification. Accrediting bodies often provide a list of substantive changes that require notification. A similar list from the Board would provide clarity, increase accuracy of reporting, and decrease over reporting of non-substantive changes.

"Serving the Public Through Regulatory Excellence"

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21 NCAC 36 .0109 SELECTION AND QUALIFICATIONS OF NURSE MEMBERS

(a) Vacancies in nurse member positions on the Board that are scheduled to occur during the next year shall be announced in the last issue of the ~~North Carolina Board of Nursing Board's~~ "Bulletin" for the calendar year, which shall be ~~mailed to the address on record for each North Carolina licensed nurse and~~ posted on the Board's website at www.ncbon.com. The "Bulletin" and ~~Board's~~ website at www.ncbon.com shall include a petition form for nominating a nurse to the Board and information on filing the petition with the Board.

(b) Each petition shall be checked with the records of the Board to validate that the ~~nominee candidate~~ and each petitioner holds ~~a current an active unencumbered~~ North Carolina license to practice nursing. If the ~~nominee candidate is does not currently licensed, hold an active unencumbered license,~~ the petition shall be declared invalid. If any petitioners ~~are do not currently licensed hold an active unencumbered licenses~~ and this decreases the number of petitioners to less than 10, the petition shall be declared invalid.

(c) ~~On forms In a format~~ provided by the Board, each ~~nominee candidate shall: shall~~ submit a packet with the following information:

- (1) indicate the category for which the ~~nominee candidate~~ is seeking election;
- (2) attest to meeting the qualifications specified in G.S. 90-171.21(d);
- (3) provide ~~written~~ permission to be listed on the ~~ballot; slate;~~ and
- (4) complete the Application for Boards and Commissions in accordance with ~~Governor Perdue's~~ Executive Order ~~55. 55 Enhanced Disclosures from Applicants to Boards and Commissions.~~

The ~~forms must candidate packet shall~~ be received by the Board ~~or postmarked~~ on or before April ~~15. 15 in one or more of the following ways by:~~ ~~by electronic submission, mailed copy with postmarked envelope, or in-person received by Board staff during normal business hours.~~

~~(1) — electronic submission;~~

~~(2) — mailed copy with postmarked envelope; or~~

~~(3) — in-person received by Board staff during normal business hours.~~

(d) Minimum on-going employment requirements for the registered nurse or licensed practical nurse member shall include continuous employment equal to or greater than 50% of a full-time position that meets the criteria for the specified Board member position.

(e) This Paragraph applies in determining qualifications for registered nurse categories of membership:

- (1) Nurse Educator includes any nurse who teaches in or directs a **Board approved Board-approved** nursing program in the specific category as outlined in G.S. 90-171.21(d).
- (2) Hospital is defined as any facility which has an organized medical staff and which is designed, used, and primarily operated to provide health care, diagnostic and therapeutic services, and continuous nursing services to inpatients, but excludes nursing homes and adult care homes.
- (3) A hospital system is defined as a multihospital system, or a single diversified hospital system that includes a hospital as defined in Subparagraph (e)(2) of this Rule plus non-hospital **preacute pre-acute** and **postacute post-acute** client services.
- (4) A nurse accountable for the administration of nursing services shall be the chief nurse executive of a hospital, hospital system, or the director of nursing services for a service division that includes inpatient care within a hospital or hospital system.
- (5) A nurse practitioner, nurse anesthetist, nurse midwife or clinical nurse specialist includes any advanced practice registered nurse who meets the criteria specified in G.S. 90-171.21(d)(4).

(f) The term "nursing practice" when used in determining qualifications for registered or **licensed** practical nurse categories of membership, means any position for which the holder of the position is required to hold **a-current an active** license to practice nursing at the appropriate licensure level for each category.

(g) A **nominee candidate** shall be listed in only one category on the **ballot. slate.**

(h) Separate slates shall be prepared for election of registered nurse **nominees candidates** and for election of licensed practical nurse **nominees. candidates. Nominees Candidates** shall be listed in random order on the slate for licensed practical nurse

~~nominees candidates~~ and within the categories for registered nurse ~~nominees-candidates~~. Slates shall be published in the "Bulletin" and posted ~~to on~~ the ~~Board Board's~~ website at www.ncbon.com following the Spring Board meeting and shall be accompanied by biographical data on ~~nominees candidates~~ and a ~~passport-type~~ photograph.

(i) The procedure for voting shall be identified in the "Bulletin" ~~and posted on the Board's website at www.ncbon.com~~ following the Spring Board meeting.

(j) The Board ~~of Nursing~~ may contract with a computer or other service to receive the votes and tabulate the results.

(k) The tabulation ~~of results and verification~~ of the ~~tabulation of~~ votes shall ~~include the following:~~

(1) ~~The certificate license number shall be provided for each individual voting; and~~

(2) ~~The certificate license number shall be verified by matched matching each license number~~ with the database from the Board.

(l) A plurality vote shall elect. If more than one ~~person candidate~~ is to be elected in a category, the plurality vote shall be in descending order until the required number has been elected. In any election, if there is a tie vote between ~~nominees, candidates~~, the tie shall be resolved by a draw from the names of ~~nominees candidates~~ who have tied.

(m) The results of an election shall be recorded in the minutes of the next regular meeting of the Board ~~of Nursing~~ following the election and shall include at least the following:

(1) the number of nurses eligible to vote;

(2) the number of votes cast; and

(3) the number of votes cast for each ~~person candidate~~ on the slate.

(n) The results of the election shall be ~~forwarded reported~~ to the Governor ~~and the Governor shall commission those elected to the Board of Nursing, and in the annual report as directed in G.S. 93B-2 and 138A.~~

(o) All petitions to nominate a nurse, signed consents to appear on the slate, verifications of qualifications, and copies of the computerized validation and tabulation shall be retained for a period of ~~three months~~ ~~four years~~ following the close of an election.

History Note: Authority G.S. 90-171.21; 90-171.23(b);

Eff. May 1, 1982;

Amended Eff. August 1, 1998; January 1, 1996; June 1, 1992; March 1, 1990; April 1, 1989;

Temporary Amendment Eff. July 2, 2001;

*Amended Eff. **November 1, 2018;** December 1, 2010; November 1, 2008; January 1, 2004; August 1, 2002.*

21 NCAC 36 .0112 DETERMINATION OF VACANCY

(a) A Board member, with the exception of the At-Large Registered Nurse, shall notify the Executive Director immediately upon change of employment.

(a)(b) Except for the RN At-Large Member, should a licensed Licensed nurse member members of the Board Board, with the exception of the At-Large Registered Nurse, who cease to meet the employment criteria as defined in G.S. 90-171.21(d) and Rule .0109 Paragraphs (d) and (e) of this Section, the member Section shall have 60 days to resume employment in the designated area. If employment criteria for the specified area are not met within 60 days, the seat shall be declared vacant. Provided, however, that if such a change in employment for the specified category of Board member occurs within 18 months of the end of the member's term, such member may continue to serve until the end of the term.

(b)(c) If at any time a registered nurse member member, with the exception of the At-Large Registered Nurse, no longer meets the eligibility requirements listed in G.S. 90-171.21(d)(1)(a) and (a1), such member shall no longer continue to serve and the position shall be declared vacant.

(e)(d) If at any time a licensed practical nurse member no longer meets the eligibility requirements listed in G.S. 90-171.21(d)(2)(a) and (a1), such member shall no longer continue to serve and the position shall be declared vacant.

(d) Any vacancy of an unexpired term shall be filled according to G.S. 90-171.21(c).

History Note: Authority G.S. 90-171.21(c); 90-171.23(b);

Eff. May 1, 1988;

Amended Eff. November 1, 2018; November 1, 2008; January 1, 2004;

August 1, 2002; March 1, 1990; May 1, 1989.

21 NCAC 36 .0113 DETERMINATION OF QUALIFICATIONS

(a) For purposes of G.S. ~~90171.21~~ 90-171.21 and Rule .0109(d) and (e) of this Section, the Board shall ~~determine whether a person meets the employment requirements by~~ examining ~~consider~~ the following ~~factors:~~ factors when determining whether a candidate is qualified to run for election:

- (1) whether the licensee is presently employed equal to or greater than 50% of a full-time ~~position;~~ position in the specified area of practice in which they seek to serve;
- (2) ~~the number of days during the preceding three years devoted to practice in the specified activity that would qualify the licensee for election in that category;~~ whether the licensee has been employed equal to or greater than 50% of a full-time position in the area of practice in which they seek to serve for the preceding three years;
- (3) the duration of any periods of interruption of engaging in the specified ~~activity~~ area of practice during the preceding three years and the reasons for any such interruptions;
- (4) job descriptions, contracts, and any other relevant evidence concerning the time, effort, and education devoted to the specified ~~activity;~~ area of practice; and
- (5) whether engagement in the specified ~~activity~~ area of practice is or has been for compensation, and whether income ~~from the specified activity~~ derived therefrom meets the eligibility requirements for the specified nurse member category.

(b) While serving on the Board, currently seated Board members, with the exception of the At-Large Registered Nurse, must maintain employment equal to or greater than 50% of a full-time position in the specified area of practice that qualified the member for the position.

*History Note Authority G.S. 90-171.21(d); 90-171.23(b)(2);
Eff. May 1, 1988;*

Amended Eff. November 1, 2018; January 1, 2004; August 1, 2002; May 1, 1989.

21 NCAC 36 .0120 DEFINITIONS

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

- (1) "Administrative Law Counsel" means an attorney whom the Board of Nursing has retained to serve as procedural officer for contested cases.
- (2) "Academic term" means one semester of a school year.
- (3) "Accountability/Responsibility" means being answerable for action or inaction of self, and of others in the context of delegation or assignment.
- (4) "Accredited institution" means an institution accredited by a United States Department of Education approved institutional accrediting body.
- (5) "Active Practice" means activities that are performed, either for compensation or without compensation, consistent with the scope of practice for each level of licensee licensure as defined in G.S. 90-171.20(4), (7), and (8).
- (6) "Advanced Practice Registered Nurse (APRN)" means a nurse practitioner, nurse anesthetist, nurse-midwife or clinical nurse specialist.
- (7) "Assigning" means designating responsibility for implementation of a specific activity or set of activities to a person an individual licensed and competent to perform such activities.
- (8) "Bulletin" means the official publication of the Board.
- (8)(9) "Clinical experience" means application of nursing knowledge in demonstrating clinical judgment in a current or evolving practice setting where the student provides care to clients under the supervision of faculty or a preceptor.
- (9)(10) "Clinical judgment" means the application of the nursing knowledge, skills, abilities, and experience in making decisions about client care.
- (10)(11) "Competent" means having the knowledge, skills, and ability to safely perform an activity or role.
- (11)(12) "Continuing Competence" means the on-going acquisition and application of knowledge and the decision-making, psychomotor, and

interpersonal skills expected of the licensed nurse resulting in nursing care that contributes to the health and welfare of clients served.

~~(12)~~(13) "Contact Hour" means 60 minutes of an organized learning experience.

~~(13)~~(14) "Continuing Education Activity" means a planned, organized learning experience that is related to the practice of nursing or contributes to the competency of a nurse as outlined in 21 NCAC 36 .0223 Subparagraph (a)(2).

~~(14)~~(15) "Controlling institution" means the degree-granting organization or hospital under which the nursing education program is operating.

~~(15)~~(16) "Curriculum" means an organized system of teaching and learning activities directed toward the achievement of specified learning objectives and outcomes.

~~(16)~~(17) "Delegation" means transferring to a competent individual the authority to perform a selected nursing activity in a selected situation. The nurse retains accountability/responsibility for the delegation.

~~(17)~~(18) "Debriefing" means an activity that follows a clinical or simulated experience and is led by a trained faculty facilitator. Students' reflective thinking is encouraged, and feedback is provided regarding the students' performance during discussion of various aspects of the completed experiences.

(19) "DHSR" means Division of Health Service Regulation.

~~(18)~~(20) "Dimensions of Practice" means those aspects of nursing practice that include professional responsibility, knowledge-based practice, ethical and legal practice, and collaborating with others, consistent with G.S. 90-171.20(4), (7), and (8).

~~(19)~~(21) "Distance education" means teaching and learning strategies used to meet the learning needs of students when the students and faculty are not in the same location.

~~(20)~~(22) "External standardized examination" means a commercially available standardized predictive test that provides individual student scores that are linked to a probability of passing the NCLEX™ examination.

(21)(23) "Faculty directed clinical practice" means clinical experiences provided under the accountability/responsibility and direction of nursing program faculty.

(22)(24) "Focused client care experience" means a clinical experience that emulates an entry-level work experience in nursing. The intent is to assist the student to transition to an entry-level nursing practice. There is no specific setting requirement. Supervision may be by faculty and preceptor dyad or direct faculty supervision.

(25) "Initial Approval" means status assigned to a newly established nursing education program following submission of a complete application and documented evidence of compliance with Section .0300 of this Chapter. Programs on initial approval may admit students.

(23)(26) "Interdisciplinary faculty" means faculty from professions other than nursing.

(24)(27) "Interdisciplinary team" means all individuals involved in providing a client's care who cooperate, collaborate, communicate, and integrate care to ensure that care is continuous and reliable.

(25)(28) "Learning resources" means materials that faculty use to assist students in meeting the expectations for learning defined by the curriculum.

(26)(29) "Level of Licensure" means practice of nursing by either a Licensed Practical Nurse licensed practical nurse or a Registered Nurse registered nurse as defined in G.S. 90-171.20(7) and (8).

(27)(30) "Level of student" means the point in the program to which the student has progressed.

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

(29)(32) "Methods of Instruction" means the planned process through which teacher and student interact with selected environment and content so that the response of the student gives evidence that learning has taken

place. It is based upon stated course objectives and outcomes for learning experiences in classroom, laboratory, ~~simulation~~ simulation, and clinical settings.

~~(30)~~(33) "National Credentialing Body" means a credentialing body that offers certification or re-certification in the licensed nurse's or Advanced Practice Registered Nurse's specialty area of practice.

~~(31)~~(34) "NCLEX-PN™" means the National Council Licensure Examinations for Practical Nurses.

~~(32)~~(35) "NCLEX-RN™" means the National Council Licensure Examinations for Registered Nurses.

~~(33)~~(36) "Nursing Accreditation body" means a national nursing accrediting body, recognized by the United States Department of Education.

~~(34)~~(37) "Nursing program faculty" means individuals employed full or part-time by academic institution responsible for developing, implementing, ~~evaluating~~ evaluating, and updating nursing curricula.

~~(35)~~(38) "Nursing project" means a project or research study of a topic related to nursing practice that includes a problem statement, objectives, ~~methodology~~ methodology, and summary of findings.

~~(36)~~(39) "Participating in" means to have a part in or contribute to the elements of the nursing process.

~~(37)~~(40) "Pattern of noncompliance" means episodes of recurring non-compliance with one or more Rules in Section .0300.

~~(38)~~(41) "Preceptor" means a registered nurse at or above the level of licensure that an assigned student is seeking, who may serve as a teacher, mentor, role ~~model~~ model, and supervisor for a faculty directed clinical experience.

~~(39)~~(42) "Prescribing Authority" means the legal permission granted by the Board of Nursing and Medical Board for the nurse practitioner and nurse midwife to procure and prescribe legend and controlled pharmacological agents and devices to a client in compliance with Board ~~of Nursing~~ of Nursing rules and other applicable federal and state law and regulations.

~~(40)~~(43) "Program Closure" means to cease operation of a nursing program.

(41)(44) "Program" means a course of study that prepares an individual to function as an entry-level practitioner of nursing. The three "Program Types" are:

- (a) **BSN Bachelor of Science Degree in Nursing (BSN)** - Curriculum components for ~~Bachelor of Science BSN in Nursing~~ provides for the attainment of knowledge and skill sets in the current practice in nursing, nursing theory, nursing research, community and public health, health care policy, health care delivery and finance, communications, therapeutic ~~interventions~~ interventions, and current trends in health care. For this program type, the client is the individual, family, group, and community.
- (b) Associate Degree in Nursing (ADN)/Diploma in Registered Nursing - Curriculum components for the ADN/Diploma in Registered Nursing provides for the attainment of knowledge and skill sets in the current practice in nursing, community concepts, health care delivery, communications, therapeutic ~~interventions~~ interventions, and current trends in health care. For this program type, client is the individual, group of individuals, and family.
- (c) Practical Nurse Diploma - Curriculum prepares for providing direct nursing care under the supervision of a registered nurse or other health care provider as defined by the Nursing Practice Act. Curriculum components provide for the attainment of knowledge and skill sets in the current practice of practical nursing, communications, therapeutic interventions, including pharmacology, growth and development, and current trends in health care. For this program type client is the individual or group of individuals.

(42)(45) "Review" means collecting and analyzing information to assess compliance with Section .0300 of this Chapter. Information may be collected by multiple methods, including review of written reports and

materials, on-site observations, review of documents, and in-person or telephone interview(s) and conference(s).

~~(43)~~(46) "Rescind Approval" means a Board action that removes the approval status previously granted by the Board.

~~(44)~~(47) "Self-Assessment" means the process whereby an individual reviews ~~her~~ ~~or his~~ their own nursing practice and identifies the knowledge and skills possessed as well as those skills to be strengthened or acquired.

~~(45)~~(48) "Simulation" means a technique, not a technology, to replace or amplify clinical experiences with guided experiences that evoke or replicate substantial aspects of the real world of nursing practice in a fully interactive manner.

~~(46)~~(49) "Specialty" means a broad, population-based focus of study encompassing the common health-related problems of a particular group of patients and the likely co-morbidities, interventions, and responses to those problems.

~~(47)~~(50) "Supervision" means the provision of guidance or direction, evaluation, and follow-up by a licensed nurse to accomplish an assigned or delegated nursing activity or set of activities.

~~(48)~~(51) "Survey" means an on-site visit for the purpose of gathering data in relation to reviewing a nursing program's compliance with Section .0300 of this Chapter.

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

Eff. April 1, 2003;

Amended Eff. November 1, 2018; June 1, 2017; December 1, 2016; July 1, 2012; November 1, 2008; May 1, 2006; December 1, 2005; August 1, 2005;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

SECTION .0200 – LICENSURE

21 NCAC 36 .0201 **REGULAR BIENNIAL RENEWAL**

(a) ~~Renewal notices~~ Each registered nurse or licensed practical nurse shall biennially renew their license. ~~be sent no less than 60 days prior to expiration date of a license to all registrants whose licenses are due for biennial renewal. The notices will be mailed to each eligible registrant's address as it appears in the records of the Board. A license is issued for the following biennium when: with the Board no later than the last day of the applicant's birth month by:~~

(1) all required information is submitted as requested on the application form; and submitting a completed application for renewal, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application. Applications for renewal are posted on the Board's website at www.ncbon.com;

(2) attesting to completion of continuing competence requirements and submitting evidence of completion if requested by the Board as specified in Rule .0232(b) of this Section; and

~~(2)(3) all payment of required fees are received.~~ submitting the fee for licensure renewal as established in 90-171.27(b).

(b) It shall be the duty of each registrant applicant to keep the Board informed of a current mailing address, telephone number, and email address.

~~(c) Renewal applications must be postmarked on or before the date the current license expires.~~

~~(d)~~(c) A member of the United States Armed Services is exempt from compliance if on active duty and to whom G.S. 105-249.2 grants an extension of time to file a tax return.

History Note: Authority G.S. 90-171.29; 90-171.23(b); 90-171.34; 90-171.37; 93B-15; 105-249.2; Eff. February 1, 1976;

*Amended Eff. November 1, 2018; January 1, 2011; December 1, 2008;
April 1, 1989; May 1, 1982;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public
interest Eff. January 9, 2018.*

21 CAC 36 .0202 INACTIVE AND RETIRED STATUS

(a) A licensee who submits a request for inactive status may be granted such status by the Board provided the licensee:

- (1) holds an active unencumbered license issued by the Board; and
- (2) is not currently the subject of an investigation by the Board for possible violation of the Nursing Practice Act or rules promulgated thereunder.

~~(a)(b) A registrant~~ An applicant whose licensure status is inactive or retired and who desires to resume the practice of nursing in North Carolina shall be removed from inactive status and shall obtain a current license. To this end the registrant shall:

- (1) submit evidence of unencumbered license in all jurisdictions in which a license is or has ever been held; a completed application for reinstatement, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application. Application is posted on the Board's website at www.ncbon.com;
- (2) submit evidence of completion of all have no pending court conditions resulting from as a result of any misdemeanor or felony conviction(s); conviction(s). The applicant shall provide a written explanation and any investigative report or court document evidencing the circumstances of the crime(s) if requested by the Board. The Board may use these documents when determining if a license should be denied pursuant to G.S. 90-171.48 and 90-171.37;
- (3) submit evidence showing that the nurse is safe and competent to re-enter the practice of nursing; attest to self-certification that the applicant is of mental and physical health necessary to competently practice nursing;
- (4) submit the current licensure application fee for renewal; as established in G.S. 90-171.27(b); and
- (5) attest to having completed Continuing Competence continuing competence requirements and be prepared to submit evidence of completion if requested by the Board as specified in Rule .0232(b) of this Section. Section;
- (6) complete a criminal background check in accordance with G.S. 90-171.48.

In the event any of the above-required information indicates a concern about the applicant's qualifications, an applicant may be required to appear in-person for an interview with the Board if the Board determines in its discretion that more information is needed to evaluate the application.

(b)(c) The registrant applicant whose license has been inactive or retired for a period of five years or more shall also submit:

- (1) self-certification that the registrant applicant is of mental and physical health necessary to competently practice nursing; nursing; and
- (2) evidence of competency to resume the practice of nursing through:
 - (A) — satisfactory completion of a Board-approved refresher course; or
 - (B) — proof of an active license in another jurisdiction within the last five years; years or an active license in another country within the last five years provided the individual was originally licensed by national licensure examination in the United States.

(e)(d) If a refresher course is required, the registrant applicant shall apply for reactivation reinstatement of license within one year of completing the refresher course in order to receive a current an active license. The application for reactivation reinstatement shall include verification from the provider of the refresher course that the registrant applicant has satisfactorily met both theory and clinical objectives.

(d) The Board shall decline to reactivate a license if it is not satisfied as to the applicant's competency to practice nursing;

(e) A registrant An applicant who has retired from the practice of nursing may request and be granted by the Board retired nurse status, provided the registrant: applicant:

- (1) holds a current an active unencumbered license issued by the North Carolina Board of Nursing; Board;
- (2) is not currently the subject of an investigation by this the Board for possible alleged violation of the Nursing Practice Act; and
- (3) pay pays the application fee pursuant to G.S. 90-171.27(b).

(f) While remaining on retired status, the registrant applicant shall not practice nursing in North Carolina and shall not be subject to payment of the license renewal fee.

(g) The registrant applicant may use the title Retired “Retired Registered Nurse Nurse” or Retired “Retired Licensed Practical Nurse Nurse” once issued retired status.

(h) The registrant applicant whose licensure status is retired shall not be eligible to vote in Board elections.

~~(i) A registrant whose licensure status is retired and who desires to resume the practice of nursing shall apply for reinstatement of a license to practice nursing and meet the same reinstatement requirements for a nurse on inactive status as set forth in Paragraphs (b) – (e) of this Rule.~~

(i) Any license issued shall be issued for the remainder of the biennial period.

*History Note: Authority G.S. 90-171.21; 90-171.23(b) 90-171.27(b);90-171.36; 90-171.36A; 90-171.37; 90-171.43;
Eff. February 1, 1976;
Legislative Objection [(g)] Lodged Eff. June 16, 1980;
Legislative Objection [(g)] Removed Eff. July 1, 1981;
Amended Eff. November 1, 2018; November 1, 2008; January 1, 2004;
January 1, 1996; January 1, 1990; May 1, 1982; January 1, 1980.*

21 NCAC 36 .0203 REINSTATEMENT OF ~~LAPSED EXPIRED~~ LICENSE

(a) The ~~registrant applicant~~ whose license has ~~lapsed expired~~ and who desires reinstatement of that license shall:

- (1) ~~furnish information required by these rules on forms provided by the Board; submit a completed application for reinstatement, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application. The Application for Reinstatement is posted on the Board's website at www.ncbon.com;~~
- (2) ~~submit evidence of~~ have an active unencumbered license in all jurisdictions in which a license is or has ever been held;
- (3) attest to having completed ~~Continuing Competence~~ continuing competence requirements and ~~be prepared to~~ submit evidence of completion if requested by the Board as specified in ~~21 NCAC 36 .0232(b).~~ Rule .0232(b) of this Section.
- (4) ~~submit evidence of completion of all court conditions resulting from~~ have no pending court conditions as a result of any misdemeanor or felony conviction(s); ~~conviction(s).~~ Applicant shall provide a written explanation and any investigative report or court documents evidencing the circumstances of the crime(s) if requested by the Board. The Board may use these documents when determining if a license should be denied pursuant to G.S. 90-171.48 and G.S. 90-171.37;
- (5) submit such other evidence that the Board may require according to these rules to determine whether the license should be reinstated;
- (6) ~~provide a statement of the reason for failure to apply for renewal prior to the deadline; and complete a criminal background check after license has been expired for 30 calendar days in accordance with G.S. 90-171.48;~~
- (7) ~~attest to self-certification that the applicant is of mental and physical health necessary to competently practice nursing; and~~
- (7)(8) submit ~~payment of reinstatement and renewal fee.~~ the reinstatement fee as established in G.S. 90-171.27(b).

In the event any of the above-required information indicates a concern about the applicant's qualifications, an applicant may be required to appear in person for an interview with the Board if the Board determines in its discretion that more information is needed to evaluate the application.

(b) A member of the United States Armed Services is exempt from payment of reinstatement fee if on active duty and to whom G.S. 105-249.2 grants an extension of time to file a tax return.

(c) The registrant applicant whose license has lapsed for a period of five years or more shall also submit:

- (1) evidence of self-certification that the applicant is of mental and physical health necessary to competently practice nursing; and
- (2) evidence of satisfactory completion of a Board-approved refresher course or proof of active licensure within the past five years in another jurisdiction.

(d) If a refresher course is required, the registrant applicant shall apply for reinstatement of the license within one year of completing the refresher course in order to receive a current an active license. The application for reinstatement shall include verification from the provider of the refresher course that the registrant applicant has satisfactorily met both theory and clinical objectives and is deemed competent to practice nursing at the appropriate level of licensure.

~~(e) The Board shall not reinstate a license if it is not satisfied as to the applicant's ability to practice nursing based on these rules.~~

(e) Any license issued shall be issued for the remainder of the biennial period.

History Note: Authority G.S. 90-171.23(b); 90-171.35; 90-171.37; 93B-15; 105-249.2;

Eff. February 1, 1976;

Amended Eff. November 1, 2018; December 1, 2010; December 1, 2008;

January 1, 1996; February 1, 1994; August 3, 1992; January 1, 1990.

21 NCAC 36 .0207 VERIFICATION TO ANOTHER STATE

The ~~North Carolina~~ Board ~~of Nursing~~ ~~will shall~~ verify a ~~registrant licensee~~ to another state ~~or country~~ upon receipt of a request from the ~~registrant licensee~~ or another Board of ~~nursing Nursing~~ which is accompanied by information properly identifying the ~~registrant licensee~~ and by the appropriate fee.

History Note: Authority G.S. 90-171.23(b)(3); 90-171.27(b);

Eff. February 1, 1976;

Amended Eff. ~~November 1, 2018~~; April 1, 1989;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

21 NCAC 36 .0208 CHANGE OF NAME AND CONTACT

(a) In the event of a name or address change, the registrant must licensee shall submit a written, signed request for and provide identifying data, including certificate number and social security number. evidence of name or address change. This evidence may include, but is not limited to, the following:

- (1) Marriage Certificate;
- (2) Voter Registration Card;
- (3) Social Security Card;
- (4) Divorce document reflecting name change;
- (5) Passport;
- (6) Change of name certificate as issued by a court;
- (7) Immigration document; and
- (8) Driver's license.

(b) In the event of an address, email, or telephone change, the licensee shall submit the change online on the Board's website at www.ncbon.com within 30 calendar days of change.

History Note: Authority G.S. 90-171.23(b)(3); 90-171.27(b);

Eff. February 1, 1976;

Amended Eff. November 1, 2018; December 1, 2006; May 1, 1989; May 1, 1988; May 1, 1982;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

21 NCAC 36 .0211 LICENSURE BY EXAMINATION

(a) To be eligible for licensure by examination, an applicant shall:

- (1) submit a completed application for licensure, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application. Application for Examination is posted on the Board's website at www.ncbon.com;
- (2) submit the licensure application fee as established in G.S. 90-171.27(b);
- (3) have an active unencumbered license in all jurisdictions in which a license is or has ever been held;
- (4) have no pending court conditions as a result of any misdemeanor or felony conviction(s). The applicant shall provide a written explanation and any investigative report or court documents evidencing the circumstances of the crime(s) if requested by the Board. The Board may use these documents when determining if a license should be denied pursuant to G.S. 90-171.48 and 90-171.37;
- (5) submit a written explanation and all related documents if the nurse has ever been listed as a nurse aide and if there have ever been any substantiated findings pursuant to G.S. 131E-255. The Board may take these findings into consideration when determining if a license should be denied pursuant to G.S. 90-171.37. In the event findings are pending, the Board may withhold taking any action until the investigation is completed;
- (6) complete a criminal background check in accordance with G.S. 90-171.48;
- (7) apply to take and pass the National Council Licensure Examination (NCLEX™).

In the event any of the above required information indicates a concern about the applicant's qualifications, an applicant may be required to appear in person for an interview with the Board if the Board determines in its discretion that more information is needed to evaluate the application.

(a)(b) An applicant shall meet the educational qualifications to take the examination for licensure to practice as a registered nurse or licensed practical nurse by:

- (1) graduating from a National Council State Board of Nursing (NCSBN) member Board-approved Board-approved nursing program (21 NCAC 36 .0300) in accordance with Section 0300 of these Rules designed to prepare a person for registered nurse or licensed practical nurse licensure; ~~or~~
- (2) graduating from a nursing program outside the United States that is designed to provide graduates with comparable education preparation as required in 21 NCAC 36 .0321(b) through (d) for licensure as a registered nurse, nurse or licensed practical nurse, and submitting evidence from an evaluation agency of the required educational qualifications and evidence of English proficiency. The evaluation agency(s) for educational qualifications shall be selected from a list of evaluation agencies published by the National Council of State Boards of Nursing Inc., NCSBN which is hereby incorporated by Reference, including subsequent amendments of the referenced materials. The list of such agencies is available, at no cost, from the North Carolina Board of Nursing. The evidence of English proficiency shall be the Test of English as a Foreign Language or a test determined to be acceptable by the Board to be equivalent to the Test of English as a Foreign Language; Board; or
- (3) being eligible for licensure as a registered nurse or licensed practical nurse in the country of nursing education program completion.

~~(b) An applicant shall meet the educational qualifications to take the examination for licensure to practice as a licensed practical nurse by:~~

- ~~(1) graduating from a Board approved nursing program (21 NCAC 36 .0300) designed to prepare a person for practical nurse licensure;~~
- ~~(2) graduating from a nursing program outside the United States that is designed to provide graduates with comparable preparation for licensure as a licensed practical nurse, and submitting evidence from an evaluation agency of the required educational qualifications and evidence of English proficiency. The evaluation agency(s) for educational qualifications shall be selected from a list of evaluation agencies published by the National Council of State Boards of Nursing, Inc., which is hereby incorporated by Reference, including~~

~~subsequent amendments of the referenced materials. The list of such agencies is available, at no cost, from the North Carolina Board of Nursing. The evidence of English proficiency shall be passing the Test of English as a Foreign Language or a test determined by the Board to be equivalent to the Test of English as a Foreign Language;~~

~~(3) — graduating from a Board approved nursing program designed to prepare graduates for registered nurse licensure, and failing to pass the examination for registered nurse licensure; or~~

~~(4) — graduating from a nursing program outside the United States that is designed to prepare graduates with comparable preparation for licensure as a registered nurse, and submitting the evidence as described in Subparagraph (a)(2) of this Rule of the required educational qualifications, and failing to pass the examination for registered nurse licensure in any jurisdiction.~~

(c) An application shall be submitted to the Board of Nursing and a registration form to the testing service. The applicant shall meet all requirements of the National Council of State Boards of Nursing, Inc. NCSBN. Applicants for a North Carolina license may take the examination for licensure developed by NCSBN at any NCSBN-approved testing site.

~~(d)(d) The initial An application for licensure shall be held active until the applicant passes the examination or valid for a period of one year, whichever occurs first. The time begins on the date the applicant is determined to be eligible for the licensure examination. year from the date the application is filed with the Board or until the Board receives the results of the examination.~~

(e) The examinations for licensure developed by the National Council of State Boards of Nursing, Inc. NCSBN shall be the examinations for licensure as a registered nurse or as a licensed practical nurse in North Carolina.

~~(1) — These examinations shall be administered in accordance with the contract between the Board of Nursing and the National Council of State Boards of Nursing, Inc. NCSBN.~~

~~(2) The examinations for licensure shall be administered at least twice a year.~~

- (3) Results for the examination shall be reported to the individual applicant and to the director of the program from which the applicant was graduated. Aggregate results from the examination(s) may be published by the Board.
 - (4) The passing standard score for each of the five tests comprising the examination for registered nurse licensure, up to and including the February 1982 examination was 350. For the examination offered in July 1982 and through July 1988, the passing score was 1600. Beginning February 1989, the results for registered nurse licensure is reported as "PASS" or "FAIL".
 - (5) The passing score for the examination for practical nurse licensure, up to and including the April 1988 was 350. Beginning October 1988, the results for practical nurse licensure is reported as "PASS" or "FAIL".
- (f) Applicants who meet the qualifications for licensure by examination shall be issued a certificate of registration and a license to practice nursing for the remainder of the biennial period. The qualifications include:
- (1) a "PASS" result on the licensure examination;
 - (2) evidence of unencumbered license in all jurisdictions in which a license is or has ever been held;
 - (3) evidence of completion of all court conditions resulting from any misdemeanor or felony convictions; and
 - (4) a written explanation and all related documents if the nurse has ever been listed as a Nurse Aide and if there have ever been any substantiated findings pursuant to G.S. 131E-255. The Board may take these findings into consideration when determining if a license should be denied pursuant to G.S. 90-171.37. In the event findings are pending, the Board may withhold taking any action until the investigation is completed.
- (g) Applicants for a North Carolina license may take the examination for licensure developed by the National Council of State Boards of Nursing, Inc. in any National Council approved testing site. Any license issued shall be issued for the remainder of the biennial period.

History Note: Authority G.S. 90-171.23(15); 90-171.29; 90-171.30; 90-171.37(1); 90-171.48;

Eff. February 1, 1976;

Amended Eff. November 1, 2018; December 1, 2004; April 1, 2003; January 1, 1996; July 1, 1994; February 1, 1994; August 3, 1992.

21 NCAC 36 .0213 REEXAMINATION

An applicant who fails an examination and is eligible to retake a subsequent examination must submit a completed Board of Nursing application, a completed testing service registration form, and related fees. The applicant is eligible to retake the examination in accordance with the timeframe specified by the National Council of State Boards of Nursing, Inc. NCSBN.

History Note: Filed as a Temporary Amendment Eff. June 26, 1985, for a period of 120 days to expire on October 23, 1985;
Authority G.S. 90-171.31; 90-171.33; 90-171.38;
Eff. February 1, 1976;
Amended Eff. November 1, 2018; August 1, 2000; July 1, 1994; February 1, 1994; October 1, 1989; May 1, 1989.

21 NCAC 36 .0217 INVESTIGATIONS; DISCIPLINARY HEARINGS

(a) Behaviors and activities that may result in disciplinary action by the Board include the following:

- (1) drug or alcohol abuse or use of any substance or other agents while on duty or on call to the extent that such use impairs the nurse's ability to practice nursing;
- (2) testing positive on a drug screen for a non-prescribed drug or illicit substance;
- (3) illegally obtaining, possessing, or distributing drugs or alcohol for personal or other use, or other violations of the North Carolina Controlled Substances Act, G.S. 90-86 et seq.;
- (4) conviction of any crime that bears on a licensee's fitness to practice nursing as set forth in G.S. 90-171.37(a); nursing;
- (5) failure to make available to another health care professional any client information;
- (6) practicing or offering to practice beyond the scope permitted by law;
- (7) accepting and performing professional responsibilities that the licensee knows or has reason to know that he or she is not competent to perform;
- (8) performing, without supervision, professional services that the licensee is authorized to perform only under the supervision of a licensed professional;
- (9) abandoning an assigned client without making arrangements for the continuation of equivalent nursing care;
- (10) neglecting a client in need of nursing care;
- (11) threatening, harassing, abusing, or intimidating a client;
- (12) failing to maintain an accurate record of all pertinent health care information as defined in Rule .0224(f)(2) or .0225(f)(2) for each client;
- (13) failing to exercise supervision over persons individuals who are authorized to practice only under the supervision of the licensed professional;
- (14) exercising influence on the client for the financial or personal gain of the licensee;

- (15) directly or indirectly offering, giving, soliciting, or receiving or agreeing to receive, any fee or other consideration to or from a third party for the referral of a client, or other violations of G.S. 90-401;
- (16) failing to file a report, or filing a false report, required by law or by the Board or impeding or obstructing such filing or inducing another person to do so;
- (17) obtaining, accessing, or revealing healthcare information from a client record or other source, except as required by professional duties or authorized by law;
- (18) presenting false or fraudulent licensure information for any purpose;
- (19) assigning or delegating professional responsibilities to a person when the licensee assigning or delegating these responsibilities knows or has reason to know that such person individual is not qualified by training, experience or licensure;
- (20) assigning or delegating responsibilities to a person an individual when the licensee assigning or delegating knows or has reason to know that the competency of that person individual is impaired by sleep deprivation, physical or psychological conditions, or by alcohol or other agents, prescribed or not;
- (21) accepting responsibility for client care while impaired by sleep deprivation, physical or psychological conditions, or by alcohol or other agents, prescribed or not;
- (22) falsifying a client's record or the controlled substance records;
- (23) violating boundaries of a professional relationship including but not limited to physical, sexual, emotional, or financial exploitation of the client or the client's family member or caregiver. Financial exploitation includes accepting or soliciting money, gifts, or the equivalent during the professional relationship;
- (24) misappropriating, in connection with the practice of nursing, anything of value or benefit, including but not limited to, any property, real or personal of the client, employer, or any other person individual or entity, or failing to

take precautions to prevent such misappropriation. Failure to take precautions to prevent misappropriations includes failing to secure anything of value or benefit, such as medication or property, of the client, employer, or any other **person individual** or entity; or

(25) violating any term of probation, condition, or limitation imposed on the licensee by the Board.

(b) If a summary suspension is issued pursuant to G.S. 150B-3(c), the order is effective on the date specified in the order or on service of the certified copy of the order at the last known address of the licensee, whichever is later, and continues to be effective during the proceedings. Failure to receive the order because of refusal of service or unknown address does not invalidate the order.

(c) All motions related to a contested case, except motions for continuance and those made during the hearing, shall be in writing and submitted to the Board **of Nursing** at least 10 calendar days before the hearing. Pre-hearing motions shall be heard at a pre-hearing conference or at the contested case hearing prior to the commencement of testimony. The designated administrative law counsel shall hear the motions and the response from the non-moving party pursuant to Rule 6 of the General Rules of Practice for the Superior and District Courts and rule on the motions.

(d) Motions for a continuance of a hearing may be granted upon a showing of good cause. Motions for a continuance shall be in writing and received in the office of the Board **of Nursing** no less than seven calendar days before the hearing date. In determining whether good cause exists, consideration shall be given to the ability of the party requesting a continuance to proceed without a continuance. A motion for a continuance filed less than seven calendar days from the date of the hearing shall be denied unless the reason for the motion could not have been ascertained earlier. Motions for continuance filed prior to the date of the hearing shall be ruled on by the administrative law counsel of the Board. Motions for continuance filed on the date of hearing shall be ruled on by the Board.

(e) The Board **of Nursing** shall designate an administrative law counsel who shall advise the Board.

(f) When a majority of the members of the Board of Nursing is unable or elects not to hear a contested case, the Board of Nursing shall request the designation of an administrative law judge from the Office of Administrative Hearings to preside at the hearing. The provisions of G.S. 150B, Article 3A and this Rule shall govern a contested case in which an administrative law judge is designated as the Hearing Officer.

(g) Sworn affidavits may be introduced by mutual agreement from all parties.

History Note: Authority G.S. 90-171.23(b)(3); 90-171.23(b)(7); 90-171.37; 90-171.47; 90-401; 150B-3(c); 150B-38; 150B-39; 150B-40; 150B-41; 150B-42; Eff. February 1, 1976; Amended Eff. October 1, 1989; November 1, 1988; July 1, 1986; July 1, 1984; Temporary Amendment Eff. December 7, 1990 for a period of 180 days to expire on June 5, 1991; ARRC Objection Lodged December 20, 1990; Amended Eff. January 1, 1991; ARRC Objection Removed February 25, 1991; Temporary Amendment Eff. February 26, 1991 for a period of 35 days to expire on April 1, 1991; Amended Eff. January 1, 1996; February 1, 1995; April 1, 1991; Temporary Amendment Eff. March 5, 2001; Amended Eff. November 1, 2018; June 1, 2017; January 1, 2007; August 2, 2002; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

**21 NCAC 36 .0218 LICENSURE ~~WITHOUT EXAMINATION (BY ENDORSEMENT) BY~~
ENDORSEMENT**

(a) ~~The Board shall provide an application form which the applicant who wishes to apply for licensure without examination (by endorsement) shall complete in its entirety. To be eligible for licensure by endorsement, an applicant shall:~~

(b) ~~The applicant for licensure by endorsement as a registered nurse shall show evidence of:~~

- (1) ~~completion of a program of nursing education for registered nurse licensure which was approved by the jurisdiction of original licensure; submit a completed application for endorsement, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application. The Application for Endorsement is posted on the Board's website at www.ncbon.com;~~
- (2) ~~attainment of the standard score on the examination which was required by the jurisdiction issuing the original certificate of registration; submit the licensure application fee as established in G.S. 90-171.27(b);~~
- (3) ~~submit a self-certification that the applicant is of mental and physical health necessary to competently practice nursing;~~
- ~~(4)~~(3) ~~have an~~ unencumbered license in all jurisdictions in which a license is or has ever been held. ~~A license that has had all encumbrances resolved in the jurisdictions in which the reasons for the encumbrances occurred shall be considered an unencumbered license for purposes of this provision; held;~~
- ~~(5)~~(4) ~~current~~ ~~have an active unencumbered~~ license in a jurisdiction; if the license has been inactive or ~~lapsed~~ ~~expired~~ for five or more years, the applicant shall be subject to requirements for a refresher course as indicated in G.S. 90-171.35 and G.S. 90-171.36;
- ~~(6)~~(5) ~~completion of all~~ ~~have no pending~~ court conditions ~~resulting from as a result of~~ any misdemeanor or felony ~~convictions; and conviction(s)~~. The applicant shall provide a written explanation and any investigative report or court documents evidencing the circumstances of the crime(s) if requested by the

Board. The Board may use these documents when determining if a license should be denied pursuant to G.S. 90-171.48 and 90-171.37;

~~(7)~~(6) submit a written explanation and all related documents if the nurse has ever been listed as a Nurse Aide nurse aide and if there has have ever been a any substantiated finding(s) pursuant to G.S. 131E-255. The Board may take the these finding(s) into consideration when determining if a license should be denied pursuant to G.S. 90-171.37. In the event a finding(s) is are pending, the Board may withhold taking any action until the investigation is completed.

(7) submit a self-certification that the applicant is of mental and physical health necessary to competently practice nursing;

(8) show completion of a nursing education program which was approved by the jurisdiction of original licensure. If applying

~~(c)~~ The applicant for licensure by endorsement as a licensed practical nurse nurse, applicant shall may also show evidence of:

(1) completion of: of:

(A) a program in practical nursing approved by the jurisdiction of original licensure; or

(B) course(s) of study within a program(s) which shall be comparable to that required of practical nurse graduates in North Carolina; or

~~(C)~~ course of study for military hospital corpsman which shall be comparable to that required of licensed practical nurse graduates in North Carolina. Carolina; or

The applicant who was graduated prior to July 1956 shall be considered on an individual basis in light of licensure requirements in North Carolina at the time of original licensure;

~~(2)~~ attainment of the standard score on the examination which was required by the jurisdiction issuing the original certificate of registration;

~~(3)~~ self-certification that the applicant is of mental and physical health necessary to competently practice nursing;

- (4) unencumbered license in all jurisdictions in which a license is or has ever been held. A license that has had all encumbrances resolved in the jurisdictions in which the reasons for the encumbrances occurred shall be considered an unencumbered license for purposes of this provision;
- (5) current license in a jurisdiction; if the license has been inactive or lapsed for five or more years, the applicant shall be subject to requirements for a refresher course as indicated in G.S. 90-171.35 and G.S. 90-171.36;
- (6) completion of all court conditions resulting from any misdemeanor or felony convictions; and
- (7) a written explanation and all related documents if the nurse has been listed as a Nurse Aide and there has been a substantiated finding(s) pursuant to G.S. 131E-255. The Board may take the finding(s) into consideration when determining if a license should be denied pursuant to G.S. 90-171.37. In the event a finding(s) is pending, the Board may withhold taking any action until the investigation is completed.)

(B) applicant has been licensed in another member jurisdiction for five or more years immediately prior to application submission and has practiced in a nursing position at the same level of licensure for which application is being made for two calendar years of full time employment immediately prior to application as verified by the employer.

- (9) complete a criminal background check in accordance with G.S. 90-171.48. In the event any of the above-required information indicates a concern about the applicant's qualifications, an applicant may be required to appear in person for an interview with the Board if the Board determines in its discretion that more information is needed to evaluate the application.

(d)(b) A nurse Applicants for licensure by endorsement educated in a foreign country (including Canada) shall complete all requirements of 21 NCAC 36 (a)(1-7) and shall be eligible for North Carolina licensure by endorsement if the nurse has:

- (1) shown proof of education as required by the jurisdiction issuing the original certificate; and

- (2) prior to January 1, 2004 proof of passing either the:
 - (A) Canadian Nurses Association Test Service Examination (CNATS) in the English language; or
 - (B) Canadian Registered Nurse Examination (CRNE) in the English language; or
 - (C) shown evidence of passing the licensing examination developed by the National Council of State Board of Nursing (NCLEX). NCLEX-RN™ or NCLEX-PN™ consistent with educational preparation.
- (3) beginning January 1, 2004, the applicant educated in a foreign country including Canada shall show evidence of Subparagraph (d)(1) and Part (2)(C) of this Paragraph; Parts (d)(2)(A) and (B) shall no longer apply;
- (4) self-certification that the applicant is of mental and physical health necessary to competently practice nursing;
- (5) unencumbered license in all jurisdictions which a license is or has ever been held. A license that has had all encumbrances resolved in the jurisdictions in which the reasons for the encumbrances occurred shall be considered an unencumbered license for purposes of this provision;
- (6) current license in another jurisdiction or foreign country. If the license has been inactive or lapsed for five or more years, the applicant shall be subject to requirements for a refresher course as indicated in G.S. 90-171.35 and G.S. 90-171.36;
- (7) completed all court conditions resulting from any misdemeanor or felony conviction(s); and
- (8) a written explanation and all related documents if the nurse has been listed as a Nurse Aide and if there has been a substantiated finding(s) pursuant to G.S. 131E-255. The Board may take the finding(s) into consideration when determining if a license should be denied pursuant to G.S. 90-171.37. In the event a finding(s) is pending, the Board may withhold taking any action until the investigation is completed.

~~(e) When an applicant is eligible for licensure consistent with Part (d)(2)(A) or (d)(2)(B) of this Rule the license issued by the Board will not permit the individual to practice in other states party to the Nurse Licensure Compact.~~

(c) An application for endorsement shall be valid for a period of one year from the date the application is filed with the Board or until a license is issued.

~~(f)(d) Facts provided by the applicant and the Board of Nursing of original licensure shall be compared to confirm the identity and validity of the applicant's credentials. Status in other states of current licensure may be verified. When eligibility is determined, a certificate of registration and a current license for the remainder of the biennial period shall be issued.~~

(e) Any license issued shall be issued for the remainder of the biennial period.

History Note: Authority G.S. 90-171.23(b); 90-171.32; 90-171.33; 90-171.37; 90-171.48;

Eff. May 1, 1982;

Amended Eff. November 1, 2018; December 1, 2005; April 1, 2003; January 1, 1996; July 1, 1994;

February 1, 1994; August 3, 1992.

21 NCAC 36 .0219 TEMPORARY LICENSE

(a) The Board may issue a ~~Status P nonrenewable~~ non-renewable temporary license to ~~persons~~ individuals who have filed a completed application for licensure ~~without examination by endorsement~~ with correct fee and provided validation of an active unencumbered license in another jurisdiction. If an applicant indicates prior court conviction(s) or disciplinary action(s) in another jurisdiction, eligibility for a temporary license shall be determined after review of relevant documents.

(b) The temporary license is subject to the provisions of G.S. 90-171.37.

~~(b)(c)~~ The following applies to ~~Status P non-renewable~~ temporary licenses:

- (1) ~~The Status P nonrenewable non-renewable~~ temporary license shall expire on the lesser of six months or the date a full license is issued or when it is determined the applicant is not qualified to practice nursing in North Carolina.
- (2) ~~Status P temporary license~~ Temporary licenses shall authorize the holder to practice nursing in the same manner as a fully licensed ~~R.N. registered nurse~~ or ~~L.P.N., licensed practical nurse~~, whichever the case may be.
- (3) Holders of valid ~~Status P~~ temporary ~~license licenses~~ shall identify themselves as ~~R.N. Registered Nurse~~ Petitioner (R.N.P.) or ~~L.P.N. Licensed Practical Nurse petitioner~~ Petitioner (L.P.N.P.), as the case may be, after signatures on records.
- (4) Upon expiration or revocation of the ~~Status P~~ temporary license, the individual is ineligible to practice nursing as described in Subparagraph (b)(2) of this Rule.

History Note: Authority G.S. 90-171.33;

Eff. May 1, 1982;

Temporary Amendment Eff. June 29, 1988 for a period of 180 days to expire on December 25, 1988;

Amended Eff. November 1, 2018; December 1, 2006; January 1, 1996; July 1, 1994; August 3, 1992; January 1, 1989.

21 NCAC 36 .0220 REFRESHER COURSE

(a) A refresher course shall be designed for those persons, individuals, previously licensed, who are not eligible for re-entry into nursing practice because their license has lapsed expired for five or more years.

(b) Satisfactory completion of a Board-approved refresher course is required of the person individual who: who has not held an active license in any jurisdiction for five or more years and requests:

- (1) requests reactivation of an inactive license and who has not held an active license for five or more years; license;
- (2) requests reinstatement of a lapsed license and who has not held an active license for five or more years; an expired license; or
- (3) requests endorsement to North Carolina who has not held an active license for five or more years; Carolina.
- ~~(4) — is directed by the Board to complete such a course when the Board takes action as authorized in G.S. 90-171.37; or~~
- ~~(5) — needs a refresher course as a result of the license being inactive for disciplinary action and has met all eligibility requirements for reinstatement of the license.~~

~~Those persons identified in Subparagraph (4) or (5) of this Paragraph may be subject to Board-stipulated restrictions in the clinical component of the refresher course.~~

(c) When satisfactory completion of a Board-approved refresher course is required by the Board based upon action as authorized in G.S. 90-171.37 or based upon a license being inactive due to disciplinary action, the individual may be subject to Board-stipulated restrictions in the clinical component of the refresher course provided all eligibility requirements for reinstatement of the license have been met.

~~(c)~~(d) Application for approval of a refresher course shall be completed and submitted by the provider at least 90 days prior to the expected date of enrollment and shall include evidence of complying with the rules for refresher courses. Board approval shall be secured prior to the enrollment of students. Provider approval will be granted for a period of time not to exceed five years. However, any changes in faculty, curriculum, or clinical

facilities shall be approved by the Board prior to implementation as set out in the Rules of this Chapter.

(e) The application for approval of a refresher course shall include:

- (1) course objectives, content outline and time allocation;
- (2) didactic and clinical learning experiences including teaching methodologies, for measuring the registrant's abilities to practice nursing;
- (3) plan for evaluation of student competencies and ability to competently practice nursing;
- (4) a faculty list which includes the director and all instructors and identifies their qualifications and their functions in teaching roles; and
- (5) the projected clinical schedule.

~~(d)~~(f) The Board will make site visits if necessary. A decision on an application to offer a refresher course will be given within 30 days following receipt of the a complete application.

~~(e)~~(g) The provider of a refresher course shall be approved by the Board as set out in these Rules. A provider may be a post-secondary educational institution, a health care institution, or other agency.

~~(f)~~(h) Administrative responsibility for developing and implementing the course shall be vested in a registered nurse director.

~~(g)~~(i) Instructors in the course shall be directly accountable to the nurse director. The director shall have had at least one year prior teaching experience preparing individuals for LPN or RN registered nurse or licensed practical nurse licensure at the post-secondary level or in a nursing staff development position. The director and each instructor shall:

- (1) ~~be licensed to~~ hold an active unencumbered license to practice nursing as a registered nurse in North Carolina;
- (2) hold a baccalaureate or higher degree; degree in nursing; and
- (3) have had at least two years experience in direct patient nursing practice as an RN. a registered nurse.

~~(h)~~(j) Proximity of the instructor to students is the major factor in determining faculty-student ratio for clinical learning experiences. In no case shall this ratio exceed 1:10.

(k) Clinical preceptors shall have competencies, assessed by the refresher program registered nurse director or designated instructor, related to the area of assigned clinical

precepting responsibilities. Clinical preceptors shall hold an active unencumbered license to practice as a registered nurse in North Carolina.

(i)(l) The course shall include both theory and clinical instruction. Course objectives shall be stated which:

- (1) show relationships between nursing theory and practice; and
- (2) indicate identify behaviors consistent with the ability to safely competently practice nursing.

(j)(m) The curriculum for the R.N. Refresher Course a registered nurse refresher course shall include at least 240 hours of instruction, at least 120 of which shall consist of clinical learning experiences, and shall incorporate:

- ~~(1) common medical-surgical conditions and management of common nursing problems associated with these conditions, including mental health principles associated with management of nursing problems;~~
- (2)(1) functions scope of practice for the registered nurse as defined in G.S. 90-171.20 and 21 NCAC 36 .0221, .0224, .0225 and .0401; and
- (3)(2) instruction in and opportunities to demonstrate ability to safely knowledge, skills, and abilities to competently practice nursing and knowledge in caring for clients with common medical-surgical problems. according to components of practice for the registered nurse as defined in 21 NCAC 36 .0224.

(k)(n) The curriculum for the L.P.N. a licensed practical nurse Refresher Course shall include at least 180 hours of instruction, at least 90 of which shall consist of clinical learning experiences, and shall incorporate:

- ~~(1) common medical-surgical conditions and common nursing approaches to their management, including mental health principles;~~
- (2)(1) functions scope of practice for the licensed practical nurse as defined in G.S. 90-171.20(8) and 21 NCAC 36 .0221, .0225 and .0401; and
- (3)(2) instruction in and opportunity opportunities to demonstrate ability knowledge, skills, and abilities to safely competently practice nursing and knowledge in caring for clients with common medical-surgical problems. according to components of nursing practice for the licensed practical nurse as defined in 21 NCAC 36 .0225.

~~(o) The refresher course director or the designated refresher course instructor shall assess each refresher student and ensure the appropriateness of all clinical learning settings and assignments.~~

~~(l) The course shall include both theory and clinical instruction:~~

~~(1) The R.N. Refresher Course shall include at least 240 hours of instruction, at least 120 of which shall consist of clinical learning experiences.~~

~~(2) The L.P.N. Refresher Course shall include at least 180 hours of instruction, at least 90 of which shall consist of clinical learning experiences.~~

~~(p) Registered nurse and licensed practical nurse refresher courses shall limit simulation experiences to no more than 50% of clinical learning experiences pursuant to 21 NCAC 26 .0321(m).~~

~~(m)(q) Evaluation processes shall be implemented which effectively measure the refresher student's: student's ability to competently practice nursing consistent with the level of licensure and scope as set forth in 21 NCAC 36 .0221, .0224, .0225, and .0401.~~

~~(1) knowledge and understanding of curriculum content; and~~

~~(2) ability to provide safe nursing care to clients with common medical-surgical conditions.~~

~~(n)(r) Clinical resources shall indicate in written contract their support and availability to provide the necessary clinical experiences.~~

~~(o) The application for approval of a refresher course shall include:~~

~~(1) course objectives, content outline and time allocation;~~

~~(2) didactic and clinical learning experiences including teaching methodologies, for measuring the registrant's abilities to practice nursing;~~

~~(3) plan for evaluation of student competencies and ability to practice safe nursing;~~

~~(4) a faculty list which includes the director and all instructors and identifies their qualifications and their functions in teaching roles; and~~

~~(5) the projected clinical schedule.~~

~~(p) A course or combination of courses within a basic nursing curriculum may be considered a refresher course for re-entry into practice if:~~

- (1) such course or combination of courses equals or exceeds requirements for refresher courses;
- (2) such course or combination of courses is taught on a level commensurate with level of relicensure sought; and
- (3) the Board designee approves such course or combination of courses as a substitute for a refresher course.

~~(q)(s)~~ Individuals, previously licensed in North Carolina, presently residing outside of North Carolina, may meet these requirements by successfully completing a ~~North Carolina approved~~ refresher course approved by another State Board of Nursing, completed in another state or country. ~~Agencies desiring approval for conducting refresher courses shall submit applications per Paragraphs (c) through (p) of this Rule. Clinical experiences shall be in agencies approved by the comparable state/country agency to the Board of Nursing. The agency applying for refresher course approval shall submit evidence of the agency approval.~~

~~(r)(t)~~ Individuals enrolled in refresher courses shall identify themselves as ~~R-N: RN~~ Refresher Student ~~(RN-RS) (R.N.R.S.)~~ or LPN Refresher Student ~~(LPN-RS) (L.P.N.R.S.)~~ consistent with the course level, after signatures on records or on name pins.

~~(s)(u)~~ Upon completion of a Board-approved refresher course, In a format specified by the Board, the course provider shall ~~furnish~~ provide the Board with the names and ~~North Carolina certificate license~~ numbers of those ~~persons individuals~~ who have satisfactorily completed the course ~~and are deemed safe to practice nursing~~ at the appropriate level of ~~licensure on the Board-supplied form. licensure.~~

~~(t)(v)~~ Upon request, the Board shall provide:

- (1) a list of approved providers;
- (2) ~~forms~~ format for applications for program approval; and
- (3) ~~forms~~ format for verification of successful completion to all approved programs.

*History Note: Authority G.S. 90-171.23(b)(3); 90-171.35; 90-171.36; 90-171.37; 90-171.38; 90-171.83;
Eff. May 1, 1982;*

Amended Eff. November 1, 2018; January 1, 2007; July 1, 2000; June 1, 1993; April 1, 1989.

21 NCAC 36 .0221 LICENSE REQUIRED

(a) No cap, pin, uniform, insignia or title shall be used to represent to the public, that an unlicensed person is a registered nurse or a licensed practical nurse as defined in G.S. 90-171.43.

(b) The repetitive performance of a common task or procedure which does not require the professional judgment of a registered nurse or licensed practical nurse shall not be considered the practice of nursing for which a license is required. Tasks that may be delegated to the **Nurse Aide nurse aide I** and **Nurse Aide nurse aide II** shall be established by the Board **of Nursing** pursuant to 21 NCAC 36 .0403. Tasks may be delegated to an unlicensed person which:

- (1) frequently recur in the daily care of a client or group of clients;
- (2) are performed according to an established sequence of steps;
- (3) involve little or no modification from one client-care situation to another;
- (4) may be performed with a predictable outcome; and
- (5) do not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure(s) itself.

Client-care services which do not meet all of these criteria shall be performed by a licensed nurse

(c) The registered nurse or licensed practical nurse shall not delegate the professional judgment required to implement any treatment or pharmaceutical regimen which is likely to produce side effects, toxic effects, allergic reactions, or other unusual effects; or which may rapidly endanger a client's life or well-being and which is prescribed by **a person an individual** authorized by state law to prescribe such a regimen. The nurse who assumes responsibility **directly or through delegation** for implementing a treatment or pharmaceutical regimen shall be accountable for:

- (1) recognizing side effects;
- (2) recognizing toxic effects;
- (3) recognizing allergic reactions;
- (4) recognizing immediate desired effects;
- (5) recognizing unusual and unexpected effects;

- (6) recognizing changes in client's condition that contraindicates continued administration of the pharmaceutical or treatment regimen;
- (7) anticipating those effects which may rapidly endanger a client's life or well-being; and
- (8) making judgments and decisions concerning actions to take in the event such effects occur.

(d) When health care needs of an individual are incidental to the personal care needs of the individual, nurses shall not be accountable for care performed by clients themselves, their families or significant others, or by caretakers who provide personal care to the individual.

(e) Pharmacists may administer drugs in accordance with 21 NCAC 46 .2507.

History Note: Authority G.S. 90-85.3; 90-171.23(b); 90-171.43; 90-171.83;

Eff. May 1, 1982;

*Amended Eff. **November 1, 2018**; July 1, 2004; April 1, 2002; December 1, 2000; July 1, 2000; January 1, 1996; February 1, 1994; April 1, 1989; January 1, 1984;*

Emergency Amendment Eff. September 10, 2004;

Amended Eff. April 1, 2008; December 1, 2004.

21 NCAC 36 .0223 CONTINUING EDUCATION PROGRAMS

(a) Definitions.

- (1) Continuing education in nursing is a planned, organized learning experience taken after completion of a basic nursing program which prepares a nurse to perform advanced skills. Types of learning experiences that may be considered continuing education as defined in Subparagraph (a)(3) of this Rule include:
 - (A) a non-degree oriented program;
 - (B) a course(s) or component(s) of a course(s) within an academic degree-oriented program; or
 - (C) an advanced academic degree-granting program which prepares the registered nurse for advanced practice as a clinical nurse specialist, nurse anesthetist, nurse midwife or nurse practitioner.
- (2) Programs offering an educational experience designed to enhance the practice of nursing are those which include one or more of the following:
 - (A) enrichment of knowledge;
 - (B) development or change of attitudes; or
 - (C) acquisition or improvement of skills.
- (3) Programs are considered to teach nurses advanced skills when:
 - (A) the skill taught is not generally included in the basic educational preparation of the nurse; and
 - (B) the period of instruction is sufficient to assess or provide necessary knowledge from the physical, biological, behavioral and social sciences, and includes supervised clinical practice to ensure that the nurse is able to practice the skill safely and properly.
- (4) Student status may be granted to an individual who does not hold a North Carolina nursing license but who participates in a clinical component of a continuing education **programs program** in North Carolina when:
 - (A) the individual possesses **a current an active** unencumbered license to practice nursing in a jurisdiction other than North Carolina;
 - (B) the course offering meets one of the following criteria:

- (i) is part of an academic degree-granting nursing program which has approval in a jurisdiction other than North Carolina or national accreditation; or
- (ii) is offered through an in-state academic institution which has Board approval for basic nursing education program(s) or national accreditation for advanced nursing education program(s); or
- (iii) is approved by the Board as a continuing education offering, thereby meeting the criteria as defined in Paragraph (b) of this Rule;

- (C) the individual receives supervision by a qualified preceptor or member of the faculty who has a valid license to practice as a registered nurse in North Carolina;
- (D) the course of instruction has a specified period of time not exceeding **twelve 12** months;
- (E) the individual is not employed in nursing practice in North Carolina during participation in the program; and
- (F) the Board has been given advance notice of the name of each student, the jurisdiction in which the student is licensed, the license number, and the expiration date.

(b) Criteria for voluntary approval of continuing education programs in nursing.

- (1) Planning the educational program shall include:
 - (A) definition of learner population; for example, registered nurse, licensed practical nurse, or both;
 - (B) identification of characteristics of the learner; for example, clinical area of practice, place of employment, and position; and
 - (C) assessment of needs of the learner; for example, specific requests from individuals or employers, pre-tests, or audits of patient records.
- (2) Objectives shall:
 - (A) be measurable and stated in behavioral terms;
 - (B) reflect the needs of the learners;
 - (C) state desired outcomes;

- (D) serve as criteria for the selection of content, learning experiences and evaluation of achievement;
 - (E) be achievable within the time allotted; and
 - (F) be applicable to nursing.
- (3) Content shall:
- (A) relate to objectives;
 - (B) reflect input by qualified faculty; and
 - (C) contain learning experiences appropriate to objectives.
- (4) Teaching methodologies shall:
- (A) utilize pertinent educational principles;
 - (B) provide adequate time for each learning activity; and
 - (C) include sharing objectives with participants.
- (5) Resources shall include:
- (A) faculty who have knowledge and experience necessary to assist the learner to meet the program objectives and are in sufficient number not to exceed a faculty-learner ratio in a clinical practicum of 1:10. If higher ratios are desired, sufficient justification must be provided; and
 - (B) physical facilities which ensure that adequate and appropriate equipment and space are available and appropriate clinical resources are available.
- (6) Evaluation must be conducted:
- (A) by the provider to assess the participant's achievement of program objectives and content and will be documented; and
 - (B) by the learner in order to assess the program and resources.
- (7) Records shall be maintained by the provider for a period of three years and shall include a summary of program evaluations, roster of participants, and course outline. The provider shall award a certificate to each participant who successfully completes the program.
- (c) Approval process.
- (1) The provider shall:
- (A) make application on forms provided by the Board no less than 60 days prior to the proposed enrollment date;

- (B) present written documentation as specified in (b)(1) through (b)(7) of this Rule; and
 - (C) notify the Board of any significant changes relative to (b)(1) through (b)(7) of this Rule; for example, changes in faculty or total program hours.
- (2) Approval is granted for a ~~two-year~~ two-year period. Any request to offer an approved program by anyone other than the original provider must be made to the ~~North Carolina Board of Nursing. Board.~~
 - (3) If a course is not approved, the provider may appeal in writing for reconsideration within 30 days after notification of the disapproval. If the course is not approved upon reconsideration, the provider may request, within 10 days, a hearing at the next regularly scheduled meeting of the Board, or no later than 90 days from the date of request, whichever shall come first.
 - (4) Site visits may be made by the Board as deemed appropriate to determine compliance with the criteria as specified in Paragraph (b) of this Rule.
 - (5) The Board shall withdraw approval from a provider if the provider does not maintain the quality of the offering to the satisfaction of the Board or if there is misrepresentation of facts within the application for approval.
 - (6) Approval of continuing education programs will be included in published reports of Board actions. A list of approved programs ~~will be maintained in~~ is posted on the Board's ~~file.~~ website at www.ncbon.com.

History Note: Authority G.S. 90-171.23(b); 90-171.42;

Eff. January 1, 1984;

Amended Eff. November 1, 2018; October 1, 1992; October 1, 1991; October 1, 1989; January 1, 1989.

21 NCAC 36 .0224 COMPONENTS OF NURSING PRACTICE FOR THE REGISTERED NURSE

(a) The responsibilities which any registered nurse can safely accept are determined by the variables in each nursing practice setting. These variables include:

- (1) the nurse's own qualifications including:
 - (A) basic educational preparation; and
 - (B) knowledge and skills subsequently acquired through continuing education and practice;
- (2) the complexity and frequency of nursing care needed by a given client population;
- (3) the proximity of clients to personnel;
- (4) the qualifications and number of staff;
- (5) the accessible resources; and
- (6) established policies, procedures, practices, and channels of communication which lend support to the types of nursing services offered.

(b) Assessment is an on-going process and consists of the determination of nursing care needs based upon collection and interpretation of data relevant to the health status of a client, group or community.

- (1) Collection of data includes:
 - (A) obtaining data from relevant sources regarding the biophysical, psychological, social and cultural factors of the client's life and the influence these factors have on health status, including:
 - (i) subjective reporting;
 - (ii) observations of appearance and behavior;
 - (iii) measurements of physical structure and physiological functions;
 - (iv) information regarding available resources; and
 - (B) verifying data collected.
- (2) Interpretation of data includes:
 - (A) analyzing the nature and inter-relationships of collected data; and

- (B) determining the significance of data to client's health status, ability to care for self, and treatment regimen.
- (3) Formulation of a nursing diagnosis includes:
 - (A) describing actual or potential responses to health conditions. Such responses are those for which nursing care is indicated, or for which referral to medical or community resources is appropriate; and
 - (B) developing a statement of a client problem identified through interpretation of collected data.
- (c) Planning nursing care activities includes identifying the client's needs and selecting or modifying nursing interventions related to the findings of the nursing assessment. Components of planning include:
 - (1) prioritizing nursing diagnoses and needs;
 - (2) setting realistic, measurable goals and outcome criteria;
 - (3) initiating or participating in multidisciplinary planning;
 - (4) developing a plan of care which includes determining and prioritizing nursing interventions; and
 - (5) identifying resources based on necessity and availability.
- (d) Implementation of nursing activities is the initiating and delivering of nursing care according to an established plan, which includes, but is not limited to:
 - (1) procuring resources;
 - (2) implementing nursing interventions and medical orders consistent with 21 NCAC 36 .0221(c) and within an environment conducive to client safety;
 - (3) prioritizing and performing nursing interventions;
 - (4) analyzing responses to nursing interventions;
 - (5) modifying nursing interventions; and
 - (6) assigning, **delegating delegating**, and supervising nursing activities of other licensed and unlicensed personnel consistent with Paragraphs (a) and (i) of this Rule, **G.S. 90-171.20(7)d G.S. 90-171.20(7)(d)** and **(7)i, (7)(i)**, and 21 NCAC 36 .0401.
- (e) Evaluation consists of determining the extent to which desired outcomes of nursing care are met and planning for subsequent care. Components of evaluation include:

- (1) collecting evaluative data from relevant sources;
- (2) analyzing the effectiveness of nursing interventions; and
- (3) modifying the plan of care based upon newly collected data, new problem identification, change in the client's status and expected outcomes.

(f) Reporting and Recording by the registered nurse are those communications required in relation to all aspects of nursing care.

(1) Reporting means the communication of information to other **persons** **individuals** responsible for, or involved in, the care of the client. The registered nurse is accountable for:

- (A) directing the communication to the appropriate **person(s)** **individual(s)** and consistent with established policies, procedures, **practices** **practices**, and channels of communication which lend support to types of nursing services offered;
- (B) communicating within a time period which is consistent with the client's need for care;
- (C) evaluating the responses to information reported; and
- (D) determining whether further communication is indicated.

(2) Recording means the documentation of information on the appropriate client record, nursing care plan or other documents. This documentation must:

- (A) be pertinent to the client's health care;
- (B) accurately describe all aspects of nursing care including assessment, planning, **implementation** **implementation**, and evaluation;
- (C) be completed within a time period consistent with the client's need for care;
- (D) reflect the communication of information to other **persons;** **individuals;** and
- (E) verify the proper administration and disposal of controlled substances.

(g) Collaborating involves communicating and working cooperatively with individuals whose services may have a direct or indirect effect upon the client's health care and includes:

- (1) initiating, coordinating, planning planning, and implementing nursing or multidisciplinary approaches for the client's care;
- (2) participating in decision-making and in cooperative goal-directed efforts;
- (3) seeking and utilizing appropriate resources in the referral process; and
- (4) safeguarding confidentiality.

(h) Teaching and Counseling counseling clients is the responsibility of the registered nurse, consistent with ~~G.S. 90-171.20(7)~~ G.S. 90-171.20(7)(g).

- (1) Teaching and counseling consist of providing accurate and consistent information, demonstrations and guidance to clients, their families or significant others regarding the client's health status status, and health care for the purpose of:
 - (A) increasing knowledge;
 - (B) assisting the client to reach an optimum level of health functioning and participation in self care; self-care; and
 - (C) promoting the client's ability to make informed decisions.
- (2) Teaching and counseling include, but are not limited to:
 - (A) assessing the client's needs, abilities abilitites, and knowledge level;
 - (B) adapting teaching content and methods to the identified needs, abilities of the client(s) client(s), and knowledge level;
 - (C) evaluating effectiveness of teaching and counseling; and
 - (D) making referrals to appropriate resources.

(i) Managing the delivery of nursing care through the on-going supervision, teaching teaching, and evaluation of nursing personnel is the responsibility of the registered nurse as specified in the legal definition of the practice of nursing and includes, but is not limited to:

- (1) continuous availability for direct participation in nursing care, onsite when necessary, as indicated by client's status and by the variables cited in Paragraph (a) of this Rule;
- (2) assessing capabilities of personnel in relation to client status and plan of nursing care;

- (3) delegating responsibility or assigning nursing care functions to personnel qualified to assume such responsibility and to perform such functions;
- (4) accountability for nursing care given by all personnel to whom that care is assigned and delegated; and
- (5) direct observation of clients and evaluation of nursing care given.

(j) Administering nursing services is the responsibility of the registered nurse as specified in the legal definition of the practice of nursing in ~~G.S. 90-171.20 (7)~~G.S. 90-171.20(7)(i), and includes, but is not limited to:

- (1) identification, ~~development~~ development, and updating of standards, policies and procedures related to the delivery of nursing care;
- (2) implementation of the identified standards, ~~policies~~ policies, and procedures to promote safe and effective nursing care for clients;
- (3) planning for and evaluation of the nursing care delivery system; and
- (4) management of licensed and unlicensed personnel who provide nursing care consistent with Paragraphs (a) and (i) of this Rule and which includes:
 - (A) appropriate allocation of human resources to promote safe and effective nursing care;
 - (B) defined levels of accountability and responsibility within the nursing organization;
 - (C) a mechanism to validate qualifications, ~~knowledge~~ knowledge and skills of nursing personnel;
 - (D) provision of educational opportunities related to expected nursing performance; and
 - (E) validation of the implementation of a system for periodic performance evaluation.

(k) Accepting responsibility for self for individual nursing actions, ~~competence~~ competence, and behavior is the responsibility of the registered nurse, which includes:

- (1) having knowledge and understanding of the statutes and rules governing nursing;
- (2) functioning within the legal boundaries of registered nurse practice; and
- (3) respecting client rights and property, and the rights and property of others.

History Note: Authority G.S. 90-171.20(7); 90-171.23(b); 90-171.43(4);

Eff. January 1, 1991;

Temporary Amendment Eff. October 24, 2001;

Amended Eff. November 1, 2018; August 1, 2002.

21 NCAC 36 .0225 COMPONENTS OF NURSING PRACTICE FOR THE LICENSED PRACTICAL NURSE

(a) The licensed practical nurse shall accept only those assigned nursing activities and responsibilities, as defined in Paragraphs (b) through (i) of this Rule, which the licensee can safely perform. That acceptance shall be based upon the variables in each practice setting which include:

- (1) the nurse's own qualifications in relation to client need and plan of nursing care, including:
 - (A) basic educational preparation; and
 - (B) knowledge and skills subsequently acquired through continuing education and practice;
- (2) the degree of supervision by the registered nurse consistent with Paragraph (d)(3) of this Rule;
- (3) the stability of each client's clinical condition;
- (4) the complexity and frequency of nursing care needed by each client or client group;
- (5) the accessible resources; and
- (6) established policies, procedures, practices, and channels of communication which lend support to the types of nursing services offered.

(b) Assessment is an on-going process and consists of participation in the determination of nursing care needs based upon collection and interpretation of data relevant to the health status of a client.

- (1) collection of data consists of obtaining data from relevant sources regarding the biophysical, psychological, **social social**, and cultural factors of the client's life and the influence these factors have on health status, according to structured written guidelines, policies and forms, and includes:
 - (A) subjective reporting;
 - (B) observations of appearance and behavior;
 - (C) measurements of physical structure and physiologic function; and
 - (D) information regarding available resources.
- (2) interpretation of data is limited to:

- (A) participation in the analysis of collected data by recognizing existing relationships between data gathered and a client's health status and treatment regimen; and
 - (B) determining a client's need for immediate nursing interventions based upon data gathered regarding the client's health status, ability to care for self, and treatment regimen consistent with Paragraph (a)(6) of this Rule.
- (c) Planning nursing care activities includes participation in the identification of client's needs related to the findings of the nursing assessment. Components of planning include:
- (1) participation in making decisions regarding implementation of nursing intervention and medical orders and plan of care through the utilization of assessment data;
 - (2) participation in multidisciplinary planning by providing resource data; and
 - (3) identification of nursing interventions and goals for review by the registered nurse.
- (d) Implementation of nursing activities consists of delivering nursing care according to an established health care plan and as assigned by the registered nurse or other **person(s)** **individual(s)** authorized by law as specified in G.S. 90-171.20 (8)(c).
- (1) Nursing activities and responsibilities which may be assigned to the licensed practical nurse include:
 - (A) procuring resources;
 - (B) implementing nursing interventions and medical orders consistent with Paragraph (b) of this Rule and Paragraph (c) of 21 NCAC 36 .0221 and within an environment conducive to client safety;
 - (C) prioritizing and performing nursing interventions;
 - (D) recognizing responses to nursing interventions;
 - (E) modifying immediate nursing interventions based on changes in a client's status; and
 - (F) delegating specific nursing tasks as outlined in the plan of care and consistent with Paragraph (d)(2) of this Rule, and 21 NCAC 36 .0401.

- (2) The licensed practical nurse may participate, consistent with 21 NCAC 36 .0224(d)(6), in implementing the health care plan by assigning nursing care activities to other licensed practical nurses and delegating nursing care activities to unlicensed personnel qualified and competent to perform such activities and providing all of the following criteria are met:
 - (A) validation of qualifications of personnel to whom nursing activities may be assigned or delegated;
 - (B) continuous availability of a registered nurse for supervision consistent with 21 NCAC 36 .0224(i) and Paragraph (d)(3) of this Rule;
 - (C) accountability maintained by the licensed practical nurse for responsibilities accepted, including nursing care given by self and by all other personnel to whom such care is assigned or delegated;
 - (D) participation by the licensed practical nurse in on-going observations of clients and evaluation of clients' responses to nursing actions; and
 - (E) provision of supervision limited to the validation that tasks have been performed as assigned or delegated and according to established standards of practice.

- (3) The degree of supervision required for the performance of any assigned or delegated nursing activity by the licensed practical nurse when implementing nursing care is determined by variables which include, but are not limited to:
 - (A) educational preparation of the licensed practical nurse, including both the basic educational program and the knowledge and skills subsequently acquired by the nurse through continuing education and practice;
 - (B) stability of the client's clinical condition, which involves both the predictability and rate of change. When a client's condition is one in which change is highly predictable and would be expected to occur over a period of days or weeks rather than minutes or hours, the licensed practical nurse participates in care with minimal supervision. When the client's condition is unpredictable or unstable, the licensed practical nurse participates in the performance of the task under close

supervision of the registered nurse or other person(s) individual(s) authorized by law to provide such supervision;

- (C) complexity of the nursing task which is determined by depth of scientific body of knowledge upon which the action is based and by the task's potential threat to the client's well-being. When a task is complex, the licensed practical nurse participates in the performance of the task under close supervision of the registered nurse or other person(s) individual(s) authorized by law to provide such supervision;
- (D) the complexity and frequency of nursing care needed by a given client population;
- (E) the proximity of clients to personnel;
- (F) the qualifications and number of staff;
- (G) the accessible resources; and
- (H) established policies, procedures, practices practices, and channels of communication which lend support to the types of nursing services offered.

(e) Evaluation, a component of implementing the health care plan, consists of participation in determining the extent to which desired outcomes of nursing care are met and in planning for subsequent care. Components of evaluation by the licensed practical nurse include:

- (1) collecting evaluative data from relevant sources according to written guidelines, policies policies, and forms;
- (2) recognizing the effectiveness of nursing interventions; and
- (3) proposing modifications to the plan of care for review by the registered nurse or other person(s) individual(s) authorized by law to prescribe such a plan.

(f) Reporting and recording are those communications required in relation to the aspects of nursing care for which the licensed practical nurse has been assigned responsibility.

- (1) Reporting means the communication of information to other persons individuals responsible for or involved in the care of the client. The licensed practical nurse is accountable for:

- (A) directing the communication to the appropriate **person(s) individual(s)** and consistent with established policies, procedures, **practices practices**, and channels of communication which lend support to types of nursing services offered;
 - (B) communicating within a time period which is consistent with the client's need for care;
 - (C) evaluating the nature of responses to information reported; and
 - (D) determining whether further communication is indicated.
- (2) Recording means the documentation of information on the appropriate client record, nursing care **plan plan**, or other documents. This documentation must:
- (A) be pertinent to the client's health care including client's response to care provided;
 - (B) accurately describe all aspects of nursing care provided by the licensed practical nurse;
 - (C) be completed within a time period consistent with the client's need for care;
 - (D) reflect the communication of information to other persons; and
 - (E) verify the proper administration and disposal of controlled substances.
- (g) Collaborating involves communicating and working cooperatively in implementing the health care plan with individuals whose services may have a direct or indirect effect upon the client's health care. As delegated by the registered nurse or other **person(s) individual(s)** authorized by law, the licensed practical nurse's role in collaborating in client care includes:
- (1) participating in planning and implementing nursing or multidisciplinary approaches for the client's care;
 - (2) seeking and utilizing appropriate resources in the referral process; and
 - (3) safeguarding confidentiality.
- (h) **"Participating Participating"** in the teaching and **counseling- counseling** of clients as assigned by the registered nurse, physician or other qualified professional licensed to

practice in North Carolina is the responsibility of the licensed practical nurse. Participation includes:

- (1) providing accurate and consistent information, demonstrations, and guidance to clients, their ~~families~~ families, or significant others regarding the client's health status and health care for the purpose of:
 - (A) increasing knowledge;
 - (B) assisting the client to reach an optimum level of health functioning and participation in ~~self-care; self-care;~~ and
 - (C) promoting the client's ability to make informed decisions.
 - (2) collecting evaluative data consistent with Paragraph (e) of this Rule.
- (i) Accepting responsibility for self for individual nursing actions, ~~competence~~ competence, and behavior which includes:
- (1) having knowledge and understanding of the statutes and rules governing nursing;
 - (2) functioning within the legal boundaries of licensed practical nurse practice; and
 - (3) respecting client rights and property, and the rights and property of others.

History Note: Authority G.S. 90-171.20(7),(8); 90-171.23(b); 90-171.43(4);

Eff. January 1, 1991;

Amended Eff. January 1, 1996;

Temporary Amendment Eff. October 24, 2001;

Amended Eff. November 1, 2018; August 1, 2002.

21 NCAC 36 .0226 NURSE ANESTHESIA PRACTICE

(a) Only those registered nurses who meet the qualifications as outlined in Paragraph (b) of this Rule may perform nurse anesthesia activities outlined in Paragraph (c) of this Rule.

(b) Qualifications and Definitions:

- (1) The registered nurse who completes a program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs, is credentialed as a certified registered nurse anesthetist by the Council on Certification of Nurse Anesthetists, and who maintains recertification through the Council on Recertification of Nurse Anesthetists, may perform nurse anesthesia activities in collaboration with a physician, dentist, podiatrist, or other lawfully qualified health care provider, but may not prescribe a medical treatment regimen or make a medical diagnosis except under the supervision of a licensed physician; and
- (2) Collaboration is a process by which the certified registered nurse anesthetist works with one or more qualified health care providers, each contributing his or her respective area of expertise consistent with the appropriate occupational licensure laws of the State and according to the established policies, procedures, ~~practices~~ practices, and channels of communication which lend support to nurse anesthesia ~~services~~ services, and which define the role(s) and responsibilities of the qualified nurse anesthetist within the practice setting. The individual nurse anesthetist maintains accountability for the outcome of his or her actions.

(c) Nurse Anesthesia activities and responsibilities which the appropriately qualified registered nurse anesthetist may safely accept are dependent upon the individual's knowledge and skills skills, and other variables in each practice setting as outlined in 21 NCAC 36 .0224(a). These activities include:

- (1) Preanesthesia preparation and evaluation of the client to include:
 - (A) performing a pre-operative health assessment;
 - (B) recommending, ~~requesting~~ requesting, and evaluating pertinent diagnostic studies; and
 - (C) selecting and administering preanesthetic medications.

- (2) Anesthesia induction, ~~maintenance~~ maintenance, and emergence of the client to include:
- (A) securing, ~~preparing~~ preparing, and providing safety checks on all equipment, monitors, ~~supplies~~ supplies, and pharmaceutical agents used for the administration of anesthesia;
 - (B) selecting, implementing, and managing general anesthesia; monitored anesthesia care; and regional anesthesia modalities, including administering anesthetic and related pharmaceutical agents, consistent with the client's needs and procedural requirements;
 - (C) performing tracheal intubation, ~~extubation~~ extubation, and providing mechanical ventilation;
 - (D) providing perianesthetic invasive and non-invasive monitoring, recognizing abnormal findings, implementing corrective action, and requesting consultation with appropriately qualified health care providers as necessary;
 - (E) managing the client's fluid, blood, ~~electrolyte~~ electrolyte, and acid-base balance; and
 - (F) evaluating the client's response during ~~emergency~~ emergency from ~~anesthesia~~ anesthesia, and implementing pharmaceutical and supportive treatment to ensure the adequacy of client recovery from anesthesia.
- (3) Postanesthesia Care of the client to include:
- (A) providing postanesthesia follow-up care, including evaluating the client's response to anesthesia, recognizing potential anesthetic complications, implementing corrective actions, and requesting consultation with appropriately qualified health care professionals as necessary;
 - (B) initiating and administering respiratory support to ensure adequate ventilation and oxygenation in the immediate postanesthesia period;
 - (C) initiating and administering pharmacological or fluid support of the cardiovascular system during the immediate postanesthesia period;

- (D) documenting all aspects of nurse anesthesia care and reporting the client's status, perianesthetic course, and anticipated problems to an appropriately qualified postanesthetic health care provider who assumes the client's care following anesthesia consistent with 21 NCAC 36 .0224(f); and
- (E) releasing clients from the postanesthesia care or surgical setting as per established agency policy.

(d) Other clinical activities for which the qualified registered nurse anesthetist may accept responsibility include, but are not limited to:

- (1) inserting central vascular access catheters and epidural catheters;
- (2) identifying, responding **to to**, and managing emergency situations, including initiating and participating in cardiopulmonary resuscitation;
- (3) providing consultation related to respiratory and ventilatory care and implementing such care according to established policies within the practice setting; and
- (4) initiating and managing pain relief therapy utilizing pharmaceutical agents, regional anesthetic **techniques techniques**, and other accepted pain relief modalities according to established policies and protocols within the practice setting.

History Note: Authority G.S. 90-171.20(4); 90-171.20(7); 90-171.21; 90-171.23; 90-171.42(b);

Eff. July 1, 1993;

Temporary Amendment Eff. July 25, 1994 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;

*Amended Eff. **November 1, 2018**; December 1, 2010; December 1, 1994.*

21 NCAC 36 .0228 CLINICAL NURSE SPECIALIST PRACTICE

(a) Effective July 1, 2015, only a registered nurse who meets the qualifications as outlined in Paragraph (b) of this Rule shall be recognized by the Board as a clinical nurse specialist to perform advanced practice registered nursing activities as outlined in Paragraph (f) of this Rule.

(b) The Board ~~of Nursing~~ shall recognize an applicant who:

- (1) has an ~~unrestricted~~ active, unencumbered license to practice as a registered nurse in North Carolina or a state that has adopted the Nurse Licensure Compact;
- (2) has an unrestricted previous approval, ~~registration~~ registration, or license as a clinical nurse specialist if previously approved, registered, or licensed as a clinical nurse specialist in another state, territory, or possession of the United States;
- (3) has successfully completed a master's or higher degree program accredited by a nursing accrediting body approved by the United States Secretary of Education or the Council for Higher Education Accreditation and meets the qualifications for clinical nurse specialist certification by an approved national credentialing body under Part (b)(4)(A) of this Rule; and
- (4) either:
 - (A) has current certification as a clinical nurse specialist from a national credentialing body approved by the ~~Board of Nursing, Board~~, as defined in Paragraph (h) of this Rule and 21 NCAC 36 .0120(26); or
 - (B) if no clinical nurse specialist certification is available in the specialty, meets requirements determined by the Board to be equivalent to national certification. The Board shall determine equivalence based on consideration of an official transcript and course descriptions validating Subparagraph (b)(3) of this Rule, current curriculum vitae, work history, and professional recommendations indicating evidence of at least 1,000 hours of clinical nurse specialist practice, and documentation of certificates

indicating 75 contact hours of continuing education applicable to clinical nurse specialist practice during the previous five years.

(c) An applicant certified as a clinical nurse specialist by a national credentialing body prior to January 1, 2007 and who has maintained that certification and active clinical nurse specialist practice, and holds a master's or higher degree in nursing or a related field shall be recognized by the Board as a clinical nurse specialist.

(d) New graduates seeking first-time clinical nurse specialist recognition in North Carolina shall hold a ~~Master's, master's or doctoral degree or a post-master's post-master's certificate or higher degree~~ from a clinical nurse specialist program accredited by a nursing accrediting body approved by the U.S. Secretary of Education or the Council for Higher Education Accreditation as acceptable by the Board, and meets all requirements in Subparagraph (b)(1) and Part (g)(5)(A) of this Rule.

(e) A clinical nurse specialist seeking Board ~~of Nursing~~ recognition who has not practiced as a clinical nurse specialist in more than two years shall complete a clinical nurse specialist refresher course approved by the Board ~~of Nursing~~ in accordance with 21 NCAC 36 .0220(o) and (p) and consisting of common conditions and their management related to the clinical nurse specialist's area of education and certification. A clinical nurse specialist refresher course participant shall be granted clinical nurse specialist recognition that is limited to clinical activities required by the refresher course.

(f) The scope of practice of a clinical nurse specialist incorporates the basic components of nursing practice as defined in Rule .0224 of this Section as well as the understanding and application of nursing principles at an advanced practice registered nurse level in the area of clinical nursing specialization in which the clinical nurse specialist is educationally prepared and for which competency has been maintained that includes the following:

- (1) assessing clients' health status, ~~synthesizing synthesizing,~~ and analyzing multiple sources of data, and identifying alternative possibilities as to the nature of a healthcare problem;
- (2) diagnosing and managing clients' acute and chronic health problems within an advanced practice nursing framework;

- (3) assessing for and monitoring the usage and effect of pharmacologic agents within an advanced practice nursing framework;
 - (4) formulating strategies to promote wellness and prevent illness;
 - (5) prescribing and implementing therapeutic and corrective non-pharmacologic nursing interventions;
 - (6) planning for situations beyond the clinical nurse specialist's expertise, and consulting with or referring clients to other health care providers as appropriate;
 - (7) promoting and practicing in collegial and collaborative relationships with clients, families, other health care ~~professionals~~ professionals, and individuals whose decisions influence the health of individual clients, ~~families~~ families, and communities;
 - (8) initiating, ~~establishing~~ establishing, and utilizing measures to evaluate health care outcomes and modify nursing practice decisions;
 - (9) assuming leadership for the application of research findings for the improvement of health care outcomes; and
 - (10) integrating education, consultation, management, leadership, and research into the clinical nurse specialist role.
- (g) A registered nurse seeking recognition by the Board as a clinical nurse specialist shall:
- (1) complete the appropriate application that shall include the following:
 - (A) evidence of a ~~masters, master's or doctoral degree or a~~ post-master's ~~certificate certificate, or doctoral degree~~ as set out in Subparagraph (b)(3) or Paragraph (d) of this Rule; and, either
 - (B) evidence of current certification in a clinical nursing specialty from a national credentialing body as set out in Part (b)(4)(A) of this Rule; or
 - (C) meet requirements as set out in Part (b)(4)(B) of this Rule;
 - (2) renew the recognition every two years at the time of registered nurse renewal; and
 - (3) either:

- (A) submit evidence of initial certification and re-certification by a national credentialing body at the time such occurs in order to maintain Board of Nursing recognition consistent with Paragraphs (b) and (h) of this Rule; or
- (B) if subject to Part (b)(4)(B) of this Rule, submit evidence of at least 1,000 hours of practice and 75 contact hours of continuing education every five years.

(h) The Board of Nursing may approve those national credentialing bodies offering certification and recertification in a clinical nursing specialty that have established the following minimum requirements:

- (1) an unrestricted registered nurse license; and
- (2) certification as a clinical nurse specialist shall be limited to applicant prepared with a ~~masters, master's or doctoral degree or a~~ post-master's certificate, or doctorally prepared applicant certificate.

*History Note: Authority G.S. 90-171.20(4); 90-171.20(7); 90-171.21(d)(4); 90-171.23(b); 90-171.27(b); 90-171.42(b);
Eff. April 1, 1996;
Amended Eff. November 1, 2018; January 1, 2015; April 1, 2008; January 1, 2007; November 1, 2005; August 1, 2005; April 1, 2003.*

21 NCAC 36 .0232 CONTINUING COMPETENCE

(a) ~~Effective July 1, 2006, upon~~ Upon application for license renewal or reinstatement, each licensee shall:

- (1) Complete a self-assessment of practice including the dimensions of: professional responsibility, knowledge based practice, legal/ethical practice practice, and collaborating with others;
- (2) Develop a plan for continued learning; and
- (3) Select and implement a learning activity option from those outlined in Paragraph (b) of this Rule.

(b) ~~Effective July 1, 2008, upon~~ Upon application for license renewal or reinstatement, each licensee shall attest to having completed one of the following learning activity options during the preceding renewal cycle and ~~be prepared to~~ submit evidence of completion if requested by the Board:

- (1) National Certification or re-certification related to the nurse's practice role by a national credentialing body recognized by the Board, consistent with 21 NCAC 36 .0120 and 21 NCAC 36 .0801;
- (2) Thirty contact hours of continuing education activities related to the nurse's practice;
- (3) Completion of a ~~Board-approved~~ Board-approved refresher course, consistent with 21 NCAC 36 .0220 and 21 NCAC 36 .0808(d);
- (4) Completion of a minimum of two semester hours of post-licensure academic education related to nursing practice;
- (5) Fifteen contact hours of a continuing education activity related to the nurse's practice and completion of a nursing project as principal or co-principal investigator to include a statement of the problem, project objectives, ~~methods~~ methods, and summary of findings;
- (6) Fifteen contact hours of a continuing education activity related to the nurse's practice and authoring or co-authoring a published nursing-related article, paper, book book, or book chapter;
- (7) Fifteen contact hours of a continuing education activity related to the nurse's practice and designing, developing, and conducting an educational

presentation or presentations totaling a minimum of five contact hours for nurses or other health professionals; or

- (8) Fifteen contact hours of a continuing education activity related to the nurse's practice and 640 hours of active practice within the previous two years.

(c) The following documentation shall be accepted as evidence of completion of learning activity options outlined in Paragraph (b) of this Rule:

- (1) Evidence of national certification shall include a copy of a certificate which includes name of licensee, name of certifying body, date of certification, date of certification expiration. Certification shall be initially attained during the licensure period, or have been in effect during the entire licensure period, or have been re-certified during the licensure period.
- (2) Evidence of contact hours of continuing education shall include the name of the licensee; licensee, title of educational activity, name of the provider, number of contact hours hours, and date of activity.
- (3) Evidence of completion of a Board-approved Board-approved refresher course shall include written correspondence from the provider with the name of the licensee, name of the provider, and verification of successful completion of the course.
- (4) Evidence of post-licensure academic education shall include a copy of transcript with the name of the licensee, name of educational institution, date of attendance, name of course with grade grade, and number of credit hours received.
- (5) Evidence of completion of a nursing project shall include an abstract or summary of the project, the name of the licensee, role of the licensee as principal or co-principal investigator, date of project completion, statement of the problem, project objectives, methods used used, and summary of findings.
- (6) Evidence of authoring or co-authoring a published nursing-related article, paper, book book, or book chapter which shall include a copy of the publication to include the name of the licensee and publication date.

- (7) Evidence of developing and conducting an educational presentation or presentations totaling at least five contact hours for nurses or other health professionals shall include a copy of program brochure or course syllabi, objectives, content and teaching methods, and date and location of presentation.
- (8) Evidence of 640 hours of active practice in nursing shall include documentation of the name of the licensee, number of hours worked in calendar or fiscal year, name and address of ~~employer~~ employer, and signature of supervisor. If self-employed, hours worked may be validated through other methods such as tax records or other business records. If active practice is of a volunteer or gratuitous nature, hours worked may be validated by the recipient agency.

(d) A licensee shall retain supporting documentation to provide proof of completion of the option chosen in Paragraph (b) of this Rule ~~throughout the renewal cycle.~~ for three years.

(e) ~~Effective July 1, 2008, at~~ At the time of license renewal or reinstatement, licensees may be subject to audit for proof of compliance with the Board's requirements for continuing competence.

(f) The Board shall inform licensees of their selection for audit ~~upon notice~~ at the time of license renewal or request for reinstatement. Documentation of acceptable evidence shall be consistent with Paragraph (c) of this Rule and shall be submitted to the Board no later than the last day of the renewal month.

(g) Failure of a licensee to meet the requirements of this Rule at the time of renewal shall result in ~~disciplinary action pursuant to G.S. 90-171.37 and 21 NCAC 36.0217.~~ license not being renewed until evidence of compliance is submitted and approved by the Board.

(h) Licensee shall not be reinstated until licensee has met all requirements of this Rule.

History Note: Authority G.S. 90-171.23(b); 90-171.37(1) and (8);

Eff. May 1, 2006;

Amended Eff. November 1, 2018; November 1, 2008

21 NCAC 36 .0233 OUT OF STATE STUDENTS

(a) Unlicensed nursing students enrolled in ~~out-of-state~~ out-of-state nursing education programs who are requesting utilization of North Carolina clinical facilities shall be allowed such experiences following approval by the ~~Board of Nursing.~~ Board. Upon receiving such a request, the chief nursing administrator of a North Carolina clinical facility shall provide the Board with the following at least 30 days prior to the start of the requested experience:

- (1) Letter of request for approval to provide the clinical offering including proposed starting and completion dates;
- (2) Documentation that the nursing program is currently approved by the Board of Nursing in the state in which the parent institution is located;
- (3) Name, ~~qualifications~~ qualifications, and evidence of ~~current RN~~ an active, unencumbered registered nurse licensure of the faculty responsible for coordinating the student's experience; and
- (4) Name, ~~qualifications~~ qualifications, and evidence of ~~current active~~ unencumbered license to practice as ~~an RN~~ a registered nurse in NC North Carolina for preceptor or on-site faculty.

(b) Copies of the following shall be distributed by the chief nursing administrator of the clinical facility to all students and faculty involved in the clinical experiences:

- (1) North Carolina Nursing Practice Act;
- (2) North Carolina administrative rules and related interpretations regarding the role of the ~~RN,~~ registered nurse, ~~LPN,~~ licensed practical nurse, and unlicensed nursing personnel; and
- (3) North Carolina Board of Nursing developed Suggestions for Utilization of Preceptors.

(c) Failure to continue in compliance with the requirements in Paragraph (a) of this Rule shall result in the immediate withdrawal of the Board's approval of the clinical offering and student status consistent with G.S. 90-171.43(2).

History Note: Authority G.S. 90-85.3; 90-171.23(b) 90-171.43; 90-171.83;

Eff. April 1, 2008.

Amended Eff. November 1, 2018.

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

(a) ~~At least six months prior to the proposed enrollment of students in a nursing program, an An~~ institution seeking ~~Initial approval~~ Approval to operate a nursing program shall employ a program director qualified pursuant to ~~21 NCAC 36 .0317(c) to develop an application documenting the following:~~ Rule .0317(c) of this Section.

(b) The program director shall submit an Application for Initial Approval at least six months prior to proposed program start date which documents the following:

- (1) a narrative description of the organizational structure of the program and its relationship to the controlling institution, including accreditation status. The controlling institution shall be an accredited institution;
- (2) a general overview of the entire proposed curriculum that includes:
 - (A) the program philosophy, purposes, and objectives;
 - (B) a master plan of the curriculum, indicating the sequence for both nursing and non-nursing courses, as well as prerequisites and corequisites;
 - (C) course descriptions and course objectives for all courses; and
 - (D) course syllabi pursuant to 21 NCAC 36. 0321(i) for all first-year nursing courses;
- (3) the proposed student population;
- (4) the projected student enrollment;
- (5) evidence of learning resources and clinical experiences available to implement and maintain the program;
- (6) financial resources adequate to begin and maintain the program;
- (7) physical facilities adequate to house the program;
- (8) support services available to the program from the controlling institution;
- (9) approval of the program by the governing body of the controlling institution; and
- (10) a plan with a specified time frame for:
 - (A) availability of qualified faculty as specified in 21 NCAC 36 .0318;

- (B) course syllabi as specified in 21 NCAC 36.0321(h) of this Section for all nursing courses;
- (C) student policies for admission, progression, and graduation of students, pursuant to 21 NCAC 36.0320 of this Section; and
- (D) comprehensive program evaluation pursuant to 21 NCAC 36.0317(d).

~~(b)(c)~~ The application to establish a nursing program shall ~~be on a Board form,~~ contain current and accurate information required in Paragraph (a) of this Rule, be complete, and be signed by the program director and the chief executive officer of the controlling institution.

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

(e) If another program exists in the institution, the application shall include:

(1) the organizational relationship of the existing program and the proposed program in the institution;

(2) the NCLEX pass rate of the existing program for the past three years; and

(3) a description of the expected impact of the proposed program on the existing program including:

(A) availability of a program director for each program;

(B) availability of qualified faculty;

(C) physical facilities adequate to house both programs;

(D) availability of learning resources;

(E) availability of clinical experiences; and

(F) adequacy of student services.

(f) No new program application shall be considered when a nursing program currently exists in the institution if:

(1) the NCLEX pass rate of the existing program has not met the standard for the past three years; and

(2) resources are not demonstrated to be adequate to maintain both the existing and the proposed program in compliance with Rules 0300 to 0323 of this Section.

~~(d)~~(g) The Board shall conduct an on-site survey of the proposed program after the application meets all the requirements set forth in this Rule, shall prepare a survey report, and afford the petitioning institution an opportunity to respond to the survey report.

~~(e)~~(h) The Board shall consider all evidence, including the application, the survey report, comments from representatives of the petitioning institution, public comments, and the status of other nursing programs at the institution in determining whether to approve the application.

~~(f)~~(i) If the Board finds, from the evidence presented, that the resources and plans meet all requirements set forth in this Rule for establishing a new nursing program, application is approved, the Board shall grant Initial Approval, and shall establish a maximum enrollment and implementation date.

~~(g) If the Board determines that a proposed program does not comply with all rules, Initial Approval shall be denied.~~

~~(h)~~(j) The Board shall rescind the Initial Approval of a program if the controlling institution fails to submit documentation as set forth in the plan required by Subparagraph ~~(a)(10)~~ (b)(10) of this Rule.

~~(i)~~(k) The Board shall rescind the Initial Approval of a program if the first class of students is not enrolled in the program within one year after issuing the Initial Approval.

~~(j)~~(l) For 12 months following rescission of approval, the controlling institution shall not submit an application for establishing a nursing program.

~~(k)~~(m) A program shall retain Initial Approval Status for the time necessary for full implementation of the curriculum provided that the program complies with Section .0300 of this Chapter.

~~(l)~~(n) Programs with Initial Approval shall be surveyed:

- (1) during the final term of curriculum implementation of the program; and
- (2) upon receipt by the Board of information that the program may not be complying with Section .0300.

~~(m)~~(o) If at any time it comes to the attention of the Board that a program on Initial Approval is not complying with Section .0300 of this Chapter, the program, upon written notification, shall:

- (1) correct the area of noncompliance and submit written evidence of this correction to the Board; or
- (2) submit and implement a plan for correction to the Board.

~~(n)~~(p) The Board shall rescind the Initial Approval of a program if the Board determines that the program does not comply with Paragraph ~~(m)~~ (o) of this Rule.

~~(e)~~(q) If, following the survey and during final curriculum implementation, the ~~Boards Board~~ finds that the program is complying with Section .0300 of this Chapter, the Board shall place the program on Full Approval status.

~~(p)~~(r) If, following the survey and during final curriculum implementation, the Board finds that the program does not comply with the Section .0300 of this Chapter, the Board shall rescind the program's Initial Approval and provide the program with written notice of the Board's decision.

~~(q)~~(s) Upon written request from the program submitted within 10 business days of the Board's written notice of rescinding the Initial Approval, the Board shall schedule a hearing ~~within 30 business days from the date on which the request was received. at the next available meeting of the Board for which appropriate notice can be provided, or scheduled by consent of the parties.~~

~~(r)~~(t) Following the hearing and consideration of all evidence provided, the Board shall assign the program Full Approval status or shall enter an Order rescinding the Initial Approval status, which shall constitute program closure pursuant to 21 NCAC 36 .0309.

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

Eff. February 1, 1976;

Amended Eff. ~~November 1, 2018;~~ June 1, 1992; January 1, 1989; November 1, 1984; May 1, 1982;

Temporary Amendment Eff. October 11, 2001;

Amended Eff. December 1, 2016; January 1, 2009; December 1, 2005; August 1, 2002.

21 NCAC 36 .0303 EXISTING NURSING PROGRAM

(a) All nursing programs under the authority of the Board may obtain national program accreditation by a nursing accreditation body as defined in 21 NCAC ~~36 .0120(29)~~ 36 .0120(30).

(b) Board action is based upon each program's performance and demonstrated compliance to the Board's requirements and responses to the Board's recommendations. The Board may, depending on the severity and pattern of violations, require corrective action for identified deficiencies, impose a monitoring plan, conduct a program survey, change program approval status, issue discipline, or close a program.

(b)(c) Full Approval

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

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

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

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

~~(e)~~(d) Warning Status

- (1) If the Board determines that a program is not complying with the ~~rules~~ **Rules** in this Section, the Board ~~shall~~ **may** assign the program Warning Status and shall give written notice by certified mail to the program specifying:
 - (A) the areas in which there is noncompliance;
 - (B) the date by which the program must comply with the rules in this Section. The maximum time for compliance is two years after issuance of the written notice; and
 - (C) the opportunity to schedule a hearing. Any request for a hearing regarding the program Warning Status shall be submitted to the Board. A hearing shall be afforded pursuant to the provisions of G.S. 150B, Article 3A.
- (2) On or before the required date of compliance identified in this Paragraph, if the Board determines that the program is complying with the rules in this Section, the Board shall assign the program Full Approval Status.
- (3) If the Board finds the program is not in compliance with the rules in this Section by the date specified in Part ~~(e)(1)(B)~~ **(d)(1)(B)** of this Rule, the program shall remain on Warning Status: and,
 - (A) a review by the Board shall be conducted during that time;
 - (B) following review, the Board may continue the program on Warning Status; or
 - (C) the Board may withdraw approval, constituting program closure consistent with Subparagraph (b)(4) of this Rule.
- (4) Upon written request from the program submitted within 10 business days of the Board's written notice of Warning Status, the Board shall schedule a hearing ~~within 30 business days after the date on which the request was received.~~ **at the next available meeting of the Board for which appropriate notice can be provided, or scheduled by consent of the parties.**

~~(5) — When a hearing is held at the request of the program and the Board determines the program is in compliance with the rules in this Section, the Board shall assign the program Full Approval Status.~~

~~(6)~~(5) When a hearing is held at the request of the program and the Board determines that the program is not in compliance with the rules in this Section, the program shall remain on Warning Status; and,

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

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

(C) the Board may withdraw approval, constituting program closure consistent with Subparagraph ~~(b)(4)~~ (c)(4) of this Rule.

History Note: Authority G.S. 90-171.23(b); 90-171.38; 90-171.39; 90-171.40;

Eff. February 1, 1976;

Amended Eff. November 1, 2018; December 1, 2016; August 1, 2011; July 3, 2008; March 1, 2006; January 1, 2004; June 1, 1992; January 1, 1989.

21 NCAC 36 .0309 PROCESS FOR PROGRAM CLOSURE

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

(b) When the Board closes a nursing program, the program director shall, within 30 days, develop and submit a plan for discontinuation of the program for Board approval. The plan shall address transfer of students to approved programs.

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

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

Eff. June 1, 1992;

Amended Eff. November 1, 2018; December 1, 2016; December 1, 2005.

21 NCAC 36 .0317 ADMINISTRATION

(a) The controlling institution of a nursing program shall provide those human, physical, technical, and financial resources and services essential to support program processes and outcomes, including those listed in Paragraph ~~(d)~~ (f) and ~~(e)~~ (g) of this Rule, and maintain compliance with Section .0300 of this Chapter.

(b) A full-time registered nurse qualified pursuant to Paragraph ~~(e)~~ (e) of this Rule shall have the authority for the direction of the nursing program.

~~(c)~~ ~~This authority~~ The program director shall ~~encompass responsibilities~~ have the authority and responsibility for maintaining compliance with ~~rules~~ Rules and other legal requirements in all areas of the program.

~~(d)~~ The program director shall have non-teaching time sufficient to allow for program organization, administration, continuous review, planning, and development.

~~(e)~~~~(e)~~ ~~Program~~ The program director in a program preparing students for initial nurse licensure shall satisfy the following requirements:

- (1) hold ~~a current unrestricted~~ an active unencumbered license or multistate licensure privilege to practice as a registered nurse in North Carolina;
- (2) have two years of full-time experience as a faculty member in a Board-approved nursing program;
- (3) be experientially qualified to lead the program to accomplish the mission, goals, and expected program outcomes;
- (4) hold either a baccalaureate in nursing or a graduate degree in nursing from an accredited institution. If newly employed on or after January 1, 2016, hold a graduate degree from an accredited institution. If newly employed on or after January 1, 2021, hold a graduate degree in nursing from an accredited institution;
- (5) prior to or within the first three years of employment, have education in teaching and learning principles for adult education, including curriculum development, implementation, and evaluation, appropriate to the program director role. Once completed, this preparation need not be repeated if employing organization is changed. This ~~education~~ preparation may be demonstrated by one of the following:

- (A) completion of 45 contact hours of Board-approved continuing education courses;
- (B) completion of a certificate program in nursing education;
- (C) nine semester hours of graduate course work in adult learning and learning principles;
- (D) national certification in nursing education; **or**
- (E) documentation of successful completion of structured, individualized development activities of at least 45 contact hours approved by the Board. Criteria for approval include content in the faculty role within the curriculum implementation, curricular objectives to be met and evaluated, review of strategies for identified student population, and expectations of student and faculty performance; **or**

(F) any registered nurse who was employed as a nurse program director for the first time prior to January 1, 1984 is exempt from the requirements in (5)(E)- this Subparagraph.

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

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

- (1) students' achievement of program outcomes;
- (2) evidence of program resources, including fiscal, physical, human, clinical, and technical learning resources; student support services; and the availability of clinical sites and the viability of those sites adequate to meet the objectives of the program;
- (3) measures of program outcomes for graduates;
- (4) evidence that accurate program information for the public is available;
- (5) evidence that the controlling institution and its administration support program outcomes;

- (6) evidence that program director and program faculty meet Board qualifications and are sufficient in number to achieve program outcomes;
- (7) evidence that the academic institution assures security of student information;
- (8) evidence that collected evaluative data is utilized in implementing quality improvement activities; and
- (9) evidence of student participation in program planning, implementation, evaluation, and continuous improvement.

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

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

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

Eff. June 1, 1992;

*Amended Eff. **November 1, 2018**; December 1, 2016; January 1, 2015;
April 1, 2008; March 1, 2006.*

21 NCAC 36 .0318 FACULTY

- (a) All Nursing nursing program faculty shall faculty, to include both full-time and part-time faculty members. Part-time faculty members, shall participate in curriculum implementation and evaluation.
- (b) Policies for nursing program faculty members shall be consistent with those for other faculty of the institution. Variations in these policies may shall be necessary due to the nature of the nursing curriculum.
- (c) Fifty percent or more of the nursing faculty shall hold a graduate degree.
- (d) As of January 1, 2021, at least 80 percent of the full-time faculty shall hold a graduate degree in nursing.
- (e) As of January 1, 2021, at least 50 percent of the part-time faculty shall hold a graduate degree in nursing.
- (f) All faculty shall hold a current unrestricted an active unencumbered license or multistate licensure privilege to practice as a registered nurse in North Carolina.
- (g) Nurses licensed pursuant to this Chapter who are full-time and part-time faculty and who teach in a program leading to initial licensure as a nurse shall:
- (1) hold either a baccalaureate in nursing or a graduate degree in nursing from an accredited institution;
 - (2) have two calendar years or the equivalent of full-time clinical experience as a registered nurse;
 - (3) if newly employed in a full-time faculty position on or after January 1, 2016, hold a graduate degree from an accredited institution or obtain a graduate degree in nursing from an accredited institution within five years of initial full-time employment;
 - (4) prior to or within the first three years of employment, have education in teaching and learning principles for adult education, including curriculum development, implementation, and evaluation, appropriate to faculty assignment. Once completed, this preparation need not be repeated if employing organization is changed. This preparation may be demonstrated by one of the following:

- (A) completion of 45 contact hours of Board-approved continuing education courses;
 - (B) completion of a certificate program in nursing education;
 - (C) nine semester hours of graduate course work in adult learning and learning principles;
 - (D) national certification in nursing education; **or**
 - (E) documentation of successful completion of structured, individualized development activities of at least 45 contact hours approved by the Board. Criteria for approval include content in the faculty role in the curriculum implementation, curricular objectives to be met and evaluated, review of strategies for identified student population, and expectations of student and faculty performance; **or**
 - (F) any registered nurse who was employed as a nurse faculty member or program director prior to January 1, 1984 is exempt from the requirements in .0318(g)(4) as noted above.**
- (5) maintain competence in the areas of assigned responsibility; and
 - (6) have **current** knowledge of **current** nursing practice for the registered nurse and the licensed practical nurse.
- (h) Interdisciplinary faculty who teach in nursing program courses shall have academic preparation in the content area they are teaching.
- (i) Clinical preceptors shall have competencies, assessed by the nursing program, related to the area of assigned clinical teaching **responsibilities and shall serve as role models to students. responsibilities.** Clinical preceptors may be used to enhance faculty-directed clinical learning experiences after a student has received basic instruction for that specific learning experience. Clinical preceptors shall hold **a current, unrestricted an active unencumbered** license to practice as a registered nurse in North Carolina.
- (j) Nurse faculty members shall have the authority and responsibility for:
- (1) student admission, progression, and graduation requirements; and
 - (2) the development, implementation, and evaluation of the curriculum.

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

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

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

Eff. February 1, 1976;

*Amended Eff. **November 1, 2018**; December 1, 2016; January 1, 2015; August 1, 2011; November 1, 2008; July 1, 2006; July 1, 2000; January 1, 1996; June 1, 1992; January 1, 1989; January 1, 1984.*

21 NCAC 36 .0320 STUDENTS

(a) Students in nursing programs shall meet requirements established by the controlling institution.

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

- (1) record of high school graduation, ~~high school~~ **high school** equivalent, or earned credits from a post-secondary institution;
- (2) achievement potential through the use of previous academic records and pre-entrance examination cut-off scores that are consistent with curriculum demands and scholastic expectations; and
- (3) physical and emotional health that would provide evidence that is indicative of the applicant's ability to provide **safe competent** nursing care to the public.

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

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

- (1) present physical or emotional problems which conflict with the safety essential to nursing practice and do not respond to treatment or counseling within a timeframe that enables meeting program objectives;
- (2) demonstrate behavior which conflicts with the safety essential to nursing practice; or
- (3) fail to demonstrate professional behavior, including honesty, integrity, and appropriate use of social media, while in the nursing program of study.

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

(f) The controlling institution shall publish policies in nursing student handbook and college catalog for transfer of credits or for admission to advanced placement and the

nursing program shall determine the total number of nursing courses or credits awarded for advanced placement.

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

Eff. February 1, 1976;

*Amended Eff. **November 1, 2018**; December 1, 2016; January 1, 2006; August 1, 1998; January 1, 1996; June 1, 1992; January 1, 1989; January 1, 1984.*

21 NCAC 36 .0321 CURRICULUM

(a) The nursing program curriculum shall:

- (1) be planned by nursing program faculty;
- (2) reflect the stated program philosophy, purposes, and objectives pursuant to 21 NCAC 36 .0302(a)(2);
- (3) be consistent with Article 9A of G.S. 90 and the Rules in this Chapter governing the practice of nursing;
- (4) define the level of performance required to pass each course in the curriculum;
- (5) enable the student to develop the nursing knowledge, **skills skills**, and abilities necessary for competent practice consistent with the level of licensure and scope as set forth in 21 NCAC 36 .0221, .0224, .0225, and .0231;
- (6) include content in the biological, physical, social, and behavioral sciences to provide a foundation for **safe competent**, and effective nursing practice;
- (7) provide students the opportunity to acquire and demonstrate, through didactic content and clinical experience under faculty supervision, the knowledge, skills, and abilities required for **safe**, effective, and competent nursing practice across the lifespan; and
- (8) be revised as necessary to maintain a program that reflects changes and advances in health care and its delivery.

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

- (1) **Implementing implementing** safety principles and practices minimizing risk of harm to clients and providers through both system effectiveness and individual performance;
- (2) **Using using** informatics to communicate, manage knowledge, mitigate error, and support decision making;
- (3) **Employing employing** evidence-based practice to integrate best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care;

- (4) **Providing providing** client-centered, culturally competent care by:
 - (A) respecting client differences, values, preferences, and expressed needs;
 - (B) involving clients in decision-making and care management;
 - (C) coordinating and managing continuous client care consistent with the level of licensure. This includes the demonstrated ability to supervise others and provide leadership of the profession appropriate for program type; and
 - (D) promoting healthy lifestyles for clients and populations.
- (5) **Working working** in interdisciplinary teams to cooperate, collaborate, communicate, and integrate client care and health promotion; and,
- (6) **Participating participating** in quality improvement processes to measure client outcomes, identify hazards and errors, and develop changes in processes of client care.

(c) Clinical experience shall be comprised of sufficient hours to accomplish the curriculum, shall be supervised by qualified faculty pursuant to 21 NCAC 36 .0318, and shall ensure students' ability to practice at an entry level.

(d) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

(e) A focused client care experience with a minimum of 120 hours shall be provided in the final year of curriculum implementation for programs preparing registered nurses.

(f) A focused client care experience with a minimum of 90 hours shall be provided in the final semester of the curriculum for programs preparing practical nurses.

(g) Learning experiences and methods of instruction, including distance education methods, shall be consistent with the written curriculum plan and shall demonstrate logical curricular progression.

(h) Objectives for each course shall indicate the knowledge, skills, and abilities expected for competent student performance. These objectives shall:

- (1) indicate the relationship between the classroom learning and the application of this learning in the clinical experience;

- (2) serve as criteria for the selection of the types of and settings for learning experiences; and
 - (3) serve as the basis for evaluating student performance.
- (i) Student course syllabi shall include a description and outline of:
- (1) the course content;
 - (2) the learning environments and activities;
 - (3) when the course is taken in the curriculum;
 - (4) allocation of time for didactic content, clinical experience, laboratory experience, and simulation; and,
 - (5) methods of evaluation of student performance, including all evaluation tools used in the curriculum.
- (j) Each course shall be implemented in accordance with and evaluated by reference to the student course syllabus.
- (k) Requests for approval of changes in, or expansion of, the program, accompanied by all required documentation, shall be submitted in the format provided by the Board at least 30 days prior to implementation for approval by the Board. Criteria for approval include the availability of classrooms, laboratories, clinical placements, **equipment** **equipment**, and supplies, and faculty sufficient to implement the curriculum to an increased number of students. Approval is required for any increase in enrollment that exceeds, by more than 10 students, the maximum number approved by the Board. Requests for expansion are considered only for programs with Full Approval status that demonstrate at least a three-year average licensure examination pass rate equal to or greater than the **NC North Carolina** three-year average pass rate for program type.
- (l) The nursing education program shall notify the Board **at least 30 days prior to implementation** of:
- (1) alternative or additional program **schedules; and schedules**
 - (2) planned decrease in the Board-approved student enrollment number to accurately reflect program **capacity. capacity; and**
 - (3) changes that alter the currently approved curriculum.**
- (m) For all programs using simulation experiences substituted for clinical experience time, the nursing education program shall:

- (1) demonstrate that simulation faculty have been formally educated, and maintain the competencies in simulation and debriefing; and
 - (2) provide a simulation environment with adequate faculty, space, equipment, and supplies that simulate realistic clinical experiences to meet the curriculum and course objectives.
- (n) Programs not holding national nursing accreditation shall limit simulation experiences to no more than 25 percent in any course including the focused client care experience.
- (o) Programs holding national nursing accreditation shall limit simulation experiences to:
- (1) no more than 25 percent in the focused client care ~~experience,~~ experience; and
 - (2) no more than 50 percent of clinical experience time in any other course.
- (p) External standardized examinations shall not be used as a determinant of a student's progression or graduation in a nursing education program preparing students for initial nurse licensure.

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

Eff. February 1, 1976;

Amended Eff. November 1, 2018; June 1, 1992; January 1, 1989; January 1, 1984;

Temporary Amendment Eff. October 11, 2001;

Amended Eff. December 1, 2016; December 1, 2005; August 1, 2002.

21 NCAC 36 .0322 FACILITIES

- (a) Campus facilities shall be appropriate in type, number, and accessibility for the total needs of the program.
- (b) Classrooms, laboratory and simulation space, and conference rooms shall be sufficient in size, number, and types for the number of students and purposes for which the rooms are to be used. Lighting, ventilation, location, and equipment must be suitable for the number of students and purposes for which the rooms are to be used.
- (c) Office and conference space for nursing program faculty members shall be appropriate and available for uninterrupted work and privacy, including conferences with students.
- (d) Learning resources, including clinical experiences, shall be comprehensive, current, developed with nursing faculty input, accessible to students and faculty, and support the implementation of the curriculum.

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

Eff. February 1, 1976;

*Amended Eff. **November 1, 2018**; January 1, 1996; June 1, 1992; January 1, 1989; May 1, 1988;*

Temporary Amendment Eff. October 11, 2001;

Amended Eff. December 1, 2016; April 1, 2006; August 1, 2002.

21 NCAC 36 .0323 RECORDS AND REPORTS

- (a) The controlling institution's publications describing the nursing program shall be **current and** accurate.
- (b) There shall be a system for maintaining official records. Current and permanent student records shall be stored in a secure manner that prevents physical damage and unauthorized access.
- (c) Both permanent and current records shall be available for review by Board staff.
- (d) The official permanent record for each graduate shall include documentation of graduation from the program and a transcript of the individual's achievement in the program.
- (e) The record for each currently enrolled student shall contain up-to-date and complete information, including the following:
- (1) documentation of admission criteria met by the student;
 - (2) documentation of high school graduation, high school equivalent, or earned credits from post-secondary institution approved pursuant to G.S. 90-171.38(a); and
 - (3) a transcript of credit hours achieved in the classroom, laboratory, and clinical instruction for each course that reflects progression consistent with program policies.
- (f) The nursing program shall file with the Board records, data, and reports in order to furnish information concerning operation of the program as prescribed in the rules in this Section, including:
- (1) an Annual Report to be filed with the Board by November 1 of each year;
 - (2) a Program Description Report for non-accredited programs filed with the Board at least 30 days prior to a scheduled review by the Board; and
 - (3) notification by institution administration of any change of the registered nurse responsible for the nursing program. This notification shall include a curriculum vitae for the new individual and shall be submitted no later than 10 business days of the effective date of the change.

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

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

(i) The part of the application for licensure by examination to be submitted by the nursing program shall include a statement verifying satisfactory completion of all requirements for graduation and the date of completion. The nursing program director shall verify completion of requirements to the Board no later than one month following completion of the Board-approved nursing program.

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

Eff. February 1, 1976;

*Amended Eff. **November 1, 2018**; December 1, 2016; January 1, 2015;
December 1, 2005; January 1, 2004; June 1, 1992; January 1, 1989;
January 1, 1984.*

SECTION .0400 - UNLICENSED PERSONNEL: NURSE AIDES

21 NCAC 36 .0401 ROLES OF UNLICENSED PERSONNEL

(a) Definitions. As used in Section .0400:

- (1) "Nursing care activities" means activities performed by unlicensed personnel which are delegated by licensed nurses in accordance with paragraphs (b) and (c) of this Rule.
- (2) "Patient care activities" means activities performed by unlicensed personnel when health care needs are incidental to the personal care required.

(b) The ~~Board of Nursing, Board,~~ as authorized by G.S. 90-171.23(b)(1)(2)(3), shall be the determining authority to identify those nursing care activities which may be delegated to unlicensed personnel. The ~~licensed nurse, registered and practical, registered and licensed practical nurse,~~ in accordance with 21 NCAC 36 .0224 and .0225 and G.S. 90-171.20(7)(8), may delegate nursing care activities to unlicensed personnel, regardless of title, that are appropriate to the level of ~~knowledge and skill~~ knowledge, skill, and validated competence of the unlicensed ~~personnel and are within the legal scope of practice as defined by the Board of Nursing for unlicensed~~ personnel.

(c) Those nursing care activities which may be delegated to unlicensed personnel are determined by the following variables:

- (1) knowledge and skills of the unlicensed personnel;
- (2) verification of clinical competence of the unlicensed personnel by ~~the an employing agency; agency Registered Nurse; a registered nurse employed by the agency.~~
- (3) stability of the client's condition which involves predictability, absence of risk of complication, and rate of change, which thereby excludes delegation of nursing care activities which do not meet the requirements defined in 21 NCAC 36 .0221(b);
- (4) the variables in each service setting which include but are not limited to:
 - (A) the complexity and frequency of nursing care needed by a given client population;

- (B) the proximity of clients to staff;
- (C) the number and qualifications of staff;
- (D) the accessible resources; and
- (E) established policies, procedures, practices, and channels of communication which lend support to the types of nursing activities being delegated, or not delegated, to unlicensed personnel.

*History Note: Authority G.S. 90-171.20(2)(4)(7)d.,e.,g.; 90-171.43(4); 90-171.55; 42 U.S.C.S. 1395i-3 (1987);
Eff. March 1, 1989;
Amended Eff. **November 1, 2018**; December 1, 1995; October 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.*

**21 NCAC 36 .0402 COORDINATION WITH DIVISION OF HEALTH SERVICE
REGULATION (DHSR)**

- (a) The Board of Nursing shall accept ~~Level I nurse aides~~ **Nurse Aide nurse aide Is** listed on the Division of Health Service Regulation (DHSR) maintained Nurse Aide Registry as meeting the requirements of 21 NCAC 36 .0403(a).
- (b) The Board of Nursing shall acquire information from ~~the Division of Health Service Regulation (DHSR)~~ **DHSR** regarding all qualified ~~Level I nurse aides.~~ **nurse aide Is.**

History Note: Authority G.S. 90-171.20(2)(4)(7)d.,e.,g.; 90-171.43(4); 90-171.55;

42 U.S.C.S. 1395i-3 (1987);

Eff. March 1, 1989;

*Amended Eff. **November 1, 2018;** November 1, 2008; December 1, 1995.*

21 NCAC 36 .0403 QUALIFICATIONS

(a) The nurse aide I shall perform basic nursing skills and personal care activities after successfully completing an approved nurse aide I training and competency evaluation ~~or competency evaluation program.~~ or equivalent as approved by the Division of Health Service Regulation (DHSR). The licensed nurse shall delegate these activities only after considering the variables defined in Rule .0401(b) and (c) of this Section. Pursuant to G.S. 90-171.55, ~~as of April 1, 1992~~ no individual may function as a nurse aide I, regardless of title, to provide nursing care activities, as identified in Rule .0401(a) of this Section, to clients or residents until:

- (1) the individual has successfully completed, in addition to an orientation program specific to the employing facility, a ~~State-approved~~ State-approved nurse aide I training and competency evaluation program or its equivalent; or a ~~State-approved~~ State-approved competency evaluation program and the employing facility or agency has verified listing on the Division of Health Service Regulation Nurse Aide Registry ~~(DHSRNAR);~~ (DHSR Nurse Aide Registry); or
- (2) the employing agency or facility has assured that the individual is enrolled in a ~~State-approved~~ State-approved nurse aide I training and competency evaluation program which the individual shall successfully complete within four months of employment date. During the four month period, the individual shall be assigned only tasks for which ~~he has~~ they have demonstrated competence and performs under supervision.

(b) The nurse aide II shall perform more complex nursing skills with emphasis on sterile technique in elimination, oxygenation, and nutrition after successful completion of ~~an approved~~ a Board-approved nurse aide II training and competency evaluation program. The licensed nurse shall delegate these activities to the nurse aide II only after consideration of the variables described in Rule .0401(b) and (c) of this Section. Pursuant to G.S. 90-171.55, ~~as of January 1, 1991~~ no individual may function as a nurse aide II unless:

- (1) the individual has successfully completed, in addition to an orientation program specific to the employing agency, a Board-approved nurse aide II

- ~~program course approved by the Board of Nursing~~ according to these Rules or its equivalent as identified by the ~~Board of Nursing; Board;~~
- (2) the individual is listed as a nurse aide I on the ~~DFS DHSR~~ Nurse Aide I Registry with no substantiated findings of abuse, neglect, ~~exploitation, mistreatment, diversion of drugs, fraud,~~ or misappropriation of ~~client or employing facility property; property listed on the DHSR Nurse Aide Registry and/or on the NC Health Care Personnel Registry;~~ and
 - (3) the employing facility or agency has inquired of the Board ~~of Nursing~~ as to information in the Board of Nursing Nurse Aide II Registry concerning the individual and confirms with the Board ~~of Nursing~~ that the individual is listed on the Board ~~of Nursing~~ Nurse Aide II Registry (~~BNAR~~) as a nurse aide ~~Level II~~.

(c) Listing on a Nurse Aide Registry is not required if the care is performed by clients themselves, their families or significant others, or by caretakers who provide personal care to individuals whose health care needs are incidental to the personal care required.

(d) Pursuant to G.S. 131E-114.2 and G.S. 131E-270, the medication aide shall be limited to performing technical aspects of medication administration consistent with Rule .0401(b) and (c) of this Section, Rule .0221 of this Chapter, and only after:

- (1) successful completion of a ~~Board-approved~~ medication aide training ~~program approved by the Board of Nursing; program;~~
- (2) successful completion of a ~~state-approved~~ ~~State-approved~~ competency evaluation program; and
- (3) listing on the Medication Aide Registry.

History Note: Authority G.S. 90-171.20(2)(4)(7)d.,e.,g.; 90-171.43(4); 90-171.55; 90-171.56; 131E-114.2; 131E-270; 42U.S.C.S. 1395i-3 (1987);

Eff. March 1, 1989;

Temporary Amendment Eff. October 11, 1989 For a Period of 180 Days to Expire on April 6, 1990;

Amended Eff. ~~November 1, 2018;~~ September 1, 2006; December 1, 1995; March 1, 1990.

21 NCAC 36 .0404 LISTING AND RENEWAL

(a) All nurse aide IIs, as defined in Rule .0403(b) of this ~~Section,~~ Section regardless of working title, employed or assigned in a service agency or facility for the purpose of providing nursing care activities shall be listed on the Board of Nursing Nurse Aide II Registry and shall meet the following requirements:

- (1) successful completion of a Board-approved nurse aide II program course or its ~~Board-approved~~ Board-approved equivalent;
- (2) ~~GED or high school diploma;~~ High School or High School Equivalency Diploma;
- (3) listed as a Level I nurse aide I on the DHSR Nurse Aide Registry with no substantiated findings of abuse, neglect, exploitation, mistreatment, diversion of drugs, fraud, or misappropriation of client or employing facility property; listed on the DHSR Nurse Aide I Registry and/or on the NC Health Care Personnel Registry; and
- (4) submission and approval of an application to the Board of Nursing for placement on the Board of Nursing Nurse Aide II Registry prior to working as a nurse aide II.

The application shall be submitted with the required fee within 30 business days of completion of the nurse aide II ~~program. course.~~ Application for initial Initial listing received in by the Board office shall ~~show an expiration day of~~ expire on the last day of the applicant's birth month of the following year.

(b) Nursing students currently enrolled in ~~Board of Nursing approved~~ Board-approved nursing programs courses desiring listing as a nurse aide II shall submit:

- (1) An application and application fee; and fee;
- (2) Current listing as a nurse aide I on the DHSR Nurse Aide I Registry with no substantiated findings of abuse, neglect, exploitation, mistreatment, diversion of drugs, fraud, or misappropriation of client or employing facility property listed on the DHSR Nurse Aide I Registry and/or on the NC Health Care Personnel Registry; and
- ~~(2)~~(3) A listing form Verification completed by the nursing program director indicating successful completion of course work equivalent in content and

content, clinical hours, and skill competency validation ~~to for~~ that required ~~for of~~ a nurse aide II.

(c) Registered nurses and licensed practical nurses who hold current, unrestricted active, unencumbered licenses to practice in North Carolina, and registered nurses and licensed practical nurses in the discipline process by the Board of Nursing who do not have any findings as cited in G.S. 131E-256(a)(1) Carolina may make application as a nurse aide II.

(d) An individual previously enrolled in a Board-approved nursing program leading to licensure as RN registered nurse or LPN licensed practical nurse may list with no additional testing provided the student withdrew from school in good standing within the last 24 months and completed the equivalent content, content, and clinical hours, hours, and skills competency validation. Such individual shall submit listing form an application as described in Paragraph (b)(2) (b) of this Rule. If the student was in good standing upon withdrawal from the school and withdrew from the school in excess of 24 months, the student must successfully complete an entire nurse aide II program, course.

(e) Individuals who have completed a training course equivalent in content and content, clinical hours, hours, and skills competency validation to the nurse aide II program, course may submit documentation of the same to the Board of Nursing for review. If training is equivalent, the individual may submit the application with required fee and be listed on the Board of Nursing Nurse Aide Registry as a nurse aide II.

(f) An employing agency or facility may choose up to four nurse aide II tasks to be performed by nurse aide I personnel without the nurse aide I completing the entire nurse aide II program, course. These tasks are individual activities which may be performed after the nurse aide I has received the approved Board-approved training and competency evaluation using nurse aide II education modules as defined in Rule .0403(b) of this Section.

- (1) The agency may obtain the selected tasks curriculum model from the nearest Community College or the Board of Nursing, or facility is limited to selecting and implementing a maximum of four nurse aide II tasks for use throughout each agency or facility.
- (2) The Board of Nursing must be notified of the nurse aide II task(s) that will be performed by nurse aide I personnel in the agency and for which all Board

~~stipulations have been met. The notification of nurse aide II task(s) form which may be requested from the Board office shall be used. Each agency shall receive a verification letter once the Board has been appropriately notified. A nurse aide I, who is trained and evaluated as competent to perform these limited nurse aide II tasks, shall perform these tasks only in the specific agency or facility where the training and competency validation were completed; performance of these tasks by the nurse aide I shall not transfer to another healthcare setting.~~

- (3) Documentation of the training and competency evaluation must be maintained for each nurse aide I who is approved to perform these nurse aide II task(s) within the ~~agency.~~ agency or facility.

(g) Each nurse aide II shall renew listing with the Board of Nursing biennially on forms provided by the Board. ~~or before the listing period expiration date.~~ The renewal application ~~application,~~ posted on the Board's website at www.ncbon.com, shall be accompanied by the required fee.

- (1) Once the nurse aide II listing expires, it will not be renewed unless the nurse aide II successfully passes a Board-approved competency evaluation or successfully completes an entire Board-approved nurse aide II course.

~~(1)(2)~~ To be eligible for renewal, the nurse aide II ~~must~~ shall have worked at least eight hours for compensation during the past 24 months performing nursing care activities under the supervision of a ~~Registered Nurse.~~ registered nurse.

~~(2)(3)~~ Any nurse aide II who has had a continuous period of 24 months during which no nursing care activities were performed for monetary compensation but who has performed patient care activities for monetary compensation shall successfully complete the competency evaluation portion of the nurse aide II program course and submit a renewal application and fee in order to be placed renewed on the Board of Nursing Nurse Aide II Registry.

~~(3)(4)~~ A nurse aide II who has performed no nursing care or patient care activities for monetary compensation within the past 24 months must successfully complete a Board-approved nurse aide II program course prior to submitting the application for renewal.

~~(4)~~(5) A nurse aide II who has substantiated findings of abuse, neglect, exploitation, mistreatment, diversion of drugs, fraud, or misappropriation of client or employing facility funds property listed on the DHSR Nurse Aide I Registry and/or the NC Health Care Personnel Registry shall not be eligible for renewal as a nurse aide II.

History Note: Authority G.S. 90-171.19; 90-171.20(2)(4)(7)d,e,g; 90-171.37; 90-171.43(4); 90-171.55; 90-171.83; 42 U.S.C.S. 1395i-3 (1987); Eff. March 1, 1989; Amended Eff. November 1, 2018; July 1, 2010; November 1, 2008; August 1, 2005; August 1, 2002; July 1, 2000; December 1, 1995; April 1, 1990.

21 NCAC 36 .0405 APPROVAL OF NURSE AIDE EDUCATION PROGRAMS

COURSES

(a) The Board of Nursing shall accept those programs courses approved by DHSR to prepare the nurse aide I.

(b) The North Carolina Board of Nursing shall approve nurse aide II programs. courses. Nurse aide II programs courses may be offered by an a State-licensed individual, agency, or educational institution after the program course is approved by the Board.

- (1) Each entity desiring to offer a nurse aide II program course shall submit a program course approval application at least 60 days prior to offering the program. course. It shall include documentation of the following standards:
 - (A) students will shall be taught and supervised by qualified faculty as defined in Subparagraph (b)(3) of this Rule for clinical experience with faculty/student ratio not to exceed 1:10; Rule;
 - (B) clinical experience faculty/student ratio shall not exceed 1:10;
 - (B)(C) the selection and utilization of clinical facilities must shall support the program course curriculum as outlined in Subparagraph (b)(2) of this Rule;
 - (C)(D) a written contract shall exist between the program course provider and clinical facility prior to student clinical experience in the facility;
 - (D)(E) admission requirements shall include:
 - (i) successful completion of nurse aide I training program course or Board of Nursing established DHSR-established equivalent and current nurse aide I listing on DHSR Registry; and
 - (ii) GED High School or high school High School Equivalency diploma; and
 - (iii) other admission requirements as identified by the program; course provider; and
 - (E)(F) a procedure for timely processing and disposition of program course and student complaints shall be established.
- (2) Level II nurse Nurse aide II programs courses shall include a minimum of 80 hours of theory and 80 hours of supervised clinical instruction supervised by

a Board-approved registered nurse faculty consistent with the legal scope of practice nurse aide II curriculum as defined by the Board of Nursing in Rule .0403(b) of this Section. Changes made by the Board of Nursing in content hours or scope of practice in the nurse aide II program course shall be published in the Bulletin. Requests by the programs to modify the nurse aide II course content shall be directed to the Board office. Bulletin and posted on the Board's website at www.ncbon.com.

(A) Nurse aide II education course shall not use simulation as a substitute for the required 80 hours clinical experience. Competency validation of up to three required nurse aide II skills is permitted in the simulated laboratory environment if validation of such skills is not available in the clinical experience site.

(3) Minimum competency and qualifications for faculty for the nurse aide Level II programs courses shall include:

(A) a current unrestricted an active unencumbered license to practice as a registered nurse in North Carolina;

(B) have had at least two years of direct patient care experiences as an R.N.; a registered nurse; and

(C) have experience teaching adult learners.

(4) Each nurse aide II program course shall furnish the Board records, data, and reports requested by the Board in order to provide information concerning operation of the program course and any individual who successfully completes the program. attended the course within the past five years.

(5) When an approved nurse aide II program course closes, the Board shall be notified in writing by the program. course. The Board shall be informed as to permanent storage of student records.

(6) Any Board-approved nurse aide II course wishing to provide nurse aide II competency evaluation shall obtain Board approval.

(A) Board-approved nurse aide II course shall be in Full Approval status for at least one year prior to submitting an application to provide nurse aide II course; competency evaluation; and

(B) Full Approval course status shall be maintained to provide nurse aide II competency evaluation.

(c) An annual program course report shall be submitted by the Program Course Director to the Board of Nursing on in a Board form Board-approved format by March 15 31 of each year. Failure to submit annual report shall result in administrative action affecting approval status as described in Paragraphs (d) (e) and (e) (f) of this Rule.

(d) Complaints regarding nurse aide II programs courses may result in an on-site on-site survey by the North Carolina Board of Nursing. Board.

(d)(e) Approval status shall be determined by the Board of Nursing using the annual program course report, survey report report, and other data submitted by the program, agencies, or students. The determination shall result in full approval or approval with stipulations.

(e)(f) If stipulations have not been met as specified by the Board of Nursing, Board, a hearing shall be held by the Board of Nursing regarding program course approval status. A program course may continue to operate while awaiting the hearing before the Board. EXCEPTION: In the case of summary suspension of approval as authorized by G.S. 150B-3(c), the program course must immediately cease operation.

- (1) When a hearing is scheduled, the Board shall cause notice to be served on the program course and shall specify a date for the hearing to be held not less than 20 days from the date on which notice is given.
- (2) If the Board determines from evidence presented at hearing that the program course is complying with all federal and state law including these Rules, the Board shall assign the program course Full Approval status.
- (3) If the Board, following a hearing, finds Board determines from evidence presented at hearing that the program course is not complying with all federal and state law including these Rules, the Board shall withdraw approval.
 - (A) This action constitutes discontinuance of the program; course; and
 - (B) The parent institution shall present a plan to the Board for transfer of students to approved programs courses or fully refund tuition paid by the student. Closure shall take place after the transfer of students to

approved programs courses within a time frame established by the Board; and

- (C) The parent institution shall notify the Board of the arrangements for storage of permanent records.

History Note: Authority G.S. 90-171.20(2)(4)(7)d.,e.,g.; 90-171.39; 90-171.40; 90-171.43(4); 90-171.55; 90-171.83; 42 U.S.C.S. 1395i-3 (1987);

Eff. March 1, 1989;

Amended Eff. November 1, 2018; November 1, 2008; April 1, 2003; August 1, 2002; July 1, 2000; December 1, 1995; March 1, 1990;

21 NCAC 36 .0406 MEDICATION AIDE TRAINING REQUIREMENTS

(a) Faculty for the medication aide training program are required to:

- (1) have ~~a current, unrestricted~~ an active, unencumbered license to practice as a registered nurse in North Carolina;
- (2) have had at least two years of practice experience as a registered nurse that includes medication administration;
- (3) have successfully completed an instructor training program approved by the Board according to these Rules; and
- (4) maintain Board ~~of Nursing~~ certification as a medication aide instructor.

(b) The medication aide instructor certification shall be renewed every two years provided the following requirements are met:

- (1) the individual has taught at least one medication aide training program within the preceding two years; and
- (2) the individual ~~successfully completes a review~~ has reviewed program changes approved by the Board ~~according to these Rules, and posted on the Board's website at www.ncbon.com.~~

(c) The applicant for a medication aide training program approved by the Board must have a high school diploma or ~~GED.~~ High School Equivalency.

History Note: Authority G.S. 90-171.56; 131E-114.2; 131E-270;

Eff. September 1, 2006;

Amended Eff. November 1, 2018; April 1, 2008.

21 NCAC 36 .0502 NAME OF PROFESSIONAL CORPORATION

~~The following requirement, in In~~ addition to the provisions of Chapter 55B, the Professional Corporation Act of North ~~Carolina, must be met regarding the corporate name: Carolina,~~

~~The the~~ name of the professional corporation ~~referred to herein to provide nursing care and related services,~~ shall not include any adjectives or words not in accordance with ethical customs of the nursing profession.

History Note: Authority G.S. 55B-5; 55B-12; 90-171.43;

Eff. March 1, 1991;

Amended Eff. November 1, 2018.

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

21 NCAC 36 .0503 PREREQUISITES FOR INCORPORATION

The following requirements must be met in order to incorporate:

- (1) The incorporator, whether one or more, of a professional corporation shall be licensed to practice nursing in North Carolina as a registered nurse.
- (2) Before the filing of the articles of incorporation with the Secretary of State, the incorporators shall file, with the Board, the original articles of incorporation, plus a copy, together with a registration fee ~~of fifty dollars (\$50.00).~~ in the maximum allowable amount set forth in G.S. 55B-10.
- (3) The original articles of incorporation and the copy shall be accompanied by an application to the Board ~~(Corp. Form 1)~~ certified by all incorporators, setting forth the names, addresses, and certificate numbers of each shareholder of the corporation who will be practicing nursing for the corporation.
- (4) Included with the above shall be a statement that all such ~~persons~~ individuals are licensed to practice nursing in North Carolina as registered nurses, and stating that the corporation will be conducted in compliance with the Professional Corporation Act and these Rules.
- (5) If the articles are changed in any manner before being filed with the Secretary of State, they shall be re-submitted to the Board and shall not be filed with the Secretary of State until approved by the Board.

History Note: Authority G.S. 55B-4; 55B-10; 55B-12; 90-171.20(6);

Eff. March 1, 1991;

Amended Eff. November 1, 2018; April 1, 2009;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

21 NCAC 36 .0504 CERTIFICATE OF REGISTRATION

The Certificate of Registration shall be issued as follows:

- (1) The Board shall issue a Certificate of Registration ~~(Corp. Form 2)~~ for the professional corporation to become effective only when the professional corporation files the articles of incorporation with the Secretary of State and if:
 - (a) the Board finds that no disciplinary action is pending before the Board against any of the licensed incorporators or ~~persons~~ individuals who will be directors, officers, or shareholders of such corporation; and
 - (b) it appears to the Board that such corporation will be conducted in compliance with the law and rules.
- (2) The proposed original articles of incorporation, and the Certification of Registration, will be returned to the incorporators for filing with the Secretary of State. A copy of the articles of incorporation and a copy of the Certificate of Registration will be retained in the Board office. If the required findings cannot be made, the registration fee shall be refunded to the incorporators.
- (3) The initial Certificate of Registration shall remain in effect until December ~~31, 31~~ of the year in which it was ~~issued~~ issued, unless suspended or terminated as provided by law. The Certificate of Registration shall be renewed annually thereafter.
- (4) At least 20 days prior to the date of expiration of the ~~certificate, Certificate~~ of Registration, the professional corporation shall submit its written application for renewal on a form provided by the ~~Board (Corp. Form 3),~~ Board, along with a ~~check in the amount of twenty-five dollars (\$25.00) in payment of the renewal fee.~~ fee in the maximum allowable amount set forth in G.S. 55B-10.

History Note: Authority G.S. 55B-12; 90-171.20(6); 90-171.23;

Eff. April 1, 1991;

*Amended Eff. **November 1, 2018**; November 1, 2008;*

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

21 NCAC 36 .0505 GENERAL AND ADMINISTRATIVE PROVISIONS

The following general provisions shall apply to all incorporating professional corporations:

- (1) If the Board declines to issue a Certificate of Registration required by 21 NCAC 36 ~~.0504 (a)(1)~~, .0504, or declines to renew the same when properly requested, or refuses to take any other required action, the aggrieved party may request, in writing, a review of such action by the Board, and the Board shall provide a formal hearing for such aggrieved party before a majority of the Board.
- (2) All amendments to charters of professional corporations, all merger and consolidation agreements to which a professional corporation is a party, and all dissolution proceedings and similar changes in the corporate structure of a professional corporation shall be filed with the Board for approval before being filed with the Secretary of State. A true copy of the changes filed with the Secretary of State shall be filed with the Board within ten 10 days after filing with the Secretary of State.
- (3) The Board is authorized to issue the certificate (Corp. Form 4) required by G.S. 55B-6 when stock is transferred in a professional corporation, and such certificate shall be permanently attached to the stub of the transferee's certificate in the stock book of the professional corporation.

History Note: Authority G.S. 55B-6; 55B-12; 90-171.23;

Eff. April 1, 1991;

Amended Eff. November 1, 2018; November 1, 2008;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

21 NCAC 36 .0506 FORMS

The following forms ~~may be obtained from the office of the Board of Nursing~~ regarding professional ~~corporations:~~ corporations are posted on the Board's website at www.ncbon.com:

- ~~(1)~~ Rules adopted by the North Carolina Board of Nursing relating to Professional Corporations whose purpose is providing nursing related services;
- ~~(2)~~(1) ~~Corp. Form 1~~ Certificate of Incorporator(s) and Application for a Certificate of Registration for a Professional Corporation;
- ~~(3)~~(2) ~~Corp. Form 2~~ Certificate of Registration of a Professional Corporation for the Purpose of Providing Nursing Related Services;
- ~~(4)~~(3) ~~Corp. Form 3~~ Application for Renewal of Certificate of Registration; and
- ~~(5)~~(4) ~~Corp. Form 4~~ Certificate Authorizing Transfer of Stock in Professional Corporation Organized to Provide Nursing Related Services.

History Note: Authority G.S. 55B-12; 90-171.23;

Eff. March 1, 1991;

Amended Eff. November 1, 2018; November 1, 2008;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

21 NCAC 36 .0507 FEES

~~(a) Initial registration fee of fifty dollars (\$50.00) is required.~~

~~(b) Fee for renewal of Certificate of Registration is twenty-five dollars (\$25.00).~~

The registration and renewal fees for a professional corporation shall be the maximum allowable amount under G.S. 55B-10 and 55B-11.

History Note: Authority G.S. 55B-10; 55B-11; 55B-12;

Eff. April 1, 1991;

Amended Eff. November 1, 2018.

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

SECTION .0600 - ARTICLES OF ORGANIZATION

21 NCAC 36 .0601 NAME OF PROFESSIONAL LIMITED LIABILITY COMPANY

In addition to the provisions of Chapter 57D, the North Carolina Limited Liability Compact Act,

The ~~the~~ name of a limited liability company for the purpose of providing to provide nursing and related services services, shall not include any adjectives or other words not in accordance with ethical customs of the nursing profession.

History Note: Authority G.S. 55B-10; 57C-2-30; 57D-2-02;

Eff. August 1, 1998;

Amended Eff. November 1, 2018.

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

21 NCAC 36 .0602 PREREQUISITES FOR ORGANIZATION

(a) Before The organizing members shall submit the following requirements to the Board prior to filing the articles of organization for a limited liability company with the Secretary of State, the organizing members shall submit the following to the Board:
organization:

- (1) a certificate certified by those registered nurse organizing members, setting forth the names, addresses, and license numbers of each individual who will be employed by the professional limited liability company to practice nursing and related services as specified in G.S. 55B14(c)(2), (4) – (6), and stating that all such individuals are duly licensed to practice nursing in North Carolina, and representing that the company will be conducted in compliance with law and these Rules; and
- (1)(2) a registration fee in the maximum allowable amount as set by Rule .0606 of this Section; and forth in G.S. 55D.
- (2) a certificate certified by those registered nurse organizing members, setting forth the names, addresses, and license numbers of each person who will be employed by the limited liability company to practice nursing and related services as specified in G.S. 55B14(c)(2), (4) - (6), and stating that all such persons are duly licensed to practice nursing in North Carolina, and representing that the company will be conducted in compliance with law and these Rules.

(b) A certification that each of those organizing members who may provide nursing and related services as specified in G.S. 55B-14(c)(2), (4) - (6) is licensed to practice nursing in North Carolina shall be returned to the professional limited liability company for filing with the Secretary of State.

(c) If the articles are changed in any manner before being filed with the Secretary of State, they shall be re-submitted to the Board and shall not be filed with the Secretary of State until approved by the Board.

History Note: Authority G.S. 55B-4; 55B-10; 55B-12; 55B-14; 57C-2-01; 57D-2-01; 57D-2-02; 90-171.23;

Eff. August 1, 1998;

Amended Eff. November 1, 2018; November 1, 2008;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

21 NCAC 36 .0603 CERTIFICATE OF REGISTRATION

(a) A Certificate of Registration for a **Professional** Limited Liability Company shall remain effective until December 31 of the year in which it was issued unless suspended or terminated as provided by law.

(b) A Certificate of Registration shall be renewed annually on application forms supplied by the Board. The application shall be accompanied by **a renewal the maximum allowable renewal** fee as set ~~by Rule .0605 of this Section.~~ **forth in G.S. 57D.**

*History Note: Authority G.S. 55B-10; 55B-11; **57C-2-01; 57D-2-01; 57D-2-02;** 90-171.23;*

Eff. August 1, 1998;

*Amended Eff. **November 1, 2018;** November 1, 2008;*

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

21 NCAC 36 .0604 GENERAL AND ADMINISTRATIVE PROVISIONS

The Board shall issue the certificate authorizing transfer of membership when membership is transferred in the company. This transfer form shall be permanently retained by the company. The membership books of the company shall be kept at the principal office of the company and shall be subject to inspection by authorized agents of the Board.

History Note: Authority G.S. 55B-6; 55B-12; 57C-2-01; 57D;

Eff. August 1, 1998;

Amended Eff. November 1, 2018;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

21 NCAC 36 .0605 FEES

(a) The fee for both an initial Certificate of Registration and renewal is fifty dollars (\$50.00). the maximum allowable fee as set forth in G.S. 57D.

(b) The fee for renewal of a Certificate of Registration is twenty-five dollars (\$25.00).

History Note: Authority G.S. 55B-10; 55B-11; 57C-2-01; 57D; 90-171.23;

Eff. August 1, 1998;

Amended Eff. November 1, 2018; November 1, 2008;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

**SECTION .0800 - APPROVAL AND PRACTICE PARAMETERS FOR NURSE
PRACTITIONERS**

21 NCAC 36 .0801 DEFINITIONS

The following definitions apply to this Section:

- (1) "Approval to Practice" means authorization by the Medical Board and the Board of Nursing for a nurse practitioner to perform medical acts within her or his area of educational preparation and certification under a collaborative practice agreement (CPA) with a licensed physician in accordance with this Section.
- (2) "Back-up Supervising Physician" means the licensed physician who, by signing an agreement with the nurse practitioner and the primary supervising physician(s) shall provide supervision, collaboration, consultation and evaluation of medical acts by the nurse practitioner in accordance with the collaborative practice agreement when the Primary Supervising Physician is not available. Back-up supervision shall be in compliance with the following:
 - (a) The signed and dated agreements for each back-up supervising physician(s) shall be maintained at each practice site.
 - (b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a back-up supervising physician.
 - (c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation and has a signed collaborative practice agreement with the nurse practitioner and the primary supervising physician may be a back-up supervising physician for a nurse practitioner in the non-training situation.
- (3) "Board of Nursing" means the North Carolina Board of Nursing.
- (4) "Collaborative practice agreement" means the arrangement for nurse practitioner-physician continuous availability to each other for ongoing supervision, consultation, collaboration, referral and evaluation of care provided by the nurse practitioner.

- (5) "Disaster" means a state of disaster as defined in G.S. 166A-4(1a) and proclaimed by the Governor, or by the General Assembly pursuant to G.S. 166A-6.
- (6) "Joint Subcommittee" means the subcommittee composed of members of the Board of Nursing and members of the Medical Board to whom responsibility is given by G.S. 90-8.2 and G.S. 90-171.23(b)(14) to develop rules to govern the performance of medical acts by nurse practitioners in North Carolina.
- (7) "Medical Board" means the North Carolina Medical Board.
- (8) "National Credentialing Body" means one of the following credentialing bodies that offers certification and re-certification in the nurse practitioner's specialty area of practice:
 - (a) American Nurses Credentialing Center (ANCC);
 - (b) American Academy of Nurse Practitioners (AANP);
 - (c) American Association of Critical Care Nurses Certification Corporation (AACN);
 - (d) National Certification Corporation of the Obstetric Gynecologic and Neonatal Nursing Specialties (NCC); and
 - (e) the Pediatric Nursing Certification Board (PNCB).
- (9) "Nurse Practitioner" or "NP" means a currently licensed registered nurse approved to perform medical acts consistent with the nurse's area of nurse practitioner academic educational preparation and national certification under an agreement with a licensed physician for ongoing supervision, consultation, collaboration and evaluation of the medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of registered nurse (RN) licensure. The NP is held accountable under the RN license for those nursing acts that he or she may perform.
- (10) "Primary Supervising Physician" means the licensed physician who shall provide ongoing supervision, collaboration, consultation and evaluation of the medical acts performed by the nurse practitioner as defined in the

collaborative practice agreement. Supervision shall be in compliance with the following:

- (a) The primary supervising physician shall assure both Boards that the nurse practitioner is qualified to perform those medical acts described in the collaborative practice agreement.
 - (b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a primary supervising physician.
 - (c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation may supervise a nurse practitioner in the non-training situation.
- (11) "Registration" means authorization by the Medical Board and the Board of Nursing for a registered nurse to use the title nurse practitioner in accordance with this Section.
- (12) "Supervision" means the physician's function of overseeing medical acts performed by the nurse practitioner.
- (13) "Volunteer Approval" means approval to practice consistent with this rule except without expectation of direct or indirect compensation or payment (monetary, in kind or otherwise) to the nurse practitioner.

*History Note: Authority G.S. 90-8.1; 90-8.2; 90-18(14); 90-18.2; 90-171.20(4); 90-171.20(7); 90-171.23(b); 90-171.83;
Recodified from 21 NCAC 36 .0227(a) Eff. August 1, 2004;
Amended Eff. September 1, 2012; December 1, 2009; December 1, 2006;
August 1, 2004.*

21 NCAC 36 .0802 SCOPE OF PRACTICE

A nurse practitioner shall be held accountable by both Boards for the continuous and comprehensive management of a broad range of personal health services for which the nurse practitioner is educationally prepared and for which competency has been maintained, with physician supervision and collaboration as described in Rule .0810 of this Section.

These services include but are not restricted to:

- (1) promotion and maintenance of health;
- (2) prevention of illness and disability;
- (3) diagnosing, treating and managing acute and chronic illnesses;
- (4) guidance and counseling for both individuals and families;
- (5) prescribing, administering and dispensing therapeutic measures, tests, procedures and drugs;
- (6) planning for situations beyond the nurse practitioner's expertise, and consulting with and referring to other health care providers as appropriate; and
- (7) evaluating health outcomes.

*History Note: Authority G.S. 90-18(14); 90-171.20(7); 90-171.23(b)(14);
Recodified from 21 NCAC 36 .0227(b) Eff. August 1, 2004;
Amended Eff. August 1, 2004.*

21 NCAC 36 .0803 NURSE PRACTITIONER REGISTRATION

(a) The Board of Nursing shall register an applicant as a nurse practitioner who:

- (1) has an unrestricted license to practice as a registered nurse in North Carolina and, when applicable, an unrestricted approval, registration or license as a nurse practitioner in another state, territory, or possession of the United States;
- (2) has successfully completed a nurse practitioner education program as outlined in Rule .0805 of this Section;
- (3) is certified as a nurse practitioner by a national credentialing body consistent with 21 NCAC 36 .0801(8); and
- (4) has supplied additional information necessary to evaluate the application as requested.

(b) Beginning January 1, 2005, new graduates of a nurse practitioner program, who are seeking first-time nurse practitioner registration in North Carolina shall:

- (1) hold a Master's or higher degree in Nursing or related field with primary focus on Nursing;
- (2) have successfully completed a graduate level nurse practitioner education program accredited by a national accrediting body; and
- (3) provide documentation of certification by a national credentialing body.

History Note: Authority G.S. 90-18(c)(13); 90-18.2; 90-171.20(7); 90-171.23(b); 90-171.83; Eff. August 1, 2004; Amended Eff. September 1, 2012; November 1, 2008; December 1, 2006.

21 NCAC 36 .0804 PROCESS FOR APPROVAL TO PRACTICE

- (a) Prior to the performance of any medical acts, a nurse practitioner shall:
 - (1) meet registration requirements as specified in 21 NCAC 36 .0803;
 - (2) submit an application for approval to practice;
 - (3) submit any additional information necessary to evaluate the application as requested; and
 - (4) have a collaborative practice agreement with a primary supervising physician.
- (b) A nurse practitioner seeking approval to practice who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board of Nursing in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and their management directly related to the nurse practitioner's area of education and certification. A nurse practitioner refresher course participant shall be granted an approval to practice that is limited to clinical activities required by the refresher course.
- (c) The nurse practitioner shall not practice until notification of approval to practice is received from the Board of Nursing after both Boards have approved the application.
- (d) The nurse practitioner's approval to practice is terminated when the nurse practitioner discontinues working within the approved nurse practitioner collaborative practice agreement, or experiences an interruption in her or his registered nurse licensure status, and the nurse practitioner shall so notify the Board of Nursing in writing. The Boards shall extend the nurse practitioner's approval to practice in cases of emergency such as injury, sudden illness or death of the primary supervising physician.
- (e) Applications for approval to practice in North Carolina shall be submitted to the Board of Nursing and then approved by both Boards as follows:
 - (1) the Board of Nursing shall verify compliance with Rule .0803 and Paragraph (a) of this Rule; and
 - (2) the Medical Board shall verify that the designated primary supervising physician holds a valid license to practice medicine in North Carolina and compliance with Paragraph (a) of this Rule.
- (f) Applications for approval of changes in practice arrangements for a nurse practitioner currently approved to practice in North Carolina shall be submitted by the applicant as follows:
 - (1) addition or change of primary supervising physician shall be submitted to the Board of Nursing and processed pursuant to protocols developed by both Boards; and
 - (2) request for change(s) in the scope of practice shall be submitted to the Joint Subcommittee.
- (g) A registered nurse who was previously approved to practice as a nurse practitioner in this state who reapplies for approval to practice shall:
 - (1) meet the nurse practitioner approval requirements as stipulated in Rule .0808(c) of this Section; and
 - (2) complete the appropriate application.
- (h) Volunteer Approval to Practice. The North Carolina Board of Nursing shall grant approval to practice in a volunteer capacity to a nurse practitioner who has met the qualifications to practice as a nurse practitioner in North Carolina.
- (i) The nurse practitioner shall pay the appropriate fee as outlined in Rule .0813 of this Section.
- (j) A Nurse Practitioner approved under this Section shall keep proof of current licensure, registration and approval available for inspection at each practice site upon request by agents of either Board.

History Note: Authority G.S. 90-18(13), (14); 90-18.2; 90-171.20(7); 90-171.23(b); Recodified from 21 NCAC 36 .0227(c) Eff. August 1, 2004; Amended Eff. November 1, 2013; January 1, 2013; December 1, 2009; November 1, 2008; January 1, 2007; August 1, 2004.

**21 NCAC 36 .0805 EDUCATION AND CERTIFICATION REQUIREMENTS FOR REGISTRATION AS
A NURSE PRACTITIONER**

(a) A nurse practitioner with first-time approval to practice after January 1, 2000, shall provide evidence of certification or recertification as a nurse practitioner by a national credentialing body.

(b) A nurse practitioner applicant who completed a nurse practitioner education program prior to December 31, 1999 shall provide evidence of successful completion of a course of education that contains a core curriculum including 400 contact hours of didactic education and 400 hours of preceptorship or supervised clinical experience. The core curriculum shall contain the following components:

- (1) health assessment and diagnostic reasoning including:
 - (A) historical data;
 - (B) physical examination data;
 - (C) organization of data base;
- (2) pharmacology;
- (3) pathophysiology;
- (4) clinical management of common health problems and diseases such as the following shall be evident in the nurse practitioner's academic program:
 - (A) respiratory system;
 - (B) cardiovascular system;
 - (C) gastrointestinal system;
 - (D) genitourinary system;
 - (E) integumentary system;
 - (F) hematologic and immune systems;
 - (G) endocrine system;
 - (H) musculoskeletal system;
 - (I) infectious diseases;
 - (J) nervous system;
 - (K) behavioral, mental health and substance abuse problems;
- (5) clinical preventative services including health promotion and prevention of disease;
- (6) client education related to Subparagraph (b)(4)–(5) of this Rule; and
- (7) role development including legal, ethical, economical, health policy and interdisciplinary collaboration issues.

(c) Nurse practitioner applicants exempt from components of the core curriculum requirements listed in Paragraph (b) of this Rule are:

- (1) Any nurse practitioner approved to practice in North Carolina prior to January 18, 1981, is permanently exempt from the core curriculum requirement.
- (2) A nurse practitioner certified by a national credentialing body prior to January 1, 1998, who also provides evidence of satisfying Subparagraph (b)(1)–(3) of this Rule shall be exempt from core curriculum requirements in Subparagraph (b)(4)–(7) of this Rule. Evidence of satisfying Subparagraph (b)(1)–(3) of this Rule shall include:
 - (A) a narrative of course content; and
 - (B) contact hours.

*History Note: Authority G.S. 90-18(14); 90-171.42;
Recodified from 21 NCAC 36.0227(d) Eff. August 1, 2004;
Amended Eff. December 1, 2009; December 1, 2006; August 1, 2004.*

21 NCAC 36 .0806 ANNUAL RENEWAL

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

- (1) Maintaining current RN licensure;
- (2) Maintaining certification as a nurse practitioner by a national credentialing body identified in Rule .0801(8) of this Section;
- (3) Submitting the fee required in Rule .0813 of this Section; and
- (4) Completing the renewal application.

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

*History Note: Authority G.S. 90-8.1; 90-8.2; 90-18(c)(14); 90-171.23(b)(14); 90-171.83;
Recodified from 21 NCAC 36.0227(e) Eff. August 1, 2004;
Amended Eff. March 1, 2017; December 1, 2009; November 1, 2008; August 1, 2004.*

21 NCAC 36 .0807 CONTINUING EDUCATION (CE)

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

History Note: Authority G.S. 90-5.1; 90-8.1; 90-8.2; 90-14(a)(15); 90-18(c)(14); 90-171.23(b)(14); 90-171.42; S.L. 2015-241, s 12F;
Recodified from 21 NCAC 36 .0227(f) Eff. August 1, 2004;
Amended Eff. March 1, 2017; December 1, 2009; April 1, 2008; August 1, 2004.

21 NCAC 36 .0808 INACTIVE STATUS

- (a) Any nurse practitioner who wishes to place her or his approval to practice on an inactive status shall notify the Board of Nursing in writing.
- (b) A nurse practitioner with an inactive approval to practice status shall not practice as a nurse practitioner.
- (c) A nurse practitioner with an inactive approval to practice status who reapplies for approval to practice shall meet the qualifications for approval to practice in Rules .0803(a)(1), .0804(a) and (b), .0807, and .0810 of this Section and receive notification from the Board of Nursing of approval prior to beginning practice after the application is approved by both Boards.
- (d) A nurse practitioner who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board of Nursing in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and management of these conditions directly related to the nurse practitioner's area of education and certification. A nurse practitioner refresher course participant shall be granted an approval to practice that is limited to clinical activities required by the refresher course.

*History Note: Authority G.S. 90-18(13); 90-18.2; 90-171.36; 90-171.83;
 Recodified from 21 NCAC 36 .0227(g) Eff. August 1, 2004;
 Amended Eff. November 1, 2013; January 1, 2013; December 1, 2009; December 1, 2006; August
 1, 2004.*

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(2) 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 that is entered on each prescription for a controlled substance;
 - (B) refills may be issued consistent with Controlled Substance laws and regulations; and
 - (C) the supervising physician(s) shall 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) 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.
- (5) Prescription Format:
 - (A) all prescriptions issued by the nurse practitioner shall contain the supervising physician(s) name, the name of the patient, and the nurse practitioner's name, telephone number, and approval number;
 - (B) the nurse practitioner's assigned DEA number shall be written on the prescription form when a controlled substance is prescribed as defined in Subparagraph (b)(2) of this Rule.
- (6) A nurse practitioner shall not prescribe controlled substances, as defined by the State and Federal Controlled Substances Acts, for the following:
 - (A) nurse practitioner's own use;
 - (B) nurse practitioner's supervising physician;
 - (C) member of the nurse practitioner's immediate family, which shall mean a:
 - (i) spouse;
 - (ii) parent;
 - (iii) child;
 - (iv) sibling;
 - (v) parent-in-law;
 - (vi) son or daughter-in-law;
 - (vii) brother or sister-in-law;
 - (viii) step-parent;
 - (ix) step-child; or
 - (x) step-siblings;
 - (D) any other person living in the same residence as the licensee; or
 - (E) anyone with whom the nurse practitioner is having a sexual relationship.

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

History Note: Authority G.S. 90-8.1; 90-8.2; 90-18.2; 90-18(c)(14); 90-171.23(b)(14); Recodified from 21 NCAC 36 .0227(h) Eff. August 1, 2004;

Amended Eff. March 1, 2017; December 1, 2012; April 1, 2011; November 1, 2008; August 1, 2004.

21 NCAC 36 .0810 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT

The following are the quality assurance standards for a collaborative practice agreement:

- (1) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication.
- (2) Collaborative Practice Agreement:
 - (a) shall be agreed upon and signed by both the primary supervising physician and the nurse practitioner, and maintained in each practice site;
 - (b) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature sheet, signed by both the primary supervising physician and the nurse practitioner, appended to the collaborative practice agreement and available for inspection by members or agents of either Board;
 - (c) shall include the drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered and performed by the nurse practitioner consistent with Rule .0809 of this Section; and
 - (d) shall include a pre-determined plan for emergency services.
- (3) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the collaborative practice agreement upon request by members or agents of either Board.
- (4) Quality Improvement Process.
 - (a) The primary supervising physician and the nurse practitioner shall develop a process for the ongoing review of the care provided in each practice site including a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems.
 - (b) This plan shall include a description of the clinical problem(s), an evaluation of the current treatment interventions, and if needed, a plan for improving outcomes within an identified time-frame.
 - (c) The quality improvement process shall include scheduled meetings between the primary supervising physician and the nurse practitioner at least every six months. Documentation for each meeting shall:
 - (i) identify clinical problems discussed, including progress toward improving outcomes as stated in Sub-item (4)(b) of this Rule, and recommendations, if any, for changes in treatment plan(s);
 - (ii) be signed and dated by those who attended; and
 - (iii) be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.
- (5) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum standards for consultation between the nurse practitioner and primary supervising physician(s):
 - (a) During the first six months of a collaborative practice agreement between a nurse practitioner and the primary supervising physician, there shall be monthly meetings for the first six months to discuss practice relevant clinical issues and quality improvement measures.
 - (b) Documentation of the meetings shall:
 - (i) identify clinical issues discussed and actions taken;
 - (ii) be signed and dated by those who attended; and
 - (iii) be available for review by members or agents of either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

History Note: Authority G.S 90-8.1; 90-8.2; 90-18(14); 90-18.2; 90-171.23(b)(14); Recodified from 21 NCAC 36 .0227(i) Eff. August 1, 2004; Amended Eff. December 1, 2009; August 1, 2004.

21 NCAC 36 .0811 METHOD OF IDENTIFICATION

When providing care to the public, the nurse practitioner shall identify herself/himself as specified in G.S. 90-640 and 21 NCAC 36 .0231.

*History Note: Authority G.S. 90-18(14); 90-640;
 Recodified from 21 NCAC 36 .0227(j) Eff. August 1, 2004;
 Amended Eff. August 1, 2004.*

21 NCAC 36 .0812 DISCIPLINARY ACTION

(a) After notice and hearing in accordance with provisions of G. S. 150B, Article 3A, disciplinary action may be taken by the appropriate Board if one or more of the following is found:

- (1) violation of G.S. 90-18 and G.S. 90-18.2 or the joint rules adopted by each Board;
- (2) immoral or dishonorable conduct pursuant to and consistent with G.S. 90-14(a)(1);
- (3) any submissions to either Board pursuant to and consistent with G.S. 90-14(a)(3);
- (4) the nurse practitioner is adjudicated mentally incompetent or the nurse practitioner's mental or physical condition renders the nurse practitioner unable to safely function as a nurse practitioner pursuant to and consistent with G.S. 90-14(a)(5) and G.S. 90-171.37(3);
- (5) unprofessional conduct by reason of deliberate or negligent acts or omissions and contrary to the prevailing standards for nurse practitioners in accordance and consistent with G.S. 90-14(a)(6) and G.S. 90-171.35(5);
- (6) conviction in any court of a criminal offense in accordance and consistent with G.S. 90-14(a)(7) and G.S. 90-171.37 (2) and G.S. 90-171.48;
- (7) payments for the nurse practitioner practice pursuant to and consistent with G.S. 90-14(a)(8);
- (8) lack of professional competence as a nurse practitioner pursuant to and consistent with G.S. 90-14(a)(11);
- (9) exploiting the client pursuant to and consistent with G.S. 90-14(a)(12) including the promotion of the sale of services, appliances, or drugs for the financial gain of the practitioner or of a third party;
- (10) failure to respond to inquires which may be part of a joint protocol between the Board of Nursing and Medical Board for investigation and discipline pursuant to and consistent with G.S. 90-14(a)(14);
- (11) the nurse practitioner has held himself or herself out or permitted another to represent the nurse practitioner as a licensed physician; or
- (12) the nurse practitioner has engaged or attempted to engage in the performance of medical acts other than according to the collaborative practice agreement.

(b) The nurse practitioner is subject to G.S. 90-171.37; 90-171.48 and 21 NCAC 36 .0217 by virtue of the license to practice as a registered nurse.

(c) After an investigation is completed, the joint subcommittee of both boards may recommend one of the following:

- (1) dismiss the case;
- (2) issue a private letter of concern;
- (3) enter into negotiation for a Consent Order; or
- (4) a disciplinary hearing in accordance with G.S. 150B, Article 3A. If a hearing is recommended, the joint subcommittee shall also recommend whether the matter should be heard by the Board of Nursing or the Medical Board.

(d) Upon a finding of violation, each Board may utilize the range of disciplinary options as enumerated in G.S. 90-14(a) or G.S. 90-171.37.

History Note: Authority G.S. 90-18(c)(14); 90-171.37; 90-171.44; 90-171.47; 90-171.48; Recodified from 21 NCAC 36 .0227(k) Eff. August 1, 2004; Amended Eff. April 1, 2007; August 1, 2004.

21 NCAC 36 .0813 FEES

- (a) An application fee of one hundred dollars (\$100.00) shall be paid at the time of initial application for approval to practice and each subsequent application for approval to practice. The application fee shall be twenty dollars (\$20.00) for volunteer approval.
- (b) The fee for annual renewal of approval shall be fifty dollars (\$50.00).
- (c) The fee for annual renewal of volunteer approval shall be ten dollars (\$10.00).
- (d) No portion of any fee in this Rule is refundable.

*History Note: Authority G.S. 90-6; 90-171.23(b)(14);
Recodified from 21 NCAC 36 .0227(l) Eff. August 1, 2004;
Amended Eff. November 1, 2008; August 1, 2004.*

21 NCAC 36 .0814 PRACTICING DURING A DISASTER

(a) A nurse practitioner approved to practice in this State or another state may perform medical acts, as a nurse practitioner under the supervision of a physician licensed to practice medicine in North Carolina during a disaster in a county in which a state of disaster has been declared or counties contiguous to a county in which a state of disaster has been declared.

(b) The nurse practitioner shall notify the Board of Nursing in writing of the names, practice locations and telephone numbers for the nurse practitioner and each primary supervising physician within 15 days of the first performance of medical acts, as a nurse practitioner during the disaster, and the Board of Nursing shall notify the Medical Board.

(c) Teams of physician(s) and nurse practitioner(s) practicing pursuant to this Rule shall not be required to maintain on-site documentation describing supervisory arrangements and plans for prescriptive authority as otherwise required pursuant to Rules .0809 and .0810 of this Section.

*History Note: Authority G.S. 90-18(c)(13), (14); 90-18.2; 90-171.23(b);
Recodified from 21 NCAC 36 .0227(m) Eff. August 1, 2004;
Amended Eff. December 1, 2009; August 1, 2004.*

21 NCAC 36 .0815 REPORTING CRITERIA

(a) The Department of Health and Human Services ("Department") may report to the North Carolina Board of Nursing ("Board") information regarding the prescribing practices of those nurse practitioners ("prescribers") whose prescribing:

- (1) falls within the top one percent of those prescribing 100 milligrams of morphine equivalents ("MME") per patient per day; or
- (2) falls within the top one percent of those prescribing 100 MMEs per patient per day in combination with any benzodiazepine and who are within the top one percent of all controlled substance prescribers by volume.

(b) In addition, the Department may report to the Board information regarding prescribers who have had two or more patient deaths in the preceding 12 months due to opioid poisoning.

(c) The Department may submit these reports to the Board upon request and may include the information described in G.S. 90-113.73(b).

(d) The reports and communications between the Department and the Board shall remain confidential pursuant to G.S. 90-113.74.

*History Note: Authority G.S. 90-113.74;
 Eff. April 1, 2016.*



**Agenda M25
Theft Protocol
September 2018
Meeting**

ISSUE: Theft Protocol (Attachment A)

BACKGROUND: The Theft Protocol was amended in an ongoing effort to review and revise regulatory protocols in line with the strategic plan.

RECOMMENDATION: That the Board accept the amended Theft Protocol

Sanctioning Guidelines: THEFT



Criteria		Sanctions to Consider
	<ul style="list-style-type: none"> Insufficient evidence of violation 	No Further Action
	Not eligible	Letter of Concern
	Not eligible	PREP
	Not eligible	Non-Disciplinary Consent Order
	<ul style="list-style-type: none"> Theft against facility, client or family/caregiver 	<p>Published Consent Order</p> <p>Reprimand with course- No aggravating factors</p> <p>Probationary License</p> <p>3-12 month suspension- with aggravating factors (consider value and/or dollar amount)</p> <ul style="list-style-type: none"> May consider PL at reinstatement for 3 mo suspension No NAI, NAII or Med Aide

Course Suggestions:	Ethical Legal Decision Making Maintaining Your Professional Nursing Practice
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Criteria not all inclusive and limited to above, there may be actions not specifically listed above. Mitigating and aggravating factors are taken into consideration which may lead to a lesser or greater sanction. Courses subject to change as updates are made.



**Agenda M26
Exceed Scope Protocol
September 2018
Meeting**

ISSUE: Exceed Scope of Practice Protocol (Attachment A)

BACKGROUND: The Exceed Scope of Practice Protocol was amended in an ongoing effort to review and revise regulatory protocols in line with the strategic plan.

RECOMMENDATION: That the Board accept the amended Exceed Scope of Practice Protocol

Sanctioning Guidelines: EXCEEDING SCOPE OF PRACTICE

Criteria		Sanctions to Consider
	<ul style="list-style-type: none"> Insufficient evidence to substantiate allegation 	No Further Action
	<ul style="list-style-type: none"> 1st incident of exceeding scope Perceived action as advantage to client Licensee acknowledges responsibility Incident result of lack of knowledge and understanding of scope 	Letter of Concern or PREP
	<ul style="list-style-type: none"> At time of incident was aware the act was beyond scope Perceived benefit to patient Action represents at risk behavior 	Non-Disciplinary Consent Order *Courses-see below
	<ul style="list-style-type: none"> At time of incident was aware the act was beyond scope but intentionally disregarded for own gain or recognition Action represents reckless behavior Potential change in nursing/medical treatment Act would not be considered within scope for the level of licensure 	Published Consent Order Reprimand with course- No aggravating factors Probationary License 3-12 month suspension- With aggravating factors <ul style="list-style-type: none"> May consider PL at reinstatement for 3 mo suspension No NAI, NAII or Med Aide
	<ul style="list-style-type: none"> May be offered only at the onset or early stage of investigation with the Licensee acknowledging facts in a consent order related to the alleged activity 	Voluntary Surrender
Course Suggestions:	Legal Scope of Practice category Ethical Legal Decision Making NC BON Orientation Session for Administrators of Nursing Services and Mid-Level Nurse Managers	

Criteria not all inclusive and limited to above, there may be actions not specifically listed above. Mitigating and aggravating factors are taken into consideration which may lead to a lesser or greater sanction. Courses subject to change as updates are made.



**Agenda M27
Fraud Protocol
September 2018
Meeting**

ISSUE: Fraud Protocol (Attachment A)

BACKGROUND: The Fraud Protocol was amended in an ongoing effort to review and revise regulatory protocols in line with the strategic plan.

RECOMMENDATION: That the Board accept the amended Fraud Protocol

Sanctioning Guidelines: FRAUD

	Criteria	Sanctions to Consider
	<ul style="list-style-type: none"> Insufficient evidence 	No Further Action
	<ul style="list-style-type: none"> Misrepresented credentials (not licensure) to employer such as CPR or certifications such as ACLS 	Letter of Concern
	Not Eligible	PREP
	Not Eligible	Non-Disciplinary Consent Order
	<ul style="list-style-type: none"> Fraudulent activity against facility, client or family/caregiver, including billing fraud 	<p>Published Consent Order</p> <p>Reprimand with course- No aggravating factors</p> <p>Probationary License</p> <p>3-12 month suspension- with aggravating factors (consider value and/or dollar amount)</p> <ul style="list-style-type: none"> May consider PL at reinstatement for 3 mo suspension No NAI, NAII or Med Aide

Course Suggestions:	Ethical Legal Decision Making Maintaining Your Professional Nursing Practice
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Criteria not all inclusive and limited to above, there may be actions not specifically listed above. Mitigating and aggravating factors are taken into consideration which may lead to a lesser or greater sanction. Courses subject to change as updates are made.



**Agenda M28
Withhold Information Protocol
September 2018
Meeting**

ISSUE: Withhold Crucial Healthcare Information Protocol (Attachment A)

BACKGROUND: The Withhold Crucial Healthcare Information Protocol was amended in an ongoing effort to review and revise regulatory protocols in line with the strategic plan.

RECOMMENDATION: That the Board accept the amended Withhold Crucial Healthcare Information Protocol

Sanctioning Guidelines: WITHHOLDING CLIENT INFORMATION/FAILURE TO REPORT

Criteria		Sanctions to Consider
	<ul style="list-style-type: none"> Insufficient evidence to substantiate allegation 	No Further Action
	<ul style="list-style-type: none"> Failing to notify supervisor or provider timely, but notification done within the shift 	Letter of Concern
	<ul style="list-style-type: none"> Licensee failed to recognize need to communicate change or event Licensee acknowledges responsibility 	PREP
	<ul style="list-style-type: none"> 1st incident of withholding crucial client information with minimal risk to client Untimely communication 	Non-Disciplinary Consent Order *Courses-see below
	<ul style="list-style-type: none"> At time of occurrence licensee was aware or should have been aware that communication was warranted Withholding information represents reckless behavior 	Published Consent Order Reprimand with course- No aggravating factors Probationary License 3-12 month suspension- With aggravating factors <ul style="list-style-type: none"> May consider PL at reinstatement for 3 mo suspension No NAI, NAII or Med Aide
	<ul style="list-style-type: none"> May be offered only at the onset or early stage of investigation with the Licensee acknowledging facts in a consent order related to the alleged activity 	Voluntary Surrender

Course Suggestions:	Legal Scope Category Communication Category Ethical Legal Decision Making
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Criteria not all inclusive and limited to above, there may be actions not specifically listed above. Mitigating and aggravating factors are taken into consideration which may lead to a lesser or greater sanction. Courses subject to change as updates are made.



Agenda M29
Falsification of Renewal Application Protocol
September 2018
Meeting

ISSUE: Falsification of Renewal Application Protocol (Attachment A)

BACKGROUND: The Falsification of Renewal Application Protocol was amended in an ongoing effort to review and revise regulatory protocols in line with the strategic plan.

RECOMMENDATION: That the Board accept the amended Falsification of Renewal Application Protocol

Sanctioning Guidelines: **FALSIFICATION - RENEWAL APPLICATION****Types of Falsification****Sanction***Failure to report action by another Board of Nursing or regulatory agency*

Failure to report action or pending action by another Board of Nursing or regulatory agency in any state or jurisdiction resulting in administrative fees or non-disciplinary action, or for violations not actionable by the NC NPA	Letter of Concern
Failure to report disciplinary action by another Board of Nursing or regulatory agency in any state or jurisdiction	Issue same or similar reciprocal action for the discipline and falsification Reprimand shall be the minimum disciplinary action issued

Failure to report pending criminal charges

Failure to report pending criminal charge(s) discovered by staff at time of renewal.	Letter of Concern (should remind Licensee to report conviction on or before next renewal cycle)
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Failure to report criminal convictions

Licensee reports criminal conviction(s) at renewal; however, pending charge(s) not reported at prior renewal cycle	Letter of Concern
Failure to report all other criminal conviction(s)	Reprimand



**Agenda M30
Falsification of Initial/Endorsement/
Reinstatement Application Protocol
September 2018
Meeting**

ISSUE: Falsification of Initial/Endorsement/Reinstatement Application Protocol (Attachment A)

BACKGROUND: The Falsification of Initial/Endorsement/Reinstatement Application Protocol was amended in an ongoing effort to review and revise regulatory protocols in line with the strategic plan.

RECOMMENDATION: That the Board accept the amended Falsification of Initial/Endorsement/Reinstatement Application Protocol



Sanctioning Guidelines: **FALSIFICATION - INITIAL/ENDORSEMENT/REINSTATEMENT APPLICATION**

Types of Falsification

Sanction

Failure to report action by another Board of Nursing or regulatory agency

Failure to report action or pending action by another Board of Nursing or regulatory agency in any state or jurisdiction resulting in administrative fees or non-disciplinary action, or for violations not actionable by the NC NPA	Letter of Concern
Failure to report disciplinary action by another Board of Nursing or regulatory agency in any state or jurisdiction	Licensure Review Panel

Failure to report pending criminal charges

Failure to report pending criminal charge(s) on advice of attorney or documents misunderstanding question	Letter of Concern
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Failure to report criminal convictions

Failure to report misdemeanor conviction(s) over ten (10) years old and not a crime of moral turpitude and/or documents misunderstanding or advice from attorney not to report	No Further Action
Failure to report misdemeanor conviction(s) of a crime of moral turpitude and documents misunderstanding and/or advice from attorney not to report	Letter of Concern
All other criminal convictions	Licensure Review Panel