

Rules and Regulations

**Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XLVII.Nurses**

Subpart 2. Registered Nurses



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PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XLVII. Nurses

Subpart 2. Registered Nurses

Chapter 31. Introductory Information

§3101. Statement of Purpose

A. The Louisiana State Board of Nursing is a legally created administrative agency acting within the governmental structure of the state and possessing legal power. To safeguard life and health of the citizens of Louisiana, the law governing the practice of registered nursing, Revised Statutes of 1950, R.S. 37:911 et seq., as re-enacted and amended, delegates to this board the responsibility to establish and publish standards of nursing practice; to regulate the practice of nursing by the registered nurse and the advanced practice registered nurse; to provide for examination and licensure of the nurse practicing as a registered nurse and an advanced practice registered nurse; and to establish standards for educational programs preparing individuals for nursing practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:183 (April 1977), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3103. Purpose of Rules

A. The purpose of these rules and regulations is to assist in the transaction of the business of administering and implementing the spirit and intent of the law governing the practice of nursing in accordance with Chapter 11 of Title 37 of Revised Statutes of 1950, R.S. 37:911 et seq., as re-enacted and amended.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:183 (April 1977), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3105. History

A. Louisiana nurses were among the first in the nation to recognize the value of having a nurse practice act administered by a board of nursing to set standards for nursing education, to examine candidates, and to license practitioners. The first proposal for a nurse practice act in Louisiana in 1904 was unsuccessful. Prior to 1904 only three states had boards of nursing.

B. The Louisiana State Board of Nursing came into existence in July 1912, when Act 138 became law. At that time the name was "The Louisiana Nurses' Board of

Examiners." Five physicians were designated to administer the provisions of that law because women were not permitted to hold public office. They could not vote.

C. The original act was amended in 1922 and stipulated that there should be at least one nurse member. By that time women could vote. The act was subsequently amended in 1926 to provide for three registered nurse members and two physician members. The board became known as "The Louisiana State Board of Nurse Examiners" in 1942 when the act was amended. The 1966 amendment called for five registered nurses and two physicians. Act 351 of 1976 designated seven registered nurse members and two physicians to serve as ex officio nonvoting members of the board. The name was changed to "The Louisiana State Board of Nursing."

D. The 1995 Louisiana Legislature re-enacted the Nurse Practice Act, Act 633, providing for an eleven member board: nine registered nurses and two physicians who serve as ex-officio members. This Act additionally provides for licensure of advanced practice registered nurses, requiring registered nurses who are engaged in advanced practice to hold both a registered nurse license and an advanced practice registered nurse license. A separate statute, Act 629, provides for demonstration projects to provide for limited prescription activities for specifically authorized advanced practice registered nurses.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:183 (April 1977), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3107. Philosophy

A. The Board of Nursing, both by virtue of its legal status and its professional character, is dedicated to the belief that its purpose is to serve the people of Louisiana and to protect their health and welfare.

B. The board members believe that their major responsibility is to see, in so far as possible, that those persons who practice nursing are competent and safe.

C. The board members believe that sound nursing education is a prerequisite for the attainment of high standards of nursing practice. They believe that each member is obligated to demonstrate personal integrity, impartial judgment, wisdom and dedication to a high standard of service in board activities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

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HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:184 (April 1977), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

Chapter 33. General

Subchapter A. Board of Nursing

§3301. Implementation of the Nurse Practice Act

A. The Nurse Practice Act, R.S. 37:911 et seq., provides that, in order to safeguard life and health, any person practicing or offering to practice as a registered nurse or as an advanced practice registered nurse in this state shall submit evidence that (s)he is qualified to do so and shall be licensed to practice as a registered nurse or as an advanced practice registered nurse. The act creates a Board of Nursing with regulatory authority, dictates the board's composition and qualifications, methods of appointment and term of office of the board members. The duties of the board are specified in R.S. 37:918, and these duties provide for the implementation of the Nurse Practice Act through the adoption of rules and regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:911 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:73 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing LR 24:1293 (July 1998).

§3303. Officers of the Board

A. The officers of the board shall consist of a president, a vice president, and an alternate.

B. The officers of the board shall be elected annually at the last regular meeting of the year. The candidate receiving the largest number of votes cast by board members shall be declared elected and shall assume office immediately at the close of the meeting.

C. A vacancy occurring in an office shall be filled in accord with the current bylaws of the board.

D. The duties of the officers shall be as follows.

1. The president shall preside at all meetings of the board. (S)he shall appoint all standing and special committees not otherwise provided for, designate the chair of said committee, and perform all other duties pertaining to this office.

2. The vice president shall prepare the annual budget, review financial records periodically and present a report at each regular meeting of the board.

3. Two of the following: the president, the vice-president, alternate officer, or the executive director shall sign the registration certificate for each new licensee in Louisiana.

4. When the vice-president is absent for any reason, the alternate shall serve in that capacity. In the event of a permanent vacancy of the office of vice-president, the alternate shall serve as vice-president to complete the unexpired term(s) of office. A new alternate shall be elected at the next meeting of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:914 and R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:73 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 23:962 (August 1997), LR 24:1293 (July 1998).

§3305. Official Office of the Board

A. The domicile of the board is Baton Rouge, LA1q, but offices for the purpose of administering the provisions of this Part may be established by the board in any of the principal cities or metropolitan areas of such principal cities in Louisiana.

B. An executive director, who shall be a registered nurse, shall be appointed by the board to carry out functions of the board relative to its statutory requirements and other work defined by the board. The executive director serves as appointing authority and may appoint any additional employees for professional, clerical, and special work necessary to carry out the board's functions and with the board's approval, may establish standards for the conduct of employees.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:919 and R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of nursing, LR 7:73 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 22:104 (February 1996), LR 24:1293 (July 1998), LR 26:1615 (August 2000), LR 32:2255 (December 2006).

§3307. Meetings of the Board

A. Regular business meetings shall be held at the office of the board or at a place designated by the board.

B. A minimum of four regular meetings shall be held each year. The annual meeting shall be held at the last regularly scheduled meeting of the year.

C. Special meetings shall be called by the executive director, or a designee, at the request of the president, or upon the request of three members of the board.

D. Five members, including one officer, shall constitute a quorum of the board for the purpose of conducting business.

E. Any person wishing to have a special topic added to the agenda for a board meeting shall notify the executive director, or a designee, at least 21 days prior to the meeting. Items of an emergency nature may be considered at any meeting without prior notice.

F. The executive director, or a designee, shall keep a record of all meetings and such records shall be retained as permanent records of the transactions of the board.

G. Meetings of the board for the conduct of regular business and for the formation of policy shall be open to the public in accord with R.S. 42:4.2 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:73 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 22:104 (February 1996), LR 24:1293 (July 1998).

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§3308. Public Comment at Meetings of the Board

A. At every open meeting of the board or its committees, members of the public shall be afforded an opportunity to make public comment addressing any matters set by agenda for discussion at that meeting.

1. Concerns and public comments shall be limited to five minutes per individual unless the time limitation is waived by a majority of the board members present.

2. Anyone wishing to speak on a specific item must present the request prior to the convening of the meeting. Cards shall be available to place the request for public comment, along with the requestor's name and for whom the requestor is appearing.

3. The board president or committee chair may defer public comment on a specific agenda item until that item is brought up for discussion. However, the five-minute limitation for public comment shall remain in effect unless waived by a majority of the board members present.

4. In addition, the board president or committee chair may recognize individuals at a public meeting at his or her discretion.

5. Unless otherwise provided by law, public comment is not part of the evidentiary record of a hearing or case unless sworn, subject to cross-examination, offered by a party as relevant testimony, and received in accordance with under the Louisiana Administrative Procedure Act, R.S. 49:950 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:5.D and R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 29:581 (April 2003).

§3309. Powers and Duties of the Board

A. R.S. 37:918 provides that the board shall:

1. establish and publish minimum curriculum requirements and standards for individuals seeking to be licensed under this Part;

2. approve nursing education programs whose graduates meet the licensing requirements of the board;

3. provide for hearings for nursing educational programs when approval is denied or withdrawn;

4. establish and publish standards of nursing practice and education in accordance with those developed and accepted by the profession;

5. examine, approve, renew and reinstate licenses of duly qualified applicants and establish examination procedures for such purposes;

6. deny, revoke, suspend, probate, limit or otherwise restrict licenses of individuals who violate this Part;

7. provide procedure and conduct hearings for the disciplines of individuals as needed and establish alternative to the disciplinary process when considered appropriate by the board;

8. cause the prosecution of all persons violating any provisions of this Part;

9. keep a record of all board proceedings;

10. publish an annual report for distribution to the governor and the legislature containing the activities of the board during the past year;

11. maintain a roster of all individuals licensed under this Part and annually prepare a roster of names and addresses of all such licensees. A copy of the roster shall be made available to any individual requesting it upon payment of a fee established by the board as sufficient to cover the cost of copying the roster;

12. adopt, revise, and enforce rules and regulations necessary to enable the board to implement this Part in accordance with the Administrative Procedure Act;

13. employ an executive director who holds a current Louisiana license to practice nursing and other persons necessary to implement the board's directives, rules, and regulations and to assist the board in the implementation of this Part;

14. appoint an attorney at law to represent it in all matters pertaining to the administration of the provisions of this Part, fix his compensation, and define his duties;

15. have all other powers necessary and proper to the performance of their duties, including but not limited to the power to subpoena.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:73 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

Subchapter B. Rule Making Process; Declaratory Statements/Advisory Opinions

§3319. Adoption of Rules and Regulations

A. R.S. 37:918 provides that the board shall adopt and revise rules and regulations necessary to enable the board to implement this Part in accordance with the Administrative Procedure Act. In promulgating rules, the board is exercising powers that have been delegated by the Louisiana Legislature.

1. Definition of Rules and Regulations. Statements, guides or requirements of conduct or action that are of general applicability. Rules and regulations of the Board of Nursing implement or interpret the Nurse Practice Act or describe the organization, procedure or practice of the board.

2.a. All rules and regulations of the board shall be adopted, revised or repealed in accordance with the Administrative Procedure Act, R.S. 49:951-968.

b. Except in emergency situations, the board shall give at least 15 days notice of its intent to adopt, revise, or repeal rules and regulations. The notice shall be in accordance with statutory requirements and shall be published in the *Louisiana Register*.

c. After adoption, and as soon as possible, the official text of the rules and regulations shall be submitted for publication in the *Louisiana Register*. The rules and regulations become effective on the date of their publication, unless otherwise specified.

d.i. Any interested person may petition the board, requesting the promulgation, revision or repeal of rules and regulations which would affect that person. The petition shall:

- (a). be submitted in writing;
- (b). state the name and address of the petitioner;
- (c). include an exact statement of the changes sought and the effect of the proposed change on existing practice;
- (d). include data, opinions or arguments in support of request.

ii. The board shall act on the petition within 90 days after receiving the petition. The board shall either deny the petition, stating reasons therefor, or shall initiate rule-making proceedings in accordance with its procedure for same.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:74 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3321. Declaratory Statements/Advisory Opinions of the Board

A. The board may issue a declaratory ruling in accord with the Administrative Procedure Act. These include a declaratory statement or an advisory opinion, in the form of a ruling which has the same status as board decisions in adjudicated cases, in response to a request for clarification of the effect of rules and regulations or of R.S. 37:911 et seq. Advisory opinions as a statement of the board's ruling. They are generally rendered in cases which relate to specific situations. Declaratory statements contain the board's ruling relative to the petition, with the principles and rationale which support the ruling. Declaratory statements are generally rendered in situations which relate to widespread situations. Neither an advisory opinion nor a declaratory statement has the binding force of law, but they represent the board's expert opinion relative to the matter in question.

B. A request for a declaratory statement or for an advisory opinion is made in the form of a petition to the board. The petition shall include at least:

1. the name and address of the petitioner;
2. specific reference to the statutes or rules and regulations to which the petition relates;
3. a concise statement of the manner in which the petitioner is aggrieved by the rule or statute or by its potential application to her/him, or in which (s)he is uncertain of its effects;
4. a statement of whether an oral hearing is desired;

5. other information appropriate for the board's deliberation on the request.

C. Said petition shall be considered by the board at its next regularly scheduled meeting provided that the petition has been filed at least 60 days prior to the next scheduled board meeting.

D. The declaratory statement/advisory opinion of the board on the petition shall be in writing and mailed to petitioner at the last address furnished to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:74 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

Subchapter C. Registration and Registered Nurse Licensure

§3323. Registration and Licensure

A. Registration in Louisiana is mandatory for practicing as a registered nurse.

B. Registration and licensure as a registered nurse shall be issued only to an applicant who qualifies by examination or endorsement in accordance with R.S. 37:920. All applicants shall meet the same standards.

C. The board shall issue a certificate of registration, carrying a permanent registration number, designating the date of issuance, the authorization to practice as a registered nurse in Louisiana, to all applicants who qualify for initial licensure.

D. The executive director, or a designee of the board, shall record the registration of the permanent records of the board and shall issue a license to practice, valid from the date of issuance until January 31. For individuals registered between January 1 and January 31, the board shall issue a license to practice, valid from the date of issuance until January 31 of the next year.

E. An individual may provide educational and/or consultative services in accordance with R.S. 37:929(9) for a period of not more than 30 days in a calendar year, without applying for a Louisiana registered nurse license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918 and R.S. 37:920.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, LR 7:77 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 23:962 (August 1997), LR 24:1293 (July 1998), LR 37:3026 (October 2011).

§3325. Licensure by Examination

A. In order to be licensed as a registered nurse in Louisiana, all registered nurse applicants shall take and pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

1. The licensing examination (NCLEX-RN) shall be authorized by the Board of Nursing in accordance with the

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contract between the board and the National Council of State Boards of Nursing, Inc.

2. Each examination shall be given under the direction of the executive director of the board or another designee of the board.

3. Individual results from the examination shall be released to individual candidates and to the director of their nursing education program. Aggregate results are published for statistical purposes.

B. Requirements for eligibility to take the NCLEX-RN in Louisiana include:

1. evidence of good moral character;

2. successful completion of a nursing education program approved by the board, or successful completion of a nursing education program located in another country or approved by another board of nursing which program meets or exceeds the educational standards for nursing education programs in Louisiana;

3. recommendation by the director of the school of nursing;

4. completion of the application form to include criminal records check as directed by the executive director of the board;

5. remittance of the required fee;

6. freedom from violations of R.S. 37:911 et seq., or of §3331 or other administrative rules;

7. freedom from acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:921 and §§3403 and 3405; or if found guilty of committing such acts or omissions, the board finds, after investigation, that sufficient restitution, rehabilitation, and education have occurred; and

8. evidence of proficiency in the English language if a graduate of a nursing program offered in a foreign country. Graduates of foreign nursing schools (except Canadian schools) must produce evidence of successful completion of the Commission on Graduates of Foreign Nursing Schools (COGFNS) Examination.

C. Requirements for retaking the NCLEX-RN: Applicants for licensure by examination shall pass the exam within four attempts and within four years of graduation.

D. Applicants who falsify the application for examination will be denied licensure in accordance with LAC 46:XLVII.3331.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918, 37:920 and 37:921.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:77 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 21:804 (August 1995), LR 23:960 (August 1997), LR 24:1293 (July 1998).

§3327. Licensure by Endorsement

A. Requirements for licensure by endorsement include:

1. evidence of good moral character;

2. evidence of initial licensure under the laws of another state, territory, or country;

3. evidence of a current licensure issued directly from the jurisdiction of last employment;

4. successful completion of a nursing education program approved by the board, or successful completion of a nursing education program located in another country or approved by another board of nursing which program meets or exceeds the educational standards for nursing education programs in Louisiana;

5. successful completion of a licensing examination which is comparable to that required for licensure by examination in Louisiana at the time of applicant's graduation;

6. freedom from violations of R.S. 37:911 or of §3331, or other administrative rules;

7. freedom from acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:921 and §§3403 and 3405; or if found guilty of committing such acts or omissions, the board finds, after investigation, that sufficient restitution, rehabilitation, and education have occurred;

8. remittance of the required fee;

9. completion of the required application for endorsement, including a criminal records check and the submission of required documents, within one year. School records submitted by the applicant or a third party will not be accepted; and

10. evidence of proficiency in the English language if a graduate of a nursing program offered in a foreign country.

B. The executive director, or a designee of the board is authorized to endorse an applicant with past board action provided that:

1. certified copies and other documentation are submitted of the following:

a. charges;

b. final orders;

c. completion of the probation and release from probation, if applicable;

d. active and unencumbered licenses in all applicable jurisdictions;

2. there is no allegations of cause for denial of licensure according to R.S. 37:921 and §§3331, 3403 and 3405.

C. Applicants who falsify the application for endorsement will be denied licensure in accordance with LAC 46:XLVII.3331.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918, 920 and 921.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:77 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 21:804 (August 1995), LR 23:960 (August 1997), LR 24:1293 (July 1998).

§3328. Disaster Relief Permits/ Special Health Care Event Temporary Permits

A. The board may issue disaster relief temporary permits to an individual to practice as a registered nurse or advanced practice registered nurse to provide gratuitous or non-gratuitous nursing services in this state during a public health emergency, and for such periods thereafter as approved by the board.

B. The board may issue a special health care event temporary permit to an individual to practice as a registered nurse or advanced practice registered nurse to provide services in Louisiana, during a gratuitous special healthcare event.

C. Disaster relief permits and special healthcare event temporary permits may be issued provided such individual:

1. holds a current, unrestricted license in good standing issued by the licensing authority of another state to practice as a registered nurse or as an advanced practice registered nurse;

2. presents or causes to be presented to the board:

a. picture identification;

b. proof of current licensure in another state; and

c. a completed disaster permit affidavit or application for special healthcare event temporary permit form;

d. a completed verification of employment for disaster or special healthcare event form; and

e. a collaborative practice agreement and required documents (advanced practice registered nurses)

D. A disaster relief or special healthcare event temporary permit may be issued upon such terms, conditions, limitations or restrictions as to time, place, nature, and scope of practice as are, in the judgment of the board, deemed necessary or appropriate to its responsibilities under law.

E. The disaster relief permit will be valid for 60 days from the date of issuance and may be extended for additional 60-day periods as determined appropriate and necessary by the board provided all condition prerequisites to original issuances are satisfied.

F. The special healthcare event temporary permit will be valid during the dates(s) of the event and as approved by the board.

G. If allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:911 et seq., or any rule promulgated by the board is received during the permit interval, the disaster relief permit shall be recalled.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918, 919 and 920.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 33:460 (March 2007) amended LR 39:2280 (August 2013)

§3329. Temporary Permits

A. In accordance with R.S. 37:920, the Board of Nursing may issue the following temporary permits to practice as a registered nurse.

1. A working permit may be issued to graduates of approved schools pending the results of the first licensing examination, provided:

a. the examination is taken within three months after graduation from the approved nursing education program;

b. the person resides in Louisiana and plans to work in Louisiana;

c. there is no evidence of violation of this Part or of LAC 46:XLVII.3331; and

d. there are no allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:921 and LAC 46:XLVII.3403 and 3405.

2. The terminology R.N. applicant identifies those individuals who have been issued a temporary working permit. R.N. applicant may be abbreviated as R.N. App. after signatures on records. The full spelling is required on identification pins.

3. The temporary work permit is limited as follows.

a. The R.N. applicant shall practice only in nursing situations where direct R.N. supervision is available.

b. The R.N. applicant shall serve in a staff nurse position.

c. The R.N. applicant shall assume only those responsibilities and functions commonly included in the staff nurse position.

4. there are no allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:921 and §§3403 and 3405.

B. A 90-day permit to practice as a registered nurse may be issued to any nurse currently registered in another state, territory, or country, pending receipt of endorsement credentials providing that said nurse has filed a complete application for licensure by endorsement and provided that:

1. the person provides verification of current licensure in the state of last employment;

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2. the person resides in Louisiana and plans to work in Louisiana; and

3. there is no evidence of violation of this Part or of §3331; and

4. The working permit expires upon the R.N. applicant's receipt of the results of the first examination after graduation, or at the end of three months if the examination has not been taken.

C. Graduates of foreign nursing schools, except for certain Canadian schools, are not eligible for work permits.

D. A temporary permit to practice as a registered nurse or an advanced practice registered nurse for a maximum period of six months may be issued to an individual enrolled in the clinical practice component of a board approved refresher course for the purpose of RN or APRN licensure reinstatement or licensure endorsement provided:

1. the individual provides satisfactory evidence that he or she previously held an unencumbered license in Louisiana or another jurisdiction recognized in Louisiana;

2. the individual completes the application form provided by the board;

3. the individual provides satisfactory documentation of enrollment in a refresher course approved by the board in accordance with §3335.D.2.a;

4. the individual pays the licensure fee required by §3341.A.g or 3327.A.8;

5. there is no evidence of violation of this Part or of §3331; and

6. there are no allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:921 and §§3403 and 3405.

E. Any individual who is issued a temporary permit pursuant to Subsection D of this Section shall:

1. practice under the supervision of a licensed registered nurse or advanced practice registered nurse if seeking licensure as an RN or under the supervision of a licensed advanced practice registered nurse if seeking licensure as an APRN; and

2. be entitled to use the designation RN applicant if applying for licensure as a registered nurse or APRN applicant if applying for licensure as an advanced practice registered nurse.

F. If allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:911 et seq or any rule promulgated by the board is received during the permit interval, the temporary permit issued pursuant to this section above shall be recalled and licensure denied or delayed in accordance with LAC 46:XLVII.3331 or until such time as the person completes the disciplinary process.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918, 920 and 921.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:78 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 23:961 (August 1997), LR 24:1293(July 1998), LR 28:2513 (December 2002), LR 33:460 (March 2007), LR 37:3026 (October 2011).

§3330. Criminal History Record Information

A. Authority of the Louisiana State Board of Nursing (board). The board derives its authority to obtain criminal history record information from R.S. 37:920.1.

B. The following applicants for licensure or permission to enroll in clinical nursing courses shall submit to a criminal history record information check:

1. registered nurse by examination;

2. registered nurse by endorsement;

3. advanced practice registered nurse, if records not checked in relation to the RN license;

4. reinstatement of RN and/or APRN license, if license has not been active for five years or more;

5. registered nurse students prior to enrollment in the first clinical nursing course.

C. The board may require criminal history record information checks of the following individuals:

1. an applicant for any license, permit, reinstatement, or permission to enroll in clinical nursing courses if there is reason to believe there is information relative to evaluating the applicants eligibility or disqualification for licensure;

2. a licensee as part of the investigation process if there is reason to believe there is information relative to eligibility or disqualification for continued licensure.

D. The board shall require from students seeking admission to clinical nursing courses, a completed Application for Approval to Enroll in A Clinical Nursing Course and a \$20 enrollment application fee prior to the student's enrollment in a clinical nursing course.

E. The applicant or licensee must review and sign the Authorization to Disclose Criminal History Record Information.

F. The applicant or licensee must contact the state or local police/sheriff department and submit two fingerprint cards to be completed. The law enforcement agency may specify a designated location and fee for the completion of the fingerprint cards.

G. The two completed fingerprint cards must be returned to the board office by the applicant or licensee with the required fee. The cards and fee will be forwarded to the Louisiana Department of Public Safety. The second card will be forwarded to the Federal Bureau of Investigations by the Louisiana Department of Public Safety.

H. The submission of the fingerprint cards and the signed Authorization to Disclose Criminal History Record

Information must be received prior to the license being processed or during the semester that the first clinical nursing course has begun.

I. The processing of the license or the entry into clinical nursing courses may not be delayed awaiting these reports; however, future action may result if the criminal history record information so indicates. If the criminal history record reveals criminal activity which constitutes grounds for denial under R.S. 37:921. or LAC 46:XLVII.3331, then the license issued shall be recalled or the progression in clinical nursing courses may be denied.

J. If the fingerprints are returned from the Department of Public Safety as inadequate or unreadable, the applicant, or licensee must submit a second set of fingerprints and fees, if applicable, for submission to the Department of Public Safety.

K. If the applicant or licensee fails to submit necessary information, fees, and or fingerprints, the applicant or licensee may be denied licensure on the basis of an incomplete application or, if licensed, denied renewal, until such time as the applicant or licensee submits the applicable documents and fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:920.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 26:1614 (August 2000), amended LR 30:2829 (December 2004), LR 35:1888 (September 2009).

§3331. Denial or Delay of Licensure, Reinstatement, or the Right to Practice Nursing as a Student Nurse

A. Denial of Licensure, Reinstatement, or the Right to Practice Nursing as a Student Nurse

1. Applicants for licensure, licensure by endorsement, reinstatement, or the right to practice as a student nurse shall be denied approval for licensure, for reinstatement, to receive a temporary working permit, to be eligible for NCLEX-RN, or to enter or progress into any clinical nursing course, if the applicant has pled guilty, nolo contendere, or "best interest of" to, or the equivalent thereto in jurisdictions other than Louisiana, or has been convicted of committing, attempting to commit, or conspiring to commit:

- a. "*crime of violence*" as defined in R.S. 14:2 or any of the following crimes:
 - i. R.S. 14.32.6, first degree feticide;
 - ii. R.S. 14.37 second degree feticide;
 - iii. R.S. 14.46.1, false-imprisonment-offender armed with a dangerous weapon
 - iv. R.S. 14.93.2.3, second degree cruelty to juveniles;
 - v. R.S. 14.93.3, cruelty to the infirmed;
 - vi. R.S. 14:102, cruelty to animals; or Louisiana or
 - vii. an equivalent crime in jurisdictions other than Louisiana; or

- b. a crime involving the production, manufacturing distribution or dispensing of a controlled dangerous substance as provided for and defined in R.S. 40.961 through 40.995, otherwise referred to as the Uniform Controlled Dangerous Substances Law, or equivalent crime in jurisdictions other than Louisiana; or

- c. a crime designated as a "sex offense," "aggravated offense," or "sexual offense against a victim who is a minor" as set forth in R.S. 15:540 et seq.; or an equivalent crime in jurisdictions other than Louisiana; or

- d. any of the following misappropriation crimes:

- i. R.S. 14.67.3, unauthorized use of access card,"
- ii. R.S. 14.67.11, credit card fraud;
- iii. R.S. 14.67.21, theft of assets of an aged person or disabled person;
- v. R.S. 14.67.22, fraudulent acquisition of a credit card;
- vi. R.S. 14.68.2, unauthorized use of food stamps;
- vii. R.S. 14.70.1, Medicaid fraud;
- viii. R.S. 14.70.4, access devise fraud;
- ix. R.S. 14.71.1, bank fraud; or
- x. an equivalent crime in jurisdictions other than Louisiana.

2. For purposes of this Section, a pardon, suspension of imposition of sentence, expungement, or similar programs shall not negate or diminish the applicability requirements of this Section.

3. Applicants who are denied licensure, licensure by endorsement, reinstatement, or the right to practice nursing as a student nurse pursuant to this Section shall not be eligible to submit a new application.

4. These provisions of this Section shall not apply to the reinstatement of a license that has been suspended or surrendered as a result of disciplinary action taken against a licensee by the board or which reinstatement would otherwise be subject to the provision of LAC 46:XLVII.3415.

B. Delay of Licensure, Reinstatement, or the Right to Practice Nursing as a Student Nurse for a Minimum of Five Years

1. Applicants for licensure, licensure by endorsement, reinstatement, or the right to practice as a student nurse shall be denied approval for licensure, for reinstatement, to receive a temporary working permit, to be eligible for NCLEX-RN, or to enter or progress into any clinical nursing course for a minimum of five years, if the applicant has pled guilty, nolo contendere, or "best interest of" to, or the equivalent thereto in jurisdictions other than Louisiana, or has been convicted of committing, attempting to commit, or conspiring to commit:

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a. a felonious crime which reflects an inability to practice nursing safely with due regard of the health and safety of clients or patients not previously mentioned or related to the a forementioned Paragraph A.1 - A.1.d of this Section;

b. two or more misdemeanor crimes which reflect an inability to practice nursing safely with due regard for the health and safety of clients or patients, including but not limited to:

- i. R.S. 14.35, simple battery;
- ii. R.S. 14.37, aggravated assault;
- iii. R.S. 14.43, sexual battery;
- iv. R.S. 14.59, criminal mischief;
- v. R.S. 14.63.3, entry on or remaining in places after being forbidden;
- vi. R.S. 14.83, soliciting for prostitutes; or
- vii. any crimes related to alcohol or drugs;

c. a misdemeanor crime which reflects an inability to practice nursing safely with due regard for the health and safety of clients or patients where there also exist aggravating circumstances, including but not limited to ongoing substance abuse, discovered as part of the investigation.

2. Applicants who are denied licensure, licensure by endorsement, reinstatement, or the right to practice nursing as a student nurse as set forth in Paragraph B.1 of this Section shall not be eligible to submit a new application until the following conditions are met:

a. the applicant presents evidence that i) five years have elapsed since the final disposition of the criminal case involving applicant including, if applicable, the completion of all court ordered probation and/or parole; community supervision, restitution; and ii) that the applicant can practice nursing safely. The evidence may include, but not be limited to, certified court documents, comprehensive evaluations by board approved evaluators, employer references, and other evidence of rehabilitation. Prior to requesting a board hearing, all evidence that applicant desires to be considered shall be presented to board staff; and

b. a hearing or conference is held before the board or board staff to review the evidence, to afford the applicant the opportunity to prove that the cause for the denial no longer exists, and to provide an opportunity for the board to evaluate the evidence presented and determine whether a new application can be submitted and considered without being subject to the mandatory delay provisions of Paragraph B.1 of this Section when no new grounds for such delay exist.

C. Delay of Licensure, Licensure by Endorsement, Reinstatement, or the Right to Practice Nursing as a Student Nurse

1. Applicants for licensure, licensure by endorsement, reinstatement, and for practice as a student nurse shall be

delayed approval for licensure, for reinstatement, to receive a temporary working permit, to be eligible for NCLEX-RN, or to enter or progress into any clinical nursing course, if the applicant:

a. has a pending criminal charge that involves any violence or danger to another person, or involves a crime which constitutes a threat to patient care, or one that involves drug possession, use, production, manufacturing, distribution or dispensing; or

b. has any pending disciplinary action or any restrictions of any form by any licensing/certifying board in any state; or

c. has pled guilty, nolo contendere, "best interest of" to, or the equivalent thereto in jurisdictions other than Louisiana, or has been convicted of committing, attempting to commit, or conspiring to commit, or allowed to participate in a pretrial diversion program in lieu of prosecution for, a crime that does not constitute grounds for denial but that reflects the inability of the person to practice nursing safely, and the conditions of the court or the pretrial diversion program have not been met, or is currently serving a court ordered probation or parole; or

d. has been diagnosed with or treated for a physical or mental infirmity that interferes with or affects the ability of the person to practice nursing safely;

e. has been diagnosed with or treated for substance dependence or substance use disorders.

2. Applicants who are delayed licensure, licensure by endorsement, reinstatement, or the right to practice nursing as a student nurse shall not be eligible to submit a new application until the following conditions are met:

a. if delay is based on the existence of a pending criminal charge, applicant must present evidence that the charge has been dismissed including, but not limited to, documents indicating that the dismissal was predicated on completion of pretrial diversion program or completion of conditions imposed for consideration of suspension of sentence under C.Cr.P. Article 893 or 894 or their equivalent in jurisdictions other than Louisiana; or

i. if the charge results in a felony conviction, other than for the commission of a crime that would constitute grounds for denial of the application, applicant must present evidence that five years have elapsed since the final disposition of the criminal case involving applicant including, if applicable, the completion of all court ordered probation and/or parole;

ii. if the charge results in a misdemeanor conviction, other than for the commission of a crime that would constitute grounds for denial of the application, applicant must present evidence of the final disposition of the criminal case including, if applicable, the completion of all court ordered probation and/or parole;

b. if delay is based on pending disciplinary action, applicant must present evidence of unencumbered license(s)

or certification from all affected jurisdictions that the matter has been satisfactorily resolved; or

c. if delay is based on the existence of a physical or mental infirmity, applicant must present comprehensive psychological, psychiatric, chemical dependency and/or other appropriate medical evaluations completed with Board approved evaluators, which may include, but not be limited to, forensic evaluations with polygraph examination, that evidence the ability of the applicant to practice nursing safely;

d. if delay is based on the existence of a substance use disorder or dependency and/or treatment for dependency, applicant must demonstrate a minimum of two years of documented sobriety and successful completion of all treatment recommendations;

e. a hearing or conference is held before the board to review the evidence, to afford applicant the opportunity to prove that the cause for the delay no longer exists, and to provide an opportunity for the board to evaluate the evidence presented and determine whether a new application can be submitted and considered without being subject to the mandatory delay provisions of Paragraph B.1 of this Section when no new grounds for such delay exist.

3. The provisions of this Section shall not apply to the reinstatement of a license that has been suspended or surrendered as a result of disciplinary action taken against a licensee by the board or which reinstatement would otherwise be subject to the provisions of LAC 46:XLVII.3415.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918, 920 and 921.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 23:961 (August 1997), repromulgated LR 24:1293 (July 1998), amended LR 27:202 (February 2001), LR 38:818 (March 2012)

§3333. Renewal of License

A. Every person holding a license to practice as a registered nurse, and an advanced practice registered nurse, and intending to practice during the ensuing year, shall renew his or her license annually prior to the expiration of his or her license. The board shall furnish an application for renewal of a license to every person who holds a current license. The licensee shall complete the renewal application before January 1. Upon completion of the application and submission of the renewal fee as required under §3341, the board shall verify the accuracy of the application and issue to the licensee a license of renewal for the current year beginning February 1 and expiring January 31. Incomplete applications will be returned. Applications submitted after December 31 will be considered late and subject to the fee as required under §3341 for late renewals. Failure to renew a license prior to expiration subjects the individual to forfeiture of the right to practice. An individual shall notify the board of:

1. Change of address. Notify the office of the board in writing or electronically within 30 days if a change of address has occurred;

2. Change of Name. If a registered nurse/candidate for registration should change her name through marriage, divorce, religious order, or for any other reason, a request for a change of name should be sent to the office of the board. A copy of the marriage certificate, divorce document, or affidavit confirming change of name, is required to execute a name change on board records.

B. Requirements for renewal of license include:

1. completion of application form, including statistical information;

2. payment of fee;

3. evidence of meeting the requirements of §3335, effective January 1, 1993;

4. provide any/all information, documents, records, reports, evidence and/or items as requested by the board/board staff within 60 days from the date of the letter of request/notification sent by board staff, or else the RN/APRN license shall be subject to immediate invalidation with change of status to inactive license and practice as a registered nurse and/or advanced practice registered nurse will no longer be legal.

C. An inactive or lapsed license may be reinstated by submitting a completed application, paying the required fee, and meeting all other relevant requirements, provided there is no evidence of violation of R.S. 37:911 et seq., §3331, or other administrative rules, or no allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:921 or §3405. Any person practicing as a registered nurse or advanced practice registered nurse during the time one's license is inactive or has lapsed is considered an illegal practitioner and is subject to the penalties provided for violation of this Part and will not be reinstated until the disciplinary action is resolved.

D.1.A retired status license may be issued to any individual who is no longer engaged in the practice of nursing, provided said individual:

a. completes an application provided by the board prior to the expiration of the active license; and

b. pays the required one-time fee as specified under §3341.

2. A licensee in retired status will continue to receive *The Examiner* and other official communications and continue to be listed in the official roster of registered nurses in Louisiana.

3. After placed in retired status, no further renewal notices will be sent.

4. notwithstanding any provision of this section to the contrary, no evidence of meeting the requirements of §3335 shall be required to renew a license issued valid through January 31, 2006, if said license is renewed on or before March 31, 2006.

5. provide any/all information, documents, records, reports, evidence and/or items as requested by the

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board/board staff within 60 days from the date of the letter of request/notification sent by board staff, or else the RN license shall be subject to immediate invalidation with change of status to inactive license and practice as an registered nurse will no longer be legal.

6. If the Registered Nurse (RN) license is placed in retired status, the Advanced Practice Registered Nurse (APRN) license shall also be placed in retired or inactive status with no fee.

7. The APRN license may be placed in retired or inactive status with no fee while the RN license remains active.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918 and 920.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:78 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 16:1061 (December 1990), LR 23:962 (August 1997), LR 23:963 (August 1997), repromulgated LR 24:1293 (July 1998), amended LR 26:1443 (July 2000), LR 32:247 (February 2006), LR 35:1536 (August 2009), LR 37:3026 (October 2011).

§3335. Continuing Education—Nursing Practice

A. Authority of the Louisiana State Board of Nursing (board). The board derives its authority to establish the requirement for evidence of activities which contribute to continued competence for relicensure to practice as a registered nurse from R.S. 37:911, R.S. 37:918(4) and (12) and R.S. 37:920.E (1), (2), and (4).

B. Definitions for the Purposes of §3335

Accredited Post Secondary Institution—a degree granting institution that conducts a program preparing registered nurses and awards degrees at any or all of the following levels: associates, bachelors, masters, and doctoral, and which is accredited by a nationally recognized accrediting body.

Approved Offering—a continuing education offering provided by an approved provider.

Approved Provider—individual, partnership, corporation, association, organization, organized health care system, educational institution, or governmental agency which has been approved by the board, accredited by the American Nurses Credentialing Center's Commission on Accreditation (ANCC), or approved to provide nursing continuing education by an ANCC accredited approver.

Board-Approved Contact Hours—contact hours which have been approved by the board or through the ANCC.

Clinical Competence—the possession and use of professional knowledge and skills in relation to direct patient/client care.

Certifying Body—an agency qualified to evaluate an individual, an institution, or an educational program and attesting that certain predetermined standards for safe and ethical practice of the profession or service are met.

Competence—the possession of professional knowledge and skills necessary to practice or function at the legally qualified level.

Contact Hour—a unit of measurement that describes 60 minutes of participation in an educational activity which meets the board's continuing education criteria.

Continued Competence—the possession and maintenance of current professional knowledge and skills.

Continuing Education—a planned educational activity designed to update the knowledge and skills of the participant, beyond the entry level, or to prepare for practice in a different area of nursing.

Continuing Education Activities—

a. *Course*—an intense, planned educational activity, presented over time, which includes content related to a specific subject for which academic credit or contact hours are awarded.

b. *Offering*—a continuing education activity of short duration for which a minimum of one contact hour is awarded.

c. *Program*—a series of offerings with a common theme and common overall goals. Offerings may occur consecutively or concurrently.

Criterion—a standard, rule, or test by which something can be judged, measured, or valued.

Current—occurring in the present time; contemporary.

Documentation of Nursing Practice—the presence of written evidence of nursing practice.

Examination—an exercise designed to evaluate progress, qualifications, or knowledge.

Full-Time Nursing Practice—a minimum of 1,600 hours, per year, of employment as a registered nurse or full-time equivalency requirements set forth by the employer. For self-employed, home health, and contract nurses, a minimum of 1,600 documented nursing practice hours, exclusive of travel, per calendar year, is accepted as full-time employment. Documentation of practice hours shall include paycheck stubs and a log record of actual hours worked.

Inactive Licensure Status—is recorded when the RN requests inactive licensure status rather than renew a current RN license.

Lapsed License—delinquent licensure status due to failure to renew or to request inactive licensure status.

National Council Licensure Examination for Registered Nurses (NCLEX-RN)—the examination approved by the board and administered to measure competency for initial licensure as a registered nurse.

Nursing Practice—the performance, with or without compensation, by an individual licensed by the board as a registered nurse, of functions requiring specialized knowledge and skill derived from the biological, physical,

and behavioral sciences [Nurse Practice Act, R.S. 37:913 (13) and (14)], which includes, but is not limited to, direct patient care, supervision, teaching, administration, and other positions which require use of nursing knowledge, judgment, and skill.

Part-Time Nursing Practice—a minimum of 160 hours employment as a registered nurse, but less than full-time employment within the one-year audit period.

Practice Hour—60 minutes of nursing practice.

Refresher Course—instruction designed to up-date professional knowledge and skills to the legally qualified level.

Requirement—something needed or demanded by virtue of a law, regulation, etc.

C. Continuing Education Nursing Practice Requirements. Registered nurses are required to meet the continuing education nursing practice requirements for relicensure and to certify compliance on the application for relicensure. The following options are available to fulfill these requirements.

1. License Renewal. For licensure renewal the applicant shall be in compliance with one of the following:

a. a minimum of five board-approved contact hours of continuing education and full-time practice as a registered nurse during the previous calendar year; or

b. a minimum of 10 board-approved contact hours of continuing education and a minimum of 160 hours of practice as a registered nurse during the previous calendar year; or

c. a minimum of 15 board-approved contact hours of continuing education during the previous calendar year; or

d. initial licensure by examination or by endorsement during the previous calendar year; or

e. current certification in a specialty area of nursing by a certifying body whose requirements have been approved by the board as being equivalent to or exceeding the above requirements.

2. Exceptions. A licensee may request an exemption, on the license renewal application, supported with documentation, from the continuing education/nursing practice requirements, or for an extension of time within which to fulfill the requirements, for one of the following reasons.

a. The licensee is requesting inactive status for the license. In this case, the requirements apply when the licensee seeks to reactivate the license.

b. The licensee served on active duty in the armed forces for a minimum of six months during the licensure period.

c. The licensee has been unable to work due to a physical or mental disability for 2/3 of the most recent audit period and submits medical evidence of readiness or ability to return to work.

d. The individual is currently enrolled as a bona fide student in a board-approved refresher course.

e. The individual presents evidence of an emergency or extenuating circumstances. At the time of filing an application for relicensure based on an exception, the licensee shall attach documentation of the exception.

3. Penalty for Non-Compliance

a. Failure to comply with these requirements shall prohibit license renewal and result in the licensee being placed on a delinquent/lapsed licensure status. Upon presentation of evidence of meeting the continuing education/nursing practice requirements, the license may be reinstated with a potential for disciplinary action.

b. Falsification of data on the renewal or audit forms may result in disciplinary action.

D. Reinstatement of License

1. For reinstatement of a license which has lapsed, been suspended, has been inactive, or has been retired, for less than four years, the applicant shall provide documentation of a minimum of 15 board-approved contact hours of continuing education for each year of inactive licensure status, or current licensure in another state and compliance with §3335.C.1.

2. For reinstatement of a license which has lapsed, been suspended, or has been inactive for four years or more, the applicant shall provide documentation of one of the following:

a. completion of a board-approved refresher course consisting of a minimum of 160 hours of instructor planned, supervised instruction, including theory and clinical practice; or

b. enrollment and completion of a bonafide nursing course in an approved school, which consists of 160 hours of instructor planned, supervised instruction, including theory and clinical practice, in lieu of a refresher course; or

c. individualized remediation including an assessment of needs, a program of study designed to meet these needs, and an evaluation of the learning outcomes of the program. Such program shall be sponsored by an approved provider in an accredited post-secondary educational institution whose faculty hold masters degrees in nursing; or

d. a minimum of 60 board-approved contact hours of continuing education within the previous 4 years; or

e. successful completion of the NCLEX-RN examination during the previous calendar year (Licensees who choose the option of taking the NCLEX-RN shall complete the required application, pay the established fee, and follow the current process for testing.); or

f. current licensure in another state, and compliance with §3335.C.1.

E. Continuing Education Activities. Continuing education course credit may be given for the following continuing education activities. Contact hours may be awarded for the following:

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1. continuing education activities that meet the criteria for content of continuing education as specified in §3335.F. and which are offered by approved providers as specified in §3335.G or H;

2. academic courses in an accredited post secondary institution which are related to specific knowledge and/or technical skills required for the practice of nursing as specified in §3335.F and, §4507.A.3 and E.2, or which lead to an advanced degree in nursing or to a certificate in advanced nursing practice, with continuing education credit calculated as follows:

a. academic credits leading to a Bachelor of Science Degree in Nursing (BSN), acquired post licensure as a registered nurse, shall be applicable toward meeting the continuing education requirements for relicensure for a maximum of four consecutive years;

b. academic courses recorded as an audit, credit examination, or registration for thesis or dissertation shall not apply toward meeting the continuing education requirements or relicensure;

c. contact hours shall be calculated from credit hours as follows:

i. quarter hours. One credit hour equals 10 contact hours;

ii. trimester hours. One credit hour equals 12 contact hours;

iii. semester hours. One credit hour equals 15 contact hours;

3. program, courses or independent study offerings which have been approved for voluntary or mandatory continuing education by other boards of nursing, the ANCC approval process, or specialty nursing organizations which have equivalent approval criteria;

4. review courses for initial certification in an approved area, such as ACLS, PALS, or advanced IV therapy, etc, provided they meet the criteria for approved offerings (Review courses for recertification do not meet the continuing education requirements for relicensure.); and

5. other continuing education activities as approved or accepted by the board at its sole discretion;

6. presenting a total continuing education activity shall not be considered continuing education for the presenter. Instructors who present part of a continuing education activity may receive a certificate and credit if the total activity is attended;

7. there is no limit on the number of contact hours that may be earned through independent study.

F. Content of Continuing Education Activities. The following areas are acceptable subject matter to fulfill continuing education requirements for relicensure in Louisiana:

1. nursing practice topics related to counseling, teaching, or care of clients in any setting;

2. sciences upon which nursing practice, nursing education, and nursing research are based, e.g., nursing theories; biological, physical, and behavioral sciences; and advanced nursing in general or specialty areas;

3. professional, social, economic, spiritual, and ethical/legal aspects of nursing; and

4. nursing management, nursing administration, or nursing education.

G. Criteria for Approved Providers. Continuing education providers may be designated by the board as Approved Providers upon showing evidence of meeting the following criteria:

1. have a consistent, identifiable authority, who has the overall responsibility for the operation of the Nursing Continuing Education Provider Unit;

2. have a continuing education nurse planner with a BSN or higher degree and an active RN license who:

a. has the overall responsibility for planning, implementing, and evaluating the continuing education activity; and

b. accepts full responsibility to ensure that all nursing continuing education activities meet the board's criteria specified in §3335.H, and including, but not limited to: determining content specified in §3335.F, selecting faculty presenters with expertise in the content area, advertising, issuing certificates, and keeping records;

3. document registered nurse, including RN consumer, participation in the planning and implementation of nursing continuing education activities for which nursing contact hours are awarded. The Nursing Continuing Education Planning Committee shall include, at a minimum, the nurse planner and at least one other registered nurse;

4. utilize a program plan which includes a statement of purpose, measurable educational objectives, outline of content, teaching methodology, contact time for each objective, and an evaluation of the attainment of the objectives and of the overall effectiveness of the offering;

5. develop an overall provider unit annual evaluation plan;

6. participate in a board site visit to validate compliance with provider criteria;

7. maintain participant and program records for a minimum of five years. The record storage system assures confidentiality and allows for retrieval of essential information for each offering including:

a. title of offering;

b. names and addresses of participants and number of contact hours awarded to each;

c. names and titles of planning committee members;

d. name, title, and curriculum vita for each faculty member;

- e. starting and ending dates;
- f. name and address of facility where offering is held;
- g. program plan as specified in §3335.G.4;
- h. description of target audience;
- i. number of contact hours awarded for the offering;
- j. summary of participants' evaluation; and
- k. copy of any co-providership agreement, if applicable;

8. provide notification of the availability of each continuing education activity as specified in §3335.H.1.d. The board-approved provider number shall be included on all advertising materials and certificates. A copy of each brochure/flyer shall be mailed to the board prior to implementation of the continuing education activity;

9. evidence of accreditation/approval as a provider unit through the ANCC may be submitted in lieu of evidence of meeting the above criteria. Providers approved through the ANCC are recognized by the board as approved providers of nursing continuing education;

10. initial application for Continuing Education Provider Approval:

a. an application, on a form supplied by the board, shall be filed, with the required fee, at least six months in advance of the intent to implement the approved provider mode of operation;

b. submit applications for three proposed continuing education activities; if approved, a provider number will be issued for the first three programs as a condition of the process to become approved to be a continuing education provider;

c. fees payable upon submission of an application for total initial provider unit review are \$800 for two years, with \$100 being non-refundable. The fees for individual continuing education activity approval for the first three programs in preparation to be a provider are \$75 (non-refundable) plus \$10 for each contact hour of instruction, up to a maximum of \$700. A fee of 25 percent of the original fee, with a minimum of \$30, is payable for an extension of the approved status;

11. application for Continuing Education Provider Reapproval:

a. an application, on a form supplied by the board, shall be filed with the board, at least 90 calendar days prior to the expiration of approval;

b. should an approved provider status expire, no contact hours shall be awarded for nursing continuing education during the interim period of the expiration date and the date of reapproval of the board-approved provider status;

c. fees payable upon submission of an application for total provider unit review for re-approval are \$800 for two years or \$1,600 for four years, with \$100 being non-refundable.

H. Individual Continuing Education Activities

1. Agencies or individuals that intend to seek provider approval shall file a preliminary application for board-approved-provider status and submit the required fee. Individual offerings will only be approved as a pre-requisite for provider status. Upon showing evidence of meeting the following criteria, the continuing education activity may be approved by the board, for a period of one year:

a. have a consistent, identifiable authority who has the overall responsibility for the execution of educational offerings;

b. have a continuing education nurse planner with a BSN or higher degree and an active RN license who:

i. has the overall responsibility for planning, implementing, and evaluating the nursing continuing education activity;

ii. accepts full responsibility for the continuing education activity, including, but not limited to:

(a). determining content as specified in §3335.F;

(b). selecting faculty presenters with expertise in the content area;

(c). advertising;

(d). issuing certificates; and

(e). keeping records;

iii. have a nursing continuing education planning committee, including at a minimum, the nurse planner and at least one other registered nurse;

iv. the continuing education activity utilizes principles of adult education that includes:

(a). a philosophy and/or mission of continuing education;

(b). a statement of purpose;

(c). selection of a teaching faculty with expertise in the subject matter that includes registered nurses and/or others with expertise in the nursing related subject matter;

(d). measurable educational objectives;

(e). topical outline of content;

(f). teaching methodology;

(g). contact time appropriate for the content and the objective; and

(h). an evaluation form that includes: attainment of each objective, effectiveness of the speaker(s) and methodology, appropriateness of facilities, relevance of the content to the objectives, and the overall effectiveness of the continuing education activity;

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c. maintain participant and program records for a minimum of five years. The record storage system shall maintain confidentiality and allow for retrieval of essential information for the continuing education activity including:

- i. the completed application form;
 - ii. the continuing education activity approval letter;
 - iii. names and addresses of participants and number of contact hours awarded to each; and
 - iv. participant summary evaluation report;
- d.i. the following content shall be included on the brochure/flyer and submitted with the Application for Continuing Education Activity Approval:

- (a). date;
 - (b). time;
 - (c). location;
 - (d). target audience;
 - (e). registration fee;
 - (f). items covered by the fee;
 - (g). refund policy;
 - (h). objectives;
 - (i). agenda;
 - (j). speaker credentials;
 - (k). contact hours to be awarded;
- (l). the continuing education activity approval statement; and
- (m). a statement indicating compliance with the Americans with Disabilities Act (ADA);

ii. a final copy of the brochure/flyer shall be mailed to the board prior to implementation of the continuing education activity.

2. Application Process

a. Individual offerings, as a pre-requisite for provider status, shall be submitted to the board at least 90 calendar days prior to implementation of the continuing education activity.

b. Fees payable upon submission of an application for review of an offering are \$75 (non-refundable) plus \$10 for each contact hour of instruction, up to a maximum of \$700. A fee of 25 percent of the original fee, with a minimum of \$30, is payable for an extension of the approved status.

c. The provider shall submit to the board immediate written notification of any change in an approved continuing education activity.

d. A continuing education activity approved through the ANCC is recognized by the board as meeting the continuing education requirements for relicensure.

I. Monitoring System. Fulfillment of the requirements for continuing education/nursing practice for relicensure shall be ascertained as follows.

1. Verification of Continuing Education/Nursing Practice. On the application for relicensure, licensees shall sign a statement certifying compliance and agreeing to supply supporting documents upon request. Maintaining documentation of continuing education for at least five years is the responsibility of each individual. Falsification of the renewal application may result in disciplinary action.

2. Audit of Licensees. The board shall randomly select no less than 3 percent of the licensees for audit of compliance with the requirements for relicensure. Additionally, the board has the right to audit any questionable documentation of activities. Such shall be governed by the following.

a. The licensee shall submit verification of compliance with continuing education requirements or exceptions for the period being audited. Verification includes legible copies of certificates of attendance, and/or transcripts/grade reports, or documentation of compliance with exceptions as provided in §3335.C.2.

b. Licensees who use the nursing practice option as partial evidence of continued competence shall document nursing practice on the audit form provided by the board. Said documentation shall be signed by an individual who has practiced in a supervisory, collaborative or peer relationship. The staff of the board will evaluate exceptions to the standard form of documentation on an individual basis.

c. Verification shall be submitted within 30 calendar days of the mailing date of the audit notification letter.

d. Failure to complete the audit satisfactorily by the specified date or falsification of information will result in the licensure being rescinded to become invalid and may result in disciplinary action against the licensee in accord with the process and procedures provided in §3407.

e. Failure to notify the board of a current mailing address will not absolve the licensee from the audit requirement.

3. Audit of Approved Providers. The board reserves the right to audit approved providers to ascertain compliance with the criteria for approval. Upon a finding of a deviation from the criteria for approval, after a hearing before the board, approval status may be withdrawn or the provider may be placed on probation for a specified period of time. Approval status may be restored upon submission of evidence that the provider satisfactorily fulfills the criterion/criteria in question.

4.a. Appeal. A licensee or a provider who wishes to request reconsideration shall do so within 20 calendar days from the date of receipt of notification of the action of the board. The appellant shall submit a statement which shows cause why action should not have been taken by the board. This statement shall be acted upon by the board within 20 calendar days.

b. A final decision of the board may be appealed in the 19th Judicial District Court within 30 calendar days of the receipt of the decision.

J. Refresher Course. To be approved by the board, a refresher course shall meet the following criteria.

1. The sponsoring institution shall have access to adequate facilities, resources and qualified educational staff to implement both the required theoretical and clinical components of the refresher course.

2. The course shall be based on clearly stated objectives which are realistic for the time allotted in the course and appropriate for the course content.

3. The course content shall provide a review of basic nursing care concepts, principles, and skills related to patients across the life cycle.

4. The sponsoring institution shall submit the course syllabus for approval at least 90 calendar days prior to implementation of the course, or submit evidence of approval of the course by another board of nursing or by the ANCC at least 20 days prior to the beginning of the course.

5. Fees payable upon submission of a refresher course for approval are \$400 with \$100 being non-refundable.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:911, R.S. 37:918(4), (12), and R.S. 37:920.E.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 16:1058 (December 1990), amended LR 21:267 (March 1995), LR 21:804 (August 1995), LR 24:1293 (July 1998), LR 25:514 (March 1999), LR 26:83 (January 2000), LR 27:729 (May 2001), LR 34:440 (March 2008).

§3337. Change of Status

A. A registrant who is no longer practicing as a registered nurse, may, by submitting a written notice to the board, be granted inactive status. No annual renewal nor fee is required of a person in inactive status.

B. A person who holds an inactive status may resume practicing status by submitting a completed applicant form, paying the required fee and meeting all other requirements for licensure renewal.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918 and R.S. 37:920.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:78 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998), LR 26:1443 (July 2000).

§3339. Verification of Licensure

A. Verification of a registered nurse or advanced practice registered nurse license only requires the correct spelling of the name of the licensee.

B. Before employing a person as a registered nurse and/or advanced practice registered nurse, current licensure must be verified by primary source verification through the board. Failure to do so may result in aiding and abetting an unlicensed person to practice nursing in violation of the law.

C. Annually, on or before January 31, current licensure of registered nurses and advanced practice registered nurses should be verified by directors of nursing or supervisors. Documentation of on-line verification is necessary to ascertain that the year is current.

AUTHORITY NOTE: Promulgated in accordance with R.S.37:918 and R.S. 37:920.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:77 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998), LR 32:2255 (December 2006), LR 37:3027 (October 2011).

§3341. Fees for Registration and Licensure

A. Notwithstanding any provisions of this Chapter, the board shall collect in advance fees for licensure and administrative services as follows.

1. Licensure

a. RN Examination Application	\$100
b. RN Endorsement Application	\$100
c. Enrollment Application	\$ 20
d. RN Renewal Fee	\$ 80
e. RN Late Fee (plus Renewal Fee)	\$ 25
f. Retired License Fee (one time fee)	\$ 80
g. RN Reinstatement Application Fee	\$100
h. Initial APRN Licensure Application	\$100
i. RN/APRN Endorsement Temporary Permit Fee	\$ 50
j. APRN Endorsement Application	\$100
k. APRN Renewal Fee	\$ 80
l. APRN Late Fee (plus Renewal Fee)	\$ 25
m. APRN Reinstatement Application Fee	\$100
n. APRN Prescriptive Authority Application	\$100
o. APRN Prescriptive Authority Site Change	\$ 25
p. Reinstatement of Prescriptive Authority Privileges	\$ 50
q. Verification of Licensure	\$ 25

2. Miscellaneous

a. Consultation	\$100.00/hour
b. Photocopies	\$000.50/page
c. Certified Documents	\$ 1.00/page
d. Listing of Registered Nurses/Advanced Practice	
i. Registered Nurses \$10 programming fee plus costs as follows: \$0.02/per name on disk	
e. Special Programming Request Actual Costs:	
(minimum \$100 per program)	

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B. Fees for Returned Checks

1. The board shall collect a \$25 fee for returned checks for any of the fees discussed in LAC 46:XLVII.3341.A.

2. If the nurse fails to make restitution within 14 days from the date of the letter of notification of the returned check, then the nurse's current license shall become lapsed and practice as a registered nurse is no longer legal.

C. Fees for Fingerprint Imprint \$10.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918 and R.S. 37:927.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918 and R.S. 37:927.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, LR 8:417 (August 1982), amended by the Department of Health and Hospitals, Board of Nursing, LR 14:533 (August 1988), LR 22:981 (October 1996), repromulgated LR 24:1293 (July 1998), amended LR 26:84 (January 2000), LR 30:2829 (December 2004), LR:31:2027 (August 2005), LR 36:1246 (June 2010), LR 37:3027 (October 2011).

Chapter 34. Disciplinary Proceedings; Alternative to Disciplinary Proceedings

§3401. Disciplinary Proceedings before the Board

A. The Board of Nursing has the responsibility to consider and determine the action necessary upon all charges of conduct which fall to conform to R.S. 37:911 et seq., as re-enacted and amended, or to the rules and regulations promulgated to carry out the provisions of this Subpart.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918, R.S. 37:921, R.S. 37:922 and R.S. 37:923.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:74 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3403. Proceedings against a Registered Nurse, Advanced Practice Registered Nurse, Registered Nurse Applicant, APRN Applicant or a Student Nurse

A. The board may deny, revoke, suspend, probate, limit, reprimand, or restrict any license to practice as a registered nurse or an advanced practice registered nurse, impose fines, assess costs, or otherwise discipline an individual in accordance with R.S. 37:921-925 and the board may limit, restrict, delay or deny a student nurse from entering or continuing the clinical phase of education in accordance with R.S. 37:921-925.

B. Every individual subjected to disciplinary proceedings shall be afforded an opportunity for a hearing before the board or its duly appointed hearing officer or committee.

C. A complaint that an individual has engaged in, or is engaging in, any conduct proscribed by R.S. 37:921, may be made by any person or the board. Such complaints shall be in writing.

D. Grounds for disciplinary proceedings are specified in R.S. 37:921:

1. is guilty of selling or attempting to sell, falsely obtaining, or furnishing any nursing diploma or license to practice as a registered nurse;

2. is convicted of a crime or offense which reflects the inability of the nurse to practice nursing with due regard for the health and safety of clients or patients or enters a plea of guilty or nolo contendere to a criminal charge regardless of final disposition of the criminal proceeding, including, but not limited to, expungement or nonadjudication;

3. is unfit or incompetent by reason of negligence, habit, or other cause;

4. has demonstrated actual or potential inability to practice nursing with reasonable skill and safety to individuals because of use of alcohol or drugs; or has demonstrated inability to practice nursing with reasonable

skill and safety to individuals because of illness or as a result of any mental or physical condition;

5. is guilty of aiding or abetting anyone in the violation of any provisions of this Part;

6. is mentally incompetent;

7. has had a license to practice nursing or to practice as another health care provider denied, revoked, suspended, or otherwise restricted;

8. is guilty of moral turpitude;

9. violated any provision of this Part.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918, R.S. 37:921, R.S. 37:922 and R.S. 37:923.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:74 (March 1981) amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998), LR 26:1614 (August 2000), LR 31:1585 (July 2005).

§3405. Definition of Terms

A. The board in the exercise of its disciplinary authority has adopted the following meaning for the following terms.

Aiding and Abetting—to intentionally assist anyone by condoning, or to apply positive or negative force to assist anyone in violating the Nurse Practice Act or the rules and regulations of the board.

Deny—to refuse for cause.

Habit—a mode of behavior which an individual acquires over a period of time.

Limit—to confine within certain bounds.

Mentally Incompetent—a court judgment of legal insanity or incompetence or a medical diagnosis indicating insanity or incompetence.

Moral Turpitude—an act which is dishonest, or contrary to good morals.

Negligence—a breach of duty of care owed to a party.

Other Causes—includes, but is not limited to:

a. failure to practice nursing in accordance with the legal standards of nursing practice;

b. possessing a physical impairment or mental impairment which interferes with the judgment, skills or abilities required for the practice of nursing;

c. failure to utilize appropriate judgment;

d. failure to exercise technical competence in carrying out nursing care;

e. violating the confidentiality of information or knowledge concerning the patient;

f. performing procedures beyond the authorized scope of nursing or any specialty thereof;

g. performing duties and assuming responsibilities within the scope of the definition of nursing practice when competency has not been achieved or maintained, or where

competency has not been achieved or maintained in a particular specialty;

h. improper use of drugs, medical supplies or equipment, patient's records, or other items;

i. misappropriating items of an individual, agency, or entity;

j. falsifying records;

k. failure to act, or negligently or willfully committing any act that adversely affects the physical or psychosocial welfare of the patient, including but not limited to, failing to practice in accordance with the Federal Centers for Disease Control recommendations for preventing transmission of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV);

l. delegating or assigning nursing care, functions, tasks, or responsibilities to others contrary to regulations;

m. leaving a nursing assignment without properly notifying appropriate personnel;

n. failing to report, through the proper channels, facts known regarding the incompetent, unethical, or illegal practice of any health care provider;

o. failing to report to the board one's status when one performs or participates in exposure-prone procedures and is known to be a carrier of the hepatitis B virus or human immunodeficiency virus, in accordance with LAC 46:XLVII.4005;

p. has violated a rule adopted by the board, an order of the board, or a state or federal law relating to the practice of professional nursing, or a state or federal narcotics or controlled substance law;

q. inappropriate, incomplete or improper documentation;

r. use of or being under the influence of alcoholic beverages, illegal drugs or drugs which impair judgment while on duty, to include making application for employment;

s. failure to cooperate with the board by:

i. not furnishing in writing a full and complete explanation covering a matter requested by the board; or

ii. not providing information, documents/records reports, evidence or any other requested items within the designated time period to the board office as requested by the board/board staff;

iii. not responding to subpoenas issued by the board in connection with any investigation or hearing;

iv. not completing evaluations required by the board;

t. exceeds professional boundaries, including but not limited to sexual misconduct; and

u. use of any advertisement or solicitation which is false, misleading, or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed.

v. attempted to or obtained a license (including renewals), permit or permission to practice as a registered nurse, nurse applicant, or student nurse by fraud, perjury, deceit or misrepresentation;

w. false statement on application;

x. failure to comply with an agreement with the board.

Probate—to stay a sentence of licensure suspension during good behavior and placing under supervision of board staff for a period of time. License is marked "probated" and specific requirements are identified.

Professional Boundaries—the limits of the professional relationship that allow for a safe therapeutic connection between the professional and the client.

Reasonable Skill and Safety—practicing nursing in accordance with the Legal Standards of Nursing Practice.

Reprimand—written communication to the individual stating the board's concerns, and public notification of the individual's name and reason for the reprimand.

Restrict—to limit or restrain nursing practice by settings, types of clients, hours, or other means.

Revoke—to annul or make void by calling back. A person whose license is revoked shall never again be allowed to practice registered nursing in Louisiana.

Sexual Misconduct—an extreme boundary violation which involves the use of power, influence and/or knowledge inherent in one's profession in order to obtain sexual gratification, romantic partners and/or sexual deviant outlets. Any behavior toward a patient by a nurse that is seductive, sexually demeaning, harassing or sexually inappropriate is a violation of the nurse's fiduciary responsibility to the patient.

Suspend—to hold license to practice as a registered nurse in abeyance for a definite or a indefinite period of time.

Unfit or Incompetent—unsuitable.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918(K), R.S. 37:921, and R.S. 37:1744-1747.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:74 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 19:1145 (September 1993), LR 21:271 (March 1995), LR 24:1293 (July 1998), LR 31:1585 (July 2005), LR 35:1535 (August 2009).

§3407. Disciplinary Process and Procedures

A. Introduction. The provisions of the Administrative Procedure Act shall govern proceedings on questions of violation of R.S. 37:911 et seq., as re-enacted and amended.

1. A disciplinary proceeding, including the formal hearing, is less formal than a judicial proceeding. It is not subject to strict rules and technicalities, but must be conducted in accordance with considerations of fair play and constitutional requirements of due process.

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2. The purpose of a disciplinary proceeding is to determine contested issues of law and fact; whether the individual did certain acts and, if he did, whether those acts violated the Nurse Practice Act or rules and regulations of the board; and to determine the appropriate disciplinary action.

B. Investigation

1. The process of a disciplinary proceeding shall include certain steps and may include other steps as follows.

a. The board receives information alleging that an individual has acted in violation of the Nurse Practice Act. Communications from the informant shall be privileged and shall not be revealed to any person unless such documents will be offered for evidence in a formal hearing, or unless those documents being subpoenaed by a court, or requested by other regulatory or law enforcement agencies.

b. The information is investigated by the board's employees to determine if there is sufficient evidence to warrant disciplinary proceedings. Information received by the board shall not be considered a complaint until the individual furnishing that information submits the information in writing to the board. The executive director or designee may issue a subpoena prior to the filing of charges if, in the opinion of the executive director, such a subpoena is necessary to investigate any potential violation or lack of compliance with R.S. 37:911 et seq., or the rules, regulations, or orders of the board. The subpoena may be to compel the attendance of any person to appear for the purposes of giving sworn testimony and/or to compel the production of books, records, papers, or other objects.

2. An agreement worked out between the persons making the complaint and the individual does not preclude disciplinary action by the board. The nature of the offense alleged and the evidence before the board must be considered.

C. Informal Disposition of with No Disciplinary Action

1. Some allegations may be settled informally by the board and the individual, without formal disciplinary action. The following types of informal dispositions may be utilized.

a. Disposition by Correspondence. For less serious allegations, the executive director, or a designee of the board, may write to the individual explaining the nature of the information received. The individual's subsequent response may satisfactorily explain that no violation of the Nurse Practice Act, or rules, or order of the board occurred, or that the matter does not rise to the level requiring formal disposition at this time, and the matter may be dropped. If the situation is not satisfactorily explained, it shall be investigated and disposed of through another informal means or brought before the board for a formal hearing.

b. Informal Conference

i. The executive director, or a designee of the board, may hold a conference with the individual, in lieu of, or in addition to correspondence, in cases of less serious

allegations. If the respondent can satisfactorily explain that no violation of the Nurse Practice Act, or rules, or order of the board occurred, or that the matter does not rise to the level requiring formal disposition at this time, then the matter may be dismissed.

ii. The individual shall be given adequate notice of the fact that information brought out at the conference may later be used in a formal hearing.

c. Referral to an alternative to the disciplinary process.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918, R.S. 37:921, R.S. 37:922 and R.S. 37:923.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:75 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998), LR 31:1585 (July 2005).

§3409. Formal Disciplinary Action

A. A decision to initiate formal disciplinary proceedings is made if one or more of the following conditions exists.

1. The complaint is sufficiently serious.
2. The individual fails to respond to the board's correspondence concerning the complaint.
3. The individual's response to the board's letter or investigative demand is not convincing that no action is necessary.
4. An informal approach is used, but fails to resolve all of the issues.

B. Informal Procedures. The matter may be resolved without a formal administrative hearing by either a voluntary surrender of license, consent order, or settlement order. These actions shall constitute disciplinary action and shall be a public record of the board. The board shall publish the individual's name, a brief description of the violation, and the disciplinary action. This action shall also be forwarded to the National Council State Boards of Nursing (NCSBN) and any other required reporting entity.

C. Voluntary Surrender of License. An individual who is under investigation for violation of the practice act or rules of the board may voluntarily surrender his/her license or temporary permit to the board. The voluntary surrender invalidates the license or permit at the time of its relinquishment. An individual practicing as a registered nurse during the period of voluntary license surrender is considered an illegal practitioner and is subject to the penalties provided by this Chapter.

1. Any license or permit surrender shall be deemed to be an admission of the alleged facts of any pending investigation or complaint. The fact of license surrender shall be deemed a disciplinary action and shall be reported and distributed in the same manner as final decisions of the board.

2. Surrender or nonrenewal of license or permit shall not preclude the board from investigating or completing a

disciplinary proceeding based upon the individual's conduct prior to or subsequent to the surrender of license or permit.

3. Individuals who surrender their license or permit are not eligible for reinstatement of license for a minimum of two years and until meeting the requirements for reinstatement of license as described in this Chapter.

D. Consent Order. An order involving some type of disciplinary action may be made by the board with the consent of the individual.

1. The executive director, compliance director or legal counsel is authorized to offer the individual the choice of a consent order in lieu of an administrative hearing.

2. A consent order signed by an individual is an irrevocable offer by the individual until approved, or rejected, by the executive director or designee.

3. A consent order requires formal approval of a quorum of the board. All actions of the staff shall be reported to the board at its next regularly scheduled meeting.

4. A consent order is not the result of the board's deliberation; it is the board's formal approval of an agreement reached between the board and the individual. The order is issued by the board to carry out the parties' agreement.

a. Should the board require evidence before arriving at a decision, the individual shall be notified and given an opportunity for a hearing.

b. Should the board revise the terms of the agreement, said revised agreement shall be presented for the individual's acceptance. The board may formulate its order contingent upon the individual's acceptance.

5. The staff shall have the right to refer any case directly to an administrative hearing without first offering a consent agreement.

E. Settlement Order. The Disciplinary Settlement Committee is delegated the authority to render a final decision regarding settlement of a contested administrative matter by offering a settlement order in lieu of an administrative hearing. The settlement order shall be deemed an order of the board, effective immediately upon signature of all parties to the agreement.

1. The decisions of the Disciplinary Settlement Committee shall be submitted to the board for review at the next regularly scheduled disciplinary hearing.

2. Should the Disciplinary Settlement Committee be unable to successfully resolve a case, or should the committee believe that the public would be better protected by a decision rendered by the entire board, the matter will be forwarded to the board for a formal hearing. In certain situations, staff may enter into a consent order prior to the formal disciplinary hearing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918, R.S. 37:921, R.S. 37:922 and R.S. 37:923.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 21:269 (March 1995), amended LR 24:1293 (July 1998), LR 31:1586 (July 2005).

§3411. Formal Hearing

A.1. The board has the authority, granted by R.S. 37:922, to bring administrative proceedings to licensees, applicants for licensure, individuals seeking enrollment or progression in an approved nursing program, and individuals practicing nursing without a license. The board and the individual are the parties to the proceeding. The individual has:

a. the right to appear and be heard, either in person or by counsel;

b. the right of notice, a statement of what accusations have been made;

c. the right to present evidence and to cross-examine; and

d. the right to have witnesses subpoenaed.

2. If the licensee does not appear, in person or through counsel, after proper notice has been given, the licensee may be considered to have waived these rights and the board may proceed with the hearing without the presence of the licensee.

3. The process of a disciplinary proceeding shall include certain steps and may include other steps as follows.

a. The Board of Nursing receives a complaint alleging that a licensee has acted in violation of the Nurse Practice Act. Communications from the complaining party shall be privileged and shall not be revealed to any person except when such documents are offered for evidence in a formal hearing and except those documents being subpoenaed by a court.

b.i. The complaint is investigated by the board's employees to determine if there is sufficient evidence to warrant disciplinary proceedings. No board member may communicate with any party to a proceeding or his representative concerning any issue of fact or law involved in that proceeding, once notice of the proceeding has been served, and said member has notice thereof.

ii. A decision to initiate formal complaint or charge is made if one or more of the following conditions exist.

(a). The complaint is sufficiently serious.

(b). The licensee fails to respond to the board's correspondence concerning the complaint.

(c). The licensee's response to the board's letter or investigative demand is not convincing that no action is necessary.

(d). An informal approach is used, but fails to resolve all the issues.

c. A sworn complaint is filed by the executive director or designee, charging the violation of one or more of the provisions of R.S. 37:921 and the specific violation thereof.

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B. Notice and Service

1. A time and place for a hearing is fixed by the executive director or a designee.

2. At least 20 days prior to the date set for the hearing, a copy of the charges and a notice of the time and place of the hearing are sent by certified mail, return receipt requested, to the individual's address of record. Notice to an individual is effective and service is complete when sent by certified mail to the individual's address of record.

3. At least 10 days prior to the scheduled hearing date, the individual shall respond in writing as to his/her intention to appear or not appear at the scheduled hearing. At least 10 days prior to the scheduled hearing date, the individual shall also file with the board a written response to the specific allegations contained in the notice of charges. Allegations not specifically answered shall be deemed admitted.

4. If the individual does not appear, in person or through counsel, after proper notice has been given, the individual has waived these rights and the board may proceed with the hearing without the presence of the individual.

C. Motions for Continuance. The board shall not postpone cases which have been scheduled for hearing absent good cause. A written motion by a licensee, applicant, or student for a continuance shall be filed with the board 10 days prior to the time set for the hearing, except for extreme emergencies. The motion shall contain the reason for the request, which reason must be based upon good cause and have relevance for due process. Requests for continuances may be approved or denied by the executive director or designee.

D. Subpoenas

1. The executive director, or a designee of the board, issues subpoenas for the board for disciplinary proceedings, and when requested to do so, may issue subpoenas for the other party. No subpoena shall be issued until the party who wishes to subpoena the witness first deposits with the board a sum of money sufficient to pay all fees and expenses to which a witness in a civil case is entitled pursuant to R.S. 13:3661 and R.S. 13:3671. Subpoenas include:

a. a subpoena requiring a person to appear and give testimony;

b. a subpoena duces tecum, which requires that a person produce books, records, correspondence, or other materials over which he has control.

2. A written notice to limit or quash a subpoena may be filed with the board, but not less than 72 hours prior to the hearing.

E. Hearing

1. The hearing is held, at which time the board's primary role is to hear evidence and argument, and to reach a decision. Any board member who, because of bias or interest, is unable to assure a fair hearing, shall be recused from that particular proceeding. The reasons for the recusal are made part of the record. Should the majority of the board

members be recused for a particular proceeding, the governor shall be requested to appoint a sufficient number of pro tem members to obtain a quorum for the proceeding.

2. The board is represented by its staff and by the board's attorney. Evidence is presented that disciplinary action should be taken against the individual. The individual may present evidence personally or through an attorney, and witnesses may testify on behalf of the individual.

3. Evidence includes the following:

a. oral testimony given by witnesses at the hearing, except that, for good cause, testimony may be taken by deposition (cost of the deposition is borne by requesting party) and/or by sworn affidavits;

b. documentary evidence, i.e., written or printed materials including public, business or institutional records, books and reports; such documentary evidence may be received in the form of copies or excerpts, or by incorporation by reference, if the incorporated materials are available for examination by the parties before being received into evidence;

c. visual, physical and illustrative evidence;

d. admissions, which are written or oral statements of a party made either before or during the hearing;

e. facts officially noted into the record, usually readily determined facts making proof of such unnecessary;

f. all testimony is given under oath. If the witness objects to swearing, the word "affirm" may be substituted.

4. The president of the board presides and the customary order of proceedings at a hearing is as follows.

a. The person presenting evidence against the individual makes an opening statement of what (s)he intends to prove, and what action (s)he wants the board to take.

b. The individual, or her/his attorney, makes an opening statement, explaining why (s)he believes the charges against her/him are not legally founded.

c. The person representing the board presents the case against the individual.

d. The individual, or her/his attorney, cross-examines.

e. The individual presents evidence.

f. The person who presented evidence against the individual cross-examines.

g. The person presenting evidence against the individual rebuts the latter's evidence.

h. The individual rebuts the evidence against her/him.

i. Both parties make closing statements. The attorney for the board makes the final statement.

j. The board may impose reasonable time limits on all sides in a hearing, provided that the limits will not unduly prejudice the rights of the parties.

k. The board may exclude incompetent, irrelevant, immaterial, or unduly repetitious evidence. Objections to evidentiary offers may be made and shall be noted in the record. When a hearing will be expedited and the interests of the parties will not be prejudiced substantially, any part of the evidence may be received in written form.

l. Motions may be made before, during, or after a hearing. All motions shall be made at an appropriate time, according to the nature of the request. Motions made before or after the hearing shall be in writing. Those made during the course of the hearing may be made orally since they become part of the transcript of the proceeding.

5. The records of the hearing shall include:

- a. all papers filed and served in the proceeding;
- b. all documents and other materials accepted as evidence at the hearing;
- c. statements of matters officially noticed;
- d. notices required by the statutes or rules, including notice of the hearing;
- e. affidavits of service or receipts for mailing or process or other evidence of service;
- f. stipulations, settlement agreements or consent orders, if any;
- g. records of matters agreed upon at a prehearing conference;
- h. reports filed by the hearing officer;
- i. orders of the board and its final decision;
- j. actions taken subsequent to the decision, including requests for reconsideration and rehearing;
- k. a transcript of the proceedings, if one has been made, or a tape recording or stenographic record.

6. The record of the proceeding shall be retained until the time for any appeal has expired, or until the appeal has been concluded. The record is not transcribed unless a party to the proceeding so requests, and the requesting party pays for the cost of the transcript. A party who appeals a decision of the board shall pay all of the costs of preparation of the original and any certified copy of the record of the proceeding that is required to be transmitted to the reviewing court.

7. The decision of the board shall be reached according to the following process:

- a. determine the facts in the issue on the basis of the evidence submitted at the hearing;
- b. determine whether the facts in the case support the charges brought against the individual;

c. determine whether charges brought are a violation of the Nurse Practice Act or rules and regulations of the board.

8. The vote of the board shall be recorded. Minority views may be made part of the record.

9. Sanctions against the individual who is party to the proceeding are based upon the findings of fact and conclusions of law determined by the hearing. The party is notified by mail of the decision of the board.

F. Disciplinary Sanctions

1. The type of disciplinary sanctions and length of time specified for the sanctions shall be determined on an individual basis, considering all facts pertinent to the case.

2. The board sets forth guidelines with ranges of disciplinary sanctions from which disciplinary penalties, including fines, may be imposed. These guidelines are intended to serve only as a guide for staff and board members when considering penalties which could be imposed for specific violations of the Nurse Practice Act. Guidelines are in no way binding on the board when dealing with disciplinary matters. The board may order licensure sanctions or fines, or both.

3. The disciplinary guidelines are based upon a single count violation. Multiple counts of violations of the same action, or other unrelated violations contained in the same complaint will be grounds for enhancement of penalties. Each day of a continuum of violations may be treated as a separate violation.

4. In determining sanctions, the staff shall consider aggravating or mitigating circumstances identified by the board in addition to any other factors. The list of aggravating and mitigating circumstances in the guidelines is not to be considered an exclusive list of circumstances.

a. Aggravating circumstances may result in the board issuing maximum sanctions, or they may justify enhancement of a penalty beyond the maximum guidelines.

b. Mitigating or extenuating circumstances may justify lessening of the sanctions below the minimum guidelines. License suspensions may be stayed with stipulated probations in some extenuating circumstances.

5. The order may stipulate remedial education, specific evaluation and therapy, and other sanctions as deemed necessary and appropriate to the case.

G. Reconsideration or Rehearing

1. The board shall reconsider a matter when ordered to do so by a higher administrative authority or when the case is remanded for reconsideration or rehearing by a court to which the board's decision has been appealed.

2. The board may reconsider a matter which it has decided. This may involve rehearing the case, or it may involve reconsidering the case on the basis of the record. Such reconsideration may occur when a party files a petition requesting that the decision be reconsidered by the board and specifies the particular grounds therefor.

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3. A petition by a party for reconsideration or rehearing must be in proper form and filed within 10 days from the date of entry of the decision. A decision is deemed to be entered when it is signed by the executive director or designee and sent by certified mail to the individual's address of record. The petition shall set forth the grounds for the rehearing, which include one or more of the following.

a. The board's decision is clearly contrary to the law and the evidence.

b. There is newly discovered evidence, which was not available to the individual at the time of the hearing and which may be sufficient to reverse the board's action.

c. There is a showing that issues not previously considered ought to be examined in order to dispose of the case properly.

d. It would be in the public interest to further consider the issues and the evidence.

e. Upon the board's receipt of a petition for rehearing or reconsideration, the board may affirm or modify the decision or grant a rehearing to all or any of the parties and on all or part of the issues for any of the above stated reasons. An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.

H. Emergency Action. If the board finds that public health, safety, and welfare requires emergency action and a finding to that effect is incorporated in its order, summary suspension of a license may be ordered by the executive director or designee pending proceedings for revocation or other action. Such proceedings shall be promptly instituted and determined at the next regularly scheduled board meeting.

I. Disciplinary Proceedings in Another Licensing Jurisdiction

1. When a licensee has her/his license revoked, suspended, denied or sanctioned in other ways for disciplinary reasons by the original licensing jurisdiction or by a subsequent licensing authority, that licensee shall be notified that her/his Louisiana license is automatically suspended, except for the following:

a. nonpayment of fees;

b. a person in the Recovering Nurse Program (RNP) receives permission of RNP to transfer to another state, and the said state encumbers the license based on divulging participation in RNP;

c. the licensee is issued a reprimand and the licensee agrees to having her/his Louisiana license reprimanded identically to or in excess of the said jurisdiction's reprimand; and

d. the license is encumbered with a reprimand with stipulations and the licensee agrees to having her/his Louisiana license probated with stipulations that are identical to, or exceed, the stipulations in said jurisdiction.

2. The licensee may have her/his license reinstated provided that the licensee:

a. provides evidence of an unencumbered license by the involved licensing authority and all subsequent licensing authorities; and

b. meets requirements for reinstatement of license as described in this Chapter.

J. Adjudged Incompetence

1. If the board is notified that a licensee has been judged incompetent to handle his/her own affairs, that licensee shall be notified that his/her Louisiana license is automatically suspended.

2. The licensee may have his/her license reinstated provided that:

a. he/she provides evidence that the reason for the suspension no longer exists;

b. he/she meets requirements for reinstatement of license as described in this Chapter.

K. Costs of Disciplinary Proceedings

1. In addition to disciplinary fines, costs will be assessed to individuals for the following activities:

a. consent order;

b. settlement order;

c. administrative hearings;

d. monitoring fine for probated licenses.

2. All fines shall be paid within 30 days of the order, unless other arrangements have been ordered or stipulated in the order, consent order or settlement order. Failure to pay the costs and fines within the stated time shall result in automatic suspension of the license, or denial of reinstatement of licensure, or denial of licensure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918, R.S. 37:921, R.S. 37:922 and R.S. 37:923.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:75 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998), LR 31:1586 (July 2005).

§3413. Appeal from Board Decision

A. Any person whose license has been revoked, suspended, denied, or otherwise disciplined by the board shall have the right to have the proceedings of the board reviewed by the court having jurisdiction over the board, provided that such appeal is made within 30 days after the written decision of the board is signed by the executive director or designee and sent by certified mail to the individual's address of record. The board's decision is enforceable in the interim unless the court orders a stay.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918, R.S. 37:921, R.S. 37:922 and R.S. 37:923.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:77 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3415. Reinstatement of License

A. Application for reinstatement of a suspended or surrendered license shall be in writing in the form prescribed by the board. Applications and supporting documentation shall be submitted to the board at least 21 days prior to the scheduled hearing or conference.

B. The application for reinstatement of a suspended license does not require satisfaction of the requirements for initial licensure. However, the requirements of LAC 46:XLVII.3333 and 3335 shall be met.

C. Prior to reinstatement of a license previously suspended (except for nonpayment of fees), a hearing or conference is held before the board or staff to afford the applicant with the opportunity to present evidence that the cause for the revocation or suspension no longer exists and to provide an opportunity for the board or staff to evaluate changes in the person or conditions. In certain situations, the license may be reinstated by consent order or settlement order. The burden of proof is on the applicant to prove that conditions that led to the suspension no longer exist and/or no longer affect applicant's ability to practice safely. If reinstatement is granted, a period of probation with stipulations may be imposed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918, R.S. 37:921, R.S. 37:922 and R.S. 37:923.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:77 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 16:1060 (December 1990), LR 24:1293 (July 1998).

§3417. Proceedings against a Nursing Education Program

A. See §§3501, 3509, and 3523.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:77 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3419. Alternative to Disciplinary Proceedings

A. Under the provisions of R.S. 37:911 et seq., as re-enacted and amended, the Louisiana State Board of Nursing (board) has the authority to establish and implement a recovering nurse program as an alternative to the disciplinary process. The RNP is established to assist registered nurses or student nurses who have demonstrated actual or potential inability to practice nursing with reasonable skill and safety to individuals because of use of alcohol or drugs; or who have demonstrated inability to practice nursing with reasonable skill and safety to individuals because of illness or as a result of any mental or physical condition, so that such nurses or student nurses can be treated and return to the practice of nursing in a manner which will not endanger the public health, safety and welfare. Only nurses or student nurses whose conditions have reliable indicators of ability for safe nursing practice will be eligible for participation in the RNP.

1. The purpose of the RNP is to encourage the voluntary participation of such nurses or student nurses in appropriate rehabilitative medical treatment and/or ongoing aftercare and monitoring, and to allow for the deferral of administrative proceedings of such nurses under the Louisiana Nursing Practice Law, R.S. 37:911-933.

2. In addition to being an alternative to disciplinary action, the RNP accepts individuals who have been diagnosed with a physical, and/or mental impairment, or substance abuse and/or dependency and who have disciplinary action ordered by the board.

B. Objectives. The RNP objectives are as follows.

1. Ensure the health, safety and welfare of the public through a program that closely monitors registered nurses or student nurses whose capacity to practice nursing with reasonable skill and safety to patients has been, or may potentially be, compromised because of use of alcohol or drugs, or because of illness or as a result of any mental or physical condition.

2. Promote safe nursing care by preventing and/or restricting the practice of the chemically, physically, and/or mentally impaired nurse or student nurse.

3. Implement a plan for identification, referral to treatment facilities and monitoring of the chemically, physically and/or mentally impaired nurse or student nurse.

4. Establish criteria for identification of a chemically, physically and/or mentally impaired nurse or student nurse.

5. Develop and maintain criteria for identification of acceptable treatment programs.

6. Provide a structured program for nurses and student nurses seeking recovery from the impairment through a non-punitive process.

7. Provide educational programs to the health care community related to the identification and intervention of chemically, physically and/or mentally impaired nurses or student nurses, subsequent treatment alternatives, and monitoring.

C. Operational Definitions

Board—the Louisiana State Board of Nursing.

Compliance—conforming in fulfilling the Recovering Nurse Program Agreement.

Confidentiality—all records of a nurse or student nurse who has successfully completed or is in the non-disciplinary alternative program shall not be subject to public disclosure, and shall not be available for discovery proceedings except as required by federal and state confidentiality laws and regulations. The records of a nurse or student nurse who fails to comply with the program agreement or who leaves the program without enrolling in a alternative program in the state to which the nurse moves, or who subsequently violates the Nurse Practice Act or the rules of the board, shall not be deemed confidential except for those records protected by federal and state confidentiality laws and regulations.

Impaired Nurse—a registered nurse or student nurse who has demonstrated actual or potential inability to practice

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nursing with reasonable skill and safety to individuals because of use of alcohol or drugs; or has demonstrated inability to practice nursing with reasonable skill and safety to individuals because of illness or as a result of any mental or physical condition.

Impairment—problems associated with the actual or potential inability to practice nursing with reasonable skill and safety to individuals because of the use of alcohol or drugs; or inability to practice nursing with reasonable skill and safety to individuals because of illness or as a result of any mental or physical condition.

Non-Compliance—failure to conform in fulfilling the RNP Agreement.

Recovering Nurse Program (RNP)—a program established by the board to identify and assist registered nurses, registered nurse applicants and student nurses whose capacity to practice nursing with reasonable skill and safety to patients has been, or may potentially be, compromised because of use of alcohol or drugs, or because of illness or as a result of any mental or physical condition.

Relapse—the use of a mind or mood altering chemical when total abstinence from all mind or mood altering chemical has been directed.

Student Nurse—an individual who is enrolled in a Louisiana State Board of Nursing approved program preparing for licensure as a registered nurse.

D. Admission to RNP as an Alternative to Disciplinary Proceedings

1. Participation in RNP may be a choice for individuals whose capacity to practice nursing with reasonable skill and safety to patients has been, or may potentially be, compromised because of use of alcohol or drugs, or because of illness or as a result of any mental or physical condition and who volunteer for assistance, and who meet admission criteria and enroll in lieu of formal disciplinary action.

2. Involvement by the individual in the non-disciplinary alternative will remain confidential, provided that the individual complies with all stipulations in the RNP agreement.

3. Admission criteria include:

a. licensed registered nurse who resides in the state of Louisiana; or graduate of a school of nursing who is eligible for licensure in Louisiana; or registered nurse currently enrolled in a peer assistance program and who is requesting endorsement from another state; or registered nurse currently enrolled in a peer assistance/alternative program and who is licensed in Louisiana and is requesting transfer back to Louisiana, or a student nurse enrolled in a Louisiana State Board of Nursing approved program;

b. voluntarily requests admission to RNP whether referred by self or other sources;

c. addicted to or uses alcohol and/or other mood altering substances including prescription drugs, or has a physical or mental condition, which impairs or potentially

impairs the ability of the nurse or student nurse to perform duties safely;

d. no previous disciplinary action within the past two years. No previous peer assistance/alternative program participation unless first relapse uncomplicated by previous history;

e. has no criminal convictions or pending criminal charge that involves any violence or danger to another person, or involves a crime which constitutes a threat to patient care;

f. no diversion of chemicals for the purpose of sale or distribution;

g. no dealing or selling of illicit drugs;

h. no co-existing, untreated physical, emotional or psychiatric problems which would impair nursing competency;

i. no related nursing problems involving death or significant harm to patient. No substitution of narcotic medications destined for patients for the purpose of diversion;

j. agrees to comply with all RNP specifications and signs program agreement including statement of admission of chemical dependency or other impairment.

E. Implementation Process

1. All inquiries and complaints regarding problems associated with impairments shall be responded to in a confidential and timely manner. The board's professional staff determines the disposition of the inquiry or complaint, including, but not limited to referral to an interventionist, treatment referral, or referral to the board.

2. A registered nurse or student nurse seeking confidential entry into the Recovering Nurse Program (RNP) is initially interviewed by the board's professional staff, the employer, and/or a qualified clinician to assess the registered nurse or student nurse's immediate needs, to identify and evaluate the nature and extent of the nurse's or student nurse's impairment, and to determine the nurse's or student nurse's motivation for seeking entry into the program. Eligibility for entry into RNP is based upon the criteria in §3419.D.

3. The board reserves the right to require participation in RNP of any impaired individual who has disciplinary action on their license or who is seeking licensure or who is enrolled in an approved program preparing for licensure as a registered nurse.

4. Program Criteria

a. Participant must comply with all stipulations of RNP Agreement.

b. Participant agrees to be responsible for all costs of evaluation, treatment, and monitoring.

c. Participant actively participates with treatment plan.

d. All treatment facilities, treatment plans and referrals must meet criteria approved by the board prior to their use by a nurse.

e. When the board orders a comprehensive psychiatric, psychological, and/or substance abuse evaluation(s), and/or physical examination, the board's professional staff may approve the evaluator or treatment facility based on criteria approved by the board.

5. Practice restrictions which support the recovery process shall be imposed. All participants employed in a health care environment shall have a work site monitor who meets the guidelines established by the board and who communicates with the board's professional staff concerning the participant's job performance as stipulated in the program agreement.

6. The Recovering Nurse Program (RNP) shall regularly monitor the compliance of each participant in accord with criteria approved by the board.

a. Program representatives and group facilitators may be utilized to assist the program staff in monitoring the participants.

b. Monitoring specifications in the program agreement for participants who are chemically addicted shall include at least the following:

- i. random drug screens;
- ii. periodic reports from program representatives and/or group facilitators;
- iii. periodic evaluations from employers;
- iv. periodic reports from aftercare counselors and/or therapists and/or physicians;
- v. verification of attendance at 12-step meetings.

c. Monitoring specifications in the program agreement for participants with other impairments shall be individualized.

d. A participant's failure to comply with the RNP agreement may constitute grounds for disciplinary action.

F. Admission and Progression. The following procedures shall apply to RNP participants.

1. For nurses who have met criteria in §3419.D and have entered the program confidentially with no disciplinary action will upon entry:

a. sign RNP agreement for 3-5 years for substance use disorders. Agreements to rule out substance dependence or medical, mental or physical agreements may be of shorter duration depending on treatment team recommendations;

b. refrain from the practice of nursing until approved by RNP;

c. complete and submit to the board a comprehensive inpatient evaluation and treatment as

recommended from a board recognized treatment facility. Admission shall be within 10 days unless approved by RNP or board's professional staff;

d. submit to the board a "Fitness for Employment" release form completed by a board approved addictionologist prior to approval by RNP to return to work;

e. be granted confidentiality and no disciplinary action will be taken against the license.

2. At first relapse/non-compliance for nurses in the program confidentially, the following steps will be taken.

a. Refrain from the practice of nursing until approved by RNP.

b. Complete a relapse evaluation as directed by RNP staff. Must follow all treatment recommendations. Admission shall be within 10 days unless approved by RNP.

c. Sign RNP agreement for length of time to be determined by treatment team.

d. Submit to the board a Fitness for Employment release form completed by a board approved addictionologist prior to approval by RNP to return to work.

3. At second relapse/non-compliance for nurses in the program confidentially, the following steps will be taken:

a. be referred to board's professional staff for disciplinary action against license including automatic indefinite suspension with minimum of six months;

b. be required to take the following steps prior to reinstatement of license:

i. documented evidence of continuous sobriety for a minimum of six months;

ii. complete and submit to the board a re-evaluation and treatment as recommended by a board approved addictionologist;

iii. submit to the board a release form completed by a board approved addictionologist at the time reinstatement is requested;

iv. board hearing or consent order will be required prior to reinstatement;

v. submit fine/costs as imposed.

4. A third relapse/non-compliance will result in an automatic suspension for a minimum of two years and show cause order for revocation.

G. Nurses Leaving the State

1. A participant who moves from Louisiana to another state with an alternative program shall have records transferred to that program.

2. A participant nurse or student nurse who moves to a state where there is no alternative program shall have the nurse's records transferred to the board in the receiving state.

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H. Discretionary Authority. The board shall have authority to discipline an impaired individual subject to its jurisdiction and nothing in this Subsection shall limit that authority.

1. The board may initiate disciplinary action, in accordance with the provisions of R.S. 37:921, based on the failure of the nurse to comply with the conditions of the program.

2. The board may order an individual with disciplinary action into the RNP as stipulated in a board order.

3. The board may cause to be made non-confidential the records, files and information related to successful completion of an RNP program in the event that a former participant becomes the subject of disciplinary action for a violation of the NPA related to substance abuse and/or chemical dependency on the part of the former participant.

I. Costs of Alternative to Disciplinary Proceedings. The participant agrees to submit payment of \$250 per year as an administrative fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998), amended LR 27:728 (May 2001), LR 31:1586 (July 2005), LR 35:1535 (August 2009), LR 36:1244 (June 2010), LR 37:3025 (October 2011).

Chapter 35. Nursing Education Programs

§3501. Duties of the Board Directly Related to Nursing Education Programs

A. The authority of the Board of Nursing relating to nursing education programs is contained R.S. 37:911 et seq., and as amended.

B. R.S. 37:918, Duties and powers of the board, states that the board shall:

1. establish and publish minimum curriculum requirements and standards for individuals seeking to be licensed under this Part;
2. approve nursing education programs whose graduates meet the licensing requirements of the board;
3. provide for hearings for nurse educational programs when approval is denied or withdrawn;
4. establish and publish standards of nursing practice and education in accordance with those developed and accepted by the profession;
5. adopt, and revise rules and regulations necessary to enable the board to implement this Part in accordance with the Administrative Procedure Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:184 (April 1977), amended LR 10:1023 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3503. Definitions

Approval—a status indicating the program has met the legal standards established by the board.

Approved Program—a nursing education program approved by the board.

Board—the Louisiana State Board of Nursing.

Clinical Facility—an institution, agency or organization whose primary purpose is to provide care or services supportive to the promotion and/or maintenance and/or restoration of health.

Clinical Facility, Major—a clinical facility utilized to provide more than half of the clinical experiences to more than half of the students enrolled in the nursing education program.

Cooperating Agency—an organization, institution or agency which by agreement accepts students for educational experiences selected by the nursing programs.

Course—a distinct unit of instruction which has been organized for presentation with a specific time frame. This includes all related learning experiences deemed necessary by the faculty to meet the stated objectives.

Curriculum—the planned studies and learning activities designed to lead to graduation and eligibility for registered nurse licensure.

Distance Education—teaching learning strategies to meet the needs of students who are physically separated from the faculty.

Distance Education Technology—the methods and technical support used to teach students who may be physically distant from the faculty. The methods may include audio conference, compressed video, electronic mail, and the World Wide Web.

Faculty—

1. *Nurse Faculty*—a registered nurse under written contractual agreement with a parent institution for administration, teaching, clinical supervision of students or research in programs preparing candidates for registered nurse licensure.

2. *Support Faculty*—an individual with academic preparations and experience in his/her field of specialization who provides services or teaches support courses. A registered nurse hired as a support faculty member who does not have the academic preparation for a nurse faculty position may not be used in a nurse faculty role.

3. *Preceptor*—a registered nurse who is employed in a clinical setting and serves as a role model, resource person, and clinical teacher to enhance the learning experiences of a nursing student on a one-to-one basis for a specified time.

4. *Dual Appointment*—a registered nurse who has responsibilities in two separate agencies.

5. *Joint Appointment*—a registered nurse employed by a clinical agency who holds at least the minimum qualifications of a nurse faculty member and who has predetermined responsibilities with both the educational institution and the clinical agency in the same time period. There shall be clearly defined schedules and financial agreements for both the educational program and the clinical agency.

Goals—the aims of the program including the expected competencies of the graduate.

Major Change in Curriculum—any one of the following shall be deemed to constitute a major change in curriculum:

1. alteration, other than editorial, in program's mission/philosophy and goals;
2. addition or deletion of more than 10 percent of the semester credit hours from the program of studies;
3. departure from current educational practices or methods;
4. addition or deletion of a major clinical facility providing students' clinical experiences.

Nursing Education Program—a program whose purpose is to prepare graduates eligible to apply to write the registered nurse licensing examination.

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1. *Associate Degree*—a program leading to an associate degree in nursing conducted by an educational unit that is an integral part of a community college, college or university.

2. *Baccalaureate*—a program leading to a bachelor's degree in nursing conducted by an educational unit, department, division, college or school, that is an integral part of a college or university.

3. *Diploma*—a program leading to a diploma in nursing conducted by an educational unit that is an integral part of a hospital.

Objectives—the behavioral expectations of the students in courses and throughout the program that lead to the goals of the program.

Parent Institution—the organization or agency responsible for the administration and operation of the nursing program.

Philosophy—a statement which includes and identifies the beliefs accepted by the faculty and the parent institution related to nursing education.

Preceptorship Experience—an individualized teaching-learning strategy in which a nursing student participates in clinical nursing practice while assigned to a preceptor.

Program Head—the registered nurse with the authority and responsibility for the administration of the program and implementation of the curriculum. This title is used regardless of the person's official title in the parent institution.

Recommendations—statements focusing on areas where there are factors which may impinge on maintenance of standards.

Requirements—standards with which educational programs shall comply.

Shall—a term used to denote a requirement which must be met.

Should—a term used to denote a suggested method of meeting a requirement.

Standard—a criterion by which performance is measured.

Student Nurse—an individual who is enrolled in an approved program preparing for licensure as an R.N.

Survey—the collection of information by the board for its review in granting, continuing or denying approval of a program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:913 and R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:184 (April 1977), amended LR 10:1023 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 17:1208 (December 1991), LR 24:1293 (July 1998), LR 26:2789 (December 2000), repromulgated LR 27:851 (June 2001).

§3505. Approval

A. All nursing education programs and courses in the state of Louisiana, preparing persons for examination,

licensure and registration to practice shall be approved by the board. The authority of the board is contained in §918. Duties of the Board, 1, 2, 3, and 12, of R. S. 37:911 et seq., as amended.

B. Notwithstanding any other provisions of this Chapter, the board shall collect in advance fees for education services as follows:

1. School Approval Site-Visit	\$500/site visit
2. Out of State Clinical Approval	\$250
3. School Annual Report Fee	\$ 50

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:185 (April 1977), amended LR 10:1024 (December 1984), repromulgated by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998), amended LR 26:83 (January 2000), LR 28:1979 (September 2002).

§3507. Purposes of Approval

A. To promote the safe practice of nursing by establishing standards for programs preparing individuals seeking licensure as registered nurses in Louisiana.

B. To grant legal recognition to nursing education programs which upon survey and evaluation are determined by the board to have met the standards.

C. To assure graduates of these programs that they meet the educational and legal requirements for admission to state board licensing examinations and to facilitate their endorsement to other states and countries.

D. To assure continuous evaluation and improvement of nursing programs and nursing education.

E. To provide the public and prospective students with a list of nursing programs that meet the standards established by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:185 (April 1977), amended LR 10:1024 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, repromulgated LR 24:1293 (July 1998).

§3509. Types of Approval

A. Initial

1. Initial approval is granted to a new program which upon application by the parent institution and after survey and board evaluation, is determined by the board to be eligible to admit students to the nursing educational program (see §3533).

2. Initial approval shall not be continued for more than two consecutive one-year periods following the nursing program's eligibility to apply for full approval.

B. Full. Full approval is granted to a program that meets all standards established by the board (see §3535).

C. Conditional. A nursing education program shall be placed on conditional approval when the board has determined that it fails to meet one or more of the established standards. (see §3535).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:185 (April 1977), amended LR 8:65 (February 1982), LR 10:1024 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 14:532 (August 1988), repromulgated LR 24:1293 (July 1998).

§3511. Standards and Requirements for Nursing Education Program: Mission/Philosophy and Goals

A. The nursing education program shall have a clear statement of mission/philosophy, consistent with the mission of the parent institution and congruent with current concepts in nursing education.

B. The program shall use an identified set of professional standards congruent with the mission/philosophy and from which the goals are developed. The standards shall be consistent with the *Legal Standards of Nursing Practice*, LAC 46:XLVII.Chapter 39.

C. Expected competencies of the graduate shall be clearly delineated.

D. Distance education programming is consistent with the mission and goals of the nursing unit and the governing organization.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:185 (April 1977), amended LR 10:1024 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 19:1146 (September 1993), repromulgated LR 24:1293 (July 1998), amended LR 26:2789 (December 2000), repromulgated LR 27:851 (June 2001).

§3513. Administration, Organization, Control

A. There shall be a governing body which has legal authority to conduct the nursing program, determine general policy and provide financial support.

B. The parent institution shall be approved by the appropriate accrediting bodies.

C. The program shall have comparable status with other educational units within the organizational structure of the parent institution.

D. The parent institution shall have an organizational chart which delineates the lines of responsibility and authority.

E. The program shall notify the board in writing, within two weeks, when there has been a change in the control of the institution, administrative head of the program, or the accreditation status of the educational facilities.

F. The program head shall have the authority and responsibility to administer the program in respect to:

1. the instructional program;
2. budget planning and management; and
3. administrative arrangements for faculty, staff, and students.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:186 (April 1977), amended LR 10:1025 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 19:1147 (September 1993), repromulgated LR 24:1293 (July 1998).

§3515. Faculty and Faculty Organization

A. Faculty Body. There shall be qualified faculty adequate in numbers to provide a safe, effective faculty/student/client ratio not to exceed 10 students to one faculty member (10:1) in a clinical setting and to implement the program in nursing in relation to its stated philosophy, purposes and objectives. The number and size of classes taught each year, and the number of community agencies and their geographic locations are considered in determining the number of required faculty (see Requirements for Preceptorship; §3541.A-J, for related standard).

B. Qualifications

1. The program head and each nurse faculty member shall hold a current license to practice as a registered nurse in Louisiana and shall be appointed in compliance with state and federal laws on non-discrimination.

2. The program head of a baccalaureate program shall hold a minimum of a graduate degree in nursing, or its equivalent, and an earned doctorate, and shall have a minimum of three years experience in the areas of nursing education and three years in clinical practice.

3. The program head of an associate degree or diploma program shall hold a minimum of a graduate degree in nursing and shall have a minimum of three years experience in the areas of nursing education and three years in clinical practice.

4. The nurse faculty shall hold a graduate degree in nursing.

5. Nurse faculty shall have a minimum of two years of nursing practice as a registered nurse in a clinical setting prior to their appointment.

6. Nurse faculty shall maintain current knowledge and skills in areas of responsibility and provide documentation of same.

7. Exceptions to the academic qualifications for nurse faculty shall be justified and approved under board established guidelines. Such exceptions, if granted by the board shall be:

- a. baccalaureate in nursing prepared individuals who are not enrolled in a graduate program in nursing are limited to a maximum two calendar years in an consecutive five year period;

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b. baccalaureate in nursing prepared individuals who are enrolled in a graduate program in nursing shall be approved annually on an individual basis in accordance with current board guidelines. Exceptions may be granted to each individual for a maximum of four calendar years.

8. The number of faculty exceptions shall not exceed 20 percent of the number of full-time nurse faculty employed (not FTE) in the program.

C. A faculty resignation rate that exceeds one third of the full-time nurse faculty employed by the program (not FTE) in an annual report shall be reported and justified in the annual school report.

D. Nurse faculty shall function under the same policies established for other faculty in the parent institution.

E. Policies for nurse faculty shall include but not be limited to:

1. qualifications for the position;
2. contract or letter of appointment to delineate terms of appointment, functions and responsibilities of the position; and
3. salary scale, promotion, retirement, vacation, sick leave, leave of absence for personal and professional growth and health care benefits.

F. A written plan for performance evaluation of faculty shall be established and utilized on a continuing basis.

G. A nurse faculty organization shall be established consistent with the parent institution and shall have clearly delineated bylaws.

H. Faculty workloads shall allow time for class and laboratory preparation, teaching, program revision, improvement in teaching methods, guidance of students, participation in faculty organizations and committees, research and scholarly endeavors, attendance at professional meetings and participation in continuing education programs.

I. Nurse faculty shall select, teach, guide and evaluate all learning experiences in the classroom and clinical facilities.

J. Nurse faculty shall be within the clinical facility during the learning experiences of students unless the students are observing only or engaged in a board-approved preceptor or community-based experience.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:186 (April 1977), amended LR 10:1025 (December 1984), LR 12:678 (October 1986), amended by the Department of Health and Hospitals, Board of Nursing, LR 19:1147 (September 1993), repromulgated LR 24:1293 (July 1998), amended LR 26:2789 (December 2000), repromulgated LR 27:851 (June 2001), amended LR 33:1123 (June 2007). LR36:1245 (June 2010).

§3517. Student Selection and Guidance

A. Admission standards for entry into the nursing major shall be established and published.

B. Qualified applicants shall be considered for admission without discrimination and in compliance with applicable state and federal laws and regulations.

C. Placement and advisement in the program, by examinations, previous education, or both, shall be consistent with the parent institution.

D. Progression, transfer, termination and graduation policies shall be established and published.

E. Information on the approval and accreditation status of the program, policies on tuition rebates, health care and counseling services shall be in writing.

F. Accurate information about the program shall be presented in recruitment and related activities.

G. Students shall be provided opportunity for input into the program.

H. Students' records shall be safeguarded and their confidentiality shall be maintained.

I. Students shall not be eligible to enroll in a clinical nursing course based on evidence of grounds for denial of licensure in accordance with R.S. 37:921, §3331 and 3403.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:187 (April 1977), amended LR 10:1025 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 19:1147 (September 1993), LR 23:962 (August 1997), LR 24:1293 (July 1998), LR 26:2790 (December 2000), repromulgated LR 27:852 (June 2001).

§3519. Facilities, Resources, Services

A. An identifiable physical facility for nursing shall be provided by the parent institution.

B. Classrooms, conference rooms, multipurpose rooms, learning laboratories and library resources shall be provided.

C. Offices for administrative personnel, faculty and support staff shall be provided.

D. Storage space for safeguarding student and faculty records, for equipment and instructional materials shall be provided to meet the needs of the program.

E. Nursing library resources shall be comprehensive, current and accessible.

F. Secretarial and support services shall be provided to meet the needs of the program.

G. Clinical facilities shall be available in sufficient numbers and variety to meet the needs of the program (see §3529).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:187 (April 1977), amended LR 10:1025 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 19:1147 (September 1993), repromulgated LR 24:1293 (July 1998), amended LR 26:2790 (December 2000), repromulgated LR 27:852 (June 2001).

§3521. Curriculum

A. The faculty shall periodically review, evaluate and revise as appropriate the mission philosophy, and goals of the program.

B. The mission/philosophy and goals shall be used by the faculty in planning, implementing and evaluating the total program.

C. The goals shall be consistent with the mission and describe the cognitive, affective and psychomotor capabilities of the graduate.

D. The curriculum shall include, but not be limited to, content from the behavioral, biological, mathematical, nursing and physical sciences.

E. Opportunities shall be provided for the application of the nursing process throughout the curriculum and in a variety of settings.

F. Course objectives and content shall reflect society's concern with the bioethical and legal parameters of health care and professional practice.

G.1. The nursing courses shall provide for classroom and clinical laboratory instruction that shall be under the supervision of a faculty member of the nursing program.

2. Provision shall be made for learning experiences with clients having nursing care needs in all age groups and stages of the health-illness continuum as appropriate to the role expectations of the graduate.

H. Provision shall be made for the development of other knowledge and skills as deemed necessary by the faculty and as appropriate to the role expectations of the graduate.

I. The curriculum shall be arranged to provide opportunities for upward career mobility for students who have completed other nursing programs and have met appropriate requirements for licensure.

1. Mechanisms for the recognition of prior learning and advanced placement in the curriculum shall be in place.

2. Any formalized agreements between programs to facilitate the transfer of credit between nursing programs shall be identified and described.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:188 (April 1977), amended LR 10:1026 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 19:1148 (September 1993), LR 24:1293 (July 1998), LR 26:2790 (December 2000), repromulgated LR 27:852 (June 2001).

§3523. Program Evaluation

A. A systematic, ongoing, written plan for evaluation of the program shall be implemented. The evaluation shall include but not be limited to:

1. mission/philosophy, outcomes of the curriculum;
2. teaching/learning experiences;
3. expected competencies of the graduate;
4. student(s) evaluations of courses;
5. faculty evaluations of students;
6. performance of graduates on the National Council Licensure Examinations (NCLEX-RN);
7. follow-up studies of the graduates;
8. employment functioning of the graduates; and
9. evaluation of faculty performance.

B. The nursing education program shall have a pass rate of 80 percent or greater achieved by the candidates taking the licensure examination for the first time in any one January to December calendar year, or the program shall be placed on conditional approval.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:188 (April 1977), LR 10:1026 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 15:1081 (December 1989), LR 19:1148 (September 1993), LR 24:1293 (July 1998), LR 26:2790 (December 2000), repromulgated LR 27:852 (June 2001).

§3525. Major Curriculum Change

A. Major curriculum changes shall be approved by the board at a regularly scheduled meeting of the board at least six months prior to the date of implementation (see §3503. *Curriculum*, §3511 and §3537).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:188 (April 1977), amended LR 10:1026 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3527. Records and Reports

A. The nursing education program and the parent institution shall develop and implement a systematic plan for maintaining student records in accordance with accepted academic standards.

1. Student Records

a. Each student's records include an application, progression evaluation, and graduation forms which are kept on file for a minimum of one year after graduation or three years after termination from the program if the student does not graduate.

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b. The application and final transcript are kept on file permanently.

B. Faculty Records. Faculty records shall be on file in the nursing education program and/or in the parent institution and shall be in compliance with existing federal, state and institutional requirements.

C. Other records shall be kept on file and shall include:

1. current program bulletin;
2. current budget and fiscal reports;
3. current contracts with cooperating agencies;
4. minutes of nurse faculty committee meetings;
5. graduates' performance on NCLEX-RN;
6. follow up studies of the graduates; and
7. program self-evaluation studies.

D. The nursing education program submits to the board the following reports:

1. annual report on the form provided by the board;
2. interim reports on the form provided by the board;
3. self-study report on the form provided by the board; and
4. other reports as deemed necessary by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 10:1026 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 19:1148 (September 1993), repromulgated LR 24:1293 (July 1998).

§3529. Selection and Use of Clinical Facilities

A. Hospitals used for clinical experiences shall be licensed by the state of Louisiana and certified by the appropriately designated agency for Medicare/Medicaid. In addition, hospitals should be accredited by the Joint Commission of Accredited Health Organizations (JCAHO). Other health care agencies shall be accredited or approved by a recognized accrediting or approving agency as appropriate.

B. Board approval shall be secured prior to the time an agency is utilized for student clinical experience.

C. Faculty shall plan for the student's learning experiences in cooperation with agency personnel.

D. Contractual agreements between the program and the agency shall be in writing, shall state rights and responsibilities of each party, shall include a termination clause and are reviewed biennially.

E. The facility shall have:

1. a written mission/philosophy of patient/client care which gives direction to nursing care;
2. registered nurses to insure the safe care of patient and to serve as role models for students;

3. a sufficient number of patients/clients to provide learning experiences to meet the objectives of courses;

4. an environment in which the student is recognized as a learner;

5. established standards for nursing care congruent with the board's legal standards for nursing care;

6. criteria for making patient assignments;

7. complete and current policy and procedure manuals available;

8. available evidence of nursing quality assurance programs;

9. clearly defined written personnel policies, including job descriptions for all categories of nursing personnel;

10. a planned program for orientation, in-service, and continuing education programs for nursing personnel;

11. a means of communication between faculty and agency administrative personnel and between faculties of all nursing education programs that use the agency;

12. evidence that the agency's personnel understand their relationship to faculty and students and that the responsibility for coordination is specifically identified; and

13. designated conference areas on, or in close proximity to clinical learning sites.

F. The program head shall notify the board in writing when a clinical agency being used for students' clinical practice loses accreditation or approval status.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:189 (April 1977), LR 10:1026 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 15:1080 (December 1989), LR 16:133 (February 1990), LR 19:1149 (September 1993), repromulgated LR 24:1293 (July 1998), amended LR 26:2791 (December 2000), repromulgated LR 27:852 (June 2001), amended LR 32:1240 (July 2006).

§3531. Procedure for Terminating a Program

A. Voluntary Termination

1. The board shall be notified when a decision has been made to close a program.

2. All of the board's standards shall be maintained until all students have transferred to another program or have graduated.

3. All students shall have assistance with transfers to another program and a list of these students shall be submitted to the board.

4. The following records shall be retained:

- a. student's application to the program;
- b. student's final transcript;
- c. each curriculum plan offered;

d. list of each graduating class and date of graduation.

B. Involuntary Termination

1. The board shall be notified of the arrangements for safe storage of the permanent records of the program and its students' records.

2. The following records shall be retained:

- a. student's application to the program;
- b. student's final transcript;
- c. each curriculum plan offered;

d. list of each graduating class and date of graduation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:190 (April 1977), amended LR 10:1027 (December 1984), repromulgated by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3533. Procedure for Establishing a New Program

A. Step I

1. A parent institution wishing to establish a new program in nursing shall submit at least one year in advance of anticipated date for admission of students, 15 copies of the following:

a. a written notice of intent to establish a new program in nursing stating the purpose and type of program;

b. documented evidence of approval from the parent institution to award the appropriate degree or diploma and a copy of the current bulletin or catalog;

c. a report of a feasibility study documenting a need for the program. The study shall include evidence of:

i. nurse manpower studies which validate need for the program as it relates to total state resources and nursing education in the state, and the potential impact on other nursing education programs within a geographical area of 100 miles;

ii. availability of qualified nurse faculty and support faculty;

iii. adequate academic and clinical facilities to meet the needs of the program;

iv. adequate financial resources for planning, implementing and continuing the program;

v. commitment of administration to support the program;

vi. community support;

vii. a proposed time schedule for initiating and expanding the program;

viii. an available pool of potential students.

2. Representative of the parent institution shall meet with the board at a regularly scheduled board meeting to review the notice of intent, the report of the feasibility study and any other information submitted. Based on its review the board shall give written notification to the parent institution that:

a. supplementary information is needed; or that

b. the notice of intent to establish a new program is sanctioned and the parent institution may continue with the plan to establish the program; or

c. public announcements of the opening of the proposed program and preadmission of students shall not occur prior to the receipt of initial board approval; or

d. the application is not sanctioned, the reasons thereof, and all planning must cease.

B. Step II

1. If the parent institution is granted sanction by the board to proceed with the development of the program a qualified program head shall be employed a minimum of 12 months prior to the admission of the first class of students.

2. The program head shall have the authority and responsibility to develop:

a. an organizational structure for the program;

b. an organizational chart;

c. a constitution and bylaws;

d. administrative policies and procedures;

e. policies for screening and recommending candidates for faculty appointments and for retention and promotion of faculty (see §3515);

f. a budget;

g. a plan for the use of clinical and cooperating agencies;

h. a sample contractual agreement with clinical and cooperating agencies;

i. a plan for the use of academic facilities and resources.

3. The program head shall appoint a minimum of four full-time nurse faculty whose background includes:

a. experience in curriculum design;

b. previous teaching experience in a nursing education program of the same academic level as the proposed program;

c. clinical nursing practice for a minimum of two years.

4. Faculty shall be appointed at least six months prior to admission of students.

5. The nurse faculty shall develop the proposed program and plan for its implementation. They shall write:

a. mission/philosophy and goals;

b. curriculum plan;

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- c. course objectives;
- d. course outlines;
- e. evaluation plan and methods;
- f. admission, progression and graduation criteria;
- g. policies for protecting students' rights, their safety and welfare, and for guidance and counseling;
- h. plan for utilization of clinical facilities and cooperating agencies.

6. Upon completion of this phase of the development of the proposed program, the program head may petition the board for an initial survey visit.

C. Step III

1. Initial approval may be requested after an on-site survey by a representative of the board.

2. After initial approval is granted, students may be admitted to the program.

D. Step IV—Within the first academic year, a representative of the board shall conduct an on-site survey of the program.

E. Step V

1. Full approval shall be requested after members of the first class of graduates write and receive the results of the first licensing examination. Additionally, an on-site survey shall be requested and upon presentation of evidence that standards of the board have been met, full approval may be granted to the program.

2. Initial approval shall not be continued for more than two consecutive one-year periods following the nursing program's eligibility to apply for full approval.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:190 (April 1977), amended LR 10:1027 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 14:532 (August 1988), repromulgated LR 24:1293 (July 1998), amended LR 26:2791 (December 2000), repromulgated LR 27:853 (June 2001).

§3534. Procedure for Restructuring an Existing Program into/within Higher Education

A. Step I—Phasing Out an Existing Nursing Program

1. Notification of Intent for Restructuring an Existing Program. A letter of intent shall be submitted to phase out an existing nursing program and phase in a new nursing program not less than one year prior to the planned implementation date. Fifteen copies of the letter are to be submitted.

2. Termination of an Existing Nursing Program

a. A plan shall be submitted to phase out the existing nursing program to include:

i. dateline for final admission of students to the existing program;

ii. plan for the normal progression of students in the existing program;

iii. contingency plan for students who cannot follow the normal progression sequence in the existing program (i.e., failures, illness, etc);

iv. the projected date of graduation for the final class of the existing program.

b. All board's standards shall be maintained by the existing program until all students have transferred to another program or graduated.

c. All students shall have assistance with transfers to the new nursing programs or to another program of choice. A list of the names of these students shall be submitted to the board.

d. The following records of the existing program shall be retained:

i. students' applications to the program (when applicable);

ii. students' final transcripts;

iii. all curricula plans offered, including catalog course descriptions;

iv. rosters of all graduation classes and dates of graduations.

e. The board shall be notified of the arrangements for the administrative control and safe storage of the permanent program and student records.

B. Step II—Phasing in a New Nursing Program

1. A plan for phasing in the new nursing program shall be submitted (15 copies) to include the following:

a. a written notice of intent to establish a new program in nursing stating the purpose and type of program;

b. documented evidence of approval from the parent institution to award the appropriate degree or diploma and a copy of the current bulletin or catalog; and

c. a report of a feasibility study documenting a need for the program. The study shall include evidence of:

i. nurse manpower studies which validate the need for the program as it relates to total state resources and nursing education in the state, and the potential impact on other nursing education programs within a geographical area of 100 miles;

ii. availability of qualified nursing faculty and support faculty;

iii. adequate academic and clinical facilities to meet the needs of the program, validated through cooperative arrangements with existing nursing programs utilizing those facilities;

iv. adequate financial resources for planning, implementing and continuing the program;

- v. commitment of administration to support the program;
- vi. community support;
- vii. a proposed time schedule for phasing in the new program; and
- viii. an available pool of potential students.

d. An articulation plan shall be submitted for students who are presently enrolled in the existing program for matriculation into the new program.

e. Representative of the parent institution shall meet with the board at a regularly scheduled board meeting to review the notice of intent, the report of the feasibility study, and any other information requested.

f. Based on its review, the board shall give written notification to the parent institution that:

- i. supplementary information is needed; or
- ii. the notice of intent to establish a new program is sanctioned with stipulated contingencies; or
- iii. the notice of intent to establish a new program is sanctioned and the parent institution may continue with the plan to establish the program; or
- iv. the notice of intent is not sanctioned, the reasons thereof, and all planning must cease.

g. Public announcements of the opening of the proposed program and pre-admission of students shall not occur prior to the sanctioning of the notice of intent fulfillment of all contingency(ies).

C. Step III—Developing the Nursing Program

1. If the parent institution is sanctioned by the board to proceed with the development of the program, a qualified program head shall be employed a minimum of 12 months prior to the admission of the first class of students.

2. The program head shall have the authority and responsibility to develop:

- a. an organizational structure and chart;
- b. a constitution and bylaws;
- c. administrative policies and procedures;
- d. policies for screening and recommending candidates for faculty appointments, retention, and promotion (see §3515);
- e. a budget;
- f. a plan for the use of clinical and cooperating agencies;
- g. a sample contractual agreement with clinical and cooperative agencies; and
- h. a plan for the use of academic facilities and resources.

3. The program head shall appoint a minimum of four full-time nurse faculty whose backgrounds include:

- a. experience in curriculum design;
- b. previous teaching experience in a nursing education program of the same academic level as the proposed program; and
- c. all faculty qualifications as outlined in §3515.B.1-8.

4. The faculty shall be appointed at least six months prior to the admission of students to the program and be responsible only to the new program.

5. The nurse faculty shall develop the proposed program and plan for its implementation. The faculty shall develop the:

- a. mission/philosophy and goals;
- b. curriculum plan;
- c. course objectives;
- d. course outlines and syllabi;
- e. evaluation plan(s) and methods for evaluating nursing courses;
- f. program evaluation plan (refer to §3523.A.1-9);
- g. admission, progression and graduation criteria;
- h. policies for protecting students' rights, safety and welfare, guidance and counseling; and
- i. plan for utilization of clinical facilities and cooperating agencies for student learning activities.

6. Upon completion of this phase of the development of the proposed program, the program head may petition the board for an initial survey visit.

D. Step IV—Initial Approval of the Nursing Program

1. Initial approval may be requested after an on-site survey by a representative of the board.

2. After initial approval is granted, students may be admitted to the program.

E. Step V—Evaluation of the Nursing Program

1. Within three months following the implementation of the first academic year, the program head shall submit a progress report which addresses those areas outlined in Step III, C.5.a-i, and any proposed anticipated changes for the continued implementation of the program.

F. Step VI—Full Approval of the Nursing Program

1. After members of the first class of graduates receive the results of the licensure examination, an on-site survey shall be conducted to evaluate the program's compliance with §3523.A and B.

2. Following the board's review of the on-site survey report, the board may grant:

- a. continuation of initial approval; or
- b. full approval of the nursing program.

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3. Initial approval shall not be continued for more than two consecutive one-year periods following the nursing program's eligibility to apply for full approval.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 16:690 (August 1990), amended LR 24:1293 (July 1998), LR 26:2791 (December 2000), repromulgated LR 27:853 (June 2001).

§3535. Procedure of Continuing Full Approval

A. On-site surveys shall be made on a scheduled basis, at the discretion of the board, or upon the request of the program.

B. Programs holding full board approval for a minimum of five consecutive years and full national accreditation recognized by the board may request to have board survey visits coordinated with national accreditation visits. Following receipt of the official request by the program, the date of initiation of this process for the program shall be determined by the board.

1. An on-site visit shall be conducted by an authorized representative of the board within six months following each national accreditation visit.

2. To meet the self-study requirements, the national self-study report and the addendum required by the board shall be submitted to the board at least 21 days prior to the scheduled on-site survey visit.

3. A copy of any national accreditation correspondence concerning accreditation and interim reports shall be forwarded to the board.

C. An on-site survey of a nursing education program which does not hold full national accreditation recognized by the board shall be conducted by an authorized representative of the board at least every five years.

D. A written report of the on-site survey is sent to the administrative officer of the parent institution, to the program head, and to all board members.

E. The program head may submit a response to the report of the on-site survey and also be present when the board reviews and acts upon the report.

F. Action relevant to the approval status of the program is taken by the board after an evaluation of:

1. the on-site survey document; or
2. the program's annual report; or
3. evidence that indicates the program fails to meet the standards and requirements.

G. The board shall provide for an evaluation and hearing to determine if a program has met or has failed to meet the standards and requirements and:

1. gives written notice that the standards have been met and continues full approval or restores approval; or

2. gives written notice of specified deficiency(ies) and places the program on conditional approval for a period of one year.

H. A program has the right at any time to present evidence to the board that the deficiency(ies) has been corrected and may petition the board to restore full approval to the program.

I. No later than 12 months from the date the program was placed on conditional approval, the program shall submit a written report to the board with evidence that the standard(s) have been met, and may petition the board to restore full approval.

J. If a deficiency(ies) cannot be corrected in 12 months, the program shall file a plan for meeting the standard(s) and may petition the board to continue the conditional approval status.

K. Conditional approval status is not granted to a program for more than three consecutive one-year periods.

L. After three consecutive years on conditional approval a program shall not admit any students into the nursing sequence until the board has determined that all standards have been met.

M. The right to appeal the board's decision is afforded any program in accordance with R.S. 37:918 and the Administrative Procedure Act, R.S. 49:965 *Appeals*.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 10:1027 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 19:1149 (September 1993), LR 24:1293 (July 1998).

§3536. Approval for Nursing Education Programs whose Administrative Control is Located in Another State Offering Programs, Courses, and/or Clinical Experience in Louisiana

A. Program of Studies. To receive approval by the board for a total program of studies offered in Louisiana by nursing programs whose administrative control is located in another state, the following criteria shall be met.

1. New programs follow the procedure to establish new programs as specified in §3533.A-E.

2. Programs must present evidence of compliance with all standards and requirements contained in LAC 46:XLVII.Chapter 35. Upon full approval, the program will be reviewed under the requirements for continued approval, as specified in §3535.A-M.

B. Course/Clinical Offerings. Out-of-state nursing programs offering courses/clinical experiences in Louisiana are expected to maintain the standards required of Louisiana-based programs. The board reserves the right to withdraw the approval of such offerings if adherence to these standards is not maintained. To receive approval by the Board of Nursing for course/clinical offerings in Louisiana

by nursing programs whose administrative control is located in another state, the following criteria shall be met.

1. Approval/Accreditation Requirements. Evidence of approval/accreditation of the nursing program shall be submitted to the board as stipulated below.

a. The nursing program sponsoring the offering shall hold current approval by the Board of Nursing and/or other appropriate approval bodies in the state in which the parent institution is located.

b. Regional accreditation shall be held by the parent institution.

c. National accreditation recognized by the board is recommended.

d. The nursing program sponsoring the course/clinical offering must provide the Board of Nursing with the following materials for review at least four months prior to the scheduled initiation of the offering:

i. a letter of request for approval to provide the course/clinical offering which indicates the time-frame during which the offering will be conducted, the clinical agency(ies) and the clinical unit(s) to be utilized;

ii. a copy of the mission/philosophy and goals;

iii. a curriculum pattern which lists all courses required within the program of study;

iv. a course syllabus for the course/clinical experience(s) to be offered which specifies the related objectives of the offering;

v. current school catalog.

e. Request for preceptorship learning experiences shall include evidence of compliance with §3541.A-J.

2. Coordination with Other Nursing Programs

a. Evidence of meetings or communications with representatives of the clinical agency, the out-of-state nursing program and all Louisiana nursing programs that hold current contractual agreements with the agency shall be submitted to the board.

b. Meetings or communications of respective representatives shall occur minimally on an annual basis, or on a semester basis as deemed necessary by any involved party.

c. A "Clinical Facility Survey" form shall be submitted by the program.

3. Students

a. All students shall be in good academic standing in the nursing program.

b. Students shall not be eligible to enroll in a clinical nursing course based on evidence of grounds for denial of licensure in accordance with R.S. 37:921, §§3403 and 3331.

c. Graduate performance on the licensure examination (NCLEX-RN) shall be maintained at an 80

percent or higher pass rate for each January-December calendar year. Upon initial request for approval, NCLEX-RN performance by graduates for the past two years shall be submitted to the board.

4. Faculty

a. Each faculty member shall hold a current license to practice as a registered nurse in Louisiana.

b. Each faculty member shall hold a minimum of a bachelor of science in nursing degree and a master of science in nursing, or an equivalent master's degree approved by the board, and a minimum of two years of nursing practice in a clinical setting.

c. Faculty shall be present for student supervision while students are assigned to clinical areas unless the students are engaged in a board-approved preceptorship experience.

d. The faculty to student ratio shall not exceed one to ten (1:10) for clinical instruction unless the students are engaged in a board-approved preceptorship experience which permits a maximum of one to twelve (1:12) faculty to student ratio.

e. A "Faculty Qualification" form shall be submitted for each faculty member providing instruction within the state of Louisiana.

5. Approval

a. Course/clinical offerings by out-of-state nursing programs may be approved for a period of two years, at which time program representatives may petition for renewal of approval for each additional two-year period.

b. A written report which provides updated and current data relevant to the program shall be submitted as a component of the petition for renewal as specified in §3536.B.1-4.

c. Failure to comply with the requirements established by the board shall result in the immediate withdrawal of the board's approval of course/clinical offerings.

6. Post Approval. A copy of the executed contractual agreement between the academic institution and the clinical facility shall be submitted to the board prior to the initiation of the offering(s).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 19:1145 (September 1993), amended LR 23:962 (August 1997), LR 24:1293 (July 1998), LR 26:2791 (December 2000), repromulgated LR 27:853 (June 2001).

§3537. Procedure for Proposed Major Change in Curriculum

A. A nursing education program proposing a major curriculum change shall submit to the board, six months prior to date of implementation, the following:

1. evidence that the parent institution has approved the curriculum change;

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2. rationale for the proposed change;
3. mission/philosophy, goals, course objectives and course outlines;
4. concise presentation of current and proposed curriculum;
5. time table for implementation of the change in curriculum;
6. an explanation of the anticipated effect on currently enrolled students; and
7. planned method for evaluating the results of the change.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 10:1028 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 19:1150 (September 1993), LR 24:1293 (July 1998), LR 26:2791 (December 2000), repromulgated LR 27:853 (June 2001).

§3539. Procedure for Submitting Required Forms and Reports

A. Annual Report. The nursing education program shall submit 10 copies of an annual report, on a form provided by the board, on the designated date, accompanied by one copy of the current school catalog.

B. Interim Reports

1. A "Faculty Qualification" form shall be submitted on a form provided by the board within two weeks of the time each new faculty member is employed.

2. Clinical Agencies

a. The nursing education program submits a "Clinical Facility Survey" form requesting approval of new clinical facilities needed for students' clinical practice areas except as provided for in §3539.B.2.b. Board approval shall be secured in accord with §3529.B prior to the time students are assigned to the new facility.

b. A "community-based agency review form" shall be submitted by the nursing education program to the board describing facilities in which a student receives less than 10 percent of the total clinical experience in a given course. This form will be incorporated in the Annual Report.

3. Any program required to submit a National League for Nursing Accrediting Commission or a Council for Collegiate Nursing Education Interim Report shall submit a copy of the report to the board.

C. Self Study

1. A self study shall be submitted to the board 21 days prior to the scheduled on-site survey of the program.

2. The national accreditation self study report and the addendum required by the board may be submitted to meet the self study requirements of the board (related §3535.B).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 10:1028 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 19:1150 (September 1993), LR 21:803 (August 1995), LR 24:1293 (July 1998), LR 26:2791 (December 2000), repromulgated LR 27:853 (June 2001).

§3541. Preceptorship Learning Experiences

A. Nurse faculty shall retain the responsibility for selecting and guiding student learning experiences and the evaluation of student performance with input from preceptors.

B. Preceptor experiences for students shall only occur during the last two academic semesters of a baccalaureate program and during one of the last two semesters of a diploma or associate degree program.

C. The total preceptorship experience shall be limited to a maximum of 25 percent of the total clinical weeks in the program of study. Students required to repeat courses in which preceptorship experiences are conducted due to academic failure or withdrawal are excepted.

D. Preceptors shall be selected according to written criteria jointly developed by faculty, nursing administration in the clinical faculty, and in accordance with guidelines established by the board.

E. A faculty member shall be available to preceptors while students are involved in a preceptorship experience.

F. The educational program shall maintain a ratio of not more than 12 students to one faculty member for the preceptorship experience.

G. The faculty member shall confer with each preceptor and student at least once during each daily learning experience.

H. The preceptor shall have at least two years of practice as a R.N. and a minimum of one year in the clinical area in which the preceptorship experience occurs.

I. Preceptors shall hold a minimum of a baccalaureate degree in nursing.

J. There shall be one preceptor for each student.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 10:1028 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 17:1207 (December 1991), LR 24:1293 (July 1998), LR 26:2791 (December 2000), repromulgated LR 27:853 (June 2001).

§3542. Community-Based Learning Experiences

A. "Community-based experiences" involve the community as a whole, exclusive of acute care facilities, with nursing care of individuals, families, and groups being provided within the context of promoting and preserving the health of the community.

B. There shall be outcome criteria which clearly state the purpose(s) for the community-based learning experiences selected, within the overall framework of the specific nursing course within the nursing program's curriculum.

C. There shall be qualified faculty available to provide a safe, effective faculty/student/client ratio not to exceed 10 students to one faculty member (10:1). (Reference §3515.A. "Faculty Body")

D. Nurse faculty shall retain the responsibility for the selection and guidance of student community-based learning experiences and for the evaluation of student performance.

E. Students may not participate in invasive or complex nursing activities in a community setting without the direct supervision of the faculty member or an approved R.N. preceptor.

1. Students, under the overall direction of a faculty member, may participate in noninvasive or noncomplex nursing activities in structured community nursing settings where R.N.'s are present (e.g., out-patient clinics). Students shall have the skills appropriate to the experiences planned.

2. Students, under the verbal direction of a faculty member, may participate in basic care activities, such as, assessment of vital signs, and collection of data, and assistance with activities of daily living, in community settings where an R.N. is not present. Students shall have the skills appropriate to the experiences planned.

F. Non-health-care related agencies utilized for community-based learning experiences for students must have an identifiable sponsoring agency with a clearly defined purpose(s).

G. Preceptors may be utilized for the student participating in community-based learning experiences with the following guidelines.

1. Preceptors shall be selected according to written criteria jointly developed by faculty, nursing administration in the clinical facility, and in accordance with guidelines established by the board.

2. A faculty member shall be available to preceptors while students are involved in a preceptorship experience.

3. The educational program shall maintain a ratio of not more than 12 students to one faculty member for the preceptorship experience.

4. The community-based learning preceptorship experience shall not exceed 50 percent of the total clinical time allotted to community-based clinical experiences within the curriculum.

5. The faculty member shall confer with each preceptor and student(s) at least weekly during said learning experience.

6. The preceptor preferably has earned no less than a B.S.N. and shall have at least two years of practice as an R.N. with a minimum of one year in the clinical area in which the experience occurs. An individual R.N., who does

not possess a B.S.N. may be utilized as a preceptor provided said R.N. has had no less than three years experience as an R.N. with a minimum of one year in the clinical area in which the experience occurs and has the requisite skills to guide the student to meet the desired course outcomes for the specific clinical experiences.

7. There shall be no more than three students per preceptor.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 21:803 (August 1995), amended LR 24:1293 (July 1998), LR 26:2791 (December 2000), repromulgated LR 27:853 (June 2001).

Chapter 36. Disclosure of Financial Interests and Prohibited Payments

§3601. Scope

A. The rules of this Chapter interpret, implement and provide for the enforcement of R.S. 37:1744 and R.S. 37:1745, requiring disclosure of a registered nurse's and registered nurse applicant's financial interest in another health care provider to whom or to which the nurse refers a patient, and prohibiting certain payments in return for referring or soliciting patients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744, R.S. 37:1745, and R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 21:269 (March 1995), amended LR 24:1293 (July 1998).

§3603. Definitions and Construction

A. Definitions. For the purpose of this Chapter, the following terms are defined as follows.

Board—Louisiana State Board of Nursing.

Financial Interest—a significant ownership or investment interest established through debt, equity or other means and held, directly or indirectly, by a registered nurse or a member of a registered nurse's immediate family, or any form of direct or indirect remuneration for referral.

Health Care Item—any substance, product, device, equipment, supplies or other tangible good or article which is or may be used or useful in the provision of health care.

Health Care Provider—any person, partnership, corporation or any other organization licensed by the state to provide preventive, diagnostic, or therapeutic health care services or items.

Health Care Services—any act or treatment performed or furnished by a health care provider to or on behalf of a patient.

Immediate Family—as respects a registered nurse, the registered nurse's spouse, children, grandchildren, parents, grandparents and siblings.

Payment—transfer or provision of money, goods, services, or anything of economic value, including gifts, gratuities, favors, entertainment or loans.

Person—includes a natural person or a partnership, corporation, organization, association, facility, institution, or any governmental subdivision, department, board, commission, or other entity.

Referral—the act of ordering, directing, recommending or suggesting as given by a health care provider to a patient, directly or indirectly, which is likely to determine, control or influence the patient's choice of another health care provider for the provision of health care services or items.

Registered Nurse—an individual licensed as a registered nurse in Louisiana, or an individual licensed as a registered nurse in another state and holding a 90-day permit to

practice nursing in Louisiana in accordance with R.S. 37:920.

Registered Nurse Applicant—a graduate of an approved school of nursing who has been issued a temporary working permit, as provided for in R.S. 37:920.C.

B. Construction. As used hereinafter in this Chapter, the term registered nurse is deemed to likewise incorporate registered nurse applicants as defined herein.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 21:269 (March 1995), amended LR 24:1293 (July 1998).

Subchapter A. Disclosure of Financial Interests by Referring Health Care Providers

§3605. Required Disclosure of Financial Interests

A. A registered nurse shall not make any referral of a patient outside the nurse's employment practice for the provision of health care items or services by another health care provider in which the referring registered nurse has a financial interest, unless, in advance of any such referral, the referring registered nurse discloses to the patient, in accordance with §3609 of this Chapter, the existence and nature of such financial interest.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 21:269 (March 1995), amended LR 24:1293 (July 1998).

§3607. Prohibited Arrangements

A. Any arrangement or scheme, including cross-referral arrangements, which a registered nurse knows or should know has a principal purpose of ensuring or inducing referrals by the registered nurse to another health care provider, which, if made directly by the registered nurse would be a violation of §3605, shall constitute a violation of §3605.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 21:269 (March 1995), amended LR 24:1293 (July 1998).

§3609. Form of Disclosure

A. Required Contents. The disclosure required by §3605 of this Chapter shall be made in writing, shall be furnished to the patient, or the patient's authorized representative, prior to or at the time of making the referral, and shall include:

1. the registered nurse's name, address and telephone number;
2. the name and address of the health care provider to whom the patient is being referred by the registered nurse;

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3. the nature of the items or services which the patient is to receive from the health care provider to which the patient is being referred; and

4. the existence and nature of the registered nurse's financial interest in the health care provider to which the patient is being referred.

B. Permissible Contents. The form of disclosure required by §3609 may include a signed acknowledgment by the patient or the patient's authorized representative that the required disclosure has been given.

C. Approved Form. Notice to a patient given substantially in the form of Disclosure of Financial Interest prescribed in the Appendix of these rules (§3619) shall be presumptively deemed to satisfy the disclosure requirements of this Subchapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 21:269 (March 1995), amended LR 24:1293 (July 1998).

§3611. Effect of Violation; Sanctions

A. Any violation of or failure of compliance with the prohibitions and provision of §3613 of this Chapter shall be deemed grounds for disciplinary proceedings against a registered nurse, R.S. 37:921, providing cause for the board to deny, revoke, suspend or otherwise discipline the license of said registered nurse.

B. Administrative Sanctions

1. In addition to the sanctions provided for by §3611.A, upon proof of violation of §3605 by a registered nurse, the board shall order a refund of all or any portion of any amounts paid by a patient, and/or by any third-party payor on behalf of a patient, for health care items or services furnished upon a referral by the registered nurse in violation of §3605. The board may order the registered nurse to refund to such patient and/or third-party payor, the legal interest on such payments at the rate prescribed by law calculated from the date on which any such payment was made by the patient and/or third-party payors.

2. In addition to the above, anyone who violates any provisions of this Part may be brought before the board and fined not more than \$5,000 for each count or separate offense, plus administrative costs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 21:270 (March 1995), amended LR 24:1293 (July 1998).

Subchapter B. Prohibited Payments

§3613. Prohibition of Payments for Referrals

A. A registered nurse shall not knowingly and willfully make or offer to make any payment, directly or indirectly, overtly or covertly, in cash or in kind, to induce another person to refer an individual to the registered nurse for the furnishing or arranging for the furnishing of any health care item or service.

B. A registered nurse shall not knowingly and willfully solicit, receive or accept any payment, directly or indirectly, overtly or covertly, in cash or in kind, in return for referring a patient to a health care provider for the furnishing or arranging for the furnishing of any health care item or service.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1745 and R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 21:270 (March 1995), amended LR 24:1293 (July 1998).

§3615. Exceptions

A. Proportionate Return on Investment. Payments or distributions by an entity representing a direct return on investment based upon a percentage of ownership shall not be deemed a payment prohibited by R.S. 37:1745.B or by §3613 of these rules, provided that the requirements of the "Safe Harbor Regulations" at 56 Fed. Reg. 35,951 are satisfied.

B. General Exceptions. Any payment, remuneration, practice or arrangement which is not prohibited by or unlawful under §1128.B(b) of the Federal Social Security Act (Act), 42 U.S.C. §1320a-7b(b), as amended, with respect to health care items or services for which payment may be made under Title XVIII or Title XIX of the Act, including those payments and practices sanctioned by the Secretary of the United States Department of Health and Human Services, through regulations promulgated at 42 CFR §1001.952, shall not be deemed a payment prohibited by R.S. 37:1745.B or by §3613 of these rules with respect to health care items or services for which payment may be made by any patient or private governmental payor.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1745 and R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 21:270 (March 1995), amended LR 24:1293 (July 1998).

§3617. Effect of Violation

A. Any violation of or failure of compliance with the prohibitions and provision of §3613 of this Chapter shall be deemed grounds for disciplinary proceedings against a registered nurse, R.S. 37:921, providing cause for the board to deny, revoke, suspend or otherwise discipline the license of said registered nurse.

B. Administrative Sanctions. In addition to the above, anyone who violates any provisions of this Part may be brought before the board and fined not more than \$5,000 for each count or separate offense plus administrative costs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1745 and R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 21:270 (March 1995), amended LR 24:1293 (July 1998).

§3619. Appendix—Financial Interest Disclosure Form

Appendix

Referring Nurse _____ Phone _____
Employer _____
Address _____

Title 46, Part XLVII

DISCLOSURE OF
FINANCIAL INTEREST
AS REQUIRED BY R.S. 37:1744 AND
LAC 46:XLVII.3603-3607

To: _____ Date: _____

(Name of Patient to Be Referred)

(Patient Address)

Louisiana law requires registered nurses and other health care providers to make certain disclosures to a patient when they refer a patient to another health care provider or facility in which the registered nurse has a financial interest. [I am] [We are] referring you, or the named patient for whom you are legal representative, to:

(Name and Address of Provider to Whom Patient is Referred)

to obtain the following health care services, products or items:

(Purpose of the Referral)

[I] [We] have a financial interest in the health care provider to whom [I am] [we are] referring you, the nature and extent of which are as follows:

PATIENT ACKNOWLEDGMENT

I, the above-named patient, or legal representative of such patient, hereby acknowledge receipt, on the date indicated and prior to the described referral, of a copy of the foregoing Disclosure of Financial Interest. I acknowledge that I have been advised by the above identified nurse of the nurse's financial or ownership interest in the facility or entity to which I have been referred and further, that the nurse has advised me that I am free to choose another facility or entity to provide the service, drug, device or equipment recommended.

(Signature of Patient or Patient's Representative)

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1745 and R.S. 37:918

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 21:271 (March 1995), amended LR 24:1293 (July 1998).

Chapter 37. Nursing Practice

§3701. Duties of the Board Directly Related to Nursing Practice as Cited in R.S. 37:918

A. The board shall:

1. establish and publish standards of nursing practice and education in accordance with those developed and accepted by the profession;
2. adopt, and revise rules and regulations necessary to enable the board to carry into effect the provision of this Part in accordance with the Administrative Procedure Act;
3. have all other powers necessary and proper to the performance of their duties, including but not limited to the power to subpoena.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:78 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3703. Definition of Terms Applying to Nursing Practice

A. Terms applying to legal definitions of nursing practice, R.S.37:913, (13) and (14).

Accountability—being answerable for one's actions or inactions. The registered nurse answers to self, patient, agency, profession and society for the effectiveness and quality of nursing care rendered. It is the personal responsibility of each nurse to maintain competency in practice. If the assigned nurse does not possess the specialized nursing knowledge, skills and abilities required to provide the required care, said nurse shall notify the appropriate supervisory nursing personnel.

Additional Acts—activities beyond those taught in basic nursing education programs. Additional acts are authorized by the board through rules and regulations or declaratory statements interpreting the legal definition of nursing. Registered nurses are accountable for attaining and maintaining competency when performing approved additional acts.

Assessing Health Status—gathering information relative to physiologic, behavioral, sociologic, spiritual and environmental impairments and strengths of an individual by means of the nursing history, physical examination, and observation, in accordance with the board's Legal Standards of Nursing Practice.

Assignment—designating nursing activities to be performed by an individual consistent with his/her licensed scope of practice.

Care Supportive to or Restorative of Life and Well-Being—activities designed to resolve, diminish, or prevent the needs that are inferred from the individual's problem; includes the planning, implementation and evaluation of said

activities in accordance with the board's legal standards of nursing practice.

Case Finding—identifying human responses which indicate existing or potential unwellness.

Collaborating—a process involving two or more health care professional working together, though not necessarily in each other's presence, each contributing one's respective area of expertise to provide more comprehensive care than one alone can offer.

Delegating Nursing Interventions—entrusting the performance of selected nursing tasks by the registered nurse to other competent nursing personnel in selected situations. The registered nurse retains the accountability for the total nursing care of the individual. The registered nurse is responsible for an accountable to each consumer of nursing care for the quality of nursing care he or she receives, regardless of whether the care is provided solely by the registered nurse or by the registered nurse in conjunction with other licensed or unlicensed assistive personnel.

a. The registered nurse shall assess the patient care situation which encompasses the stability of the clinical environment and the clinical acuity of the patient, including the overall complexity of the patient's health care problems. This assessment shall be utilized to assist in determining which tasks may be delegated and the amount of supervision which will be required.

i. Any situation where tasks are delegated should meet the following criteria.

(a). The person has been adequately trained for the task.

(b). The person has demonstrated that the task has been learned.

(c). The person can perform the task safely in the given nursing situation.

(d). The patient's status is safe for the person to carry out the task.

(e). Appropriate supervision is available during the task implementation.

(f). The task is in an established policy of the nursing practice setting and the policy is written, recorded and available to all.

ii. The registered nurse may delegate to licensed practical nurses the major part of the nursing care needed by individuals in stable nursing situations, i.e., when the following three conditions prevail at the same time in a given situation:

(a). nursing care ordered and directed by R.N./M.D. requires abilities based on a relatively fixed and limited body of scientific fact and can be performed by following a defined nursing procedure with minimal alteration, and responses of the individual to the nursing care are predictable; and

(b). change in the patient's clinical conditions is predictable; and

(c). medical and nursing orders are not subject to continuous change or complex modification.

iii. In complex (unstable) situations, the registered nurse may utilize the expertise of the licensed practical nurse by delegating selected tasks. The registered nurse may not delegate the following nursing functions relative to intravenous medications and fluids:

- (a). administration of investigational drugs;
 - (b). administration of cancer therapeutic drugs;
 - (c). administration of medications by IV push, other than those defined by health agency protocol for emergency situations;
 - (d). administration of blood and blood products;
 - (e). administration of total parenteral nutrition solutions;
 - (f). accessing the implanted device.
- (i). In situations where registered nurse supervision is unavailable or limited, such as in home health, the administration of intravenous medications and fluids may not be delegated.

(ii). The registered nurse is responsible for knowing the cause and effect of every medication (s)he administers personally or through delegation. Delegation carries with it the responsibility to ascertain the competence of persons to whom delegation is made. Since supervision of personnel associated with nursing functions are included in the legal definition of nursing, it is the responsibility of the registered nurse to ascertain the competency of the persons to whom (s)he delegates the administration of medication.

iv. Contingent upon the registered nurse's evaluation of each patient's condition and also upon the registered nurse's evaluation of the competency of each unlicensed nursing personnel, registered nurses may delegate non-complex tasks to unlicensed nursing personnel.

- (a). A non-complex task is one that can safely be performed according to exact directions, with no need to alter the standard procedure, and the results are predictable.
- (b). A complex task is one that requires judgment to safely alter the standard procedure in accordance with the needs of the patient; or requires the consideration of a number of factors in order to perform the procedure; or requires judgment to determine how to proceed from one step to the next.
- (c). The administration of medications is a complex task because it requires the consideration of a number of factors and the formulation of judgments according to those factors.

NOTE: Two other statutes authorize the administration of medications by specifically trained unlicensed assistive personnel: R.S. 37:1021 et seq. provides for medication administration to certain persons with developmental disabilities; R.S. 17:436.1 provides for medication administration in the public school system.

Evaluating Human Responses to Interventions—measuring the effectiveness of the nursing actions in achievement of established goals.

Executing Health Care Regimes as Prescribed by a Licensed Physician, Dentist or Authorized Prescriber—carrying out the medical orders of a physician, dentist or other authorized prescriber licensed in Louisiana.

- a. Registered nurses may, based on their individual judgment of each situation, accept verbal orders initiated by an authorized prescriber and transmitted through a licensed or certified health care practitioner, provided the order is related to the said practitioner's scope of practice.
- b. Registered nurses may execute standing orders of an authorized prescriber provided the said prescriber initiates the standing orders and provided, further, that the said orders do not require the nurse to make a medical diagnosis or to engage in prescriptive activity or to administer anesthetic agents other than in accordance with R.S. 37:930.D and E, R.S. 37:935 and LAC 46:XLVII.3705.
- c. Registered nurses employed in the public school system are authorized to execute health care regimens prescribed by physicians licensed in adjacent states, pursuant to R.S. 17:436(B)(3)(a) and R.S. 17:436.1(B)(1)(a).

Goals to Meet Identified Health Care Needs—statements which facilitate the patient's achievement of expected outcomes of care.

Health Counseling—those nursing measures that assist an individual in analyzing his/her health status, formulating health goals and planning activities to reach these goals.

Health Instruction—those nursing measures that provide health information and explanation.

Maintaining Nursing Care Rendered Directly or Indirectly—preserving the continuity of safe and effective nursing care, including the delegated nursing activities.

Managing and Supervising the Practice of Nursing—those activities which serve to fulfill the accountability of the registered nurse for the total nursing care of the individual when tasks in the nursing care are delegated to other nursing personnel. These activities include:

- a. judging the priority of nursing needs of the individual(s);
- b. determining actions required to meet the needs;
- c. assigning personnel, including self, qualified to implement the prescribed nursing care or components of that care;
- d. providing information needed by personnel for the implementation of the assigned nursing care and ascertaining the assimilation of same information;
- e. directing the nursing care and evaluating the outcomes of that care;

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f. determining and initiating changes in nursing care or in assignment of nursing personnel.

Medical Diagnosis—the conclusion reached in identification of the patient's disease, especially the art of distinguishing among several possibilities with the intent of prescribing relevant treatment. Ordinarily, the pronouncement of death requires a medical diagnosis. However, in a non-acute care setting, when an anticipated death has apparently occurred, registered nurses may cause to have the decedent removed to the designated funeral home in accordance with a standing order of a medical director/consultant setting forth basic written criteria for a reasonable determination of death.

Medical Prescriptions—medical interventions. These include all medications and medical treatments of therapeutic or corrective nature.

Planning Nursing Care Measures—documenting all activities, to be performed by the registered nurse or delegated by the nurse to other nursing personnel, which facilitate achievement of expected patient care outcomes.

R.N. Applicant—a person who has completed the educational requirements and whose application to take the required examination for licensure as a registered nurse has been accepted by the board.

Specialized Knowledge and Skills—required for the practice of nursing means the current theory and practice taught in basic nursing education programs preparing persons for R.N. licensure as well as information in the biological, physical and behavioral sciences.

Student Nurse—a person who is engaged in learning experiences in a program of study leading to candidacy for licensure to practice as a registered nurse. The term applies only when the person is participating in an integral part of the program of study, and not when that person is engaged in an employment situation.

Teaching the Theory and Practice of Nursing—instructing basic or advanced nursing students and providing continuing nursing education to registered nurses.

Unlicensed Assistive Personnel—an unlicensed individual who is trained to function in an assistive role to the licensed nurse in the provision of patient activities as delegated by the nurse.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918, R.S. 37:911, R.S. 37:913 and R.S. 37:935.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing LR 7:79 (March 1981), amended LR 10:598 (August 1984), LR 12:677 (October 1986), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998), LR 32:245 (February 2006).

§3705. Administration of Anesthetic Agents

A. Registered nurses, who are not certified registered nurse anesthetists, may administer anesthetic agents to intubated patients in critical care settings, and may titrate and continue infusion of local anesthetic agents through the use of epidural catheters for pain management, excluding

obstetric patients, provided that the following conditions are met.

1. There is an institutional policy and plan for registered nurses (non-CRNAs) to administer anesthetic agents to intubated patients in critical care settings, and to titrate and continue infusion of local anesthetic agents through the use of epidural catheters and perineural catheters for pain management for patients other than obstetric patients that includes:

- a. a clear statement of the purpose and goal of the treatment;
- b. written protocols, with documentation of acceptance of the protocols by the medical staff of the agency;
- c. policies and procedures to include but not be limited to the following:
 - i. preparation of solution;
 - ii. initiation of infusion;
 - iii. responding to emergency situations;
 - iv. maximum dose per hour of an anesthetic agent which can be administered by a registered nurse, who is not a certified registered nurse anesthetist, as approved by the medical staff; and
 - v. criteria for documentation of the procedure.

2. No anesthetic agent may be administered by a registered nurse, who is not a certified registered nurse anesthetist pursuant to this part unless there is a medical order by an authorized prescriber. Any orders to change the rate of infusion must be a medical order or in lieu of a specific order to change the rate of infusion, there are clearly stated criteria, by the authorizing prescriber, for adjusting the rate of infusion. However, in an emergency situation, the registered nurse may decrease the rate of infusion before calling the authorized prescriber.

B. Further, registered nurses, who are not certified registered nurse anesthetists, may titrate and continue infusion of local anesthetic agents through the use of epidural catheters and perineural catheters for pain management, excluding obstetric patients, provided that the following conditions are met.

1. There is documentation that the registered nurse has successfully completed a course of instruction, which includes but is not limited to didactic instruction and supervised clinical practice on the following:

- a. anatomy and physiology of the spinal cord and column and neurological system;
- b. purpose of the epidural and perineural catheter for pain management;
- c. catheter placement and signs and symptoms of misplacement;
- d. effects of medication administered epidurally and perineurally;

- e. untoward reaction to medication and management;
- f. complications; and
- g. nursing care responsibilities:
 - i. observation;
 - ii. procedures;
 - iii. catheter maintenance;
 - iv. proper calibration and operation of infusion pump; and
 - v. removal of the epidural or perineural catheter.

2. Competencies shall be measured initially during orientation and on an annual basis.

C. The administration of anesthetic agents to intubated patients in critical care settings, and the titration and continuance of infusion of local anesthetic agents through the use of epidural and perineural catheters for pain management for patients may not be delegated or assigned to a registered nurse to anyone other than a registered nurse who meets the criteria set forth in this standard.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:935.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 32:246 (February 2006), amended 37:898 (March 2011).

§3707. Peripherally Inserted Central Catheter (PICC) Insertion and Removal

A. Definition

PICC Line—peripherally inserted central catheters (PICCs) are venous devices used to administer all types of intravenous medications and solutions. PICCs are soft, flexible catheters.

B. Registered nurses may insert, secure and remove central catheters through peripheral venous sites provided that the following conditions are met:

1. documentation of satisfactory completion of a minimum of four hours of study in an appropriate instructional program and verification of employment in a supervised clinical practice on file with the employer;
2. catheter placement is pursuant to a physician or other qualified prescriber's order for the procedure;
3. the procedure is performed according to appropriately established policy and procedure of the health care facility, employing agency and/or physician's office;
4. in view of the proliferation of various catheter products available for placement, the registered nurse must be knowledgeable about the manufacturer's suggestions and precautions concerning the specific catheter product utilized, and should review product information on a frequent basis; and

5. prior to initiation of therapy, catheter tip placement must be determined by a physician or an advanced practice registered nurse with the following provisos.

a. The procedure of verifying catheter tip placement by an APRN is a written established institutional/facility policy which:

- i. delineates that the APRN must be credentialed by the agency prior to performing the procedure;
- ii. delineates the specific procedure in the clinical privileges of the individual APRN;
- iii. verifies competencies initially and at regular intervals through methods including but not limited to direct observation;
- iv. provides that the final verification of catheter tip placement performed via radiographic methods be provided by a physician; and
- v. requires and documents evidence of formal didactic educational preparation and clinical experiences of the APRN to perform the procedure.

C. In order for a registered nurse to be authorized by the board under this Section, the instructional program shall include the following courses of study:

1. for nurses performing duties to include insertion of PICC lines:
 - a. anatomy and physiology of circulation and fluid balance;
 - b. indications and contradictions for PICC placement;
 - c. complications and management techniques to include potential adverse reactions;
 - d. techniques for placement of PICC lines may include ultrasound techniques;
 - e. techniques for placement of PICC line placement and removal; and
 - f. nursing responsibilities;
2. for nurses performing duties that would include management and monitoring of PICC lines:
 - a. anatomy and physiology of circulation and fluid balance;
 - b. indications and contraindications for PICC placement;
 - c. complications and management techniques to include potential adverse reactions; and
 - d. nursing responsibilities;
3. for nursing performing the duties of PICC line removal:
 - a. techniques for PICC line removal;

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b. complications and management techniques to include potential adverse reactions; and

c. nursing responsibilities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 36:64 (January 2010), amended LR:39:501 (March 2013)

Chapter 39. Legal Standards of Nursing Practice

§3901. Legal Standards

A. The Louisiana State Board of Nursing recognizes that assessment, planning, intervention, evaluation, teaching, and supervision are the major responsibilities of the registered nurse in the practice of nursing. The standards of nursing practice provide a means of determining the quality of care which an individual receives regardless of whether the intervention is provided solely by a registered nurse or by a registered nurse in conjunction with other licensed or unlicensed personnel as provided in LAC 46:XLVII.3703.

B. The standards are based on the premise that the registered nurse is responsible for and accountable to the individual for the quality of nursing care he or she receives. Documentation must reflect the quality of care.

C. The standards of practice shall:

1. be considered as base line for quality nursing care;
2. be developed in relation to the law governing nursing;
3. apply to the registered nurse practicing in any setting;
4. govern the practice of the licensee at all levels of practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:309 (July 1977), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3903. Standard Number 1: Collection and Recording Individual's Health Status

A. Data concerning an individual's health status must be systematically and continuously collected, recorded, and communicated in order to determine nursing care needs, according to the following criteria.

1. The priority of data collection is determined by the individual's immediate condition and needs.
2. The collection and recording of data provides for systematic collection, frequent updating, accessibility, and appropriate confidentiality.
3. The appropriate data includes:
 - a. growth and development factors;
 - b. biophysical status;
 - c. emotional status;
 - d. cultural, religious, socioeconomic background;
 - e. performance of activities of daily living;
 - f. patterns of coping;
 - g. interaction patterns;

- h. individual's perception of and satisfaction with his health status;
 - i. individual's health goals;
 - j. environmental factor (physical, social, emotional, ecological); and
 - k. available and accessible human and material resources.
4. The data are collected by:
 - a. interview;
 - b. examination;
 - c. observation; and
 - d. reading of records and reports.
 5. The data are collected from:
 - a. the individual;
 - b. family members;
 - c. pertinent others; and
 - d. other health care personnel.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:309 (July 1977), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3905. Standard Number 2: Analysis of Health Status Data

A. Nursing diagnoses, nursing care goals, and expected outcomes are derived from an analysis of the health status data, according to the following criteria.

1. The individual's health status is compared to the norm to determine if there is a deviation and the degree and direction of deviation.
2. Nursing diagnoses are documented in a manner that facilitates the determination of expected outcomes and plan of care.
3. Short and long term goals are mutually set with the individual and pertinent others. These goals are:
 - a. congruent with other planned therapies;
 - b. stated in realistic and measurable terms; and
 - c. assigned a time period for achievement.
4. Goals are established to maximize functional capabilities and are congruent with:
 - a. growth and development factors;
 - b. biophysical status;
 - c. behavioral patterns; and
 - d. human and material resources.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:310 (July 1977), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3907. Standard Number 3: Priorities and Actions for Nursing Care

A. The plan for nursing care must include individualized nursing actions to achieve the established outcomes, according to the following criteria.

1. The plan includes priorities for nursing action.
2. The plan includes a logical sequence of actions to attain the goals.
3. The plan is based on current scientific knowledge and nursing practice.
4. The plan incorporates available and appropriate resources.
5. The plan can be implemented.
6. The plan reflects consideration of human dignity and patients rights.
7. The plan includes measures to manage specific patient problems:
 - a. what is to be done;
 - b. how to do it;
 - c. when to do it;
 - d. where to do it; and
 - e. who is to do it.
8. The plan is developed with the individual, to family, to pertinent others, and to health personnel as appropriate.
9. The plan is documented.
10. The plan provides for continuity of care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:310 (July 1977), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3909. Standard Number 4: Implementation of Nursing Care Plan

A. The plan for nursing care is implemented according to the following criteria.

1. Nursing actions are consistent with the plan for nursing care.
2. Interventions are implemented in a safe and appropriate manner.
3. Nursing actions are documented by:
 - a. written records;
 - b. observation of nursing performance;

c. report of nursing action by the individual and/or pertinent others.

B. Documentation includes, but is not limited to, written records that attest to the care provided to patients based on assessment data and the patient's response to the intervention.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:310 (July 1977), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3911. Standard Number 5: Evaluation of Nursing Care Plan

A. The plan for nursing care is evaluated according to the following criteria.

1. Evaluation is systematic and ongoing.
2. Current data about the individual are used to measure progress toward established goals.
3. Nursing actions are analyzed for their effectiveness in achievement of established goals.
4. The individual, family, and other significant health care personnel participate in the evaluation of established goals.
5. The individual's response is compared with observable outcomes which are specified in the established goals.
6. The individual's responses to interventions are documented.
7. Determination is made of the long term effects of nursing care on the individual.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:310 (July 1977), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3913. Standard Number 6: Continuous Process of Reassessment and Modification

A. The planning for nursing care is a continuous process of reassessment and modification, according to the following criteria.

1. Ongoing assessment data are used to revise diagnoses, outcomes, and the plan of care, as needed.
2. Revisions in diagnoses, outcomes, and the plan of care are documented.
3. The individual, significant others, and relevant health care providers are involved in the revision process, when appropriate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

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HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:310 (July 1977), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

§3915. Standard Number 7: Professional Performance

A. The registered nurse demonstrates the following professional nursing practice behaviors.

1. Evaluates own nursing practice in relation to professional practice standards, relevant state and federal statutes, and relevant administrative rules.

2. Acquires and maintains current knowledge in nursing practice.

3. Considers factors related to safety, effectiveness, and cost in planning and delivering nursing care.

4. Nursing decisions and actions are determined in an ethical manner.

5. Clarifies any order or treatment regimen believed to be inaccurate, or contraindicated by consulting with the appropriate licensed practitioner and by notifying the ordering practitioner when the registered nurse makes the decisions not to administer the medication or treatment.

6. Makes assignments to others that take into consideration patient safety and which are commensurate with the educational preparation experience, authorized scope of practice, knowledge and ability of the persons to whom the assignments are made.

7. Accepts only those nursing assignments that are commensurate with one's own educational preparation, experience, authorized scope of practice, knowledge and ability.

8. Reports to the board any unsafe nursing practice when there is reasonable cause to suspect actual harm or risk of harm to patients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

Chapter 40. Prevention of Transmission of Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV)

§4001. Definitions

A. For the purpose of this Chapter, the following terms are defined as follows.

AIDS—acquired immune deficiency syndrome, as determined by the Federal Centers for Disease Control (CDC).

Board—Louisiana State Board of Nursing.

Body Fluids—amniotic, pericardial, peritoneal, pleural, synovial and cerebrospinal fluids, semen, vaginal secretions and other body fluids, secretions and excretions containing visible blood.

Confidentiality—

a. Reports and information furnished to the board pursuant to §4005 of this Chapter and records of the board relative to such information shall not be deemed to constitute public records, but shall be deemed and maintained by the board as confidential and privileged and shall not be subject to disclosure by means of subpoena in any judicial, administrative or investigative proceeding; providing that such reports, information and records may be disclosed by the board as necessary for the board to investigate or prosecute alleged violations of this Chapter.

b. The identity of registered nurses, registered nurse applicants, and nursing students enrolled in a clinical nursing course who have reported their status as carriers of HBV, HCV or HIV to the board's compliance director pursuant to §4005 hereof shall be maintained in confidence by the compliance director and shall not be disclosed to any member, employee, agent, attorney or representative of the board nor to any other person, firm, organization, or entity, government or private, except as may be necessary in the investigation or prosecution of suspected violations of this Chapter.

Exposure-Prone Procedure—an invasive procedure in which there is an increased risk of percutaneous injury to the registered nurse, registered nurse applicant, or a nursing student enrolled in a clinical nursing course by virtue of digital palpations of a needle tip or other sharp instrument in a body cavity or the simultaneous presence of the fingers of a registered nurse, registered nurse applicant, or a nursing student enrolled in a clinical nursing course and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site, or any other invasive procedure in which there is a significant risk of contact between the blood or body fluids of the registered nurse, registered nurse applicant, or a nursing student enrolled in a clinical nursing course and the blood or body fluids of the patient. According to the Federal Centers for Disease Control exposure-prone procedures should be identified by

medical/surgical/dental organizations and institutions at which the procedures are performed. Examples of exposure-prone procedures: cardiothoracic surgical procedures, including sternal opening and closure, and major gynecological surgical procedures, e.g., caesarian section, hysterectomy. The majority of dentistry procedures are exposure-prone. Invasive procedures where the hands and fingertips of the worker are visible and outside the patient's body at all times, and internal examinations or procedures that do not involve possible injury to the worker's gloved hands from sharp instruments and/or tissues, are considered not to be exposure-prone. These may include: taking blood (venipuncture), setting up and maintaining IV lines or central lines (provided any skin tunneling procedure used for the latter is performed in a non-exposure-prone manner), minor surface suturing, incision of abscesses, routine vaginal or rectal examinations, and simple endoscopic procedures.

HBegA Seropositive—with respect to a registered nurse, registered nurse applicant, or a nursing student enrolled in a clinical nursing course, that a blood test under the criteria of the Federal Centers for Disease Control or of the Association of State and Territorial Public Health Laboratory Directors has confirmed the presence of Hepatitis B e antigen.

HBsAg Seropositive—with respect to a registered nurse, registered nurse applicant, or a nursing student enrolled in a clinical nursing course, that a blood test under the criteria of the Federal Centers for Disease Control or of the Association of State and Territorial Public Health Laboratory Directors has confirmed the presence of Hepatitis B surface antigens and that no subsequent test has confirmed that Hepatitis B surface antigens are no longer present.

HBV—the Hepatitis B Virus.

HCV—the Hepatitis C Virus.

HCV Seronegative—a condition where one has been HCV seropositive but is no longer infectious under the criteria of the Federal Centers for Disease Control or the Association of a State and Territorial Public Health Laboratory Directors, or where one has never been infected with HCV.

HCV Seropositive—a condition where one has developed antibodies sufficient to diagnose seropositivity to HCV under the criteria of the Federal Centers for Disease Control or the Association of State and Territorial Public Health Laboratory Disease.

HIV—the human immunodeficiency virus, whether HIV-1 or HIV-2.

HIV Seropositive—with respect to a registered nurse, registered nurse applicant, or a nursing student enrolled in a clinical nursing course, that a test under the criteria of the Federal Centers for Disease Control or of the Association of State and Territorial Public Health Laboratory Directors has confirmed the presence of HIV antibodies.

Invasive Procedures—any procedure involving manual or instrumental contact with, or entry into, any blood, body fluids, cavity, internal organ, subcutaneous tissue, mucous membrane or percutaneous wound of the human body.

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Participating in an Exposure-prone Procedure—the preparation, processing, handling of blood, fluids, tissue or instruments which may be introduced into or come into contact with any body cavity, internal organ, subcutaneous tissue, submucosal tissue, mucous membrane or percutaneous wound of the human body in connection with the performance of an exposure-prone invasive procedure.

Registered Nurse—an individual licensed as a registered nurse in Louisiana, or an individual licensed as a registered nurse in another state and holding a 90-day permit to practice nursing in Louisiana in accordance with R.S. 37:920.D and LAC 46:XLVII.3329.B or a nursing student enrolled in a clinical nursing course.

Registered Nurse Applicant—a graduate of an approved school of nursing who has been issued a temporary working permit, as provided for in R.S. 37:920. D and LAC 46:XLVII.3329.A.

Standard Precautions—those generally accepted infection control practices, principles, procedures, techniques and programs as recommended by the Federal Centers for Disease Control to minimize the risk of transmission of HBV, HCV or HIV from a registered nurse or a registered nurse applicant to a patient, from a patient to a registered nurse or registered nurse applicant, or from a patient to a patient, as such recommendations may be amended or supplemented from time to time.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918(K), and R.S. 37:1746-1747.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 19:341 (March 1993), amended LR 19:1150 (September 1993), LR 24:1293 (July 1998), LR 30:2482 (November 2004).

§4003. Standard Precautions

A. All registered nurses, registered nurse applicants, and nursing students enrolled in a clinical nursing course shall adhere to standard precautions for the prevention of transmission of infectious diseases as recommended by the Federal Centers for Disease Control for infection-control programs. These precautions include the appropriate use of hand washing, protective barriers, and care in the use and disposal of needles and other sharp instruments.

B. Registered nurses, registered nurse applicants, and nursing students enrolled in a clinical nursing course who have exudative lesions or weeping dermatitis shall refrain from all direct patient care and from handling patient-care equipment and devices used in performing invasive procedures until the condition resolves.

C. Registered nurses, registered nurse applicants, and nursing students enrolled in a clinical nursing course shall also comply with employing agency's current guidelines for disinfection and sterilization of reusable devices used in invasive procedures.

D. Registered nurses, registered nurse applicants, and nursing students enrolled in a clinical nursing course who perform invasive procedures not identified as exposure-prone, and who are or become infected with HIV, HCV or HBV, shall practice standard surgical or dental technique and

comply with standard precautions and current standards for sterilization/disinfection.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918(K), and R.S. 37:1746-1747.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 19:341 (March 1993), amended LR 19:1151 (September 1993), LR 24:1293 (July 1998), LR 30:2484 (November 2004).

§4005. Self-Reporting

A. Within 90 days of the effective date of this Chapter, registered nurses, registered nurse applicants, and nursing students enrolled in a clinical nursing course who perform, or participate in, exposure-prone procedures and have been previously diagnosed as HBV, (seropositive), HCV and/or HIV seropositive shall give notice of such diagnosis to the board on a reporting form supplied by the board. Such notice shall be mailed to the compliance director, marked "Personal and Confidential" by registered or certified mail. This report shall be confidential as provided in §4001 of this Chapter, definition of confidentiality.

B. Registered nurses, registered nurse applicants, and nursing students enrolled in a clinical nursing course who know or should know that they carry and are capable of transmitting HBV, HCV or HIV and who perform or participate in exposure-prone procedures shall report their status to the Board of Nursing within 30 days from the date of the performance of the diagnostic test. They shall give notice of such diagnosis to the board on a reporting form supplied by the board which shall be mailed to the compliance director, marked "Personal and Confidential," by registered or certified mail. This report shall be confidential as provided in Act 1009 of the 1991 Louisiana Legislature.

C. Provided that the identity of the self-reporting registered nurse, registered nurse applicant or nursing student enrolled in a clinical nursing course is not disclosed, either directly or indirectly, the provisions of this Section shall not be deemed to prevent disclosure by the compliance director or the board, to governmental public health agencies with a legitimate need therefore, of statistical data derived from such reports, including, without limitation, the number and demographics of registered nurses, registered nurse applicants, and nursing students enrolled in a clinical nursing course having reported themselves as HbsAg, HCV, and/or HIV seropositive and their geographical distribution.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918(K), and R.S. 37:1746-1747.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 19:341 (March 1993), amended LR 19:1151 (September 1993), repromulgated LR 24:1293 (July 1998), LR 30:2484 (November 2004).

§4007. Authorization to Perform or Participate in Exposure-Prone Procedures

A. Registered nurses, registered nurse applicants, and nursing students enrolled in a clinical nursing course who perform or participate in exposure-prone procedures shall, in the performance of or participation in any such procedure or function, be familiar with, observe, and rigorously adhere to

both general infection control practices and standard blood and body-fluid precautions as then recommended by the Federal Centers for Disease Control to minimize the risk of HBV, HCV or HIV from a registered nurse, registered nurse applicant, or a nursing student enrolled in a clinical nursing course to a patient, from a patient to a registered nurse or registered nurse applicant or a nursing student enrolled in a clinical nursing course, or from a patient to a patient.

B. Registered nurses, registered nurse applicants, and nursing students enrolled in a clinical nursing course who perform or participate in exposure-prone procedures and who do not have serologic evidence of immunity to HBV from previous infection, and have not been vaccinated against HBV, shall obtain their HBsAg status and, if that is positive, shall also obtain their HBeAg status.

C. Registered nurses, registered nurse applicants, and nursing students enrolled in a clinical nursing course who are infected with HIV, HCV or HBV (and are HBeAg positive) shall not perform exposure-prone procedures unless they have sought periodic counsel from an expert review panel, as determined by the expert panel, and have been advised under what circumstances, if any, they may continue to perform these procedures.

D. An expert review panel, appointed by the Board of Nursing, shall be constituted of the compliance director, and at least four members representing a balanced perspective, such as one or more of each of the following: a licensed psychiatrist or psychologist, the licensee's personal physician, a member of the agency's infection control committee (if agency has such committee), a registered nurse who is an infectious disease specialist with expertise in the procedures performed by the infected licensee, a state or local public health official.

E. Patients of the seropositive registered nurse, registered nurse applicant, or a nursing student enrolled in a clinical nursing course shall be notified of the registered nurse's, registered nurse applicant's, or a nursing student's, enrolled in a clinical nursing course, seropositivity before they undergo exposure-prone invasive procedures in which the nurse will participate or perform. If the nurse will perform the procedure, an informed consent shall be obtained from the patient or a lawfully authorized representative.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918(K), and R.S. 37:1746-1747.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 19:342 (March 1993), amended LR 19:1152 (September 1993), LR 24:1293 (July 1998), LR 30:2484 (November 2004).

Chapter 43. Employment of Unlicensed Persons

§4303. Employment of Student Nurses and Unsuccessful Candidates on the State Board Licensing Examination(NCLEX-RN)

A. Students in nursing and unsuccessful candidates on the licensing examination employed in nursing settings shall only be employed as unlicensed persons and cannot legally perform, nor be assigned nursing duties other than those allowable to other unlicensed nursing personnel.

B. To assist these individuals to be employed in an acceptable position whereby they contribute to patient care and yet do not jeopardize the welfare of the patient nor legally implicate themselves or their employing institution, the board has adopted the following policies.

1. The employer shall:
 - a. document the unlicensed status of these individuals;
 - b. review the written job description with the employee;
 - c. provide proper orientation to and training for the position;
 - d. make no distinction between the student of nursing, the unsuccessful candidate for registered nurse licensure, and any other unlicensed nursing personnel in regard to the delegated responsibilities and functions;
 - e. inform all nursing personnel that the student of nursing and the unsuccessful candidate have no legal right to function in any nursing capacity reserved for the licensed nurse.
2. Employers shall not jeopardize the potential for licensure of the student in nursing or the unsuccessful candidate for licensure in order to augment their staffing. The future professional careers of these individuals are at stake.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:421 (October 1977), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998).

Chapter 45. Advanced Practice Registered Nurses

§4501. Introduction

A. Louisiana Revised Statutes of 1950, specifically R.S. 37:911 et seq., delegated to the Louisiana State Board of Nursing the responsibility to authorize additional acts to be performed by registered nurses practicing in expanded roles and gave the board of nursing the power to set standards for nurses practicing in specialized roles. From 1981 to 1995, the board recognized advanced practitioners of nursing as certified nurse-midwives, certified registered nurse anesthetists, clinical nurse specialists, and primary nurse associates.

B. In 1995, the Louisiana Legislature amended R.S. 37:911 et seq., empowering the board of nursing to use the term advanced practice registered nurse (APRN) to license a registered nurse with advanced education as provided in R.S. 37:913.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:281 (April 1996), amended LR 31:2012 (August 2005).

§4503. Titles

A. Advanced practice registered nurse (APRN) means a licensed registered nurse who is certified by a nationally recognized certifying body, such as the American Nurses Credentialing Center, as having an advanced nursing specialty as described in §4507 and who meets the criteria for an advanced practice registered nurse as established by the board.

B. A nurse licensed as an Advanced Practice Registered Nurse (APRN) shall include, but not be limited to, the following functional roles.

1. *Certified Nurse Midwife (CNM)*—an advanced practice registered nurse educated in the disciplines of nursing and midwifery and certified according to a nationally recognized certifying body, such as the American College of Nurse Midwives Certification Council, as approved by the board and who is authorized to manage the nurse midwifery care of newborns and women in the antepartum, intrapartum, postpartum, and/or gynecological periods.

2. *Certified Registered Nurse Anesthetist (CRNA)*—an advanced practice registered nurse educated in the field of nurse anesthesia and certified according to the requirements of a nationally recognized certifying body such as the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists, as approved by the board and who is authorized to select and administer anesthetics or ancillary services to patients under their care.

3. *Clinical Nurse Specialist (CNS)*—an advanced practice registered nurse educated in a recognized nursing specialty area who is certified according to the requirements of a nationally recognized certifying body such as the

American Nurses Credentialing Center, as approved by the board and who is authorized to provide direct nursing care to a select population in a recognized nursing specialty area, and plans, guides, and directs care given by other nursing personnel.

4. *Nurse Practitioner (NP)*—an advanced practice registered nurse educated in a specified area of care and certified according to the requirements of a nationally recognized accrediting agency such as the American Nurses Credentialing Center, National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties, or the National Certification Board of Pediatric Nurse Practitioners and Nurses, or as approved by the board and who is authorized to provide primary, acute, or chronic care as an advanced nurse practitioner acting within his scope of practice to individuals, families, and other groups in a variety of settings including, but not limited to, homes, institutions, offices, industry, schools, and other community agencies.

5. *Registered Nurse Anesthetist (RNA)*—as provided for in R.S.37:930.B.

C. A licensed Advanced Practice Registered Nurse must use the title "APRN" unless the title is CRNA or RNA. The category of certification and/or education designation may be used before or after APRN as follows.

1. Certification

- a. CNM—Certified Nurse Midwife;
- b. CRNA—Certified Registered Nurse Anesthetist;
- c. CNS—Clinical Nurse Specialist plus area of specialty, i.e., CNS, Medical/ Surgical;
- d. NP—Nurse Practitioner plus area of specialty, i.e., FNP for Family Nurse Practitioner.

2. Education

- a. MSN, MN, MS or other appropriate degree at the master's level;
- b. DNS, EdD, PhD, or other appropriate degree at the doctorate level.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:281 (April 1996), amended LR 27:723 (May 2001), LR 31:2012 (August 2005).

§4505. Definitions

Advanced Practice Certification—certification by a nationally recognized certifying body approved by the board.

Advanced Practice Nursing Education Program—a program whose purpose is to prepare advanced practitioners of nursing and whose graduates are eligible for certification as an Advanced Practice Registered Nurse.

Advanced Practice Registered Nurse Student—any licensed registered nurse enrolled as a student in an educational program which prepares the individual for APRN licensure.

Advanced Practice Registered Nursing—nursing by a certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist, or nurse practitioner which is based on knowledge and skills acquired in a basic nursing education program, licensure as a registered nurse, and a minimum of a master's degree with a concentration in the respective advanced practice nursing specialty which includes both didactic and clinical components, advanced knowledge in nursing theory, physical and psychosocial assessment, nursing interventions, and management of health care.

Advanced Practice Registered Nursing Specialty—a designated area of advanced practice in which the registered nurse holds a master's degree with a concentration in the respective area of practice that includes both the didactic and clinical components, advanced knowledge in nursing theory, physical and psychosocial assessment, nursing interventions, and management of health care and also prepares the APRN for national certification.

Approval—a status indicating the program has met the legal standards established by the board.

Approved Program—a nursing education program approved by the board.

Assessment Studies—diagnostic studies including, but not limited to laboratory testing, radiologic studies, electrocardiograms, pulmonary function tests, and pharmaceutical diagnostic testing.

Board—the Louisiana State Board of Nursing.

Clinical Practice Guidelines—refers to written documents, jointly agreed upon by the collaborating professionals that describe a specific plan, arrangement, or sequence of orders, steps, or procedures to be followed or carried out in providing patient care in various clinical situations. These may include textbooks, electronic communications, Internet, etc.

Collaborating Physician—a physician actively engaged in clinical practice and the provision of patient care with whom the APRN has developed and signed a collaborative practice agreement for prescriptive and distributing authority and who holds a current, unencumbered, unrestricted and valid medical license issued or recognized by the Louisiana State Board of Medical Examiners and is in good standing with no pending disciplinary proceedings, and practices in accordance with rules of the Louisiana State Board of Medical Examiners.

Collaboration—a cooperative working relationship with licensed physicians, dentists, or other health care providers to jointly contribute to providing patient care and may include but not be limited to discussion of a patient's diagnosis and cooperation in the management and delivery of health care with each provider performing those activities that he is legally authorized to perform.

Collaborative Practice—the joint management of the health care of a patient by an advanced practice registered nurse performing advanced practice registered nursing and one or more consulting physicians or dentists. Except as

otherwise provided in R.S. 37:930, acts of medical diagnosis and prescription by an advanced practice registered nurse shall be in accordance with a collaborative practice agreement.

Collaborative Practice Agreement—a formal written statement addressing the parameters of the collaborative practice which are mutually agreed upon by the advanced practice registered nurse and one or more licensed physicians or dentists which shall include but not be limited to the following provisions:

1. availability of the collaborating physician or dentist for consultation or referral, or both;
2. methods of management of the collaborative practice which shall include clinical practice guidelines;
3. coverage of the health care needs of a patient during any absence of the advanced practice registered nurse, physician, or dentist.

Contact Hour—a unit of measurement that describes 50 minutes of participation in an educational activity, which meets the board's continuing education criteria. Ten contact hours equal one continuing education unit (C.E.U.).

Controlled Substance—any substance defined, enumerated, or included in federal or state statute or regulations 21 CFR §1308.11-15 or R.S. 40:964, or any substance which may hereafter be designed as a controlled substance by amendment of supplementation or such regulations and statute.

Cooperating Agency—an organization, institution or agency which by agreement accepts Advanced Practice Registered Nurse students for educational experiences.

Course—a distinct unit of instruction which has been organized for presentation with a specific time frame. This includes all related learning experiences deemed necessary by the faculty to meet the stated objectives.

Curriculum—the planned studies and learning activities designed to lead to graduation and eligibility for advanced practice registered nurse licensure.

Distance Education—teaching learning strategies to meet the needs of students who are physically separated from the faculty.

Distance Education Technology—the methods and technical support used to teach students who may be physically distant from the faculty. The methods may include audio conference, compressed video, electronic mail, and the Internet.

Distribute, Distribution or Distributed—the issuing of free samples and other gratuitous medications supplied by drug manufacturers, as defined by clinical practice guidelines contained in a collaborative practice agreement for prescriptive authority.

Electronic Transmission—transmission of information in electronic form or the transmission of the exact visual image of a document by way of electronic equipment.

Faculty—

1. *Nurse Faculty*—a doctorally or master's prepared registered nurse and/or advanced practice registered nurse with academic preparation and experience under written contractual agreement with a parent institution for administration, teaching, clinical supervision of students or research in programs preparing candidates for advanced practice registered nurse licensure.

2. *Support Faculty*—an individual with academic preparations and experience in his/her field of specialization who provides services or teaches support courses.

3. *Preceptor/Clinical Practicum Coordinators*—an advanced practice registered nurse, physician, dentist, who provides guidance, serves as a role model, resource person, and clinical teacher to enhance the learning experiences of an advanced practice nursing student on a one-to-one basis for a specified time or as specifically approved by the board.

Functional Role—the advanced practice role for which a master's in nursing program prepares its graduates. The categories of functional roles for advanced practice licensure include nurse midwives, nurse anesthetists, clinical nurse specialists, and nurse practitioners.

Goals—the aims of the program including the expected competencies of the graduate.

Gratuitous Medications—the medications provided by the manufacturer to be distributed to indigent populations and/or HIV and STD patients free of charge.

Lapsed APRN License—inactive APRN licensure status due to failure to renew or to request inactive licensure status.

Major Change in Curriculum—any one of the following shall be deemed to constitute a major change in curriculum:

1. alteration, other than editorial, in program's mission/philosophy and goals;
2. addition or deletion of more than 10 percent of the semester credit hours from the program of studies;
3. departure from current educational practices or methods;
4. addition or deletion of a program or clinical track preparing APRNs.

Medical Therapeutic Device—any instrument, apparatus, implement, machine, contrivance, implant, or other similar or related article, including any component part of accessory, which is required under federal law to bear the label "Rx only". The medical device or appliance shall be within the scope of practice of the Advanced Practice Registered Nurse.

National Professional Accrediting Organization—an organization that provides accreditation for educational activity offered by a nursing, medical, or pharmacy association or other educational entities and is approved by the board relative to pharmacotherapeutics.

Objectives—the behavioral expectations of the students in courses and throughout the program that lead to the goals of the program.

Parent Institution—the organization or agency responsible for the administration and operation of the nursing program.

Philosophy—a statement which includes and identifies the beliefs accepted by the faculty and the parent institution related to nursing education.

Preceptorship Experience—an individualized teaching-learning strategy in which an advanced practice nursing student participates in clinical nursing practice while assigned to a preceptor.

Prescribe—to direct, order, or designate the preparation, use of or manner of using by spoken or written words or by electronic means.

Prescription or Prescription Drug Order—an order from a practitioner authorized by law to prescribe for a drug or device that is patient specific and is communicated by any means to a pharmacist in a permitted pharmacy, and is preserved on file as required by law or regulation. R.S. 37:14.1164 (44).

Program Head (Administrative Director)—the registered nurse with the authority and responsibility for the administration of the program and implementation of the curriculum. This title is used regardless of the person's official title in the parent institution.

Recommendations—statements focusing on areas where there are factors which may impinge on maintenance of standards.

Requirements—standards with which educational programs shall comply.

Samples—a unit of prescription drug, which is not intended to be sold and is intended to promote the sale of the drug.

Shall—a term used to denote a requirement which must be met.

Should—a term used to denote a suggested method of meeting a requirement.

Standard—a criterion by which performance is measured.

Subspecialty—a focus of practice within a specialty assuring expert knowledge of a particular patient problem; e.g., cardiovascular disease, palliative care, oncology, substance abuse, orthopedics, critical care, etc.

Survey—the collection of information by the board for its review in granting, continuing or denying approval of a program.

Under the Guidance of an Approved Preceptor—guidance by a licensed APRN, physician, dentist, or person approved by the board within the same or related practice specialty or functional role must be accessible but not physically present.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 27:724 (May 2001), amended LR 31:2013 (August 2005).

§4507. Licensure as Advanced Practice Registered Nurse

A. Initial Licensure

1. The applicant shall meet the following requirements:

a. holds a current, unencumbered, unrestricted and valid registered nurse license in Louisiana and there are no grounds for disciplinary proceedings, as stated in R.S. 37:921;

b. completion of a minimum of a master's degree with a concentration in the respective advanced practice nursing specialty and functional role or completion of a post master's concentration in the respective advanced practice nursing specialty and functional role from an accredited college or university that meets the curriculum guidelines established by the board. Exception to the master's degree will be granted to those applicants who provide documentation as requested by the board that, prior to December 31, 1995, the applicant completed or was continuously enrolled in a formalized post-basic education program preparing for the advanced practice nursing specialty and functional role as approved by the board prior to December 31, 1995 as follows:

i. a program of studies offered through an institution of higher education which qualifies the graduate to take a certification examination in the advanced practice specialty and functional role; or

ii. a program of studies accepted by a nationally recognized certifying body which is recognized by the Louisiana State Board of Nursing; or

iii. a program which is individually recognized by the Board of Nursing based on established criteria; as stated in LAC 46:XLVII.4509;

c. submission of a completed application on a form furnished by the board;

d. submission of evidence of current certification in the respective advanced practice nursing specialty and functional role by a nationally recognized certifying body approved by the board. When specialty and functional role certification is not available, in addition to meeting the above requirements, the individual will be required to meet the commensurate requirements specified below in Paragraph 3;

e. submission of a non-refundable fee as specified in LAC 46:XLVII.3341;

f. after initial licensure, applicants seeking licensure for advanced practice in an additional specialty and/or functional role shall meet the requirements stated in LAC 46:XLVII.4507.A.1.a-d.

2. The board will verify all licensure and certification requirements via primary source verification as requested including (a) Licensure (b) Education (c) Certification and information relevant to the practice of the APRN.

3. Commensurate Requirements when certification is not available:

a. hold the minimum of a master's degree with a concentration in the respective advanced practice nursing specialty and functional role from a regionally accredited college or university or a program otherwise approved by the board and has practiced with a APRN temporary permit for a minimum of six months to a maximum of 24 months; and

b. have provided a minimum of 800 hours of patient care under the direction of an approved preceptor within the past 24 months; up to 400 of these may be earned through clinical practicum in a master's program;

c. submit an affidavit for waiver of certification examination on a form provided by the board.

4. An APRN license shall be issued with an expiration date that coincides with the applicant's RN license.

B. Temporary Permit—Initial Applicants

1. An APRN applicant who possesses a current RN license or a valid RN temporary permit, may be granted a temporary permit for a maximum of 120 days which allows the applicant to practice under the guidance of a licensed APRN, physician, dentist or approved preceptor within the practice specialty and functional role of the applicant, except as provided for in R.S.37:930.A.3. Evidence must be submitted to the board delineating that the applicant:

a. is in the process of applying for initial licensure under LAC 46:XLVII.4507.A; and

b. has been accepted as a first-time candidate for the appropriate national professional certification examination; or

c. in the process of meeting the practice eligibility requirements for the appropriate national professional certification examination for the advanced nursing practice specialty and functional role as recognized by the board; or

d. in the process of meeting the practice requirements for licensure by commensurate requirements; or

e. is awaiting certification results based upon initial application; and

f. there are no grounds for disciplinary proceedings as stated in R.S. 37:921.

2. A nurse practicing under the temporary permit shall use the title advanced practice registered nurse applicant or APRN applicant.

3. Upon receipt of initial certification examination results:

a. the temporary permit shall expire;

b. applicant shall submit or cause to be submitted, a copy of the results to the board;

c. the unsuccessful candidate shall:

i. cease to practice as an APRN applicant (does not prohibit practice as a registered nurse);

ii. notify the employer of the results.

4. Upon completion of the commensurate requirements or at the end of two years, the temporary permit shall expire.

5. An advanced practice registered nurse seeking licensure in either an additional advanced practice nursing specialty and functional role may seek a temporary permit as stated in LAC 46:XLVII.4507.B and D.

6. The APRN temporary permit may be extended to a maximum of 120 days or until receipt of initial certification results.

C. Licensure by Endorsement. The board may issue a license by endorsement if the applicant has practiced as an APRN under the laws of another state and if, in the opinion of the board, the applicant meets the requirements for licensure as an APRN in this jurisdiction.

1. If the applicant is applying from another jurisdiction that licenses the category of APRN for which the applicant is seeking licensure, the applicant shall submit:

a. a completed application on a form furnished by the board;

b. the required nonrefundable fee as set forth in LAC 46:XLVII.3341;

c. verification of current RN licensure in this jurisdiction or documentation that the applicant has applied for licensure as a RN and meets the requirements of this jurisdiction, and there are no grounds for disciplinary proceeding as stated in R.S. 37:921;

d. verification of licensure status directly from the jurisdiction of original licensure in the advanced practice category;

e. verification of current unencumbered license in the advanced practice category directly from the jurisdiction of current or most recent employment as an APRN;

f. verification of educational requirements as stated in LAC 46:XLVII.4507.A.1.b;

g. verification of current national certification in the respective specialty and functional role area as recognized by the board; or meets commensurate requirements as specified in LAC 46:XLVII.4507.A.3; and

h. documentation of meeting the requirements in LAC 46:XLVII.4515.

2. If the applicant is applying from a jurisdiction that does not license the APRN category for which the applicant is seeking licensure, the applicant shall submit in addition to Subparagraphs C.1.a, b, c, f, g, and h as stated above:

a. documentation of the applicant's qualifications for advanced practice directly from the board in the state where the applicant first practiced in the APRN category; and

b. documentation of the applicant's qualifications for advanced practice directly from the board in the state

where the applicant was last employed in the APRN category.

3. If the applicant is applying from a jurisdiction that does not verify advanced practice or does not meet the endorsement requirements, the applicant shall qualify by meeting the requirements for initial APRN licensure, LAC 46:XLVII.4507.A and B.

D. Temporary Permit: Endorsement Applicants

1. A nurse seeking APRN licensure by endorsement, and has been issued a RN temporary permit, may be issued a temporary permit to practice as an APRN for a maximum of 120 days if the applicant submits:

a. a completed APRN application on a form furnished by the board;

b. the required nonrefundable fee as set forth in LAC 46:XLVII.3341;

c. evidence of meeting the educational and certification requirements specified in LAC 46:XLVII.4507.A.1.b and d; or

d. documentation of registration for the certifying examination within 90 days.

2. The APRN temporary permit may be extended until receipt of initial certification results for justifiable causes.

E. Renewal of Licenses by Certification, Commensurate Requirements, or Grandfathering

1. The date for renewal of licensure to practice as an APRN shall coincide with renewal of the applicant's RN license. Renewal of the APRN license is contingent upon renewal of the RN license and verification that there are no grounds for disciplinary proceedings as stated in R.S. 37:921. An applicant for renewal of an APRN license shall submit to the board:

a. a completed application on a form furnished by the board;

b. evidence of current certification/recertification, unless the APRN has been licensed by the board in accordance with R.S. 37:912(B)(3)(4); or in accordance with commensurate requirements when certification is not available [R.S. 37:920(A)(2)]. Effective January 1, 2002, and required for relicensure in 2003, APRNs licensed by the board in accordance with commensurate requirements when certification is not available [R.S. 37:920(A)(2)] shall comply with the requirements specified in §4507.E.2. below; and

c. the licensure renewal fee as specified in LAC 46:XLVII.3341.

2. APRNs initially licensed in accordance with R.S. 37:912(B)(3)(4) (grand-fathered) and who are not advanced practice certified, or R.S. 37:920(A)(2) and LAC 46:XLVII.4507.A.3 whose category and area of specialization does not provide for certification/recertification (commensurate requirements) shall submit the following documentation for renewal, in addition to meeting the requirements specified above in §4507.E.1.a-c:

a. a minimum of 300 hours of practice in advanced practice registered nursing, as defined in R.S.37:913.3.a, within a 12-month period; and

b. a minimum of 2 college credit hours per year of relevance to the advanced practice role; or

c. a minimum of 30 continuing education (C.E.) contact hours approved by the board each year. CMEs (Continuing Medical Education Units) may be approved by the board to meet this requirement;

d. the above Subparagraphs b or c will meet the C.E. requirements for the registered nurse and the advanced practice registered nurse licensure renewal;

e. notwithstanding any provision of this Section to the contrary, for renewal of an APRN license issued valid through January 31, 2006 and renewed on or before March 31, 2006, compliance with Subparagraphs b and c will not be required.

F. Reinstatement of an APRN License

1. An APRN who has failed to renew his/her license, or has had an inactive licensure status, may apply for reinstatement by submitting to the board:

a. evidence of current RN licensure;

b. completed application on a form furnished by the board;

c. evidence of current certification/recertification by a national certifying body accepted by the board; or

d. APRNs initially licensed in accordance with R.S. 37:912(B)(3)(4) or 920(A)(2) and LAC 46:XLVII.4507.A.3 whose specialty and functional role does not provide for certification/recertification shall submit the following documentation for each year of inactive or lapsed status:

i. a minimum of 300 hours of practice as a fully licensed or permitted advanced practice registered nurse for each year of inactive or lapsed status up to a maximum of 800 hours; and

ii. a minimum of two college credit hours per year of relevance to the advanced practice role; or

iii. a minimum of 30 continuing education (C.E.) contact hours approved by the board each year. CMEs (Continuing Medical Education Units) may be approved by the board to meet this requirement; and

e. the required fee as specified in LAC 46:XLVII.3341.

2. Reinstatement of an APRN license for an applicant seeking to meet §4507.F.1.c or d, in addition to meeting the above requirements in Subparagraphs F.1.a, b, and e, the applicant shall:

a. apply for a six month temporary permit to practice under the guidance of a clinical preceptor approved by the board which may be extended to a maximum of two years; and

b. practice under the temporary permit and current practice standards set forth by the respective advanced practice nursing specialty and functional role; and

c. successfully complete the number of clinical practice hours required by the national certifying body approved by the board, if seeking certification/recertification, under the guidance of a preceptor approved by the board; and

d. submit evidence of current certification by a national certifying body approved by the board; or

e. if seeking commensurate requirements the applicant must practice under the guidance of a clinical preceptor approved by the board for a minimum of 800 hours of clinical practice in the area of clinical specialization when specialty certification is not available; and

f. submit evidence of compliance with §4507.E.2.b or c for each year of inactive or lapsed status; and

g. submit a final evaluation by the approved preceptor verifying successful completion of six months of full time practice or the equivalent hours in the area of specialization (minimum of 800 hours).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:281 (April 1996), amended LR 27:724 (May 2001), LR 29:580 (April 2003), LR 31:1340 (June 2005), LR 31:2015 (August 2005), LR 32:247 (February 2006), LR 37:3027 (October 2011).

§4509. Educational Requirements

A. Duties of the Board Directly Related to Nursing Education Programs

1. The authority of the Board of Nursing relating to nursing education programs is contained in the Louisiana Revised Statutes, Title 37, Section 911, et seq., and as amended.

2. Section 918, Duties and Powers of the Board, states that the board shall:

a. establish and publish minimum curriculum requirements and standards for individuals seeking to be licensed under this Part;

b. approve nursing education programs whose graduates meet the licensing requirements of the board;

c. provide for hearings for nurse educational programs when approval is denied or withdrawn;

d. establish and publish standards of nursing practice and education in accordance with those developed and accepted by the profession;

e. adopt and revise rules and regulations necessary to enable the board to implement this Part in accordance with the Administrative Procedure Act.

B. Fees

1. Notwithstanding any other provisions of this Chapter, the board shall collect in advance fees for education services as follows:

School Approval—Site Visit	\$500/site Visit per Institution
School Annual Report	\$ 50 per Institution

C. Purposes of Approval

1. To promote the safe practice of nursing by establishing standards for programs preparing individuals seeking licensure as advanced practice registered nurses in Louisiana.

2. To grant legal recognition to nursing education programs which upon survey and evaluation are determined by the board to have met the standards.

3. To assure graduates of these programs that they meet the educational and legal requirements for advanced practice registered nurses and to facilitate their endorsement to other states and countries.

4. To assure continuous evaluation and improvement of graduate nursing programs and graduate nursing education to prepare candidates for advanced practice registered nurse licensure.

5. To provide the public and prospective students with a list of graduate nursing programs that meet the standards established by the board.

D. Types of Approval

1. Initial

a. Initial approval is granted to a new program which upon application by the parent institution and after survey and board evaluation, is determined by the board to be eligible to admit students to the graduate nursing educational program to prepare candidates for advanced practice registered nurse licensure.

b. Initial approval shall not be continued for more than two consecutive one-year periods following the nursing program's eligibility to apply for full approval.

2. Full. Full approval is granted to a graduate program that meets all standards established by the board.

3. Conditional. A graduate nursing program shall be placed on conditional approval when the board has determined that it fails to meet one or more of the established standards.

E. Standards and Requirements for Graduate Nursing Education Program preparing candidates for advanced practice registered nurse licensure.

1. Mission/Philosophy and Goals

a. The graduate nursing education program shall have a clear statement of mission/philosophy, consistent with the mission of the parent institution and congruent with current concepts in nursing education relevant to the respective advanced practice specialty and functional role preparation.

b. The program shall meet the educational requirements for the nationally recognized certifying body

whose certification program graduates are prepared to pursue as accepted by the board.

c. The competencies of the graduates shall be clearly delineated.

d. Distance education programming is consistent with the mission and goals of the nursing unit and the governing organization.

F. Administration, Organization, Control

1. The educational program shall be an academic unit of a regionally accredited college or university which offers a graduate degree with a major in nursing or a graduate degree with a concentration in the advanced practice registered nurse specialty as defined in R.S.37:913(1).

2. There shall be a governing body which has legal authority to conduct the nursing program, determine general policy and provide financial support.

3. The parent institution shall be approved by the appropriate accrediting bodies.

4. The program shall have comparable status with other educational units within the organizational structure of the parent institution.

5. The parent institution shall have an organizational chart which delineates the lines of responsibility and authority.

6. The program shall notify the board in writing, within two weeks, when there has been a change in the control of the institution, administrative head of the program, or the accreditation status of the educational facilities.

7. The program head shall have the authority and responsibility to administer the program in respect to:

- a. the instructional program;
- b. budget planning and management; and
- c. administrative arrangements for faculty, staff and students.

G. Faculty and Faculty Organization

1. Faculty Body. There shall be qualified faculty adequate in numbers to implement the program in nursing in relation to its stated mission/philosophy and goals.

2. Qualifications

a. The program head and each nurse faculty member shall hold a current license to practice as a registered nurse in Louisiana and shall be appointed in compliance with state and federal laws on non-discrimination.

b. The program head (administrative director) of an advanced practice registered nurse program shall hold an earned doctorate, and shall have a minimum of three years experience in the areas of nursing education and three years in clinical practice.

c. The APRN faculty member shall hold a minimum of a master's degree in nursing. APRN nursing faculty teaching advanced practice specialty content must be licensed in advanced practice in that advanced practice or related specialty.

d. Other credentialed providers may be utilized to provide content relevant to the advanced practice role in support courses.

e. The educational component of the APRN program shall be coordinated by a lead faculty member who is educated and nationally certified in the same specialty area and licensed as an APRN in the state of Louisiana.

f. APRN nurse faculty shall have sufficient mix of full time and part-time faculty to support the functional roles.

g. APRN faculty teaching clinical courses must have institutional support to maintain currency in clinical practice.

h. APRN faculty must demonstrate competence in clinical practice and teaching which may include continued national certification or continuing education requirements.

i. Exceptions to the academic qualifications for nurse faculty shall be justified and approved under board-established guidelines until December 31, 2010, at which time all nurse faculty shall be required to hold an APRN license and academic preparation in their respective advanced practice specialty.

3. Nurse faculty shall function under the same policies established for other faculty in the parent institution.

4. Policies for nurse faculty shall include but not be limited to:

- a. qualifications for the position;
- b. contract or letter of appointment to delineate terms of appointment, functions and responsibilities of the position;
- c. salary scale, promotion, retirement, vacation, sick leave, leave of absence for personal and professional growth and health care benefits;
- d. a written plan for performance evaluation of faculty shall be established and utilized on a continuing basis.

5. A nurse faculty organization shall be established consistent with the parent institution and shall have clearly delineated bylaws.

6. Faculty workloads shall allow time for class and laboratory preparation, teaching, program revision, improvement in teaching methods, guidance of students, participation in faculty organizations and committees, research and scholarly endeavors, attendance at professional meetings and participation in continuing education programs.

7. Nurse faculty shall select, guide and evaluate all learning experiences in the program.

H. Student Selection and Guidance

1. Admission standards for entry into the APRN program shall be established, published, and shall reflect ongoing involvement by APRN faculty.

2. Qualified applicants shall be considered for admission without discrimination and in compliance with applicable state and federal laws and regulations.

3. Placement and advisement in the program by examinations, previous education, or both, shall be consistent with the parent institution.

4. Progression, transfer, termination and graduation policies shall be established and published. Any progression criteria specific to the APRN program/track reflect involvement by APRN faculty.

5. Information on the approval and accreditation status of the program, policies on tuition rebates, health care and counseling services shall be in writing.

6. Accurate information about the program shall be presented in recruitment and related activities.

7. Students shall be provided opportunity for input into the program.

8. Students' records shall be safeguarded and their confidentiality shall be maintained.

9. Students shall not be eligible to enroll in a clinical nursing course based on evidence of grounds for denial of licensure in accordance with R.S. 37:921, LAC 46:XLVII.3403 and LAC 46:XLVII.3331.

I. Guidelines for Advanced Practice Registered Nurse Students' Clinical Practicum

1. Advanced practice registered nursing students shall perform advanced practice nursing functions under the guidance of a qualified instructor or preceptor, (as defined in LAC 46:XLVII.4505), as a part of their program of study.

2. The clinical practicum shall be a minimum of 500 supervised clinical hours in direct nurse/client care. Specialty tracks that provide care to multiple age groups or prepare the APRN to function in multiple care settings will require more than 500 hours.

3. Dual track nurse practitioner advanced practice programs (two specialties) or combined nurse practitioner/clinical nurse specialist programs shall include content and clinical experience in both functional roles and specialties.

4. Out-of-state schools shall request in writing to the board and have approved, any request to initiate a clinical practicum in Louisiana. The out-of-state program must provide evidence of approval by the Louisiana Board of Regents to provide instruction in Louisiana. The "out of state school" shall provide evidence of LSBN board approval to the clinical site coordinator prior to practicum. The following information relative to advanced practice registered nurse student (s) shall be submitted:

- a. student(s) name;
- b. the clinical practice setting;
- c. the credentials of the instructor/preceptor; and
- d. evidence of RN licensure in Louisiana.

J. Facilities, Resources, Services

1. An identifiable physical facility for nursing shall be provided by the parent institution.
2. Classrooms, conference rooms, multipurpose rooms, learning laboratories and library resources shall be provided.
3. Offices for administrative personnel, faculty and support staff shall be provided.
4. Storage space for safeguarding student and faculty records, for equipment and instructional materials shall be provided to meet the needs of the program.
5. Nursing library resources shall be comprehensive, current and accessible.
6. Secretarial and support services shall be provided to meet the needs of the program.
7. Clinical facilities shall be available in sufficient numbers and variety to meet the needs of the program.

K. Curriculum

1. The APRN faculty shall periodically review, evaluate and revise as appropriate the mission philosophy, and goals of the program.
2. The mission/philosophy and goals shall be used by the faculty in planning, implementing and evaluating the total program.
3. The goals shall be consistent with the mission and describe the expected competencies of the graduate.
4. The curriculum shall include, but not be limited to content in advanced pathophysiology, advanced pharmacology, advanced assessment and diagnostic reasoning, and management of health care status and shall evidence appropriate course sequencing.
5. The APRN program track has a minimum of 500 supervised clinical hours overall. Specialty tracks that provide care to multiple age groups and care settings will require additional hours as distributed in a way that represents the populations served.
6. There shall be provisions for the recognition of prior learning and advanced placement in the curriculum for those individuals who hold a master's in nursing who are seeking to qualify for recognition in a different specialty or functional role. Post-Master's (PM) nursing students must complete the requirements of a master's APRN program through a formal graduate level certificate or master's level track in the desired functional role and specialty. PM students must master the same outcome criteria as master's level students. PM students are required to complete a minimum of 500 supervised clinical hours.

L. Program Evaluation

1. The program has a systematic plan for program evaluation and assessment and documents the use of data in decision making for program development, maintenance, and revision which includes the following:
 - a. mission/philosophy, outcomes of the curriculum;
 - b. teaching/learning experiences;
 - c. expected competencies of the graduate;
 - d. student(s) evaluations of courses;
 - e. faculty evaluations of students;
 - f. performance of graduates on the appropriate certification exam;
 - g. follow-up studies of the graduates;
 - h. employment functioning of the graduates; and
 - i. evaluation of faculty performance.
2. The program evaluation plan shall document that the curriculum prepares graduates to meet the standards for the advanced practice registered nurse as specified in LAC 46:XLVII.4513.

M. Major Curriculum Change

1. Major curriculum changes shall be approved by the board at a regularly scheduled meeting of the board at least six months prior to the date of implementation.
2. An approved graduate program seeking to add a specialty or functional role to its existing graduate nursing program shall be approved by the board at least six months prior to the date of implementation.

N. Records and Reports

1. The nursing education program and the parent institution shall develop and implement a systematic plan for maintaining student records in accordance with accepted academic standards.
 - a. Student Records
 - i. Each student's records include an application, progression evaluation, and graduation forms which are kept on file for a minimum of one year after graduation or three years after termination from the program if the student does not graduate.
 - ii. The application and final transcript are kept on file permanently.
 - 2. Faculty Records. Faculty records shall be on file in the nursing education program and/or in the parent institution and shall be in compliance with existing federal, state and institutional requirements.
 - 3. Other records shall be kept on file and shall include:
 - a. current program bulletin;
 - b. current budget and fiscal reports;

- c. current contracts with cooperating agencies;
- d. minutes of nurse faculty committee meetings;
- e. follow up studies of the graduates; and
- f. program self-evaluation studies.

4. The nursing education program submits to the board the following reports:

- a. annual report on the form provided by the board;
- b. interim reports on the form provided by the board;
- c. self-study report on the form provided by the board; and
- d. other reports as deemed necessary by the board.

O. Procedure for Terminating a Program

1. Voluntary Termination

- a. The board shall be notified when a decision has been made to close a program.
- b. All of the board's standards shall be maintained until all students have transferred to another program or have graduated.
- c. All students shall have assistance with transfers to another program and a list of these students shall be submitted to the board.
- d. The following records shall be retained:
 - i. student's application to the program;
 - ii. student's final transcript;
 - iii. each curriculum plan offered; and
 - iv. list of each graduating class and date of graduation.

2. Involuntary Termination

- a. The board shall be notified of the arrangements for safe storage of the permanent records of the program and its students' records.
- b. The following records shall be retained:
 - i. student's application to the program;
 - ii. student's final transcript;
 - iii. each curriculum plan offered; and
 - iv. a list of each graduating class and date of graduation.

P. Procedure for Establishing a New Program

1. Step I

a. A parent institution wishing to establish a new graduate program or to add a new specialty and/or functional role to prepare candidates for advanced practice registered nurse licensure in nursing shall submit the following at least one year in advance of anticipated date for admission of students:

i. a written notice of intent to establish a new graduate APRN program in nursing or to add a new specialty and/or functional role, stating the purpose and type of program;

ii. documented evidence of approval from the parent institution and the appropriate governing board to award the appropriate degree or specialty and/or functional role and a copy of the current bulletin or catalog; and

iii. a report of a feasibility study documenting a need for the program or specialty and/or functional role. The study shall include evidence of:

(a). nurse manpower studies which validate need for the program as it relates to total state resources and graduate nursing education in the state, and the potential impact on other graduate nursing education programs within the state;

(b). availability of qualified nurse faculty and support faculty;

(c). adequate academic facilities and qualified preceptors to meet the needs of the program;

(d). adequate financial resources for planning, implementing and continuing the program;

(e). commitment of administration to support the program;

(f). community support;

(g). a proposed time schedule for initiating and expanding the program; and

(h). an available pool of potential students.

b. Representatives of the parent institution shall meet with the board at a regularly scheduled board meeting to review the notice of intent, the report of the feasibility study and any other information submitted. Based on its review the board shall give written notification to the parent institution that:

i. supplementary information is needed; or

ii. the notice of intent to establish a new graduate program or to add a new specialty and/or functional role is sanctioned and the parent institution may continue with the plan to establish the program; or

iii. public announcements of the opening of the proposed program and preadmission of students shall not occur prior to the receipt of initial board approval; or

iv. the application is not sanctioned, the reasons therefore, and all planning must cease.

2. Step II

a. If the parent institution is granted sanction by the board to proceed with the development of the program a qualified program head shall be employed a minimum of 12 months prior to the admission of the first class of students.

b. The program head shall have the authority and responsibility to develop:

- i. an organizational structure for the program;
- ii. an organizational chart;
- iii. a constitution and bylaws;
- iv. administrative policies and procedures;
- v. policies for screening and recommending candidates for faculty appointments and for retention and promotion of faculty (see §3515);
- vi. a budget;
- vii. a plan for the use of appropriate preceptors and or clinical agencies;
- viii. a sample contractual agreement with clinical preceptors and/or cooperating agencies; and
- ix. a plan for the use of academic facilities and resources.

c. The program head shall appoint a minimum of four full-time nurse faculty whose background includes:

- i. experience in curriculum design;
 - ii. previous teaching experience in a nursing education program of the same academic level as the proposed program; and
 - iii. clinical nursing practice for a minimum of two years.
- d. Faculty shall be appointed at least six months prior to admission of students.

e. The nurse faculty shall develop the proposed program and plan for its implementation. They shall write:

- i. mission/philosophy and goals;
- ii. curriculum plan;
- iii. course objectives;
- iv. course outlines;
- v. evaluation plan and methods;
- vi. admission, progression and graduation criteria;
- vii. policies for protecting students' rights, their safety and welfare, and for guidance and counseling; and
- viii. plan for utilization of the proposed program.

f. The program head may petition the board for an initial survey visit.

3. Step III

- a. Initial approval may be requested after an on-site survey by a representative of the board.
- b. After initial approval is granted, students may be admitted to the program.

4. Step IV

- a. Within the first academic year, a representative of the board shall conduct an on-site survey of the program.

5. Step V

a. Full approval shall be requested after members of the first class of graduates write and receive the results of the first certification examination. Additionally, an on-site survey shall be requested and upon presentation of evidence that standards of the board have been met, full approval may be granted to the program.

b. Initial approval shall not be continued for more than two consecutive one-year periods following the nursing program's eligibility to apply for full approval.

Q. Procedure of Continuing Full Approval

1. On-site surveys shall be made on a scheduled basis, at the discretion of the board, or upon the request of the program.

2. Programs holding full board approval for a minimum of five consecutive years and full national accreditation recognized by the board may request to have board survey visits coordinated with national accreditation visits. Following receipt of the official request by the program, the date of initiation of this process for the program shall be determined by the board.

a. An on-site visit shall be conducted by an authorized representative of the board within six months following each national accreditation visit.

b. To meet the self-study requirements, the national self-study report and the addendum required by the board shall be submitted to the board at least 21 days prior to the scheduled on-site survey visit.

c. A copy of any national accreditation correspondence concerning accreditation and interim reports shall be forwarded to the board.

3. An on-site survey of a nursing education program which does not hold full national accreditation recognized by the board shall be conducted by an authorized representative of the board at least every five years.

4. A written report of the on-site survey is sent to the administrative officer of the parent institution, to the program head, and to all board members.

5. The program head may submit a response to the report of the on-site survey and also be present when the board reviews and acts upon the report.

6. Action relevant to the approval status of the program is taken by the board after an evaluation of:

- a. the on-site survey document; or
- b. the program's annual report; or
- c. evidence that indicates the program fails to meet the standards and requirements.

7. The board shall provide for an evaluation and hearing to determine if a program has met or has failed to meet the standards and requirements and:

a. gives written notice that the standards have been met and continues full approval or restores approval; or

b. gives written notice of specified deficiency(ies) and places the program on conditional approval for a period of one year.

8. A program has the right at any time to present evidence to the board that the deficiency(ies) has been corrected and may petition the board to restore full approval to the program.

9. No later than 12 months from the date the program was placed on conditional approval, the program shall submit a written report to the board with evidence that the standard(s) have been met, and may petition the board to restore full approval.

10. If a deficiency(ies) cannot be corrected in 12 months, the program shall file a plan for meeting the standard(s) and may petition the board to continue the conditional approval status.

11. Conditional approval status is not granted to a program for more than three consecutive one-year periods.

12. After three consecutive years on conditional approval a program shall not admit any students into the nursing sequence until the board has determined that all standards have been met.

13. The right to appeal the board's decision is afforded any program in accordance with R.S. 37:918(C) and the Louisiana Administrative Procedure Act, Section 965 Appeals.

R. Approval for Nursing Education Programs Whose Administrative Control Is Located in Another State Offering Programs, Courses, and/or Clinical Experience in Louisiana

1. Program of Studies. To receive approval by the board for a total program of studies offered in Louisiana by nursing programs whose administrative control is located in another state, the following criteria shall be met.

a. New programs follow the procedure to establish new programs as specified in LAC 46:XLVII.4509.

b. Programs must present evidence of compliance with all standards and requirements contained in LAC 46:XLVII.4509. Upon full approval, the program will be reviewed under the requirements for continued approval, as specified in LAC 46:XLVII.4509.

2. Course/Clinical Offerings. Out-of-state nursing programs offering courses/clinical experiences in Louisiana are expected to maintain the standards required of Louisiana-based programs. The board reserves the right to withdraw the approval of such offerings if adherence to these standards is not maintained. To receive approval by the Board of Nursing for course/clinical offerings in Louisiana by nursing programs whose administrative control is located in another state, the following criteria shall be met.

a. Approval/Accreditation Requirements. Evidence of approval/accreditation of the nursing program shall be submitted to the board as stipulated below.

i. The nursing program sponsoring the offering shall hold current approval by the Board of Nursing and/or other appropriate approval bodies in the state in which the parent institution is located.

ii. Regional accreditation shall be held by the parent institution.

iii. National accreditation recognized by the board is recommended.

iv. The nursing program sponsoring the course/clinical offering must provide the Board of Nursing with the following materials for review at least four months prior to the scheduled initiation of the offering:

(a). a letter of request for approval to provide the course/clinical offering which indicates the time-frame during which the offering will be conducted, the clinical agency(ies) and the clinical unit(s) to be utilized;

(b). a copy of the mission/philosophy and goals;

(c). a curriculum pattern which lists all courses required within the program of study;

(d). a course syllabus for the course/clinical experience(s) to be offered which specifies the related objectives of the offering; and

(e). current school catalog.

v. Request for preceptorship learning experiences shall include evidence of compliance with LAC 46:XLVII.4509.U.1, 2, 3 and 4.

vi. A "Faculty Qualification" form shall be submitted for each faculty member providing instruction within the state of Louisiana.

b. Approval

i. Course/clinical offerings by out-of-state nursing programs may be approved for a period of two years, at which time program representatives may petition for renewal of approval for each additional two-year period.

ii. A written report which provides updated and current data relevant to the program shall be submitted as a component of the petition for renewal.

iii. Failure to comply with the requirements established by the board shall result in the immediate withdrawal of the board's approval of course/clinical offerings.

c. Post Approval. A copy of the executed contractual agreement between the academic institution and the clinical facility shall be submitted to the board prior to the initiation of the offering(s).

S. Procedure for Proposed Major Change in Curriculum. A nursing education program proposing a major curriculum change shall submit to the board, six months prior to date of implementation, the following:

1. evidence that the parent institution has approved the curriculum change;
2. rationale for the proposed change;
3. mission/philosophy, goals, course objectives and course outlines;
4. concise presentation of current and proposed curriculum;
5. time table for implementation of the change in curriculum;
6. an explanation of the anticipated effect on currently enrolled students; and
7. planned method for evaluating the results of the change.

T. Procedure for Submitting Required Forms and Reports

1. Annual Report. The nursing education program shall submit 10 copies of an annual report, on a form provided by the board, on the designated date, accompanied by one copy of the current school catalog.

2. Interim Reports

a. A "Faculty Qualification" form shall be submitted on a form provided by the board within two weeks of the time each new faculty member is employed.

b. Any program required to submit a National League for Nursing Accrediting Commission or a Council for Collegiate Nursing Education Interim Report shall submit a copy of the report to the board.

3. Self-Study

a. A self-study shall be submitted to the board 21 days prior to the scheduled on-site survey of the program.

b. The national accreditation self study report and the addendum required by the board may be submitted to meet the self-study requirements of the board.

U. Preceptorship Learning Experiences

1. Nurse faculty shall retain the responsibility for selecting and guiding student learning experiences and the evaluation of student performance with input from preceptors.

2. Preceptors shall be selected according to written criteria jointly developed by faculty, nursing administration in the clinical facility, and in accordance with guidelines established by the board.

3. A faculty member shall be available on a frequent basis to preceptors while students are involved in a preceptorship experience.

4. There shall be one preceptor/clinical practicum coordinator per two students during any given real or current time period.

AUTHORITY NOTE: Promulgated in accordance with R.S.37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals. Board of Nursing, LR 27:726 (May 2001), amended LR 31:2017 (August 2005).

§4511. Advanced Practice Registered Nurse Professional Certification Programs

A. A national certifying body which meets the following criteria shall be recognized by the board as mandated by R.S. 37:913:

1. credentials nationally;
2. does not require an applicant to be a member of any organization or entity;
3. documents the criteria for applicant eligibility to take an examination for certification and recertification;
4. requires a master's degree as the minimal educational level for certification or otherwise approved by the board;
5. utilizes an application process and credential review which includes documentation that the applicant's didactic education has concentrated in the advanced nursing practice category being certified, and that the applicant's clinical practice is in the specialty and functional role area of certification;
6. uses an examination as a basis for certification in the advanced nursing practice category which meets the following criteria:
 - a. the examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community;
 - b. the examination represents entry-level practice based on standards in the advanced nursing practice category;
 - c. the examination represents the knowledge, skills (critical thinking and technical), and role functions essential for the delivery of safe and effective advanced nursing care to the client;
 - d. the examination content and its distribution are specified in a test plan, based on the job analysis study, that is available to examinees;
 - e. examination items are reviewed for content validity, cultural sensitivity, and correct scoring using an established mechanism, both before use and periodically;
 - f. examinations are evaluated for psychometric performance;
 - g. the passing standard is established using acceptable psychometric methods, and is re-evaluated periodically; and
 - h. examination security is maintained through established procedures;
7. issues certification based upon passing the examination and meeting all other certification requirements;

8. provides for periodic re-certification which includes review of qualifications and indicators of continued competence, including but not limited to continuing education or examination; and

9. has mechanisms in place for communication to boards of nursing for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan, and scope of practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:283 April 1996), amended LR 31:2023 (August 2005).

§4513. Authorized Practice

A. Collaboration is a process in which an APRN has a relationship with one or more physicians or dentists to deliver health care services. Such collaboration is to be evidenced by the APRN scope of practice and indicates the relationships that they have with physicians or dentists to deal with issues outside their scope of practice.

B. Scope of Practice. An advanced practice registered nurse shall practice as set forth in R.S. 37:913(3)(a) and the standards set forth in these administrative rules. The patient services provided by an APRN shall be in accord with the educational preparation of that APRN. APRNs practicing in accord with R.S.37:913(3)(a) are not required to have a collaborative practice agreement. The APRN who engages in medical diagnosis and management shall have a collaborative practice agreement that includes, but is not limited to, the following provisions [R.S. 37:913(8) and (9)]:

1. availability of the collaborating physician or dentist for consultation or referral, or both;

2. methods of management of the collaborative practice which shall include clinical practice guidelines; and

3. coverage of the health care needs of a patient during any absence of the APRN, physician, or both parties.

C. Standards of Nursing Practice for the Advanced Practice Registered Nurse. Standards of practice are essential for safe practice by the APRN and shall be in accordance with the published professional standards for each recognized specialty and functional role. The core standards for all categories of advanced practice registered nurses include, but are not limited to:

1. an APRN shall meet the standards of practice for registered nurses as defined in LAC 46:XLVII.3901-3915;

2. an APRN shall assess patients at an advanced level, identify abnormal conditions, analyze and synthesize data to establish a diagnosis, develop and implement treatment plans, and evaluate patient outcomes;

3. the APRN shall use advanced knowledge and skills in providing patients and health team members with guidance and teaching;

4. an APRN shall use critical thinking and independent decision-making at an advanced level, commensurate with the autonomy, authority, and responsibility of the specialty and functional role while working with patients and their families in meeting health care needs;

5. an APRN shall demonstrate knowledge of the statutes and rules governing advanced registered nursing practice and function within the legal boundaries of the appropriate advanced registered nursing practice role;

6. an APRN shall demonstrate knowledge of and apply current nursing research findings relevant to the advanced nursing specialty and functional role;

7. an APRN shall make decisions to solve patient care problems and select medical treatment regimens in collaboration with a licensed physician or dentist; and

8. an APRN shall retain professional accountability for his/her actions and/or interventions.

D. Prescriptive and Distributing Authority. An Advanced Practice Registered Nurse (APRN) shall practice in a manner consistent with the definition of advanced practice set forth in R.S. 37:913(3). An APRN may be granted prescriptive authority to prescribe assessment studies, including pharmaceutical diagnostic testing (e.g., dobutamine stress testing) legend and certain controlled drugs, therapeutic regimens, medical devices and appliances, receiving and distributing a therapeutic regimen of prepackaged drugs prepared and labeled by a licensed pharmacist, and free samples supplied by a drug manufacturer, and distributing drugs for administration to and use by other individuals within the scope of practice as defined by the board in R.S. 37.913(3)(b).

1. The applicant shall:

a. hold a current, unencumbered, unrestricted and valid registered nurse license in Louisiana with no pending disciplinary proceedings as stated in R.S. 37:921;

b. hold a current, unencumbered, unrestricted and valid APRN license;

c. submit a notarized application on a form provided by the board with a non-refundable fee as set forth in LAC 46:XLVII.3341;

d. provide evidence of:

i. 500 hours of clinical practice as a licensed APRN or APRN applicant within one year in the clinical specialty for which the applicant was educationally prepared as an APRN immediately prior to applying for prescriptive and distributing authority; practice in another state as a licensed APRN may be accepted to meet this requirement;

ii. successful completion of a minimum of 45 contact hours of education (3 credit hour academic course) in advanced pharmacotherapeutics obtained as a component of a formal educational program preparing registered nurses for advanced practice, approved by the board;

iii. successful completion of a minimum of 45 contact hours (3 credit hour academic course) in physiology/pathophysiology in a formal educational program approved by the board for preparation for advanced practice registered nurses;

iv. any deviation from Clause 1.d.i, ii or iii shall be submitted to the board for review and approval; and

v. a collaborative practice agreement as defined in §4513.B.1, 2 and 3, with one or more licensed collaborating physicians which shall include, but not be limited to:

(a). a plan of accountability among the parties that:

(i). defines the prescriptive authority of the APRN and the responsibilities of the collaborating physician or physicians;

(ii). delineates a plan for hospital and other healthcare institution admissions and privileges which includes a statement that the collaborating physician must have said privileges at the same institution before an APRN can receive this determination at said institution;

(iii). delineates mechanisms and arrangements for diagnostic and laboratory requests for testing; and

(iv). delineates a plan for documentation of medical records;

(b). clinical practice guidelines as required by R.S. 37:913(9)(b) shall contain documentation of the types or categories or schedules of drugs available and generic substitution for prescription and be in accordance with current standards of care and evidence-based practice for the APRN specialty and functional role and be:

(i). mutually agreed upon by the APRN and collaborating physician;

(ii). specific to the practice setting;

(iii). maintained on site; and

(iv). reviewed and signed at least annually by the APRN and physician to reflect current practice;

(c). documentation of the availability of the collaborating physician when the physician is not physically present in the practice setting. Physicians shall be available to provide consultation as needed:

(i). physician shall be available by telephone or direct telecommunications for consultation, assistance with medical emergencies, or patient referral, as delineated in the collaborative practice agreement; and

(ii). the secondary (back-up) physician or physicians shall be in good standing and approved by the Louisiana State Board of Medical Examiners and sign the collaborative practice agreement;

(iii). in the event the collaborating physician and any secondary (back-up) collaborating physician(s) are unavailable, the APRN will not prescribe;

(d). documentation shall be shown that patients are informed about how to access care when both the APRN and/or the collaborating physicians are absent from the practice setting; and

(e). an acknowledgement of the mutual obligation and responsibility of the APRN and collaborating physician to insure that all acts of prescriptive authority are properly documented.

2. Prescriptive Authority

a. Prescribing Controlled Substances and Legend Drugs

i. The LSBN shall review the application, reapplication or renewal, the collaborative practice agreement for prescriptive authority and all related materials and shall approve, modify, or deny the application, reapplication or renewal for prescriptive authority. An APRN with prescriptive authority approved by the board may prescribe drugs and therapeutic devices as recommended by clinical practice guidelines and the parameters of the collaborative practice agreement.

ii. Prior to granting an APRN prescriptive authority the collaborating physician or physicians shall be approved by the Louisiana State Board of Medical Examiners.

iii. Prescription Guidelines—All Medications

(a). The following guidelines apply to all prescriptions, whether or not said prescriptions are for legend drugs, controlled substances or any other medication. An APRN granted prescriptive authority shall comply with all federal and state laws and rules in prescribing, distributing, and administering drugs.

iv. The APRN who has been given proper authority to prescribe whether in person or by an electronic means or over the Internet or over telephone lines must meet the following requirements:

(a). perform and appropriately document a history and physical examination, and make a diagnosis based upon the examination and all diagnostic and laboratory tests;

(b). formulate a therapeutic plan that is discussed with the patient;

(c). state the availability of the APRN or coverage for the patient for follow-up care;

(d). all of the above must be included in the collaborative practice agreement.

v. Each order for a prescription, whether written or oral shall include the following information.

(a). The prescription form shall not be less than 4 inches by 5 inches, and shall bear a single printed signature line.

(b). The prescription form shall clearly indicate the authorized prescriber's name, licensure designation, address, telephone number, and if applicable Drug Enforcement Administration (DEA) registration number. In

the event multiple practitioners are identified on the prescription form, the authorizing prescriber's specific identity shall be clear and unambiguous. This identification may be indicated by any means, including but not limited to a marked check box next to, or circling the authorizing prescriber's printed name.

(c). The prescription form shall clearly indicate the authorized prescriber's practice affiliation, and the collaborating physician's name, address, and telephone number shall appear on the prescription form.

(d). No prescription form shall contain more than four prescription drug orders.

(e). Each prescription drug order on the form shall provide the following:

(i). a check box labeled "dispense as written" or DAW or both; and

(ii). the number of refills, if any; and

(iii). for prescriptions reimbursable by Medicare and Medicaid, the APRN may only inhibit equivalent drug product interchange by handwriting the words "brand necessary" or "brand medically necessary" on the face of the prescription order or on a separate sheet attached to the prescription order as specified in LAC 46:LIII.2511.

b. Controlled Substances. The board may authorize an APRN with prescriptive authority to prescribe or distribute controlled substances as defined, enumerated or included in federal or state statutes or regulations 21 C.F.R.1308.11-15., R.S 40:964, on an individual practice basis. An APRN who is so authorized shall provide their Drug Enforcement Administration registration number on all written prescriptions and be furnished on all oral prescriptions and shall comply with all scheduled drug prescription requirements in accordance with LAC 46:LIII.2511:

i. an APRN granted authority to prescribe or distribute controlled substances shall not utilize such substances in connection with the treatment of:

(a). chronic or intractable pain, as defined in LAC 46:XLV.6515-6923;

(b). obesity, as defined in LAC 46:XLV.6901-6913; or

(c). oneself, a spouse, child or any other family member;

ii. any APRN authorized to prescribe controlled substances shall provide to the board a copy of his or her Louisiana Controlled Dangerous Substance permit and Drug Enforcement Administration registration number prior to prescribing or distributing controlled substances;

iii. controlled substances which may be prescribed by an APRN shall include Schedule III, IV and V. Schedule II shall be approved by the board on an individual basis. Controlled substances shall be limited to, consistent with,

and exclusively within the parameters of the practice specialty of the collaborating physician and in the APRN's licensed category and area of specialization. The APRN must have been approved by the board to prescribe and distribute noncontrolled substances. The applicant must submit a collaborative practice agreement that clearly states that the controlled substances prescribed have been jointly agreed upon with the collaborating physician;

iv. the APRN must submit a collaborative practice agreement which delineates controlled substances utilization, which specifies the circumstances, limitations and extent to which such substances may be prescribed or distributed;

v. the APRN must submit evidence of 500 hours of practice with a collaborating physician immediately preceding the initial request for controlled substances;

vi. the APRN's application must state an identified need for controlled substances within the patient population served by the collaborative practice;

vii. the collaborative practice agreement must contain acknowledgment of responsibility by the collaborating physician to ensure that the controlled substance authority of an APRN is utilized in a manner that is consistent with any rule or regulation imposed upon the APRN's practice;

viii. the APRN who is authorized to prescribe controlled substances must determine the type, dosage form, frequency of application of controlled substances prescribed to a patient. This responsibility must never be delegated to any other personnel;

ix. the APRN shall insure that the complete name and address of the patient to whom the APRN is prescribing the controlled substance appears on the prescription;

x. the APRN shall not permit any prescription for controlled substances to be signed by any other person in the place of or on behalf of the APRN;

xi. the APRN may utilize telefaxes as original prescriptions for Schedule III-V as long as it has a true electronic signature;

xii. no more than one controlled substance shall be issued on a single prescription blank; and

xiii. no APRN shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication.

3. Maintenance of Patient Records (controlled substances)

a. Patient Record. An APRN who prescribes a controlled substance shall maintain a complete record of the examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing controlled substances. The name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed must be documented in the record.

b. The Louisiana State Board of Nursing has the authority to conduct random audits of patient records at practice sites where APRNs have been granted approval for prescribing controlled substances.

4. Drug Maintenance, Labeling and Distribution Requirements

a. APRNs shall not receive samples of controlled substances. An APRN may receive and distribute pre-packaged medications or samples of non-controlled substances for which the APRN has prescriptive authority.

b. An APRN must distribute the medication. For the purpose of this regulation "distribute" shall mean hand the pre-packaged medication to the patient or the patient's authorized agent.

c. All drug products which are maintained/stored at the site of practice of an APRN, shall be maintained/stored in the manufacturer's or re-packager's original package. The label of any container in which drugs are maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date.

d. All drug products shall be maintained, stored and distributed in such a manner as to maintain the integrity of the product.

5. Continued Competency for Prescriptive Authority. Each year an APRN with prescriptive authority shall obtain six contact hours of continuing education in pharmacotherapeutics in their category and area of specialization. Documentation of completion of the continuing education contact hours required for prescriptive authority shall be submitted at the request of the board in a random audit procedure at the time of the APRN's license renewal. In order for the continuing education program to be approved by the board, the program shall:

a. be provided by a board approved national certifying organization or provider approved by the board;

b. include content relevant to advanced practice nursing and the use of pharmacological agents in the prevention of illness, and the restoration and maintenance of health;

6. APRN prescriptive authority may be renewed after review and approval by the board;

7. changes in prescriptive authority. Prior to changes with the collaborating physician, or physicians or coverage physician, when applicable, the APRN shall notify the board in writing requesting approval of such changes and submit a new collaborative practice agreement. The APRN shall notify the board in writing within 30 days of all changes regarding practice sites. Failure to notify the board may result in disciplinary action;

8. the board shall be responsible for maintaining a current up-to-date public list of APRNs who have authority to prescribe in the state;

9. the board shall supply whatever data is needed by the Office of Narcotics and Dangerous Drugs of the Department of Health and Hospitals of the State of Louisiana;

10. an APRN shall demonstrate compliance with the board's rules relating to authorized practice, section LAC 46:XLVII.4513.C;

11. limitation:

a. an APRN's prescriptive and distributing authority is personal to that individual APRN and is not delegable. An APRN shall not enter into any agreement, arrangement or contract with another health care provider, practitioner, person or individual which in any manner transfers any of the prescribing or distributing authority that the APRN derives as a result of approval by the board;

b. only registered practitioners of medicine, dentistry, or veterinary medicine are authorized to compound and dispense drugs in accord with R.S.37:1201;

c. exclusion. Nothing herein shall require a CRNA to have prescriptive authority to provide anesthesia care, including the administration of drugs or medicine necessary for anesthesia care;

d. continuance. Those APRNs who have previously been granted prescriptive and distributing authority by the Joint Administrative Committee or the LSBN shall continue under these rules;

e. reinstatement. An APRN who has been granted approval by the board for prescriptive and distributive authority and who has ceased practicing with prescriptive authority for more than 12 months may apply for reinstatement of such authority;

f. in the event that the time period is greater than 12 months but less than four years the APRN shall:

i. meet the requirements as set forth in LAC 46:XLVII.4513.D.1.a, b., and c; and

ii. provide evidence of six contact hours of continuing education in pharmacotherapeutics for each 12 month period of non-prescribing in their category and area of specialization. The APRN may obtain the required advanced pharmacotherapeutic hours through continuing education offerings. The required advanced pharmacotherapeutic hours may be non-lecture offerings or Continuing Medical Education Units (CMEs) provided that the offering documents the number of advanced pharmacotherapeutic hours in the educational offering. Pharmacotherapeutics hours must be delineated on the certificate. In order for the continuing education program to be approved by the board, the program shall:

(a). be provided by a board approved national certifying organization or provider approved by the board; and

(b). include content relevant to advanced practice nursing and the use of pharmacological agents in the prevention of illness, and the restoration and maintenance of health;

g. in the event that the time period is greater than four years the APRN shall meet the requirements as set forth in LAC 46:XLVII.4513.D.1.a, b, c, and d;

12. termination of prescriptive privileges:

a. prescriptive privileges may be terminated for violation of any rules and regulations of the board;

b. prescriptive authority will be designated as "Inactive" when an APRN has no current collaborative practice agreement with a collaborating physician;

c. prescriptive authority will be designated as "Inactive" in the event the RN and/or APRN license is revoked, suspended, made inactive or becomes delinquent;

13. financial disclosure:

a. the APRN is subject to the rules LAC 46:XLVII.3605, "Disclosure of Financial Interest";

14. freedom of choice;

a. an APRN shall not be influenced in the prescribing of drugs, devices or appliances by a direct or indirect financial interest in a pharmaceutical firm, pharmacy or other supplier or other health care related business;

b. patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of an APRN. The prescription is a written direction for a therapeutic or corrective agent. A patient is entitled to a copy of the APRN's prescription for drugs or other devices. The patient has a right to have the prescription filled wherever the patient wishes.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918(K), and R.S. 37:1031-1034.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 10:598 (August 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 22:283 (April 1996), amended by the Department of Health and Hospitals, Board of Nursing and Board of Medical Examiners, LR 22:981 (October 1996), LR 25:1245 (July 1999), LR, amended by the Department of Health and Hospitals, Board of Nursing, 27:727 (May 2001), amended by the Department of Health and Hospitals, Board of Nursing and

Board of Medical Examiners, LR 28:487 (March 2002), repromulgated LR 28:1205 (June 2002), amended LR 31:2023 (August 2005).

§4515. Continued Competence of Advanced Practice Registered Nurses

A. Continued competence requirements shall apply as follows:

1. APRNs maintain advanced practice recertification in accordance with the nationally recognized certifying body's criteria as approved by the board; or

2. when advanced practice certification/recertification is not available, or APRNs who are licensed by grandfathering, without advanced practice certification, the APRN shall meet the requirements for renewal as specified in the LAC 46:XLVII.4507.E.2.

B. Continuous Quality Improvement. The board may perform on-site review for APRNs to determine compliance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918(K), and R.S. 37:1031-1034.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:284 (April 1996), amended LR 27:727 (May 2001), LR 31:2027 (August 2005).

§4517. Additional Standards for Each Advanced Practice Nurse Category

A. The APRN is responsible and accountable for compliance to the specific standards of practice for his/her specialty and functional role and for other state and federal rules and regulations that effect his/her patient population(s).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:284 (April 1996), amended LR 27:727 (May 2001), LR 31:2027 (August 2005).