

Dear Senators LODGE, Broadsword, Bock, and
Representatives MCGEACHIN, Bilbao, Rusche:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of
the Board of Nursing:

IDAPA 23.01.01 - Rules of the Idaho Board of Nursing (Docket No. 23-0101-1201);

IDAPA 23.01.01 - Rules of the Idaho Board of Nursing (Docket No. 23-0101-1202).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the
cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research
and Legislation no later than fourteen (14) days after receipt of the rules analysis from Legislative
Services. The final date to call a meeting on the enclosed rules is no later than 10/17/2012. If a meeting is
called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules analysis
from Legislative Services. The final date to hold a meeting on the enclosed rules is 11/15/2012.

The germane joint subcommittee may request a statement of economic impact with respect to a
proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement,
and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has
been held.

To notify Research and Legislation, call 334-4845, or send a written request to the address on the
memorandum attached below.



Jeff Youtz
Director

Legislative Services Office Idaho State Legislature

Serving Idaho's Citizen Legislature

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee
FROM: Principal Legislative Research Analyst - Brooke Murdoch
DATE: September 27, 2012
SUBJECT: Board of Nursing

IDAPA 23.01.01 - Rules of the Idaho Board of Nursing (Docket No. 23-0101-1201)

IDAPA 23.01.01 - Rules of the Idaho Board of Nursing (Docket No. 23-0101-1202)

(1) Rules of the Idaho Board of Nursing (Docket No. 23-0101-1201)

The Idaho Board of Nursing submits notice of proposed rulemaking at IDAPA 23.01.01. The Board states that it adopted the National Council of State Board's of Nursing (NCSBN) Consensus Model for regulation of advanced practice registered nurses (APRN). The Consensus Model mandates specific requirements for licensure and practice for such nurses and provides a specific implementation date. During the 2012 Legislative session, the Legislature passed Senate Bill No. 1273, which obligates the Board to specify, in rule, the qualifications for an APRN. Specifically, this proposed rule accomplishes the following:

- (a) Revises the definitions of "advanced practice registered nurse," "certified nurse-midwife," "clinical nurse specialist," "certified registered nurse anesthetist," "diagnosis," "peer review process" and "specialization," defines the terms "certified nurse practitioner" and "population focus" and removes the definition of "nurse practitioner;"
- (b) Revises provisions related to the standards of practice, qualifications for licensure, application for licensure, renewal and reinstatement of licensure and persons exempt from license requirements, for APRN licensees; and
- (c) Revises provisions related to prescriptive and dispensing authorization for APRNs.

The Board's proposed rule appears to be authorized pursuant to the provisions of Section 54-1404(13), Idaho Code.

(2) Rules of the Idaho Board of Nursing (Docket No. 23-0101-1202)

The Idaho Board of Nursing submits notice of proposed rulemaking at IDAPA 23.01.01, which accomplishes the following:

- (a) Revises the definition of "abandonment" and defines the term "nursing jurisdiction;"

- (b) Provides correct citations;
- (c) Removes an exemption to taking the licensing examination; and
- (d) Clarifies English proficiency requirements.

The Board's proposed rule appears to be authorized pursuant to the provisions of Section 54-1404(13), Idaho Code.

cc: Board of Nursing
Sandra Evans, Executive Director

IDAPA 23 - BOARD OF NURSING

23.01.01 - RULES OF THE IDAHO BOARD OF NURSING

DOCKET NO. 23-0101-1201

NOTICE OF RULEMAKING - PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section 54-1404, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than October 17, 2012.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

During properly noticed public meetings, the BON has adopted the National Council of State Board's of Nursing (NCSBN) Consensus Model for regulation of advanced practice registered nurses (APRN). The Consensus Model mandates specific requirements for licensure and practice regarding such nurses and carries a specific implementation date. Legislation passed by the Idaho Legislature in 2012 (Senate Bill 1273), obligates the BON to specify the details of qualifications for an APRN (that is, the education, training, experience, credentialing, etc.) in BON rule. The legislation largely becomes effective on July 1, 2013. This rulemaking intends to promulgate rules on these issues to become effective along with the legislation on July 1, 2013, and consistent with the NCSBN implementation timeline. This rulemaking will affect the licensure and practice of an APRN by increasing the required educational level for new licensees (and provide a "grandfathering" provision); identifying both an APRN role and population focus of practice; modifying several definitions to reflect these changes; and eliminating a restriction on prescribing or dispensing medications, consistent with a change in a Board of Pharmacy statute.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: None.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year resulting from this rulemaking: None.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking was not conducted because this rulemaking is intended to implement legislation, effective July 1, 2013. The rulemaking will formally put into place mandated licensing and other provisions the Board of Nursing (BON) has already adopted.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Sandra Evans, M.A. Ed., R.N., Executive Director at (208) 334-3110 ext. 2476.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 24, 2012.

DATED this 29th day of August, 2012.

Sandra Evans, M.A. Ed., R.N.
Executive Director
Board of Nursing
280 N. 8th St. (8th & Bannock), Ste. 210
P. O. Box 83720
Boise, ID 83720-0061
Telephone: (208) 334-3110 ext. 2476.
Fax: (208) 334-3262

THE FOLLOWING IS THE PROPOSED TEXT FOR DOCKET NO. 23-0101-1201

271. DEFINITIONS RELATED TO ADVANCED PRACTICE REGISTERED NURSING.

- 01. Accountability.** Means being answerable for one's own actions. (7-1-99)
- 02. Advanced Practice Registered Nurse.** Means a registered nurse licensed in this state who has gained additional specialized knowledge, skills and experience through a graduate or post-~~basic~~ graduate program of study as defined herein and is authorized to perform advanced nursing practice, which may include acts of diagnosis and treatment, and the prescribing, administering and dispensing of therapeutic pharmacologic and non-pharmacologic agents, as defined herein. Advanced practice registered nurses shall include nurses licensed in the roles of certified nurse-midwifes, clinical nurse specialists, certified nurse practitioners, and certified registered nurse anesthetists. Advanced practice registered nurses, when functioning within the recognized scope of practice, assume primary responsibility for the care of their patients in diverse settings. This practice incorporates the use of professional judgment in the assessment and management of wellness and conditions appropriate to the advanced practice registered nurse's role, population focus and area of specialization. (7-1-99)()
- 03. Authorized Advanced Practice Registered Nurse.** Means an advanced practice registered nurse authorized by the Board to prescribe and dispense pharmacologic and non-pharmacologic agents pursuant to Section 315 of these rules. (7-1-99)
- 04. Certification.** Means recognition of the applicant's advanced knowledge, skills and abilities in a defined area of nursing practice by a national organization recognized by the Board. The certification process measures the theoretical and clinical content denoted in the advanced scope of practice, and is developed in accordance with generally accepted standards of validation and reliability. (7-1-99)
- 05. Certified Nurse-Midwife.** Means a licensed registered nurse who has graduated from a nationally accredited graduate or post-graduate nurse-midwifery program, ~~passed a qualifying examination recognized by the Board~~ and has current initial certification ~~or current recertification~~ as a nurse-midwife from a national organization recognized by the Board. (7-1-99)()
- 06. Certified Nurse Practitioner.** Means a licensed registered nurse who has graduated from a nationally accredited graduate or post-graduate nurse practitioner program and has current certification as a nurse practitioner from a national organization recognized by the Board. ()
- 07. Certified Registered Nurse Anesthetist.** Means a licensed registered nurse who has graduated from a nationally accredited graduate or post-graduate nurse anesthesia program and has current certification as a nurse anesthetist from a national organization recognized by the Board. ()
- 068. Clinical Nurse Specialist.** Means a licensed registered nurse who has graduated from a nationally accredited graduate program in nursing with a or post-graduate clinical focus, passed a qualifying examination recognized by the Board nurse specialist program and has current initial certification ~~or current recertification~~ as a clinical nurse specialist from a national organization recognized by the Board. (7-1-99)()

079. Collaboration. Means the cooperative working relationship with another health care provider, each contributing his respective expertise in the provision of patient care, and such collaborative practice includes the discussion of patient treatment and cooperation in the management and delivery of health care. (7-1-99)

0810. Consultation. Means conferring with another health care provider for the purpose of obtaining information or advice. (7-1-99)

0911. Diagnosis. Means identification of actual or potential health problems and the need for intervention based on analysis of data collected. Diagnosis depends upon the synthesis of information obtained ~~during the~~ **through** interview, physical exam, ~~or~~ diagnostic tests **or other investigations.** (7-1-99)()

102. Intervention. Means measures to promote health, protect against disease, treat illness in its earliest stages, manage acute and chronic illness, and treat disability. Interventions may include, but are not limited to ordering diagnostic studies, performing direct nursing care, prescribing pharmacologic or non-pharmacologic or other therapies and consultation with or referral to other health care providers. (7-1-99)

~~**11. Nurse Practitioner.** Means a licensed registered nurse who has graduated from a nationally accredited nurse practitioner program, passed a qualifying examination recognized by the Board, and has current initial certification or current recertification as a nurse practitioner from a national organization recognized by the Board.~~ (7-1-99)

123. Peer Review Process. The systematic process by which ~~one~~ **a qualified peer** assesses, monitors, and makes judgments about the quality of care provided to patients ~~by other peers~~ measured against established practice standards. Peer review: (3-30-07)()

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

b. Is performed by a licensed APRN, physician, ~~PA~~ **physician assistant**, or other professional certified by a recognized credentialing organization; and (3-30-07)()

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

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

a. Family/individual across the lifespan; ()

b. Adult-gerontology; ()

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

d. Neonatal; ()

e. Pediatrics; and ()

f. Psychiatric-mental health. ()

135. Prescriptive and Dispensing Authorization. Means the legal permission to prescribe, deliver, distribute and dispense pharmacologic and non-pharmacologic agents to a client in compliance with Board rules and applicable federal and state laws. Pharmacologic agents include legend and Schedule II through V controlled substances. (7-1-99)

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

~~15. **Certified Registered Nurse Anesthetist.** Means a licensed registered nurse who has graduated from a nationally accredited nurse anesthesia program, passed a qualifying examination recognized by the Board and has current initial certification or current recertification as a nurse anesthetist from a national organization recognized by the Board. (7-1-99)~~

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

178. Specialization. Means ~~focusing the advanced~~ a more focused area of preparation and practice ~~registered nurse's clinical area~~ than that of practice, ~~including but not limited to, family health, mental health, child health, gerontological health, adult health or other~~ the APRN role/population foci that is built on established criteria for recognition as a nursing specialty to include, but not limited to, specific patient populations (e.g., elder care, care of post-menopausal women), and specific health care needs (e.g., palliative care, pain management, nephrology). (7-1-99)()

272. -- 279. (RESERVED)

280. STANDARDS OF PRACTICE FOR ADVANCED PRACTICE REGISTERED NURSING.

01. Purpose. (7-1-99)

- a.** To establish standards essential for safe practice by the advanced practice registered nurse; and (7-1-99)
- b.** To serve as a guide for evaluation of advanced practice registered nursing to determine if it is safe and effective. (7-1-99)

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

a. The advanced practice registered nurse ~~may~~ shall provide client services for which the advanced practice registered nurse is educationally prepared and for which competence has been ~~attained~~ achieved and maintained. (7-1-99)()

~~**a.** The advanced practice registered nurse shall consult and collaborate with other members of the health care team. (7-1-99)~~

b. The advanced practice registered nurse shall recognize his limits of knowledge and experience and shall consult and collaborate with and refer to other health care professionals as appropriate. (7-1-99)

~~**e.** The advanced practice registered nurse shall retain professional accountability for advanced practice registered nursing care according to the advanced practice registered nurse's scope of practice and Subsections 400.01 and 400.02 of these rules. (7-1-99)~~

~~**d.c.** The advanced practice registered nurse shall evaluate and apply current evidence-based research findings relevant to the advanced nursing practice ~~category~~ role. (7-1-99)()~~

~~**ed.** The advanced practice registered nurse shall ~~assess clients, identify problems or conditions, establish diagnoses, develop~~ assume responsibility and ~~implement treatment plans~~ accountability for health promotion and ~~evaluate patient outcomes~~ maintenance as well as the assessment, diagnosis and management of client conditions to include the use of pharmacologic and non-pharmacologic interventions and the prescribing and dispensing of pharmacologic and non-pharmacologic agents. (7-1-99)()~~

~~f.~~ The advanced practice registered nurse shall use advanced practice knowledge and skills in teaching and guiding clients and other health care team members. (7-1-99)()

~~g.~~ ~~The advanced practice registered nurse shall use critical thinking and independent decision-making, commensurate with the autonomy, authority and responsibility of the practice category.~~ (7-1-99)

~~h.~~ The advanced practice registered nurse shall have knowledge of the statutes and rules governing advanced nursing practice, and ~~function~~ shall practice within the established ~~boundaries of~~ standards for the appropriate advanced nursing practice ~~category~~ role and population focus. (7-1-99)()

~~g.~~ The advanced practice registered nurse shall practice consistent with Subsections 400.01 and 400.02 of these rules. ()

03. Certified Nurse-Midwife. In addition to the core standards, the advanced practice registered nurses in the category role of certified nurse midwife ~~shall practice in accord with standards established by~~ provides the ~~American College~~ full range of ~~Nurse Midwives Certifying Council or the American College of Nurse Midwives.~~ primary health care ~~focusing on pregnancy, childbirth, the post-partum period, care of the newborn and reproductive and gynecological needs of well~~ services to women as defined by ~~throughout~~ the certified nurse-midwife's ~~scope of practice. The scope of practice of an authorized certified nurse midwife may include prescribing~~ lifespan, including gynecologic care, family planning services, preconception care, prenatal and ~~dispensing pharmacologic~~ postpartum care, childbirth, care of the newborn and ~~non-pharmacologic agents~~ reproductive health care treatment of the male partners of female clients. (4-6-05)()

04. Clinical Nurse Specialist. In addition to ~~the~~ core standards, the advanced practice registered nurses in the category role of clinical nurse specialist ~~shall practice in accord with standards established by the American Nurses Credentialing Center. Clinical nurse specialists who meet qualifying requirements~~ provides services to patients, care providers and ~~are licensed by the Board, may practice as expert clinicians in a particular specialty or subspecialty of nursing practice. The clinical nurse specialist provides~~ health care delivery systems including, but not limited to, direct ~~client~~ care, ~~which may include assessing, diagnosing, planning, health promotion and preventive~~ expert consultation, care ~~within this specialized area of practice, as defined by the clinical nurse specialist's scope of practice. The scope of practice of an authorized certified nurse specialist may include the prescribing and dispensing of pharmacologic~~ coordination, monitoring for quality indicators and ~~non-pharmacologic agents~~ facilitating communication between patients, their families, members of the health care team and components of the health care delivery system. (4-6-05)()

05. Certified Nurse Practitioner. In addition to ~~the~~ core standards, the advanced practice registered nurses in the category role of certified nurse practitioner ~~shall practice in accord with standards established by the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, the National Association of Pediatric Nurse Associates~~ provides initial and ~~Practitioners or the Association of Women's Health Obstetrics and Neonatal Nurses. Certified nurse practitioners who meet qualifying requirements and are licensed by the Board may perform~~ ongoing comprehensive ~~health assessments,~~ primary care services to clients including, but not limited to, diagnosis, ~~health promotion~~ and ~~the direct~~ management of acute and chronic ~~illness and disease,~~ as defined by the certified nurse practitioner's scope of practice. The scope of practice of an authorized certified nurse practitioner may include the prescribing and dispensing of pharmacologic and non-pharmacologic agents health promotion, disease prevention, health education counseling, and identification and management of the effects of illness on clients and their families. (4-6-05)()

06. Certified Registered Nurse Anesthetist. In addition to ~~the~~ core standards, the advanced practice registered nurses in the category role of certified registered nurse anesthetist ~~shall practice in accord with standards established by the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists. Certified registered nurse anesthetists who meet qualifying requirements and are licensed by the Board, may, in collaboration with a physician, dentist or podiatrist authorized to practice in Idaho,~~ provides the full spectrum of anesthesia care and anesthesia-related care and services ~~including selecting, ordering and administering medications as defined by national standards approved by~~ to individuals across the Board. The scope of practice for authorized certified registered nurse anesthetists lifespan whose health status may include range across the prescribing wellness-illness continuum to include healthy persons; persons with immediate, severe or life-threatening

~~illness or injury; and dispensing of pharmacologic agents~~ persons with sustained or chronic health conditions. (7-1-99)()

07. Documentation of Specialization. Unless exempted under Section 305 of these rules, ~~The~~ advanced practice registered nurse must document competency within his specialty area of practice based upon education, experience and national certification in the specialty role and population focus. ~~Nurse practitioners authorized to practice prior to July 1, 1998, must document competency within the specialty area of practice based upon education, experience and national certification in that specialty or education, experience and approval by the Board.~~ (7-1-99)()

281. -- 284. (RESERVED)

285. QUALIFICATIONS FOR ADVANCED PRACTICE REGISTERED NURSE.

~~An applicant for licensure as an advanced practice registered nurse shall meet the following requirements:~~ (7-1-99)

~~01. Certified Nurse-Midwife Qualifications.~~ To qualify as ~~a certified~~ an advanced practice registered nurse ~~midwife,~~ an applicant shall provide evidence of: (7-1-99)()

~~a01.~~ **Current Licensure.** Current licensure to practice as a registered nurse in Idaho; (7-1-99)()

~~b02.~~ **Completion of Advanced Practice Registered Nurse Program.** Successful completion of a graduate or post-graduate advanced practice registered nurse ~~midwifery~~ program which is accredited by a national organization recognized by the Board; and (7-1-99)()

~~e.~~ ~~Passing results on the certification examination administered by the American College of Nurse-Midwives; and~~ (7-1-99)

~~a03.~~ Current national certification ~~as a nurse-midwife from the American College of Nurse-Midwives by~~ an organization recognized by the Board for the specified APRN role. (7-1-99)()

~~02. Clinical Nurse Specialist Qualifications.~~ ~~To qualify as a clinical nurse specialist, an applicant shall provide evidence of:~~ (7-1-99)

~~a.~~ ~~Current licensure to practice as a registered nurse in Idaho;~~ (7-1-99)

~~b.~~ ~~A master's or higher degree in nursing with clinical specialization from a program accredited by a national organization recognized by the Board;~~ (7-1-99)

~~e.~~ ~~Passing results on a certification examination administered by an organization recognized by the Board; and~~ (7-1-99)

~~d.~~ ~~Current national certification as a clinical nurse specialist in the designated nursing specialty from an organization recognized by the Board.~~ (7-1-99)

~~03. Certified Nurse Practitioner Qualifications.~~ ~~To qualify as a certified nurse practitioner, an applicant shall provide evidence of:~~ (7-1-99)

~~a.~~ ~~Current licensure to practice as a registered nurse in Idaho;~~ (7-1-99)

~~b.~~ ~~Successful completion of a nurse practitioner program which is accredited by a national organization recognized by the Board;~~ (7-1-99)

~~e.~~ ~~Passing results on the certification examination administered by an organization recognized by the Board; and~~ (7-1-99)

~~d.~~ ~~Current national certification as a nurse practitioner from an organization recognized by the Board.~~ (7-1-99)

~~04. Certified Registered Nurse Anesthetist Qualifications. To qualify as a certified registered nurse anesthetist, an applicant shall provide evidence of: (7-1-99)~~

~~a. Current licensure to practice as a registered nurse in Idaho; (7-1-99)~~

~~b. Successful completion of a nurse anesthetist program accredited by a national organization recognized by the Board; (7-1-99)~~

~~c. Passing results on the certification examination administered by the Council on Certification of Nurse Anesthetists; and (7-1-99)~~

~~d. Current national certification as a nurse anesthetist from the Council on Certification of Nurse Anesthetists, or current national recertification from the Council on Recertification of Nurse Anesthetists. (7-1-99)~~

286. -- 289. (RESERVED)

290. APPLICATION FOR LICENSURE -- ADVANCED PRACTICE REGISTERED NURSE.

The advanced practice registered nurse requesting licensure to practice as a certified nurse-midwife, clinical nurse specialist, certified nurse practitioner or certified registered nurse anesthetist must submit an application to the Board which includes: (7-1-99)

01. Application Form. Completed, notarized application form provided by the Board. (7-1-99)

02. Official Transcript. Official transcript ~~from the~~ verifying successful completion of a graduate or post-graduate advanced practice nursing education program ~~verifying successful completion~~ nationally accredited by an organization recognized by the Board. (7-1-99)()

03. National Certification. Verification of current national certification from ~~the~~ a Board-recognized APRN certifying ~~agent; and~~ organization. (7-1-99)()

~~04. Enrollment in Continuing Competency Assessment Program. In addition to verification of national certification, a certified nurse midwife must submit proof of enrollment in the continuing competency assessment program of the American College of Nurse-Midwives which bears a current expiration date. At the end of five (5) years, the certified nurse midwife must submit evidence of completion of the continuing competency requirement of the program. (7-1-99)~~

~~054. Fee.~~ The fee ~~prescribed~~ specified in ~~Sub~~section 901-02 of these rules. (3-30-07)()

~~065. Criminal Background Check.~~ A current fingerprint based criminal history check as set forth in Section 54-1401(3), Idaho Code. (4-6-05)

291. -- 294. (RESERVED)

295. TEMPORARY LICENSURE -- ADVANCED PRACTICE REGISTERED NURSE.

A temporary license to engage in advanced practice registered nursing ~~as a certified nurse-midwife, clinical nurse specialist, nurse practitioner, or registered nurse anesthetist~~ may be issued to the following: (7-1-99)()

01. Applicants Awaiting Initial Certification Examination Results. An otherwise qualified applicant who is eligible to take the first available certification examination following completion of an approved advanced practice registered nurse education program. Verification of registration to write a Board-recognized national certification examination must be received from the national certifying organization. (7-1-99)

a. Temporary licensure to practice shall be deemed to expire upon failure of the certification examination. An applicant who fails the national certification exam shall not engage in advanced practice registered nursing until such time as all requirements are met. (7-1-99)

b. An applicant who is granted a temporary license to practice as an advanced practice registered nurse must submit notarized results of the certification examination within ten (10) days of receipt. Failure to submit required documentation shall result in the immediate expiration of the temporary license. (7-1-99)

c. The temporary license of an applicant who does not write the examination on the date scheduled shall immediately expire and the applicant shall not engage in advanced practice registered nursing until such time as all requirements are met. (7-1-99)

02. Applicants Whose Certification Has Lapsed. A licensed registered nurse applying for re-entry into advanced registered nursing practice, who is required by the national certifying organization to meet certain specified practice requirements under supervision. The length of and conditions for temporary licensure shall be determined by the Board. (7-1-99)

03. Applicants Holding a Temporary Registered Nursing License. An advanced practice registered nurse currently authorized to practice advanced practice registered nursing in another ~~state~~ nursing jurisdiction upon issuance of a temporary license to practice as a registered nurse, and upon evidence of current ~~initial~~ certification or recertification as an advanced practice registered nurse from a Board-recognized national certifying organization. (7-1-99)()

04. Applicants Without Required Practice Hours. An advanced practice registered nurse who has not practiced the minimum required period of time during the renewal period may be issued a temporary license in order to acquire the required number of hours and demonstrate ability to safely practice. (7-1-99)

05. Application Processing. An APRN whose application has been received but is not yet complete may be issued a temporary license. (3-30-07)

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

296. -- 299. (RESERVED)

300. RENEWAL ~~AND REINSTATEMENT~~ OF ADVANCED PRACTICE REGISTERED NURSE LICENSE.

The advanced practice registered nurse license may be renewed every two (2) years as ~~prescribed~~ specified in ~~the~~ Section 54-1411, Idaho Code, provided that the advanced practice registered nurse: (7-1-99)()

01. Current Registered Nurse License. Maintains a current registered nurse license, or privilege, to practice in Idaho. (3-15-02)()

02. Evidence of Certification. Submits evidence of current APRN certification by a national organization recognized by the Board. (7-1-99)()

03. Evidence of Continuing Education. Provides documentation of thirty (30) contact hours of continuing education during the renewal period, which shall include ten (10) contact hours in pharmacology if the nurse has prescriptive authority. Continuing education completed may be that required for renewal of national certification if documentation is submitted confirming the certifying organization's requirement is for at least thirty (30) contact hours. ~~These contact hours may include the requirements identified in Paragraph 315.02.b. of these rules in a two (2) year period.~~ (7-1-99)()

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

05. Fee. Pays the fee prescribed specified in ~~Sub~~section 900.05 of these rules. (3-30-07)()

~~**06. Criminal Background Check.** Submits a current fingerprint-based criminal history check as set forth in Section 54-1401(3), Idaho Code. (4-6-05)~~

~~076.~~ **Peer Review Process.** Provides evidence, satisfactory to the Board, of ~~completion of participation~~ (4-6-05) in a peer review process acceptable to the Board. ~~Applies to:~~

- ~~a.~~ *CNM, Certified Nurse-Midwife,* ~~(4-6-05)~~
- ~~b.~~ *CNS, Clinical Nurse Specialist, and* ~~(4-6-05)~~
- ~~c.~~ *CNP, Certified Nurse Practitioner.* ~~(4-6-05)~~

~~087.~~ **Exemption From Requirements.** Nurse practitioners not certified by a national organization recognized by the Board and approved prior to July 1, 1998 shall be exempt from the requirement set forth in Subsection 300.02 of these rules. ~~(7-1-99)~~

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

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

02. Evidence of Certification. Submits evidence of current APRN certification by a national organization recognized by the Board.

03. Prior Board Order. Complies with the provisions of any Board order, if discipline had previously been imposed.

04. Fee. Pays the fee specified in Section 900 of these rules.

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

06. Reinstatement Rules. Complies with any additional requirements for reinstatement under the applicable provisions of Sections 061 and 062 of these rules.

~~307. -- 304.~~ **(RESERVED)**

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

01. Students. Nothing in these rules shall prohibit a registered nurse who holds a current license, or privilege, to practice in Idaho and who is enrolled as a matriculated student in a ~~nationally accredited~~ educational program for advanced practice registered nursing from practicing as an advanced practice registered nurse when such practice is an integral part of the advanced practice registered nurse curriculum. ~~(3-15-02)~~

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

03. Advanced Practice Registered Nurses Educated Prior to January 1, 2016.

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

b. A person applying for APRN licensure in Idaho who: (1) holds an existing APRN license issued by any nursing jurisdiction, (2) completed his formal APRN education prior to January 1, 2016, and (3) who meets all of

the requirements for initial licensure contained within Sections 285 and 286 of these rules except for the APRN graduate or post-graduate educational requirement, may be issued an APRN license by endorsement if at the time the person received his APRN license in the other jurisdiction he would have been eligible for licensure as an APRN in Idaho. ()

(BREAK IN CONTINUITY OF SECTIONS)

315. PRESCRIPTIVE AND DISPENSING AUTHORIZATION FOR ADVANCED PRACTICE REGISTERED NURSES.

01. Initial Authorization. An application for the authority to prescribe and dispense pharmacologic and non-pharmacologic agents may be made as part of initial licensure application or by separate application at a later date. Advanced practice registered nurses who complete their APRN graduate or post-graduate educational program after December 31, 2015, will automatically be granted prescriptive and dispensing authority with the issuance of their Idaho license. (7-1-99)()

a. An advanced practice registered nurse who applies for authorization to prescribe pharmacologic and non-pharmacologic agents within the scope of practice for the advanced practice ~~category~~ **role**, shall: (7-1-99)()

i. Be currently licensed as an advanced practice registered nurse in Idaho; (7-1-99)

ii. Provide evidence of completion of thirty (30) contact hours of post-basic education in pharmacotherapeutics obtained as part of study within a formal educational program or continuing education program, ~~which are~~ related to ~~the applicant's~~ advanced **nursing** practice. ~~category scope of practice and include:~~ (7-1-99)()

~~(1) Pharmacokinetic principles and their clinical application;~~ (7-1-99)

~~(2) The use of pharmacologic agents in the prevention of illness, restoration, and maintenance of health;~~ (7-1-99)

~~(3) Federal and state laws relating to the purchasing, possessing, prescribing, administering, and disposing of pharmacologic and non-pharmacologic agents;~~ (7-1-99)

~~(4) Prescription writing;~~ (7-1-99)

~~(5) Drug selection, dosage and route of administration; and~~ (7-1-99)

~~(6) Drug interactions.~~ (7-1-99)

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

iv. Remit fees prescribed in ~~Subsection~~ 901.05 of these rules. (3-30-07)()

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

c. Prescriptions written by authorized advanced practice registered nurses shall comply with all applicable state and federal laws and be signed by the prescriber with the abbreviation for the applicable ~~category~~ **role** of advanced nursing practice, the identification number assigned by the Board and where applicable, the Idaho **Board of Pharmacy** controlled substance registration number and the federal Drug Enforcement Agency registration number. (7-1-99)()

~~d. Advanced practice registered nurse authorization shall expire and may be renewed at the same time~~

~~as the advanced practice registered nurse license. (7-1-99)~~

~~02. Authorization Renewal. Authorization may be renewed provided the applicant: (7-1-99)~~

~~a. Maintains a valid advanced practice registered nurse license; (7-1-99)~~

~~b. Has completed ten (10) contact hours of approved pharmacology-related continuing education in the twenty four (24) months immediately preceding application for renewal; and (7-1-99)~~

~~c. Has not engaged in any act or omission in the exercise of prescriptive authority which demonstrates a threat to the public. (7-1-99)~~

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

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

054. Prescribing and Dispensing Authorization. All authorized advanced practice registered nurses may prescribe and dispense pharmacologic and non-pharmacologic agents pursuant to applicable state and federal laws, ~~subject to the following conditions:~~ (7-1-99)()

~~05. Valid Advanced Practice Registered Nurse/Patient Relationships. ()~~

~~a. An advanced practice registered nurse shall not dispense pharmacologic agents except in the course of his professional practice and when a bona fide advanced practice registered nurse/patient relationship has been established. A valid relationship will exist when the advanced practice registered nurse has obtained sufficient knowledge of the patient's medical condition through examination and has assumed responsibility for the health care of the patient. (7-1-99)()~~

~~b. Restrictions on the Dispensing of Controlled Substances: A valid advanced practice registered nurse/patient relationship is not required when ~~Dispensing of Schedule II controlled substances shall be limited to emergency periods to be determined on the basis of individual~~ or prescribing medications under the circumstances set forth at Section 54-1733(4), Idaho Code. ~~The emergency period will extend only until the Schedule II prescription can be filled from a pharmacy. (7-1-99)()~~~~

~~06. Accountability. The advanced practice registered nurse when exercising prescriptive and dispensing authority is accountable for: (7-1-99)~~

~~a. Patient selection; (7-1-99)~~

~~b. Problem identification through appropriate assessment; (7-1-99)~~

~~c. Medication and device selection; (7-1-99)~~

~~d. Patient education for use of therapeutics; (7-1-99)~~

~~e. Knowledge of interactions of therapeutics; (7-1-99)~~

~~f. Evaluation of outcome; and (7-1-99)~~

~~g. Recognition and management of complications and untoward reactions. (7-1-99)~~

(BREAK IN CONTINUITY OF SECTIONS)

~~317. SUMMARY SUSPENSION OF ADVANCED PRACTICE REGISTERED NURSE PRESCRIPTIVE AUTHORIZATION.~~

~~Failure to maintain active licensure as an advanced practice registered nurse shall result in the summary suspension of prescriptive authorization. (3-30-07)~~

31~~8~~7. -- 319. (RESERVED)

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

~~01. Recognition of Certification.~~ The Board recognizes advanced practice registered nurse certification ~~by the Council on Certification of Nurse Anesthetists, the Council on Recertification of Nurse Anesthetists, the American College of Nurse-Midwives Certification Council (or the American College of Nurse-Midwives), the American Nurses Credentialing Center, the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties, the National Certification Board of Pediatric Nurse Practitioners and Nurses, and the American Academy of Nurse Practitioners~~ organizations that meet criteria as defined by the National Council of State Boards of Nursing. (7-1-99)()

~~02. Continuing Recognition.~~ The Board may review and evaluate the certification process of Board-recognized national certifying agents for continuing recognition. (7-1-99)

~~03. Discontinuance of Recognition.~~ The Board may discontinue recognition of certifying agents should the Board determine that a certifying agent's certification process does not provide an accurate evaluation of the individual's ability to engage in the safe practice of advanced practice registered nursing. (7-1-99)

~~04. Review of Standards.~~ The Board may review and evaluate standards for advanced practice registered nursing established by recognized national certifying organizations. (7-1-99)

~~05. Recognition Criteria.~~ The Board may consider recognition of national certifying organizations according to the following criteria: (7-1-99)

~~a. The national certifying body; (7-1-99)~~

~~i. Is national in the scope of its credentialing; (7-1-99)~~

~~ii. Has no requirement for an applicant to be a member of any organization; (7-1-99)~~

~~iii. Has educational requirements which are consistent with the requirements of these rules; (7-1-99)~~

~~iv. Has an application process and credential review which includes documentation that the applicant's education is in the advanced nursing practice category being certified, and that the applicant's clinical practice is in the certification category; (7-1-99)~~

~~v. Uses an examination as a basis for certification in the advanced nursing practice category which meets the following criteria: (7-1-99)~~

~~(1) The examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community; (7-1-99)~~

~~(2) The examination represents entry-level practice in the advanced nursing practice category; (7-1-99)~~

~~(3) The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to the clients; (7-1-99)~~

- ~~(4) The examination content and its distribution are specified in a test plan, based on the job analysis study, that is available to examinees; (7-1-99)~~
- ~~(5) Examination items are reviewed for content validity, cultural sensitivity and correct scoring using an established mechanism, both before use and periodically; (7-1-99)~~
- ~~(6) Examination items are evaluated for psychometric performance; (7-1-99)~~
- ~~(7) The passing standard is established using acceptable psychometric methods, and is re-evaluated periodically; and (7-1-99)~~
- ~~(8) Examination security is maintained through established procedures. (7-1-99)~~
- ~~vi. Issues certification based upon passing the examination and meeting all other certification requirements; (7-1-99)~~
- ~~vii. Provides for periodic re-certification which includes review of qualifications and continued competence; (7-1-99)~~
- ~~viii. Has mechanisms in place for communication to the Board for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice; and (7-1-99)~~
- ~~ix. Has an evaluation process to provide quality assurance in its certification program. (7-1-99)~~

321. -- 389. (RESERVED)

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

01. Title for Graduates. A new graduate issued a temporary license pursuant to Section 040 of these rules shall use the title graduate nurse, abbreviated G.N., or graduate practical nurse, abbreviated G.P.N., or graduate nurse midwife, abbreviated G.N.M., or graduate clinical nurse specialist, abbreviated G.C.N.S., or graduate nurse practitioner, abbreviated G.N.P., or graduate nurse anesthetist, abbreviated G.N.A., whichever is appropriate, until the renewable license is issued. (3-30-07)

02. Titles. An individual who has successfully met all requirements for licensure as an advanced practice registered nurse shall have the right to use the title corresponding to the ~~category~~ role of advanced nursing practice for which the individual is licensed. (7-1-99)()

a. Title of Certified Nurse-Midwife. Individuals who have successfully met all requirements for licensure as a certified nurse-midwife shall have the right to use the title certified nurse-midwife, abbreviated APRN, CNM. (7-1-99)()

b. Title of Clinical Nurse Specialist. Individuals who have successfully met all requirements for licensure as a clinical nurse specialist shall have the right to use the title clinical nurse specialist, abbreviated APRN, CNS. (7-1-99)()

c. Title of Certified Nurse Practitioner. Individuals who have successfully met all requirements for licensure as a certified nurse practitioner shall have the right to use the title certified nurse practitioner, abbreviated APRN, CNP. (7-1-99)()

d. Title of Certified Registered Nurse Anesthetist. Individuals who have successfully met all requirements for licensure as a certified registered nurse anesthetist shall have the right to use the title certified registered nurse anesthetist, abbreviated APRN, CRNA. (7-1-99)()

03. Registered Nurse Title. Individuals who have successfully met all requirements for licensure as registered nurse~~s~~ shall have the right to use the title Registered Nurse, abbreviated R.N. ~~(5-21-79)~~()

04. Licensed Practical Nurse Title. Individuals who have successfully met all requirements for licensure as ~~a~~ practical nurse~~s~~ shall have the right to use the title Licensed Practical Nurse, abbreviated L.P.N. ~~(5-21-79)~~()

IDAPA 23 - BOARD OF NURSING

23.01.01 - RULES OF THE IDAHO BOARD OF NURSING

DOCKET NO. 23-0101-1202

NOTICE OF RULEMAKING - PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section 54-1404, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than October 17, 2012.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The rulemaking is necessary to correct inaccurate citations; to update the rules to incorporate changes to Uniform Licensing Requirements promulgated by the National Council of State Boards that have been adopted by the Board; and to clarify several Board rules. This rulemaking will correct inaccurate citations to both a Board statute and rule; eliminate an unnecessary restriction in a definition; add a definition; eliminate an antiquated exemption applicable to taking the licensing examination; clarify an English proficiency requirement; and simplify other wording to obtain clarity.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: None.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year resulting from this rulemaking: None.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking was not conducted because the portion of this rulemaking that addresses proficiency by license applicants in English is mandated by Uniform Licensing Requirements (ULR) for nurses already endorsed and adopted by the Board of Nursing in noticed public meetings. This part of the rulemaking is simply formalizing in rule those requirements. The rest of the rulemaking is essentially "housekeeping" or simple in nature in that it corrects typographical or citation errors, changes a couple of definitions to conform to statute, and makes other minor non-controversial changes.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Sandra Evans, M.A. Ed., R.N., Executive Director at (208) 334-3110 ext. 2476.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 24, 2012.

DATED this 29th day of August, 2012.

Sandra Evans, M.A. Ed., R.N.
Executive Director
Board of Nursing
280 N. 8th St. (8th & Bannock), Ste. 210
P. O. Box 83720
Boise, ID 83720-0061
Telephone: (208) 334-3110 ext. 2476.
Fax: (208) 334-3262

THE FOLLOWING IS THE PROPOSED TEXT FOR DOCKET NO. 23-0101-1202

000. LEGAL AUTHORITY.

This chapter is adopted in accordance with Section 54-1404(1~~3~~), Idaho Code.

~~(3-30-07)~~()

(BREAK IN CONTINUITY OF SECTIONS)

010. DEFINITIONS.

01. Abandonment. The termination of a nurse/patient relationship without first making appropriate arrangements for continuation of required nursing care. The nurse/patient relationship begins when responsibility for nursing care of a patient is accepted by the nurse. Refusal to accept an employment assignment or refusal to accept or begin a nurse/patient relationship is not abandonment. Reasonable notification, or a timely request for alternative care for a patient, directed to ~~an attending physician~~ **a qualified provider** or to a staff supervisor, prior to leaving the assignment, constitutes termination of the nurse/patient relationship. ~~(3-30-07)~~()

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

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

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

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

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

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

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

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

10. Clinical Preceptor. A licensed registered nurse who acts to facilitate student training in a manner prescribed by a written agreement between the preceptor's employer and an educational institution. (5-3-03)

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

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

- 13. Delegation.** The process by which a licensed nurse assigns tasks to be performed by others. (5-3-03)
- 14. Disability.** Any physical, mental, or emotional condition that interferes with the nurse's ability to practice nursing safely and competently. (5-3-03)
- 15. Emeritus License.** A license issued to a nurse who desires to retire from active practice for any length of time. (5-3-03)
- 16. Licensing Examination.** A licensing examination that is acceptable to the Board. (5-3-03)
- 17. License in Good Standing.** A license not subject to current disciplinary action, restriction, probation or investigation in any jurisdiction. (5-3-03)
- 18. Limited License.** A nursing license subject to specific restrictions, terms, and conditions. (5-3-03)
- 19. Nursing Assessment.** The systematic collection of data related to the patient's health care needs. (5-3-03)
- 20. Nursing Diagnosis.** The clinical judgment or conclusion regarding patient/client/family/community response to actual or potential health problems made as a result of the nursing assessment. (7-1-93)
- 21. Nursing Intervention.** An action deliberately selected and performed to support the plan of care. (5-3-03)
- 22. Nursing Jurisdiction.** Unless the context clearly denotes a different meaning, when used in these rules, the term nursing jurisdiction shall mean any or all of the fifty (50) states, U.S. territories or commonwealths, as the case may be. ()
- 223. Nursing Service Administrator.** A licensed registered nurse who has administrative responsibility for the nursing services provided in a health care setting. (7-1-93)
- 234. Organized Program of Study.** A written plan of instruction to include course objectives and content, teaching strategies, provisions for supervised clinical practice, evaluation methods, length and hours of course, and faculty qualifications. (7-1-93)
- 245. Patient.** An individual or a group of individuals who are the beneficiaries of nursing services in any setting and may include client, resident, family, community. (5-3-03)
- 256. Patient Education.** The act of teaching patients and their families, for the purpose of improving or maintaining an individual's health status. (5-3-03)
- 267. Plan of Care.** The goal-oriented strategy developed to assist individuals or groups to achieve optimal health potential. (5-3-03)
- 278. Practice Standards.** General guidelines that identify roles and responsibilities for a particular category of licensure and, used in conjunction with the decision-making model, define a nurse's relationship with other care providers. (5-3-03)
- 289. Probation.** A period of time set forth in an order in which certain restrictions, conditions or limitations are imposed on a licensee. (5-3-03)
- 2930. Protocols.** Written standards that define or specify performance expectations, objectives, and criteria. (5-3-03)
- 301. Revocation.** Termination of the authorization to practice. (5-3-03)

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

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

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

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

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

011. -- 039. (RESERVED)

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

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

02. Temporary Licensure by Interstate Endorsement. A temporary license may be issued to an applicant for interstate endorsement on proof of current licensure in good standing in another state nursing jurisdiction, satisfactory documentation of employment within the three (3) years immediately preceding application, and compliance with the requirements of Section 240 of these rules. ~~(3-30-07)~~(____)

03. Temporary Licensure by Examination. A temporary license to practice nursing until notification of examination results and completion of criminal background check may be issued to an applicant for Idaho licensure following graduation from a nursing education program recognized by the professional licensing board for another nursing ~~of any state or territory of the United States~~ jurisdiction, and compliance with Section 221 of these rules. ~~(3-30-07)~~(____)

a. The practice of nursing by new graduates holding temporary licensure shall be limited as follows: (3-30-01)

i. Direct supervision by a licensed registered nurse must be provided. (3-30-01)

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

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

04. Unsuccessful Examination Candidates. (6-11-93)

a. An applicant who fails to pass the licensing examination shall not be eligible for further temporary licensure. (3-30-01)

b. In the event that such applicant subsequently passes the licensing examination after twelve (12) months or more have elapsed following completion of the educational program, a temporary license with conditions may be issued until verification of clinical competence is received. (3-30-01)

05. Applicants Not in Active Practice. A temporary license with specific terms and conditions may be issued to a person who has not actively engaged in the practice of nursing in any state nursing jurisdiction for more

than three (3) years immediately prior to the application for licensure or to an applicant whose completed application indicates the need for confirmation of the applicant's ability to practice safe nursing. (3-30-01)()

06. Applicants from Other Countries. Upon final evaluation of the completed application, the Board may, at its discretion, issue a temporary license to a graduate from a nursing education program outside of ~~the United States or its territories~~ a nursing jurisdiction, pending notification of results of the licensing examination. (6-11-93)()

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

(BREAK IN CONTINUITY OF SECTIONS)

076. PERSONS EXEMPTED BY BOARD.

Licensure to practice nursing shall not be required, nor shall the practice of nursing be prohibited for persons exempted by the Board including: (11-28-84)

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

02. Non-Resident Nurses. Non-resident nurses currently licensed in good standing in another ~~state or territory~~ nursing jurisdiction, who are in Idaho on a temporary basis because of enrollment in or presentation of a short term course of instruction recognized or approved by the Board and who are performing functions incident to formal instruction. (3-30-07)()

03. Family Members and Others. (7-1-93)

a. Family members providing care to a person to whom they are related by blood, marriage, adoption, legal guardianship or licensed foster care. (5-21-89)

b. Non-family members who provide gratuitous care to a person on a temporary basis in order to give respite to family members who regularly provide care to that person. (5-21-89)

c. Live-in domestics, housekeepers and companions provided they do not represent themselves as, nor receive compensation as, licensed nurses or other nursing care providers and so long as any health care provided is incidental to the services for which they are employed. (3-30-01)

04. Nurse Apprentice. A nurse apprentice is a currently enrolled nursing student who is employed for remuneration in a non-licensed capacity by a Board approved health care agency. (3-30-01)

a. Applicants for nurse apprentice shall: (3-30-01)

i. Be enrolled in an accredited/approved nursing education program that is substantially equivalent to Idaho's approved programs for practical/registered nursing. (6-20-92)

ii. Be in good academic standing at the time of application and notify the Board of any change in academic standing. (6-20-92)

iii. Meet the employing agency's health care skills validation requirements. (3-30-01)

iv. Satisfactorily complete a basic nursing fundamentals course. (3-30-01)

v. Use obvious designations that identify the applicant as a nurse apprentice. (3-30-01)

- b.** A completed application for nurse apprentice shall consist of: (3-30-01)

 - i. Completed application form provided by the Board, to include a fee of ten dollars (\$10); and (7-1-93)
 - ii. Verification of satisfactory completion of a basic nursing fundamentals course; and (3-30-01)
 - iii. Validation of successful demonstration of skills from a nursing education program; and (3-30-01)
 - iv. Verification of on-going good academic standing in nursing education program. (3-30-01)
- c.** An individual whose application is approved shall be issued a letter identifying the individual as a nurse apprentice for a designated time period. (3-30-01)
- d.** A nurse apprentice may, under licensed registered nurse supervision, perform all functions approved by the Board for unlicensed assistive personnel as set forth in Section 490 of these rules. (3-30-07)
- 05. Employer Application.** (3-30-01)

 - a.** A completed application for health care agencies wishing to employ nurse apprentices shall consist of: (3-30-01)

 - i. Completed application form provided by the Board; (6-20-92)
 - ii. Job descriptions for apprentice; (3-30-01)
 - iii. A written plan for orientation and skill validation; (6-20-92)
 - iv. The name of the licensed registered nurse who shall be accountable and responsible for the coordination or management of the nurse apprentice program; (3-30-01)
 - v. Assurance that a licensed registered nurse is readily available when nurse apprentice is working; (3-30-01)
 - vi. A written procedure for the nurse apprentice who is asked to perform a task that could jeopardize a patient and who declines to perform the task; and (3-30-01)
 - vii. A fee of one hundred dollars (\$100). (3-30-01)
 - b.** Following application review, the Board may grant approval to a health care agency to employ nurse apprentices for a period of up to one (1) year. (3-30-01)
 - c.** To insure continuing compliance with Board requirements, each approved agency shall submit an annual report to the Board on forms provided by the Board. Based on its findings, the Board may grant continuing approval annually for an additional one (1) year period. (6-20-92)
 - d.** At any time, if the employing agency fails to inform the Board of changes in conditions upon which approval was based or otherwise fails to comply with established requirements, the Board may notify the agency of withdrawal of approval. (6-20-92)

077. MULTISTATE LICENSURE.

- 01. Definitions.** In Section 077, the following terms have the meanings indicated. (3-15-02)

 - a.** Board means the regulatory body responsible for issuing nurse licenses. (3-15-02)
 - b.** Compact means the Nurse Multistate Licensing Compact. (3-15-02)

c. Coordinated Licensure Information System (CLIS) means an integrated process for collecting, storing, and sharing information on nurse licensing and enforcement activities related to nurse licensing laws, which is administered by a nonprofit organization composed of and controlled by state nurse licensing boards. (3-15-02)

d. Home state means the party state that is the nurse's primary state of residence. (3-15-02)

e. Party state means a state that is a signatory on the compact. (3-15-02)

f. Primary state of residence means the state of a person's declared fixed permanent and principal home for legal purposes; domicile. (3-29-10)

g. Public means an individual or entity other than designated staff or representatives of party state boards or the National Council of State Boards of Nursing, Inc. (3-15-02)

02. Examination. No applicant may be issued a compact license granting a multistate privilege to practice unless the applicant first obtains a passing score on the applicable NCLEX (National Council Licensure Examination)-~~examination~~: (4-6-05)()

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

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

03. Issuance of License in Compact Party State. (3-15-02)

a. A nurse applying for a license in a home party state shall produce evidence of the nurse's primary state of residence. This evidence shall include a declaration signed by the licensee. Further evidence that may be requested includes, but is not limited to: (3-15-02)

i. Driver's license with a home address; (3-15-02)

ii. Voter registration card displaying a home address; (3-29-10)

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

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

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

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

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

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

e. A nurse changing primary state of residence, from one (1) party state to another party state, may continue to practice under the former home state license and multistate licensure privilege during the processing of the nurse's licensure application in the new home state for a period not to exceed thirty (30) days. (3-15-02)

f. The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance, and the thirty (30) day period in Paragraph 077.03.~~be~~ of these rules shall

be stayed until resolution of the pending investigation.

~~(3-30-07)~~()

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

h. If a decision is made by the new home state denying licensure, the new home state shall notify the former home state within ten (10) business days, and the former home state will take action in accordance with that state's laws and regulations. (3-15-02)

04. Multistate Licensure Privilege Limitations. (3-15-02)

a. Home state boards shall include, in all disciplinary orders or agreements that limit practice or require monitoring, the requirement that the licensee subject to the order or agreement shall limit the licensee's practice to the home state during pendency of the disciplinary order or agreement. (3-15-02)

b. The requirement referred to in Paragraph 077.04.a. of these rules may, in the alternative, allow the nurse to practice in other party states with prior written authorization from both the home state and other party state boards. (3-30-07)

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

05. Information System. (3-15-02)

a. Levels of Access. (3-15-02)

i. Public access to nurse licensure information shall be limited to: (3-15-02)

(1) The licensee's name; (3-15-02)

(2) Jurisdictions of licensure; (3-15-02)

(3) Licensure expiration date; (3-15-02)

(4) Licensure classification and status; (3-15-02)

(5) Public emergency, summary, and final disciplinary actions, as defined by contributing state authority; and (3-15-02)

(6) The status of multistate licensure privileges. (3-15-02)

ii. Non-party state boards shall have access to all CLIS data except current significant investigative information and other information as limited by contributing party state authority. (3-15-02)

iii. Party state boards shall have access to all CLIS data contributed by the party states and other information as allowed by contributing non-party state authority. (3-15-02)

b. Right to Review. (3-15-02)

i. The licensee may request, in writing, to the home state board to review data relating to the licensee in the CLIS. (3-15-02)

ii. If a licensee asserts that any data relating to the licensee is inaccurate, the burden of proof is on the licensee to provide evidence substantiating that claim. (3-15-02)

iii. Within ten (10) business days, the Board shall correct information that it finds to be inaccurate in

- the CLIS. (3-15-02)
- c. Changes in Disciplinary Data. (3-15-02)
 - i. Within ten (10) business days, the Board shall report to CLIS: (3-15-02)
 - (1) Disciplinary action, agreement or order requiring participation in alternative programs or which limit practice or require monitoring unless the agreement or order relating to participation in alternative programs is required to remain nonpublic by the contributing state authority; (3-15-02)
 - (2) Dismissal of the complaint; and (3-15-02)
 - (3) Changes in status of disciplinary action, or licensure encumbrance. (3-15-02)
 - ii. The Board shall delete current significant investigative information from the CLIS within ten (10) business days after: (3-15-02)
 - (1) A disciplinary action; (3-15-02)
 - (2) An agreement or order requiring participation in alternative programs; (3-15-02)
 - (3) An agreement or agreements, which limit practice or require monitoring; or (3-15-02)
 - (4) Dismissal of a complaint. (3-15-02)
 - iii. The CLIS administrator shall make changes to licensure information in the CLIS within ten (10) business days upon notification by a board. (3-15-02)

078. -- 089. (RESERVED)

090. DENIAL OF LICENSE.

- 01. Grounds for Denial of License.** (3-15-02)
- a. Failure to meet any requirement or standard established by law or by rules adopted by the Board; or (3-15-02)
 - b. Failure to pass the licensing examination; or (3-15-02)
 - c. False representation of facts on an application for licensure; or (3-15-02)
 - d. Having another person appear in his place for the licensing examination; or (3-15-02)
 - e. Engaging in any conduct which would be grounds for discipline under Nursing Practice Act, Section 54-1413 (1), Idaho Code, or Sections 100 or 101 of these rules. (3-15-02)
 - f. Revocation, suspension, limitation, reprimand, voluntary surrender or any other disciplinary action or proceeding, including investigation against a license, certificate or privilege to practice by another ~~state or~~ nursing jurisdiction. (3-15-02)
- 02. Notification of Denial.** The Board shall give any applicant whose application for licensure is denied written notice containing a statement: (3-15-02)
- a. That the applicant has failed to qualify to be examined or licensed; and (6-1-78)
 - b. A description of the reason for denial; and (3-15-02)

- c. Directing the applicant's attention to his rights under Section 54-1413(3)(a), Idaho Code. (3-30-07)
- 03. Reapplication for a License After Previous Denial.** (3-15-02)
 - a. Reapplication for a license previously denied must include evidence, satisfactory to the Board, of rehabilitation, or elimination or cure of the conditions for denial. (3-15-02)
 - b. Evaluation of reapplication for a license denied under Section 54-1413, Idaho Code, shall include consideration of at least the following factors: (3-15-02)
 - i. The nature and severity of the act or omission which resulted in the denial of license; (7-1-93)
 - ii. The conduct of the applicant subsequent to the denial of license; (7-1-93)
 - iii. The lapse of time since denial of license; (7-1-93)
 - iv. Compliance with any conditions the Board may have stipulated as a prerequisite for reapplication; (7-1-93)
 - v. The degree of rehabilitation attained by the applicant as evidenced by statements sent directly to the Board from qualified people who have professional knowledge of the applicant; and (7-1-93)
 - vi. Personal interview by the Board, at its discretion. (3-15-02)
 - c. Reapplication files will remain open and active for a period of twelve (12) months from date of receipt. After expiration of the twelve (12) months, the file will be closed and any subsequent reapplication will require submission of a new application form and payment of required fees. (3-15-02)

(BREAK IN CONTINUITY OF SECTIONS)

101. STANDARDS OF CONDUCT.

- 01. Violations.** Any violation of these Standards of Conduct shall be grounds for disciplinary action in accordance with Section 54-1413(1), Idaho Code, of the Idaho Nursing Practice Act and Section 090 or 100 of these rules. (3-30-07)
- 02. Classification.** For purposes of convenience only, the standards of conduct are grouped generally into one (1) of three (3) categories: license, practice, and professional responsibility. The fact that any particular standard is so classified in any particular category will not be relevant for any purpose other than ease of use. (3-15-02)
- 03. License.** (3-15-02)
 - a. **Period of Practice.** The nurse shall practice registered or practical nursing in Idaho only with a current Idaho license or during the period of valid temporary licensure or as otherwise allowed by law. (3-15-02)
 - b. **Aiding in Violation of Law.** The nurse shall not aid, abet, or assist any other person to violate or circumvent laws or rules pertaining to the conduct and practice of nursing. (11-28-84)
 - c. **Reporting Grossly Negligent or Reckless Practice.** The nurse shall report to the Board any licensed nurse who is grossly negligent or reckless in performing nursing functions or who otherwise violates the Nursing Practice Act or the Board rules. (7-1-93)
 - d. **Unlawful Use of License.** The nurse shall not permit his license to be used by another person for

any purpose or permit unlicensed persons under his jurisdiction or supervision to indicate in any way that they are licensed to perform functions restricted to licensed persons. (7-1-93)

e. Impairment of Ability. The nurse shall not practice nursing while the ability to practice is impaired by alcohol or drugs or physical, mental or emotional disability. (11-28-84)

04. Practice. (3-15-02)

a. Perform Acts. The nurse shall have knowledge of the statutes and rules governing nursing and shall function within the defined legal scope of nursing practice. The nurse shall not assume any duty or responsibility within the practice of nursing without adequate training or where competency has not been maintained. (3-15-02)

b. Delegating Activities to Others. The nurse shall delegate activities only to persons who are competent and qualified to undertake and perform the delegated activities and shall not delegate to non-licensed persons functions that are to be performed only by licensed nurses, ~~to the detriment of patient safety.~~ (11-28-84) ()

c. Supervision. The nurse delegating functions shall supervise the persons to whom the functions have been assigned or delegated. (11-28-84)

d. Safeguarding Patient. The nurse shall act to safeguard the patient from the incompetent practice, verbal or physical abusive acts or illegal practice of any person. (7-1-93)

e. Prescription Drugs. The nurse shall not obtain, possess, furnish or administer prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs. (11-28-84)

f. Leaving Assignment. The nurse shall not abandon patients in need of nursing care in a negligent or wanton manner. The nurse shall leave a nursing assignment only after properly reporting and notifying appropriate personnel and shall transfer responsibilities to appropriate personnel or care giver when continued care is required by the patient's condition. (7-1-91)

g. Respecting Patient's Privacy. The nurse shall respect the patient's privacy. (7-1-91)

h. Confidentiality. The nurse shall not disseminate information about the patient to individuals not entitled to such information except where such information is required by law or for the protection of the patient. (7-1-91)

i. Observe and Report. The nurse shall observe the condition and signs and symptoms of a patient, record the information, and report to appropriate persons any significant changes. (7-1-91)

j. Collaboration. The nurse shall function as a member of the health team and shall collaborate with other health team members as necessary to meet the patient's health needs. (7-1-91)

k. Universal Standards. The nurse shall adhere to universal standards and carry out principles of asepsis and infection control and shall not place the patient, the patient's family or the nurse's coworkers at risk for the transmission of infectious diseases. (3-15-02)

05. Professional Responsibility. (3-15-02)

a. Disclosing Contents of Licensing Examination. The nurse shall not disclose contents of any licensing examination, or solicit, accept, or compile information regarding the contents of any examination before, during, or after its administration. (11-28-84)

b. Considerations in Providing Care. In providing nursing care, the nurse shall respect and consider the individual's human dignity, health problems, personal attributes, national origin, and handicaps and shall not discriminate on the basis of age, sex, race, religion, economic or social status or sexual preferences in the rendering of nursing services. (11-28-84)

c. Responsibility and Accountability Assumed. The nurse shall be responsible and accountable for his nursing judgments, actions and competence. (7-1-93)

d. Witnessing Wastage of Controlled Substances Medication. Controlled substances may not be wasted without witnesses. The nurse shall not sign any record as a witness attesting to the wastage of controlled substance medications unless the wastage was personally witnessed. The nurse shall not solicit the signatures on any record of a person as a witness to the wastage of a controlled substance when that person did not witness the wastage. The nurse shall solicit signatures of individuals who witnessed the wastage in a timely manner. (3-30-07)

e. Record-keeping. The nurse shall make or keep accurate, intelligible entries into records required by law, employment or customary practice of nursing, and shall not falsify, destroy, alter or knowingly make incorrect or unintelligible entries into patients' records or employer or employee records. (11-28-84)

f. Diverting or Soliciting. The nurse shall respect the property of the patient and employer and shall not take or divert equipment, materials, property, or drugs without prior consent or authorization, nor shall the nurse solicit or borrow money, materials or property from patients. (3-15-02)

g. Exploit, Solicit, or Receive Fees. The nurse shall not exploit the patient or the patient's family for personal or financial gain or offer, give, solicit, or receive any fee or other consideration for the referral of a patient or client. (3-15-02)

h. Professionalism. The nurse must not abuse the patient's trust. The nurse shall respect the dignity of the profession and maintain appropriate professional boundaries with respect to patients, the patients' families, and the nurse's coworkers. The nurse will not engage in violent, threatening or abusive behavior towards patients, patients' families or the nurse's coworkers. The nurse must be aware of the potential imbalance of power in professional relationships with patients, based on their need for care, assistance, guidance, and support, and ensure that all aspects of that relationship focus exclusively upon the needs of the patient. (3-15-02)

(BREAK IN CONTINUITY OF SECTIONS)

220. QUALIFICATIONS FOR LICENSURE BY EXAMINATION.

01. In-State. Individuals who have successfully completed all requirements for graduation from an Idaho nursing education program approved by the Board shall be eligible to make application to the Board to take the licensing examination. (6-11-93)

02. Out-of-State. Individuals who hold a certificate of completion from a nursing education program having board of nursing approval in another ~~state or territory of the United States~~ **nursing jurisdiction** shall be eligible to make application to the Board to take the licensing examination, providing they meet substantially the same basic educational requirements as graduates of Idaho nursing education programs at the time of application. (3-15-02)()

03. Practical Nurse Equivalency Requirement. An applicant for practical nurse licensure by examination who has not completed an approved practical nurse program, must provide satisfactory evidence (such as official transcripts) of successful completion of nursing and related courses at an approved school preparing persons for licensure as registered nurses to include a course in personal and vocational relationships of the practical nurse. Related courses must be equivalent to those same courses included in a practical nursing program approved by the Board. (3-15-02)

04. Time Limit for Writing Examinations. Graduates who do not take the examination within twelve (12) months following completion of the nursing education program may be required to follow specific remedial measures as prescribed by the Board. (3-15-02)

(BREAK IN CONTINUITY OF SECTIONS)

240. QUALIFICATIONS FOR LICENSURE BY ENDORSEMENT.

An applicant for Idaho licensure by interstate endorsement must: (7-1-93)

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

02. Licensing Examination. Have taken the same licensing examination as that administered in Idaho and achieved scores established as passing for that examination by the Board, ~~unless the applicant was licensed by examination prior to 1950.~~ (6-11-93)()

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

04. Current Practice Experience. Have actively practiced nursing at least eighty (80) hours within the preceding three (3) years. (3-30-07)

05. License from Another ~~State or Territory~~ Nursing Jurisdiction. Hold a license in good standing from another ~~state or territory of the United States~~ nursing jurisdiction. The license of any applicant subject to official investigation or disciplinary proceedings shall not be considered in good standing. (7-1-91)()

241. LICENSURE BY EQUIVALENCY AND ENDORSEMENT LICENSURE.

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

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

b. License from Another ~~State or Territory~~ Nursing Jurisdiction. Hold a license in another ~~state or territory~~ nursing jurisdiction based on successful completion of nursing and related courses at an approved school preparing persons for licensure as registered nurses to include a course in personal and vocational relationships of the practical nurse (or equivalent experience) and additional courses equivalent to those same courses included in a practical nursing program approved by the Board, and provide evidence thereof. (3-30-07)()

02. Applicants Licensed in Another ~~State or Territory~~ Nursing Jurisdiction. Graduates of schools of nursing located outside the United States, ~~or~~ its territories or commonwealths who are licensed in a ~~state or territory~~ nursing jurisdiction and who meet the requirements of Subsections 240.02 through 240.05 of these rules may be processed as applicants for licensure by endorsement from another state. (3-30-07)()

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

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

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

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

- d. Census Questionnaire. Completed Census Questionnaire; (6-1-78)
- e. Fee. Payment of all required fees; and (3-15-02)
- f. Criminal Background Check. A current fingerprint based criminal history check as set forth in Section 54-1401(3), Idaho Code. (4-6-05)

242. -- 259. (RESERVED)

260. QUALIFICATIONS FOR LICENSURE OF GRADUATES OF SCHOOLS OF NURSING LOCATED OUTSIDE THE UNITED STATES, ~~OR~~ ITS TERRITORIES OR COMMONWEALTHS.

A graduate from a nursing education program outside of the United States, ~~or~~ its territories or commonwealths must: ~~(3-30-01)~~()

01. Qualifications. Demonstrate nursing knowledge and ~~written and spoken~~ English proficiency skills in reading, writing, speaking and listening. ~~(3-30-07)~~()

02. Education Credentials. Have education qualifications that are substantially equivalent to Idaho's minimum requirements at the time of application. (3-30-01)

03. License. Hold a license or other indication of authorization to practice in good standing, issued by a government entity or agency from a country outside the United States, ~~or~~ its territories or commonwealths. ~~(3-30-07)~~()

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

261. APPLICATION FOR LICENSURE OF GRADUATES OF SCHOOLS OF NURSING LOCATED OUTSIDE THE UNITED STATES, ~~OR~~ ITS TERRITORIES OR COMMONWEALTHS.

A completed application for licensure by a graduate of a nursing education program outside of the United States, ~~or~~ its territories or commonwealths must include the following: ~~(3-30-01)~~()

01. Verification. Verification of demonstrated nursing knowledge and ~~written and spoken~~ English proficiency skills in reading, writing, speaking and listening. ~~(4-6-05)~~()

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

03. Official Transcript. Official transcript from the applicant's nursing education program, and certified translation if original transcript is not in English or completed equivalence credentials form issued by an organization acceptable to the Board. (3-30-01)

04. Verification of Licensure. Verification of licensure or other authority to practice from state, province, or country of applicant's original licensure. ~~(6-1-78)~~()

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

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

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