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Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

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PROFESSIONAL AND OCCUPATIONAL STANDARDS
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Chapter 1. Foreword

§101. Foreword

A. This manual of administrative rules and minimum requirements contains the approved rules and regulations of the Louisiana State Board of Practical Nurse Examiners relating to practical nurse education, the development, progression and discontinuation of practical nursing programs, and practical nurse licensure in the state of Louisiana. These rules and requirements have been adopted and promulgated in accordance with the law relating to the practice of practical nursing with the authorization vested in the board by the Louisiana Revised Statutes of 1950, Title 37, Chapter 11. Nurses, Part II. Practical Nurses, Section 961 et seq., as amended.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:961 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:192 (April 1977), amended LR 5:355 (November 1979), LR 10:335 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1126 (October 1992), repromulgated LR 18:1259 (November 1992), amended LR 26:2614 (November 2000).

Chapter 3. Board of Practical Nurse Examiners

§301. Organization

A. The Louisiana State Board of Practical Nurse Examiners consists of members appointed by the Governor and is the regulatory agency created by statute to act with legal authority on matters related to practical nursing education and the practice of practical nursing in Louisiana as determined by the Louisiana Revised Statutes, Title 37, Section 961 et seq., as amended.

B. Public comment shall be allowed at open meetings of the board subject to the following rules.

1. Public comment shall be limited to matters set by the board's agenda for discussion at that meeting.

2. Public comment shall be limited to three minutes per individual unless a majority of the board members in attendance vote to extend this limit.

3. Anyone wishing to offer public comment under these rules must present a written request prior to the convening of the meeting. This request must include the name of the individual who will make public comment, the name of the party this individual represents, and the specific

agenda item the individual will address. A separate request must be completed for each agenda item to be addressed.

4. The time(s) at which public comment is allowed as to any given agenda item shall be subject to the discretion of the board chair and may vary from meeting to meeting.

5. Unless otherwise provided by law, public comment is not part of the evidentiary record of any adjudication, disciplinary hearing or case unless sworn, offered by a party as relevant testimony, subject to cross examination and offered and received in accordance with the Louisiana Administrative Procedure Act, R.S. 49:950 et seq., and these rules and regulations of the Louisiana State Board of Practical Nurse Examiners.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969, and 37:962 as amended Act 272, 1982 and Act 642, 1990.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:192 (April 1977), amended LR 5:355 (November 1979), LR 10:335 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1126 (October 1992), repromulgated LR 18:1259 (November 1992), amended LR 26:2614 (November 2000), LR 30:1478 (July 2004).

§303. Additional Duties and Powers of the Board

A. In accordance with the Louisiana Statutes, Title 37, Section 969, the board shall have all such powers and duties as written. In addition the board shall:

1. appoint an executive director and associate executive director who shall be professional nurses currently licensed in the state of Louisiana and who shall serve as the executive staff of the board. The executive director, or in her absence the associate executive director, serves as the appointing authority of the board;

2. adopt, amend or repeal rules in accordance with procedures set forth in the provisions of the R.S. 49:950 et seq.;

3. determine the passing score for the practical nursing licensure examination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:193 (April 1977), amended LR 10:335 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 26:2614 (November 2000), LR 28:2353 (November 2002), LR 29:127 (February 2003), LR 30:1478 (July 2004).

§305. Procedure for Adoption of Rules

A. All rules of the board shall be adopted, amended or repealed in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

B. The board, on its own motion or on the petition of any interested person, may request the promulgation, amendment, or repeal of a rule.

1. Such petition shall:

- a. be in writing;
- b. state the name and address of its author;
- c. contain a statement of either the terms or substance of the proposed rule, amendment, or repeal;
- d. state the reasons or grounds for the proposed rule, amendment, or repeal;
- e. include any data, views or arguments in support of the rules, amendment, or repeal.

2. The board shall consider the petition within 90 days after receipt of said petition, at which time the board shall deny the petition in writing, stating reasons therefore, or shall initiate rulemaking proceedings in accordance with this Part.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 2:274 (September 1976), amended LR 3:193 (April 1977), LR 10:336 (April 1984), LR 26:2614 (November 2000).

§306. Adjudication Proceedings

A. All adjudication proceedings (as defined in R.S. 49:951) conducted by the board shall be in accordance with the Administrative Procedure Act, R.S. 49:955 et seq.

B. All proceedings calling for disciplinary action, as set forth in R.S. 37:969(4) or as set forth in this Section 306(R), regarding a license, shall begin with the receipt by the board of allegation(s) pertaining to the violation(s) of any provisions of R.S. 37:961 et seq., as stated in that statute, or any provision of these rules and regulations of the Louisiana State Board of Practical Nurse Examiners.

C. Communications received by the board expressing such allegation(s) shall be privileged, confidential, and shall not be revealed to any person except when such document(s) are offered for evidence in a formal hearing.

D. The allegation(s) shall be investigated by the executive director, his/her designee, and/or staff. Any information and/or documents generated pursuant to such investigation of the allegation(s) shall be considered the work product of the board and shall be privileged, confidential, and shall not be revealed to any person except when such investigative information and/or documents are offered for evidence in a formal hearing.

E. Unless precluded by law, informal disposition may be made of any case of adjudication by stipulation, agreed settlement, consent order, or default. A consent order or agreed settlement shall be presented to the board for approval before it becomes binding on the board.

F. If formal proceedings are deemed necessary by the executive director, a formal hearing shall be conducted before a hearing officer designated by the board. A decision to initiate formal proceedings may be made if one or more of the following conditions exist.

- 1. The allegation(s) are sufficiently serious.
- 2. The respondent fails to reply to the board's correspondence concerning the allegation(s).
- 3. The response to the board's correspondence is deemed insufficient or unsatisfactory.

a. In furtherance of the objective(s) set forth in R.S. 37:961 et seq., and these rules and regulations of the Louisiana State Board of Practical Nurse Examiners, a respondent shall, upon written request, provide the board with any and all information, document(s) and/or thing(s) requested, within 10 days, including weekends and holidays, from the date of the board's request.

b. Failure to respond to a request by the board, or failure to provide a response that the board deems satisfactory or sufficient, may result in the immediate suspension of the respondent's license or may result in the board taking any other action the board deems necessary commensurate with its philosophy of commitment to the health, safety and welfare of the public.

4. An informal proceeding has failed to resolve all of the issues or allegation(s).

G. Proceedings that require an opportunity for hearing shall commence with the filing of a formal complaint by the board. The complaint shall serve as the notice required by the Administrative Procedure Act 49:955(B) and shall include the following:

- 1. a statement of the time, place and nature of the hearing;
- 2. a statement of the legal authority and jurisdiction under which the hearing is to be held;
- 3. a reference to the particular sections of R.S. 37:961 et seq., and a reference to the particular section of the rules and regulations of the Louisiana State Board of Practical Nurse Examiners;
- 4. a short and plain statement of the matters asserted.

If the board is unable to state the matters in detail at the time the complaint is served, the initial complaint may be limited to a statement of the issues involved. Thereafter, upon request, a more definite and detailed statement shall be furnished.

H. The formal complaint shall be sent by mail, at least 20 days, including weekends and holidays, prior to the hearing date, to the last known address of the respondent. It is the licensee's obligation and duty to keep the board informed of his/her whereabouts.

I. The respondent shall return his/her reply to the complaint to the board at least 10 days, including weekends and holidays, prior to the date fixed for the hearing or shall be deemed to have waived his/her right to a hearing. In reply, the respondent shall either deny or admit the allegations of the complaint and may either:

1. appear for the scheduled hearing;
2. submit a written response to the hearing officer to be presented at the hearing in lieu of the respondent's live testimony; or
3. waive his/her right to a hearing.

J. If the respondent waives his/her right to a hearing, the board may take any appropriate disciplinary action by default. If the respondent does not reply in writing within the time allotted, the hearing may proceed as scheduled in the respondent's absence or the board may take any appropriate disciplinary action by default.

K. Opportunity shall be afforded to all parties to respond and present evidence on all issues of fact involved and argument on all issues of law and policy involved and to conduct such cross-examination as may be required for a full and true disclosure of the facts.

L. Except for conditions of extreme emergency, motions requesting the continuance of a formal hearing must be received by the board at least seven days, including weekends and holidays, prior to the date fixed for a formal hearing. Such motion must express the specific reason(s) and show good cause why a continuance is warranted and necessary in promoting due process.

M. Discovery

1. Prior to a formal hearing, a respondent shall have the right to retain an attorney to represent his/her interest before, during, and after the proceedings. All costs and/or expenses incurred by a respondent as a result of his/her exercise of said right shall be the sole responsibility and obligation of the respondent.

2. Prior to a formal hearing, the executive director or his/her designee will, upon written request received by the board at least 10 days, including weekends and holidays, prior to the formal hearing, issue subpoenas on behalf of the board and/or the accused. Such subpoenas include or are for the purpose of:

- a. requiring that a person appear and give testimony in the formal hearing; and/or
- b. requiring that a person produce books, records, correspondence, or other materials over which he/she has control providing:
 - i. the information requested is reasonable in terms of amount; and
 - ii. the scope of the information requested is limited to documentary material that is relevant to the proceeding;
 - iii. the information requested does not include those documents referred to in §306.C-D; and
 - iv. the requesting party deposits with the board a sum of money sufficient to pay all fees and expenses to which a witness in the proceedings is entitled pursuant to R.S. 13:3661 and R.S. 13:3671.

3. Prior to a formal hearing, the respondent shall, upon written notice received by the board at least seven days, including weekends and holidays, prior to said hearing, be given a list of all witnesses the board will or may call to give testimony during a formal hearing.

4. Prior to a formal hearing the respondent, his/her attorney, or any party representing his/her interest is prohibited from having any contact whatsoever with any witness who will or may be called to give testimony in a formal hearing.

5. Depositions for the purposed of discovery are permitted and may also be allowed for the perpetuation of a witness' testimony upon good showing to the board that a witness will be unavailable to appear in person at a formal hearing. All costs of a deposition are borne by the requesting party.

6. Motions may be made before, during, and/or after a formal hearing. All motions made before or after a formal hearing shall be made in writing and in a timely manner in accordance with the nature of the request.

N. During a formal hearing, all parties shall be afforded the opportunity to present documentary, visual, physical or illustrative evidence and to cross-examine witnesses as well as call witnesses to give oral testimony. All testimony given during a formal hearing shall be under oath and may be before a certified stenographer.

O. The record of the proceeding shall be retained until such time for any appeal has expired or until an appeal has been concluded. The record of the proceeding need not be transcribed until such time as a party to the proceeding so requests and the requesting party pays for the cost of the transcript.

P. After the hearing is concluded, the hearing officer shall issue a report containing his/her findings of fact, conclusions of law and recommendations. This report shall be presented to the board in executive session and shall be considered privileged and confidential until and unless it is adopted in final form by the board.

Q. The board shall make a decision based on the entire record, including the hearing officer's report and determine what sanctions, if any, should be imposed and issue an appropriate order with respect thereto. This order of the board shall be sent to the respondent by mail.

R. Disciplinary action(s) imposed by the board may include reprimand, probation, suspension, revocation, denial, as well as penalties provided under R.S. 37:961 et seq., as amended and/or these rules and regulations of the Louisiana State Board of Practical Nurse Examiners and/or any combination thereof.

1. Reprimand. May include a personal conference between the licensee and the executive director and/or a letter to the licensee regarding the incident or incidents which have been brought to the board's attention and which may or may not be determined to warrant a hearing.

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2. Probation. Will include stipulations which may be imposed by the board as a result of the findings of facts of a hearing and the order shall clarify the obligations of the licensee through a specified period of time. A licensee who is placed on probation by the board may practice practical nursing in the state of Louisiana provided the probation terms are met.

3. Suspension. A license to practice practical nursing in the state of Louisiana may be withheld by the board. A licensee whose license is suspended may not practice practical nursing in the state of Louisiana during the suspension period so designated. The time of suspension may be a definite stated period or an indefinite term.

a. Definite time of suspension shall be stipulated by the board in the order to the licensee. Upon termination of the time period, the licensee shall be entitled to receive his/her license upon payment of the required fee and upon documented compliance with the conditions that may have been imposed by the board at the time of the original order.

b. If a license is suspended for an indefinite term, the licensee may petition for reinstatement of his/her license only after one calendar year has lapsed from the date of the original order. The board may terminate the suspension and reinstate such license after the board determines, with or without hearing, that the cause/causes for the suspension no longer exist or that intervening circumstances have altered the condition leading to the suspension. If reinstatement is granted, the licensee shall pay the required reinstatement fee.

4. Revocation. A license to practice practical nursing in the state of Louisiana may be withdrawn by the board. A person whose license is so revoked shall never again be allowed to practice practical nursing in the state.

5. Denial. An applicant may be denied licensure in the state of Louisiana. An applicant who has been denied licensure shall never be allowed to practice practical nursing in the state of Louisiana.

S. A petition by a party for reconsideration or rehearing must be filed in accordance with the Louisiana Administrative Procedure Act, R.S. 49:950 et seq.

T. The grounds for disciplinary proceedings include, but are not limited to:

1. being guilty of fraud or deceit in procuring or attempting to procure a license to practice practical nursing;
2. being guilty of a crime;
3. being unfit, or incompetent by reason of negligence, habit or other causes;
4. being habitually intemperate or addicted to the use of habit-forming drugs;
5. being mentally incompetent;
6. practicing practical nursing without being duly licensed to do so by the board;

7. using in connection with his/her name any designation tending to imply that he/she is a practical nurse without being duly licensed to practice by the board; or

8. being guilty of unprofessional conduct; unprofessional conduct includes, but is not limited to the following:

a. failure to practice practical nursing in accordance with the standards normally expected;

b. failure to utilize appropriate judgment in administering nursing practice;

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

d. violating the confidentiality of information or knowledge concerning a patient;

e. performing procedures beyond the authorized scope of practical nursing;

f. performing duties and assuming responsibilities within the scope of the definition of practical nursing when competency has not been achieved or maintained, or where competency has not been achieved or maintained in a particular specialty;

g. improper use of drugs, medical supplies, or patients' records;

h. misappropriating personal items of an individual or the agency;

i. falsifying records;

j. intentionally committing any act that adversely affects the physical or psychosocial welfare of the patient;

k. delegating nursing care, functions, tasks, or responsibilities to others contrary to regulation;

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

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

n. being convicted of a crime or offense which reflects the inability of the nurse to practice practical nursing with due regard for the health and safety of clients or patients or entering 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 or pardon;

o. being guilty of moral turpitude;

p. inappropriate, incomplete or improper documentation;

q. using or being under the influence of alcohol while on duty, and/or while making application for employment, or using or being under the influence of drugs which impair judgment while on duty, or using or being under the influence of illegal drugs whether on or off duty;

r. possessing a physical or psychological impairment that interferes with the judgment, skills or abilities required for the practice of practical nursing;

s. refusing to cooperate with employer's request to submit to a drug screen;

t. violating any provisions of R.S. 37:961 et seq. (the practical nursing practice act), as amended or aiding or abetting therein.

U. The board may, at its discretion, impose a reasonable monetary assessment against the respondent for the purpose of defraying expenses of a hearing and/or expenses of the board in monitoring any disciplinary stipulations imposed by order of the board.

V. If the board finds that the public health, safety, or welfare imperatively requires emergency action, and incorporates a finding to that effect in its order, summary suspension of a license may be ordered by the executive director pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:978 and Acts 675 and 827, 1993.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, LR 2:275 (September 1976), amended LR 3:193 (April 1977), LR 10:336 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1126 (October 1992), repromulgated LR 18:1259 (November 1992), amended LR 20:663 (June 1994), LR 26:2614 (November 2000), LR 28:2353 (November 2002), LR 30:1478 (July 2004), LR 34:1912 (September 2008), LR 35:1247 (July 2009), LR 35:2757 (December 2009), LR 36:2559 (November 2010).

§307. Disclosure of Financial Interests and Prohibition on Remuneration for Patient Referrals

A. As used in this Chapter, the following terms shall have the meaning specified.

Disclose to the Patient—the practical nurse makes known to the patient at the time a referral is made that the practical nurse has a financial or ownership interest in the facility or entity to which the patient is referred. The practical nurse shall also inform the patient of the patient's freedom to choose an alternate provider.

Financial Interest—any ownership or investment interest established through debt, equity, or other means and held by a practical nurse or a member of a practical nurse's immediate family, or any form of direct or indirect remuneration for referral.

Health Care Provider—a person, partnership, corporation, or any other organization licensed by this state to provide health care or professional services, including, but not limited to, providers of clinical laboratory services, diagnostic services, medicinal suppliers, therapeutic services, physicians, chiropractors, podiatrists, optometrists, physical therapists, psychologists, licensed professional counselors, registered or licensed practical nurses,

pharmacists, and any officer, employee, or agent thereof acting in the course and scope of his/her employment.

Ownership Interest—the possession of equity in the capital, the stock, or the profits of an entity.

Payment—money or anything of monetary value, including gifts, gratuities, favors, entertainment or loans.

Person—an individual, a corporation, a company, an association, a firm, a partnership, or any other organization.

Practical Nurse—a licensed practical nurse and/or a practical nursing student/graduate.

Referral—the act of prescribing, ordering, directing, re-directing, or recommending to a patient a specific facility or entity which provides a health-related service, test, pharmaceutical appliance or device, by means of prescription, recommended course of treatment, or direction concerning diagnostic or therapeutic treatment or service.

B. Disclosure of Financial Interests

1. Use of Patient Disclosure Forms

a. It is the practical nurse's responsibility to disclose to the patient a financial or ownership interest when making a referral to any health care provider outside the same health care provider as that of the referring practical nurse. Meaningful disclosure shall be given to each patient at the time a referral is made. The disclosure must be made in writing. The board recommends that the disclosure be dated and signed at the time of referral by the practical nurse and the patient, and that the practical nurse maintain written evidence of the disclosure. If the practical nurse delegates the disclosure to another person in the practical nurse's office, the board recommends that the disclosure be written, dated, and signed by the person making the disclosure and by the patient.

b. The memorialization of the disclosure shall be substantially in the following form:

I acknowledge that I have been advised by my practical nurse that he/she has a financial or ownership interest in the facility or entity to which he/she has referred me, and that my practical nurse has advised me that I am free to choose another facility or entity to provide the service, drug, device or equipment recommended.

c. Written evidence shall constitute presumptive evidence that the practical nurse made the required disclosure in an enforcement proceeding before the board. The disclosure to the patient is not the act of the patient signing the form, but is the act of the practical nurse disclosing to the patient the nurse's financial or ownership interest and advising the patient of the patient's freedom of choice.

2. Guidelines for Disclosure. If the patient is a minor, unconscious, of unsound mind, or otherwise incompetent to understand freedom of choice in the selection of a facility or entity, disclosure shall be made to the guardian, spouse, or closest adult next of kin. Disclosure of a practical nurse's interest cannot be accomplished unless the patient is competent to understand his/her freedom of choice. A

practical nurse will not be disciplined for failure to disclose if an emergency prevents consulting the patient or the patient's next of kin.

3. Cross-Referral Arrangements. A practical nurse shall not enter into any arrangement or scheme, including cross-referral arrangements, if the practical nurse knows, or should know that the arrangement or scheme has the principal purpose of ensuring referrals by the practical nurse to a particular entity, which referral, if made directly by the practical nurse would be a violation of this Section.

C. Prohibition on Remuneration for Patient Referrals

1. Prohibited Referrals. A practical nurse shall not offer, make, solicit, or receive any form of direct or indirect payment or remuneration or benefit for the referral or solicitation of patients for professional services.

2. Cross-Referral Arrangements. A practical nurse shall not enter into any arrangement or scheme, including cross-referral arrangements, if the practical nurse knows, or should know, that the arrangement or scheme has the principal purpose of ensuring referrals by the practical nurse to a particular entity, which referral, if made directly by the practical nurse would be a violation of this Section.

3. Permissible Contracting Activities

a. A referral of a patient to another person or practitioner within the same health care provider, providing that the practical nurse is not paid on a split-fee basis, is not a violation of this Section.

b. Payments representing a return on investment based upon a percentage of ownership are not considered a direct or indirect payment for the purposes of this Section.

c. Any activity permissible under the corresponding provisions of Title XVIII of the Social Security Act shall not be a violation of this Section.

D. Sanctions and Restitution Provisions

1. Any practical nurse who violates the provisions of this Section shall be subject to the same sanctions as outlined in §306 of this Chapter.

2. Any practical nurse who violates the provisions in this Section shall refund all sums received in payment for the goods and services furnished or rendered without disclosure of financial interests. Such a refund shall be paid to the individual patient, third party, payor, or other entity to whom the payment is entitled.

3. All complaints of conduct alleged to be in violation of this Section shall be received and investigated by or under the direct control and supervision of the board or its counsel pursuant to the provisions of this Chapter as outlined in §306.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:978 and Acts 675 and 827, 1993.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 20:665 (June 1994).

§308. Preventing Transmission of Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) to Patients during Exposure-Prone Invasive Procedures

A. Definitions. As used in this Chapter, the following terms shall have the meaning specified.

Board—Louisiana State Board of Practical Nurse Examiners.

Exposure-Prone Procedure—an invasive procedure in which there is an increased risk of percutaneous injury to the practitioner by virtue of palpation of a needle tip or other sharp instrument in a body cavity or the simultaneous presence of the practitioner's fingers 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 practical nurse and the blood or body fluids of the patient.

Function Ancillary to an Invasive 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 invasive procedure.

HBV—the Hepatitis B Virus.

HBV Seronegative—a condition where one has been HBV seropositive but is no longer infectious under the criteria of the Federal Centers for Disease Control or the Association of State and Territorial Public Health Laboratory Directors.

HBV Seropositive—a condition where one has developed antigens sufficient to diagnose seropositivity to HBV evidencing infectability under the criteria of the Federal Centers for Disease Control or of the Association of State and Territorial Public Health Laboratory Directors.

HIV—the human immunodeficiency virus.

HIV Seropositive—a condition where one has developed antibodies sufficient to diagnose seropositivity to HIV under the criteria of the Federal Centers for Disease Control or of the Association of State and Territorial Public Health Laboratory Directors.

Invasive Procedure—any surgical or other diagnostic or therapeutic 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.

Practical Nurse—a licensed practical nurse and/or a practical nursing student/graduate.

Universal 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 or HIV from a practical nurse to a

patient, from a patient to a practical nurse, or a patient to a patient, as such recommendations may be amended or supplemented from time to time.

B. Universal Precautions. All practical nurses must at all times comply with the universal precautions set forth below.

1. All practical nurses should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.

2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.

3. All practical nurses should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needlestick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades and other sharp items should be placed in puncture-resistant containers for disposal; the puncture resistant containers should be located as close as practical to the use area. Large bore reusable needles should be placed in a puncture container for transport to the reprocessing area.

4. To minimize the need for emergency mouth-to-mouth resuscitation, a practical nurse shall ensure that mouthpieces, resuscitation bags, or other ventilation devices are available for use in areas in which the need for resuscitation is predictable.

5. Implementation of universal blood and body-fluid precautions for all patients eliminates the need for use of the isolation category of "Blood and Body Fluid Precautions" previously recommended by CDC (7) for patients known or suspected to be infected with blood-borne pathogens. Isolation precautions [e.g., enteric, "AFB" (7)] should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

6. Precautions for Dialysis

a. Patients with end-stage renal disease who are undergoing maintenance dialysis and who have HIV infection can be dialyzed in hospital-based or free-standing dialysis units using conventional infection-control

precautions (21). Universal blood and body-fluid precautions should be used when dialyzing all patients.

b. Strategies for disinfecting the dialysis fluid pathways of the hemodialysis machine are targeted to control bacterial contamination and generally consist of using 500-750 parts per million (ppm) of sodium hypochlorite (household bleach) for 30-40 minutes or 1.5-2.0 percent formaldehyde overnight. In addition, several chemical germicides formulated to disinfect dialysis machines are commercially available. None of these protocols or procedures need to be changed for dialyzing patients infected with HIV.

c. Patients infected with HIV can be dialyzed by either hemodialysis or peritoneal dialysis and do not need to be isolated from other patients.

d. The type of dialysis treatment (i.e., hemodialysis or peritoneal dialysis) should be based on the needs of the patient. The dialyzer may be discarded after each use. Alternatively, centers that reuse dialyzers, i.e., a specific single-user dialyzer is issued to a specific patient, removed, cleaned, disinfected, and reused several times on the same patient only, may include HIV-infected patients in the dialyzer use program. An individual dialyzer must never be used on more than one patient.

C. Prohibitions and Restrictions. Except as may be permitted pursuant to LAC 46:XLVII.308.D.1 and 2, a practical nurse who is seropositive for HIV or HBV, or who otherwise knows or should know that he or she carries and is capable of transmitting HBV or HIV, shall not thereafter perform or participate directly in an exposure-prone procedure.

D. Exceptions to Prohibitions Placed upon Infected Practical Nurses. Notwithstanding the prohibition of LAC 46:XLVII.308.C, a practical nurse who has tested positive for the human immunodeficiency virus and the hepatitis B virus may engage in any exposure-prone procedures or participate in invasive procedures if:

1. the medical condition of the seropositive practical nurse has been reviewed and the licensee has been approved for practice to include invasive and exposure-prone procedures by the board; or the practical nurse has affirmatively advised the patient or the patient's lawfully authorized representative that the practical nurse has tested positive for the human immunodeficiency virus or the hepatitis B virus;

2. the patient or the patient's lawfully authorized representative has been advised of the risk of the practical nurse's transmission of the human immunodeficiency virus and/or the hepatitis B virus to the patient during the exposure-prone procedure and such information is communicated personally to the patient or the patient's lawfully authorized representative by a licensed physician;

3. the patient or the patient's lawfully authorized representative has subscribed a written instrument setting forth:

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a. the exposure-prone procedure to be performed by the practical nurse with respect to the patient;

b. an acknowledgement that the advice required by §308.D.1 and 2 have been given and understood by the patient's lawfully authorized representative;

c. the consent of the patient or the patient's lawfully authorized representative to the performance of or participation in the designated procedure by the practical nurse; and

d. the practical nurse's positive testing for the human immunodeficiency virus and/or hepatitis B virus has been affirmatively disclosed to each practical nurse or other practical nurse personnel who may participate or assist in the exposure-prone procedure;

4. consent given pursuant to LAC 46:XLVII.308.E.2 may be revoked by a patient or the patient's lawfully authorized representative at any time prior to the performance of the subject procedure by any verbal or written communication to the practical nurse expressing an intent to revoke, rescind or withdraw such consent.

E. Self-Reporting

1. Any practical nurse who in the course of practice may at any time undertake to perform or participate in an exposure-prone procedure and who is or becomes aware that he or she is HBV seropositive and/or HIV seropositive shall be required to give notice of such seropositivity to the board by mailing such notice to the executive director of the board, marked "Personal and Confidential" by registered or certified mail.

2. Within 90 days of the effective date of this Chapter, a practical nurse who has been previously diagnosed as HBV seropositive and/or HIV seropositive shall give notice of such diagnosis to the board by mailing such notice to the executive director of the board, marked "Personal and Confidential" by registered or certified mail.

3. Within 30 days from the date on which a diagnostic test was performed which produced results indicating that a practical nurse is HBV seropositive and/or HIV seropositive, the practical nurse shall give notice of such diagnosis to the board by mailing such notice to the executive director of the board, marked "Personal and Confidential" by registered or certified mail.

4. An applicant for licensure or certification as a practical nurse who has been previously diagnosed as HBV seropositive and/or HIV seropositive shall acknowledge such diagnosis marked in a separate written statement submitted directly to the executive director of the board marked "Personal and Confidential" by certified mail at the time of application.

F. Retesting of Health Care Workers Whose Practices Are Modified Because of HBV Status. The Louisiana State Board of Practical Nurse Examiners recommends that those practical nurses who are precluded from performing or participating in exposure-prone procedures because they are seropositive for HBV are urged to re-test on a periodic basis

to determine whether their status has changed due to a resolution of the infection or as a result of treatment.

G. Confidentiality. Each report submitted to the Louisiana State Board of Practical Nurse Examiners pursuant to LAC 46:XLVII.306, as well as each record maintained relating thereto and each meeting of the Louisiana State Board of Practical Nurse Examiners held in the course of monitoring a licensee or applicant for compliance with said section is confidential and exempt from public records by virtue of R.S. 44:4(7), (9) and (11), except for the purpose of investigation or prosecution of alleged violations of R.S. 37:969, and this rule, by the Louisiana State Board of Practical Nurse Examiners.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969.B.(5) and Act 1009, 1991.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 19:341 (March 1993).

§309. Declaratory Order and Rulings

A. The board on its own motion may move for a declaratory order or ruling as to the applicability of any statutory provision or of any rule or order of the board. Any interested party may petition the board for a declaratory order or ruling as stated above.

B. Said petition shall contain the following information:

1. the full name, address, telephone number of the petitioner;
2. the interest asserted by the petitioner;
3. specific reference to the statute, rule, or order with respect to which the declaratory order or ruling is sought;
4. a concise statement of the purpose, reasons and nature of the declaratory order or ruling sought.

C. Said petition shall be considered by the board at its next regularly scheduled meeting provided that the petition has been filed at least 30 days prior to said meeting.

D. The order or ruling rendered by the board on said petition shall be in writing and mailed to petitioner at last address furnished to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, 2:276 (September 1976), amended LR 3:193 (April 1977), LR 10:336 (April 1984).

§311. Advisory Committee

A. There shall be an Advisory Committee for Practical Nursing Education to the Louisiana State Board of Practical Nurse Examiners which shall consist of not less than eight and not more than 10 active members. The chairman of the committee shall be a registered nurse member of the board.

B. The purpose of the Advisory Committee shall be to advise the Board of Practical Nurse Examiners in matters which require study and/or investigation relating to practical nursing or practical nursing education in Louisiana.

Committee action shall take the form of recommendations only.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, 2:276 (September 1976), amended LR 3:193 (April 1977), LR 10:337 (April 1984).

Chapter 5. Definitions

§501. Terms in the Manual

A. The following terms used in this manual are defined as follows.

Accreditation—a program is granted accreditation when evaluation by the State Board of Practical Nurse Examiners reveals that requirements of the statutes and regulations are being met. *Accreditation* as here used means accredited by the "Louisiana State Board of Practical Nurse Examiners."

Accrediting Agency—the Louisiana State Board of Practical Nurse Examiners is designated by law as the accrediting agency for programs in practical nursing in the state of Louisiana.

Cooperating Agency—signifies a hospital, nursing home, health unit, etc. utilized for clinical or related educational resources for a practical nursing program.

Coordinator—a registered nurse who is responsible for the practical nursing program.

Course Outline—a presentation of the program philosophy and objectives with a systematic plan of the significant courses included in the curriculum.

Curriculum—a complete plan of courses, hours, laboratory skills and clinical experiences organized in such a manner as to meet program objectives.

Executive Director—where used in this manual includes his/her designee and/or staff.

Initial Approval—approval granted to an institution for a program in practical nursing following a board survey during which suitability in all areas is determined for a program in practical nursing to begin.

Initial License—the original license issued to a candidate.

Initial Request—the first request presented to the board for approval of a practical nursing program.

Licensure Examination—the official examination approved by the board.

Nontraditional Program—a program with an approach different from the traditional course outline to be considered by the board when and where such a program is appropriate.

Policy—a course of action adopted and followed by an institution.

Program—a practical nursing course for which approval is sought or has been secured.

Provisional Accreditation—issued to an institution that does not maintain minimum requirements.

Requirements—minimum standards which programs must meet to be approved or accredited.

Shall—denotes mandatory compliance in contrast to should or may which reflect possible variation.

Survey—periodic review of a practical nursing program by the board to determine compliance with the adopted minimum requirements contained herein.

Temporary Permit—short term authorization to practice practical nursing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:961 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:193 (April 1977), amended LR 10:337 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1126 (October 1992), repromulgated LR 18:1259 (November 1992), amended LR 26:2617 (November 2000), LR 32:637 (April 2006), LR 36:2560 (November 2010).

Chapter 7. Program Establishment

§701. Initial Request

A. An institution contemplating the establishment of a program of practical nursing shall submit the following preliminary information:

1. purpose of establishing a program to include community needs and readiness to support a program;
2. sources of potential students, faculty and funds;
3. availability of physical and clinical facilities;
4. tentative timetable for initiating program;
5. survey of employment opportunities for potential graduates;
6. a proposal assuring the implementation of the initial requirements as listed in §703.

B. Any institution or program closed by the board, under §1503 of these rules and regulations, must comply with the provisions of that Section and may apply only after three years from the date of closure.

C. An institution with any affiliation with any principal, agent and/or personnel, including faculty, who has been associated with any practical nursing program closed within three years, may only apply after an affirmative showing that such application is in the best interest of the public health, safety and welfare.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:194 (April 1977), amended LR 10:337 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 31:1587 (July 2005).

§703. Initial Requirements

A. Programs in practical nursing shall be established in an educational institution that meets the requirements of the Louisiana State Board of Practical Nurse Examiners.

B. An institution shall provide appropriate and adequate facilities for a practical nursing department to include:

1. classroom;
2. laboratory;
3. office;
4. library.

C. Classrooms, laboratories, teaching equipment and supplies shall be adequate to meet the needs of the program.

D. Offices shall be of sufficient size and number to provide for uninterrupted work and to insure privacy for conferences with students and staff. There shall be adequate space for clerical staff, student/faculty files and other essential equipment.

E. A library readily accessible to students and faculty shall provide current reference books and periodicals.

F. An institution shall have sufficient funds available to employ qualified persons and to maintain adequate equipment and supplies.

G. The institution shall insure adequate financial support, facilities and leadership which will provide an appropriate educational environment for students and faculty.

H. An organizational chart shall be developed to depict the relationship of the practical nursing programs, institutions and agencies where applicable.

I. An institution shall present the proposed curriculum to be utilized for the program which must meet board approval.

J. An institution shall have executed contract/contracts with cooperating agencies for the use of agency facilities for a program of practical nursing, and the cooperating agency shall have appropriate accreditation and shall be approved by the board.

K. Cooperating agencies shall meet the following requirements.

1. Hospitals providing one or more of the major clinical nursing fields shall be accredited by an appropriate accrediting body.
2. Nursing homes shall be licensed by the Department of Health and Hospitals.
3. Other facilities shall be approved by proper authorities or by the board.
4. Contractual agreements shall be executed between the program and cooperating agencies specifying their respective responsibilities, conditions or reservations including provisions for revising or terminating the contract.

5. All contracts and agreements shall be current.

6. The hospital administrator, directors of nursing service and others responsible for patient care shall be aware of the objectives of the practical nursing program and shall participate in the furthering of such objectives in so far as is consistent with the objectives of the hospital staff.

7. Where there is a single cooperating agency to be used for clinical practice, the hospital shall maintain an average daily census which will permit selected student assignments in the basic areas of nursing.

8. Prior to student assignment to the practice area, a consultation between the administrative agency of the hospital and the program shall be held. It shall include information pertaining to:

- a. student skill level;
- b. specific details relating to day, hours and areas of practice, uniforms, student medical evaluations, liability insurance, and hospitalization;
- c. delineation of classroom and or conference area available to students and instructors;
- d. provision for periodic conferences between nursing service personnel and instructors to discuss student assignments and evaluations.

9. All students assigned to clinical practice areas shall be supervised by an instructor within the required ratio.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976 as amended Act 642, 1990.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:194 (April 1977), amended LR 10:337 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 14:708 (October 1988), LR 18:1126 (October 1992), repromulgated LR 18:1260 (November 1992), amended LR 26:2617 (November 2000).

§705. Initial Survey

A. A board representative shall conduct a survey of the institution requesting the establishment of a practical nursing program to include the proposed clinical facilities of cooperating agencies to be utilized in order to ascertain that the initial requirements may be satisfactorily accomplished.

B. A report of the initial survey shall be submitted to the board and the institution shall be notified of the board's findings.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:194 (April 1977), amended LR 10:338 (April 1984).

§707. Application and Approval

A. Upon approval of the initial survey, the director of the institution shall complete and submit an application form supplied by the board office.

B. The application form and proposed plans shall be submitted for board approval and the institution shall be notified in writing of the board's findings.

C. Upon approval of the application, a coordinator shall be employed to develop a tentative plan for the overall program.

D. The program of practical nursing shall be granted initial approval status upon implementation of the initial requirements, effective on the date of enrollment of the first class.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:194 (April 1977), amended LR 10:338 (April 1984).

§709. Nontraditional Program

A. The board may consider approval of a nontraditional program. Such approval may be granted only to institutions with well established traditional programs which have a record of proven success of graduate first time writers on the approved practical nursing licensure examination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 10:338 (April 1984).

Chapter 9. Program Projection

Subchapter A. Faculty and Staff

§901. Faculty

A. The program shall have a faculty of sufficient size and expertise to fulfill the program objectives. At no time shall a faculty consist of less than two fulltime nurse members, one of whom shall be designated as coordinator/department head. Programs with two fulltime nurse faculty members shall admit a maximum of 36 students per class. The board may, upon application by the school administrator, permit program expansion. Expansion approval must be obtained in writing from the board.

B. Application and Qualifications

1. Application. Each applicant for a faculty position in a practical nursing program shall be approved by the Louisiana State Board of Practical Nurse Examiners prior to employment in the program.

2. Licensure. Each nurse faculty member shall hold a current, valid license to practice as a registered nurse in the state of Louisiana, which license shall be visually inspected annually by the nurse coordinator/department head of the practical nursing program and the administrator of the school. The board may deny and/or rescind approval to a faculty applicant and/or current faculty member whose license has been or is currently being disciplined in any jurisdiction.

3. Nurse Coordinator/Department Head. The coordinator/department head shall be a registered nurse with a minimum of four years experience in medical-surgical nursing or nursing education. At least one of these four years must have been as a medical-surgical hospital staff nurse providing direct patient care. An applicant for nurse coordinator must have practiced as a nurse for a minimum of six full-time months during the three years immediately preceding application.

4. Nurse Instructor. A nurse instructor shall be a registered nurse with a minimum of three years of nursing experience. At least one of these three years must have been as a medical-surgical hospital staff nurse providing direct patient care. An applicant for nurse instructor must have practiced as a nurse for a minimum of six full-time months during the three years immediately preceding application.

5. Specialty Nurse Instructor. The board may consider an applicant for a specialty nurse instructor with experience in one of the clinical specialty areas (maternity, neonatal, pediatric, mental health) provided that this instructor is hired in addition to two full time nurse faculty members who meet the qualifications for nurse coordinator and/or nurse instructor. The specialty nurse instructor must have a minimum of four years of clinical experience in the specific specialty area. The specialty nurse instructor may be utilized only for instruction in the specific specialty area for which application was made.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:194 (April 1977), amended LR 5:355 (November 1979), LR 10:338 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 16:133 (February 1990), LR 18:1127 (October 1992), repromulgated LR 18:1260 (November 1992), amended LR 21:1244 (November 1995), LR 26:2617 (November 2000), LR 33:1869 (September 2007).

§903. Faculty Responsibilities

A. Coordinator. Shall be responsible for the implementation of the program plan within the institutional organization.

B. Instructors. Shall be directly responsible to the coordinator and shall be responsible for selecting, teaching, guiding and evaluating all learning experiences in the classroom and clinical facilities. All learning experiences and methods of instruction shall provide opportunity for fulfilling the objectives of the practical nursing courses.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 10:338 (April 1984).

§905. Staffing

A. Instructor-Student Ratio. One instructor shall be responsible for no more than 10 students in the clinical area.

B. Provision shall be made for clerical assistance for the program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 5:355 (November 1979), amended LR 10:338 (April 1984), LR 12:678 (October 1986).

§907. Faculty Meetings

A. Faculty meetings shall be scheduled regularly to evaluate and improve the program progressively and continually. Minutes of the meetings shall be recorded and filed for review at the time of the board survey.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:194 (April 1977), amended LR 10:338 (April 1984).

Subchapter B. Advisory Committee

§911. Formation

A. An advisory committee shall be formed and shall include members representative of a broad spectrum of the community selected for their interest in practical nurse education and their willingness to serve.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 10:338 (April 1984).

§913. Meetings, Minutes

A. The committee shall meet at least twice a year.

B. Minutes of the meetings shall be recorded and copies filed for review at the time of the board survey.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 10:338 (April 1984).

Subchapter C. Records

§917. Protection

A. Administration shall provide for the protection of all student records and transcripts, faculty personnel records, contractual agreements, communications and other pertinent program information against loss, destruction and unauthorized use.

B. The following records shall be maintained and protected for a period of not less than 60 years in fireproof and waterproof storage:

1. a copy of the curriculum used for each class of students;

2. a list of the textbooks and references used for each class of students;

3. a list of the faculty employed to instruct each class of students;

4. the master rotation schedule for each class of students;

5. a copy of the student evaluation form for admittance into an approved PN program;

6. student transcripts;

7. licensure examination results for each graduate;

8. materials of historical interest.

C. All other records, contractual agreements, communications, and information shall be maintained and protected according to a record retention schedule which schedule shall be submitted to the board for approval.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 10:338 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1127 (October 1992), repromulgated LR 18:1260 (November 1992), amended LR 34:1912 (September 2008).

Subchapter D. Program Policies

§921. Approval

A. All policies affecting the students or the program shall be subject to board approval prior to implementation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:194 (April 1977), amended LR 10:338 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1127 (October 1992), repromulgated LR 18:1260 (November 1992).

§923. Development and Implementation of Policies and Procedures

A. The policies for admission, evaluation, level advancement and completion shall be developed by the faculty and approved by the board prior to implementation.

B. Policies shall be planned to provide for student welfare as related to health, counseling and guidance, financial aid, hospitalization and liability insurance.

C. Policies shall be developed to provide opportunity for students to participate in appropriate student organizations which foster development of skills in self direction, leadership and professional activity.

D. Policies shall be clearly stated concerning student employment during enrollment in the program.

E. Policies regarding absences shall be in writing. Students unable to achieve the program objectives due to excessive absence shall be advised to withdraw with permission to re-enter when the course is repeated provided that the readmission is within one year from the date of withdrawal.

F. The school bulletin shall give an accurate description of the practical nursing program policies.

G. A student handbook shall be developed by the nursing faculty to include the policies relating to:

1. admissions;
2. grading system;
3. suspension and/or dismissal;
4. itemized list of fees;
5. attendance requirements;
6. health policies;
7. completion requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:195 (April 1977), amended LR 10:338 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1127 (October 1992), repromulgated LR 18:1260 (November 1992).

Subchapter E. Curriculum Requirements

§927. Development

A. The curriculum shall be developed and written by the nursing faculty and shall include the philosophy and objectives of the program. Curriculum development and revision shall consider current concepts in health care and health care delivery systems. The evolution of the role of the practical nurse shall influence the curriculum. The curriculum and all curriculum revisions shall be approved by the board prior to implementation.

B. The curriculum shall ensure that program graduates possess the knowledge, skill, ability, and clinical competency to practice safely and effectively as an entry level practical nurse in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:196 (April 1977), amended LR 8:65 (February 1982), LR 10:339 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 33:1868 (September 2007).

§929. Outline and Rotation Plan

A. A copy of the current board approved curriculum and a copy of the master rotation plan shall be available to the board on request.

B. The master rotation plan for each class shall provide the starting date, course of study, clinical practice areas and scheduled rotations, class schedule, and completion date. The master rotation plan and any revisions to the plan shall be approved by the board prior to implementation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:195 (April 1977), amended LR 10:339 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 33:1868 (September 2007).

§931. Length of Program

A. A program shall be of sufficient length to ensure that graduates meet the objectives of the program and are clinically competent.

B. A program shall cover a minimum of 1,500 clock hours or an equivalent number of credit hours of scheduled instruction. At least 700 clock hours or an equivalent number of credit hours shall be the minimum number of theory hours and at least 800 clock hours or an equivalent number of credit hours shall be the minimum number of clinical hours.

C. Theory and clinical experience should be concurrent or sequential, progressing from the simple to the complex.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:196 (April 1977), amended LR 8:65 (February 1982), LR 10:339 (April 1984), LR 10:915 (November 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1127 (October 1992), repromulgated LR 18:1260 (November 1992), amended LR 33:1868 (September 2007).

§933. Curriculum

A. The curriculum shall include instruction in the following basic arts and sciences.

1. Body Structure and Function—providing an understanding of the basic anatomy and physiology of the human body and deviations from the normal.

2. Introduction to Microbiology—providing a basic understanding of microbes including their role in health and illness, modes of transmission, reproduction, and methods of control or destruction, with an instructional focus on concepts essential for the safe performance of nursing procedures and for the prevention of illness and/or the transfer of disease to others.

3. Introduction to Practical Nursing—providing instruction and guidance in the identification and personal development of those qualities and personal characteristics needed to practice practical nursing safely, effectively, and with compassion, including increased and ongoing development of self awareness, sound judgment, prudence, ethical thinking and behaviors, problem solving and critical thinking abilities. This course also provides instruction in the history, trends and the evolution of practical nursing, information related to practical nursing organizations, and an introduction to the laws and rules governing practical nursing practice in Louisiana (the Revised Statutes, Title 37, Chapter 11, Subpart II, Practical Nurses and LAC 46:XLVII, Nurses, Subpart 1, Practical Nurses).

4. Personal, Family and Community Health—providing concepts of personal and family growth and development and an understanding of the unique manner in which people build and define relationships, families, and communities. Instruction is designed to assist the student to identify and respect the unique abilities and qualities of people as they participate and function in society. The student is made aware of the rights of clients to make their own health care decisions and the student learns how to support client decisions through the utilization of local, state and national health resources. Students are guided in coursework designed to increase awareness of and respect for variations in cultural, religious, spiritual, educational, and socio-economic histories and experiences. The student begins to understand how these variations impact health, illness and client participation in the health care delivery system.

5. Nutrition and Diet Therapy—describing concepts of proper nutrition for all age groups and addressing diet modifications for therapeutic purposes.

6. Pharmacology—presenting concepts relating to drug classification, action, dosage, dosage calculation, intended effects, side effects and adverse effects, as well as concepts relating to teaching clients, family, and others about the effects of medications. Instruction provides an opportunity for the development of competence in skills needed in the preparation, administration, documentation, and safe storage of medications.

7. Principles and Practices of Nursing—presenting the application of concepts which will provide basic principles of nursing care and correlated experiences to develop competency in medical-surgical nursing, geriatric nursing, obstetrical nursing, pediatric nursing and mental health nursing. Clinical experience shall include, but not be limited to, the performance of basic and advanced nursing skills, general health and physical assessment, critical thinking and clinical problem solving, medication administration, IV therapy, patient education, health screening, health promotion, health restoration and maintenance, supervision and management, safety and infection control, communication and documentation, and working as a member of an interdisciplinary health care team.

8. Career Readiness—presenting information relating to all aspects of gaining and maintaining a license to practice practical nursing, the nurse's personal accountability to maintain and continue to acquire the knowledge, skills and abilities needed to practice safely, the qualities employers seek and the non-nursing employment skills, abilities, and personal characteristics needed to secure and maintain employment as a practical nurse. The student also develops a deeper understanding of the laws and rules governing practice, including R.S. 37, Chapter 11, Part II and LAC 46:XLVII, Subpart 1.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:196 (April 1977), amended LR 8:65 (February 1982), LR

10:339 (April 1984), LR 10:915 (November 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1127 (October 1992), repromulgated LR 18:1260 (November 1992), amended LR 33:1868 (September 2007).

Subchapter F. Admissions

§937. Regular Admissions

A. Regular admissions shall:

1. receive a grade placement of at least 12.0 in mathematics, reading and language on an achievement test approved by the board;

2. provide certification of high school graduation or satisfactory completion of the State Department of Education equivalency examination;

3. provide health certification from a licensed physician;

4. be fingerprinted;

5. meet all admission requirements as set by the board, faculty and administration;

6. be admitted with the regularly scheduled class;

7. provide certified copy of birth certificate or possess a valid United States passport;

8. not be currently serving under any court imposed order of supervised probation, work-release, school release or parole in conjunction with any felony conviction(s), plea agreement or any agreement pursuant to the Louisiana Code of Criminal Procedure, Article 893.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:197 (April 1977), amended LR 5:65 (March 1979), LR 6:339 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1128 (October 1992), repromulgated LR 18:1261 (November 1992), amended LR 21:684 (July 1995), LR 40:2577 (December 2014).

§939. Advanced Standing

A. Schools admitting students with advanced standing shall have written criteria for granting course credit.

B. A course of study shall be developed and recommended by the nursing faculty to include a minimum of six weeks enrollment in the program to provide sufficient theory and practice to meet the requirements for completion.

C. All records included in §939.B shall be submitted to the board for approval.

D. At the discretion of the nursing faculty and based upon individual evaluation, a student who has withdrawn and/or dropped from an approved or accredited practical nursing program within the previous three years may be granted advanced credit for units previously completed.

E. Records of advanced standing, admission tests, course of study and program achievement shall be maintained in addition to those records maintained for regular students.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:197 (April 1977), amended LR 5:65 (March 1979), LR 10:339 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1128 (October 1992), repromulgated LR 18:1261 (November 1992), amended LR 26:2617 (November 2000), LR 40:2578 (December 2014).

§941. Withdrawals

A. A record of each dropout including name, date and reason for withdrawal shall be maintained.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:197 (April 1977), amended LR 10:339 (April 1984).

Subchapter G. School Records

§945. Student Records

A. Individual files shall be maintained for each student officially enrolled and shall contain:

1. application;
2. admission test scores;
3. high school transcript;
4. health certification;
5. progress reports;
6. student-instructor conference reports;
7. course of study: theory and clinical;
8. evaluation form;
9. transcript: a board-approved final transcript form must be completed in duplicate for each student upon completion of the program; one copy shall remain at the institution, one shall be submitted to the board office with student application for license;
10. licensure examination results;
11. copy of birth certificate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:197 (April 1977), amended LR 10:339 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1128 (October 1992), repromulgated LR 18:1261 (November 1992).

§947. Faculty Records

A. Individual files shall be maintained for each instructor to include:

1. application;
2. job description;
3. terms of employment;
4. advancement;
5. educational advancement;
6. participation in professional organizations;
7. research and/or publication.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:197 (April 1977), amended LR 10:339 (April 1984).

§949. General Records

A. General records shall be maintained and shall include:

1. faculty meeting minutes;
2. advisory committee meeting minutes;
3. board correspondence: memos and reports;
4. materials of historical interest;
5. master rotation plan for each class.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:197 (April 1977), amended LR 10:339 (April 1984).

Subchapter H. Board Reports and Records

§953. Periodic Reports

A. All programs shall submit periodic reports as requested by the board to include:

1. student evaluation forms to be obtained from the board office and submitted in duplicate accompanied by specified fee for each student enrolled in the program;
2. annual report forms to be obtained from the board office and completed in duplicate:
 - a. one copy shall remain at the institution;
 - b. one shall be submitted to the board office by July 1 each year;
3. faculty qualification record forms to be obtained from the board office and to be submitted to the board on each newly appointed faculty member. Additional records should be submitted as additional education is achieved; review §901.B.2;
4. copies of current contracts with each cooperating agency shall be submitted to the board office annually.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners,

LR 3:197 (April 1977), amended LR 10:339 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1128 (October 1992), repromulgated LR 18:1261 (November 1992), amended LR 26:2617 (November 2000).

Chapter 11. Program Progression

§1101. Program Changes

A. Program coordinator shall schedule regular evaluation, revision and improvement of programs and entire faculty shall participate.

B. Changes which require board approval which must be presented in writing before implementation are:

1. admission policies;
2. organization;
3. curriculum;
4. expansion of existing programs;
5. nursing faculty;
6. hospital affiliation;
7. nontraditional programs;
8. all policies and procedures listed in §923.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:198 (April 1977), amended LR 10:340 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1128 (October 1992), repromulgated LR 18:1261 (November 1992).

§1103. Teaching Methods

A. The teaching assignment shall be reasonable allowing time for class preparation, student conferencing and improving methods of instruction.

B. Course outline shall be current and shall be utilized by faculty and students.

C. The program shall use a variety of teaching aids and methods, including: lectures, discussions, reports, audiovisual aids, field trips, resource lectures, role-playing, demonstration and laboratory practice.

D. Nursing care plans shall be presented in pre- and/or post-clinical sessions.

E. Post-clinical conferences shall be held to provide opportunity for sharing experiences, evaluating and improving patient care.

F. Subject matter should be scheduled concurrently with related clinical assignments if possible.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:198 (April 1977), amended LR 10:340 (April 1984).

§1105. Student and Program Evaluation

A. Student evaluation shall be a scheduled progressive activity designed to assist and improve the development of the student and should be based on the following:

1. policies regarding the level of achievement which students must maintain to progress in the program;
2. level advancement which shall be made on an individual basis dependent upon test scores, clinical performance, interpersonal relationships and ethical conduct;
3. student self-evaluation;
4. evaluation and grading systems that shall be realistic and consistent with the objectives of the program;
5. evaluation of student transcripts submitted to the board for application for licensure by examination or endorsement will be based on a letter grade of "C" or number grade of "80" out of 100 in each and every course. A grade of "Pass" will be acceptable for clinical grades if "Pass" is interpreted as "80" or above out of 100.

B. Program evaluation shall be based upon standardized achievement test scores, student retention rate in the practical nursing program, stability of the program faculty and administration of the school, the performance of graduates, graduate placement, and results of the practical nursing licensure examination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:198 (April 1977), amended LR 10:340 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1128 (October 1992), repromulgated LR 18:1262 (November 1992), amended LR 30:1480 (July 2004).

Chapter 13. Program Approval and Accreditation

§1301. General Information

A. A practical nursing program which has been established, projected and has progressed within the minimum requirements as set forth in this manual shall be issued accreditation status which shall be reviewed annually.

B. A board representative shall conduct a survey of each program periodically, at the discretion of the board, to determine that minimum requirements are being met.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:198 (April 1977), amended LR 10:340 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1129 (October 1992), repromulgated LR 18:1262 (November 1992).

§1303. Board Survey Objectives

A. Board survey objectives shall be to:

1. assure students that the program in which they are enrolled is providing optimum opportunity for nursing education, clinical experience and eligibility to write the examination for practical nurse licensure;

2. insure those requiring nursing care that students and graduates possess the necessary skills and knowledge to provide safe nursing practice;

3. evaluate the quality and competency of the practical nursing programs in attaining their own stated philosophy and objectives;

4. encourage self evaluation within each program for the development and improvement of the practical nursing program;

5. evaluate each program's attainment of all minimum requirements essential for the continuation of quality education.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:198 (April 1977), amended LR 10:340 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1129 (October 1992), repromulgated LR 18:1262 (November 1992).

§1305. Types of Approval

A. Initial Approval

1. Initial approval shall be granted to institutions having received board approval for the establishment of a program in practical nursing and shall be limited to two years or until the first class has written the practical nursing licensure examination approved by the board, and results have been received by the board.

2. Programs on initial approval shall be surveyed annually.

3. A program on initial approval which does not maintain the minimum requirements of the board, including that of less than 20 percent failure rate of first time writers per class on the practical nursing licensure examination may be subject to closure by the board when the currently enrolled class completes and, until examination results are received, the next class cannot be admitted. At the time the examination results are received, the board will make further determination.

B. Accreditation shall be granted to programs which have successfully completed the initial approval period and have maintained the minimum requirements established by the board. Programs receiving accreditation shall be surveyed at least every five years thereafter.

C. Annual accreditation renewal shall be issued to programs which maintain the minimum requirements established by the board and which meet the board-approved program objectives and which submit the required annual report and certification fee.

D. Certificates of initial approval, accreditation, and accreditation renewal, shall be sent to the designated institutions by the board upon board determination of compliance with minimum requirements listed herein.

E. Provisional Approval

1. Programs having been approved by the board that fail to maintain minimum requirements and/or which receive a 20 percent or higher failure rate for first time writers per graduating class on the practical nursing licensure examination may be placed on provisional accreditation.

2. Provisional accreditation may be issued for a period of time determined by the board not to exceed two years.

3. Programs on provisional accreditation shall:

a. submit written reports to the board as designated by the board;

b. submit to the board for approval a plan to discover the cause/causes of the problem when so requested by the board;

c. implement a plan to discover the cause/causes as determined by the board;

d. follow board recommendations;

e. be surveyed periodically as determined by the board.

4. Programs remaining on provisional accreditation which have not met board requirements at the end of the designated time shall be subject to discontinuation as the board determines.

5. Programs on provisional accreditation which present evidence of correction of the problem shall be placed on accreditation status upon board approval.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:199 (April 1977), amended LR 5:355 (November 1979), LR 10:340 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1129 (October 1992), repromulgated LR 18:1262 (November 1992), amended LR 26:2617 (November 2000), LR 30:1480 (July 2004).

Chapter 15. Discontinuation of a Program

§1501. Voluntary

A. The director of a program shall advise the board in writing of the decision to close a program of practical nursing including a written plan for the termination for board approval.

B.1. Voluntary discontinuation may be accomplished by:

a. closing the program gradually by discontinuing admissions and closing officially on the date the last student graduates;

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b. arranging transfer of students to another accredited program of practical nursing.

2. If in closing a transfer of students must be arranged, the following steps shall be taken:

a. The coordinator or director of the program shall submit to the board, for approval, a plan of transfer to include:

- i. date of transfer;
- ii. courses completed and grades received;
- iii. courses remaining;
- iv. hours accomplished (in theory and clinical areas);
- v. list of students to be transferred.

b. The coordinator or director of the program shall then send to the receiving institution:

- i. date of transfer;
- ii. courses completed;
- iii. courses remaining;
- iv. hours accomplished (in theory and clinical area);
- v. copies of all students' records:

- (a). all grades received;
- (b). conference reports;
- (c). evaluation;
- (d). NLN test scores;
- (e). admission records;

(f). all materials pertinent to the individual students.

c. The receiving institution program coordinator or director shall submit to the board, for approval, a plan for completion of the program before implementation, to include:

- i. proposed date of transfer;
 - ii. proposed date of graduation;
 - iii. copies of contractual agreements;
 - iv. copy of the curriculum to be utilized;
 - v. list of proposed text books;
 - vi. copy of master rotation plan.
- d. Upon transfer, a list of students actually received shall be submitted to the board.

e. Transfer shall be arranged with minimum loss of student time.

C. All requirements and standards shall be maintained until every student has graduated or been transferred.

D. Provision shall be made for protection and accessibility of all records of a program that has been discontinued.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and R.S. 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:199 (April 1977), amended LR 10:341 (April 1984).

§1503. Involuntary

A. If the stipulations of provisional accreditation or initial approval have not been met, withdrawal of accreditation or approval shall be considered by the board.

B. If the board's findings warrant withdrawal of accreditation/approval or closure, only those students presently enrolled may be permitted to complete the program and apply for licensure; the program shall, nonetheless, comply fully with the provisions of §1501, regarding arrangements for the transfer of students and/or records and transfer, protection and accessibility of all records.

C. Institutions may reapply for a program in practical nursing only after three years from the date of closure and after minimum requirements have been incorporated. Reapplication may be accomplished by proceeding as required for program establishment.

D. An institution with any affiliation with any principal, agent and/or personnel, including faculty, who has been associated with any practical nursing program closed within three years may only apply after an affirmative showing that such application is in the best interest of the public health, safety and welfare.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:199 (April 1977), amended LR 10:341 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1129 (October 1992), repromulgated LR 18:1262 (November 1992), amended LR 31:1587 (July 2005).

Chapter 17. Licensure

§1701. Qualifications

A. A person applying for a license to practice as a practical nurse in the state of Louisiana shall:

1. be of good moral character;
2. be a graduate of an accredited program in practical nursing;
3. attain a score of 350 or above for those writing the board-approved licensure examination for practical nursing prior to October 1988, or a result of "Pass" for those writing the examination in October 1988 and beyond;
4. complete and submit the required application accompanied by the specified fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:970.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:199 (April 1977), amended LR 10:341 (April 1984), amended by the Department of Health and Hospitals, Board of Practical

Nurse Examiners, LR 18:1129 (October 1992), repromulgated LR 18:1263 (November 1992), amended LR 36:2560 (November 2010).

§1703. Types of Licensure

A. Licensure by Examination. An applicant for licensure by examination shall:

1. meet the requirements for qualification;
2. be permitted to write the examination up to four times within a period of two years from the date of being made eligible, but no later than three years from completion of the practical nursing program;
3. re-enter and successfully complete the entire practical nursing program without advance credits if the fourth writing is unsuccessful or more than three years has elapsed from completion of the practical nursing program before being allowed to take the practical nursing examination again;

B. Licensure by Endorsement. An applicant for endorsement from another state to Louisiana shall:

1. hold a current, valid license in another state;
2. meet the requirements for licensure in Louisiana;
3. complete and submit all required forms accompanied by the specified fee.

C. If a licensee has been granted licensure by waiver in another state said licensee shall not be endorsed in Louisiana.

D. A licensee who has attained a score of 350 or above on the board-approved licensure examination for practical nursing prior to October 1988, or a result of "Pass" for those writing the examination in October 1988 and beyond, may be endorsed to Louisiana provided all other requirements are met.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969, 37:971 and 37:972.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:199 (April 1977), amended LR 10:341 (April 1984), LR 10:915 (November 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1129 (October 1992), repromulgated LR 18:1263 (November 1992), amended LR 28:2355 (November 2002), LR 42:274 (February 2016), LR 45:432 (March 2019).

§1705. Temporary Permit

A. A temporary permit to practice as a practical nurse in Louisiana may be issued to graduates of board approved or accredited practical nursing programs in Louisiana as follows.

1. The application for licensure by examination must be completed and submitted with the appropriate fees, and said application must be reviewed and approved by the board.

2. An official transcript must be submitted by the educational institution from which the applicant graduated, and said transcript must be reviewed and approved by the board.

3. If a temporary permit is granted, that permit shall expire on one of the following three dates, whichever comes first:

- a. eight weeks from the date of issue;
- b. the date of full licensure; or
- c. upon receipt of a score of fail on the licensure examination.

4. The temporary permit shall not be subject to extension or renewal under any circumstances, including reentry and completion of a program in practical nursing.

5. The abbreviation P.N. (T.P.), (Practical Nurse, temporary permit), shall be used with the signature of the applicant on all documents requiring said signature in the course of practice while the temporary permit is valid.

6. The P.N. (T.P.) shall serve only in a staff-nurse position.

7. The P.N. (T.P.) shall assume only those duties and functions commonly included in the staff-nurse position.

8. The P.N. (T.P.) shall practice only in nursing situations in which a registered nurse or physician is providing direct supervision.

B. A temporary permit may be issued to licensees pending disciplinary action at time of license renewal.

C. A 12 week temporary permit may be issued to applicants for licensure by endorsement upon receipt of all of the following: verification of current licensure, in good standing, from another state or U.S. territory; a notarized sworn statement, by the applicant, that the applicant meets the requirements for licensure in this state and has a negative history for criminal activity, a negative history for chemical dependency, and a negative history for complaints against and/or related to any and all licenses held for any profession in any state or U.S. territory; the required fee; and confirmation that required fees and forms have been submitted to the appropriate state and/or federal agencies for the processing of the applicant's criminal history record. The temporary permit shall be immediately revoked upon receipt of information indicating that the applicant may not qualify for licensure. A temporary permit issued to applicants for licensure by endorsement may be extended on a case-by-case basis but may not be reissued to any person, under any circumstances, including reapplication for licensure by endorsement.

D. During a declared state of public health emergency, an emergency temporary permit may be issued to practical nurses licensed in another jurisdiction of the U.S. whose license is current, unrestricted and in good standing in such jurisdiction, provided that the practical nurse register with the board prior to providing practical nursing care. The emergency permit may be issued for 60 days or until termination of the state of public health emergency, whichever comes first. The permit may be extended for two additional 60 day periods.

E. A temporary permit may be issued to practical nurses licensed in another jurisdiction of the U.S. whose license is current, unrestricted and in good standing in such jurisdiction for a period not to exceed 14 days when the practical nurse is providing care to a client being transported into, out of or through the state.

F. A temporary permit may be issued to practical nurses enrolled in board approved refresher courses provided the practical nurse has been previously licensed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:976.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:200 (April 1977), amended LR 10:341 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1130 (October 1992), repromulgated LR 18:1263 (November 1992), amended LR 28:2355 (November 2002), LR 32:637 (April 2006), LR 33:93 (January 2007), LR 35:1247 (July 2009).

§1707. Retirement from Practice

A. Inactive and Emeritus/Emerita License

1. A licensee who is retiring from practice shall send a written notice to the board. Upon receipt of this notice the board shall place the name of the licensee upon an inactive list. While on this list, the licensee shall not be subject to the payment of any renewal fees and shall not practice practical nursing in the state. When the licensee desires to resume practice, a renewal license shall be issued to a licensed practical nurse who submits the required fee.

2. Should a retired licensee in good standing with the board wish to receive an Emeritus/Emerita license, s(he) shall request and complete an Emeritus/Emerita renewal application and submit same with the appropriate license renewal fee. Upon receipt of the fee and approval of the renewal application s(he) may be issued an "Emeritus/Emerita" license. Said license does not permit practice in the state of Louisiana. If a retired licensee desires to return to practice, s(he) will be subject to the same requirements as any licensee.

B. Delinquent License

1. Licensees who have failed to renew licensure and have not requested to be placed on inactive status as required, and are unemployed and wish to renew licensure, will be subject to late renewal fees as listed in §1715 of this manual.

2. Licensees whose licenses have been delinquent for one or more years will be subject to pay fees for the delinquent year(s) to update licensure.

3. Licensees who neglect to renew licensure and continue to practice nursing without benefit of licensure will be subject to penalties commensurate with the amount of time employment has continued.

C. Review Courses. Licensees or applicants for licensure in Louisiana who have been out of practice for four or more years shall be required to successfully complete a refresher

course approved by the board. Said course shall have a clinical component of a minimum of 60 hours. Special student permits may be issued by the board to participants in such courses.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969, 37:972-975, 37:977, 37:978 and 37:979.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:200 (April 1977), amended LR 10:342 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1130 (October 1992), repromulgated LR 18:1263 (November 1992), amended LR 26:2614 (November 2000), LR 28:2355 (November 2002).

§1709. Name Change

A. A licensee requesting a name change on the license form shall forward a request to the board accompanied by a certified and true copy of a legal document. Licensees shall sign all practice related documents legibly using the name printed on the license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:200 (April 1977), amended LR 10:342 (April 1984), LR 36:2560 (November 2010).

§1711. Address Change

A. A licensee with a change of address shall immediately notify the board office.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:200 (April 1977), amended LR 10:342 (April 1984).

§1713. Verification of License

A. An employer requesting verification of a practical nurse's license shall submit the request in writing to the board accompanied by the required fee.

B. A licensee requesting verification of lost/stolen/never received license shall obtain a "verification of renewal" form from the board office, submit the completed form and a certified copy of his/her birth certificate accompanied by the appropriate fee. Upon receipt of the above a verification of license shall be issued.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:978.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:200 (April 1977), amended LR 10:342 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 18:1130 (October 1992), repromulgated LR 18:1263 (November 1992).

§1715. Approved Fees

A. Fees

1. License by examination	\$125
2. License by endorsement	\$ 60
3. Duplicate license	\$ 30

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4. Renewal of license	\$ 60
5. reinstatement of license which has been suspended, or which has lapsed by nonrenewal	\$200
6. Duplicate renewal	\$ 20
7. Delinquency fee in addition to renewal fee for nursing license (per year delinquent)	\$100
8. Survey fee	\$500
9. Renewal of certificate of accreditation	\$200
10. Evaluation of credits of applicants for admission to approved program	\$ 50
11. Evaluation of credits of out-of-state applicants for Louisiana	\$100

practical nurse license

12. Verification of Louisiana license to out-of-state board	\$ 30
13. Certification of good-stand license	\$ 5

B. All fees shall be nonrefundable.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969 and 37:977 as amended Act 272, 1982 and Act 54, 1991.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:200 (April 1977), amended LR 10:342 (April 1984), amended by the Department of Health and Hospitals, Board of Practical Nurse Examiners LR 18:1130 (October 1992), repromulgated LR 18:1263 (November 1992), amended LR 26:2618 (November 2000), LR 34:874 (May 2008), LR 40:2578 (December 2014), LR 45:433 (March 2019).

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PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XLVII. Nurses: Practical Nurses and Registered 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.

E.1. The 2016 Legislature amended the Nurse Practice Act, Act 598, to remove the two ex officio, non-voting physician members and replace them with two representatives of the consumers of Louisiana from the state at-large, appointed by the governor and neither of whom shall be a nurse. The consumer members must:

- a. be a citizen of the United States and a resident of Louisiana for at least one year immediately prior to appointment;
- b. have attained the age of majority;
- c. have never engaged in any activity directly related to the practice of professional nursing; and
- d. have never been convicted of a felony.

2. The consumer members will be fully active, voting members of the Louisiana State Board of Nursing.

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), amended by the Department of Health, Board of Nursing, LR 43:1378 (July 2017).

§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.

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 officer.

B. The three officers are to be elected at the annual meeting, and are to serve for two years, or until their successors have been elected.

C. The alternate officer shall be elected to provide for the seating of a complement of officers in case of an emergency vacancy of the president or vice-president. The elected alternate shall have no official officer functions unless an emergency vacancy occurs.

D. In the event of the vacancy of the office of president, the vice-president shall serve as president and the alternate shall serve as vice-president to complete the unexpired term of office. A new alternate shall be elected at the next meeting of the board.

E. In the event of the vacancy of the office of the vice-president, the alternate shall serve as vice-president to complete the unexpired term of office. A new alternate shall be elected at the next meeting of the board.

F. The elected officers will serve as the executive committee of the board.

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

1. The president shall preside at all board meetings. (S)he shall appoint all standing and special committees and respective chairs not otherwise provided for, and perform all other duties pertaining to this office. The president shall serve as ex officio member to all standing and special committees. The president may serve as a voting member of any standing and special committee for the purpose of constituting a quorum.

2. The vice-president shall serve as secretary-treasurer to the board. (S)he shall oversee the preparation of an annual budget, assisted by LSBN chief executive officer/ executive director and other staff as needed and will review financial records periodically and present a report at each regular board meeting. (S)he shall preside over all regular or special meetings in the absence of the president or at the request of the president.

H. The officers shall direct the chief executive officer/executive director to carry out functions of the board relative to its statutory requirements.

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), amended by the Department of Health, Board of Nursing, LR 46:21 (January 2020).

§3305. Official Office of the Board

A. The domicile of the board is Baton Rouge, Louisiana, 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 a place and time designated by the board.

B. Regular meetings of the board shall be held at least bi-monthly. The annual meeting shall be held at the first regularly scheduled meeting of the calendar year.

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

D. Six 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 chief executive officer/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 chief executive officer/ 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 accordance 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), amended by the Department of Health, Board of Nursing, LR 46:22 (January 2020).

§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 said 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 said 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).

§3324. Permission to Enroll or Progress in Undergraduate Clinical Nursing Courses

A. Approval by the board is required prior to student enrollment in undergraduate clinical nursing courses.

B. Requirements to enroll/progress in clinical nursing courses include:

1. evidence of good moral character;
2. eligibility for admission to clinical nursing courses at a program approved by the board;
3. verification of eligibility for admission by the chief nurse administrator or designee of the administrative nursing unit;
4. a complete application form to include the permission to obtain criminal history record information as specified in LAC 46:XLVII.3330, fees and costs as may be incurred by the board in requesting and obtaining state and national criminal history record information on the applicant and remittance of the required fee as specified in LAC

46:XLVII.3341 prior to the deadline date established by the board;

5. freedom from violations of R.S. 37:911 et seq., or of grounds for delay/denial of permission to enroll in clinical nursing courses as specified in LAC 46:XLVII.3331 or other administrative rules;

6. freedom from acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:921 and LAC 46:XLVII.3403 and 3405; or if found guilty of committing such acts or omissions, the board finds, after investigation, that sufficient restitution, rehabilitation, and education has occurred.

C. Applicants who falsify the application or fail to disclose information that should have been reported to the board may be denied enrollment/progression in clinical nursing courses and may not be eligible to resubmit an application until completion of the disciplinary process. Falsifying an application may result in denial of permission to enroll in clinical nursing courses or application for licensure as a registered nurse in Louisiana for up to five years.

D. Approval to enroll/progress expires upon 12 months if not enrolled in clinical nursing courses.

E. Evidence of violation of R.S. 37:911 et seq., or of grounds for denial or delay of approval to enroll in clinical nursing courses as specified in LAC 46:XLVII.3331 or acts of omissions which constitute grounds for disciplinary action as defined in R.S. 37:921 and LAC 46: XLVII.3403 and 3405 may result in immediate denial to progress in clinical nursing courses until completion of the disciplinary process.

F. Incidents which constitute grounds for disciplinary action that occur after initial approval is granted and which may affect progression in clinical nursing courses shall be immediately disclosed on the clinical nursing student disclosure form.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 42:753 (May 2016), amended Department of Health, Board of Nursing, LR 46:911 (July 2019).

§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 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.

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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 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), LR 41:1085 (June 2015).

§3328. 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 healthcare 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;
 - 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.

H. Prescriptive and Distributing Authority of Advanced Practice Registered Nurses (APRNs) Issued a Disaster Permit. As public health emergencies and disasters can be sudden and unpredictable, the Department of Health and Hospitals, Office of Public Health and the Louisiana State Board of Nursing shall jointly develop guidelines for the

collaborative practice agreement and collaborating physicians or dentists, and the processes required for granting disaster permits and temporary prescriptive authority for APRNs in the event of such emergencies when gratuitous services are provided. Any APRN issued a disaster permit who engages in medical diagnosis and management shall have prescriptive authority issued by the Louisiana State Board of Nursing. In accord with LAC 46:XLVII.4513.D, with the exception of controlled substances, an APRN may be granted temporary prescriptive authority to prescribe assessment studies, including pharmaceutical diagnostic testing, legend 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 APRN license or APRN disaster relief permit issued in Louisiana with no pending disciplinary proceedings as stated in R.S. 37:921;
- b. submit an application for temporary prescriptive authority on a form provided by the board;
- c. submit evidence of current, unrestricted certification issued by a nationally recognized certifying body approved by the board;
- d. submit evidence of current and active prescriptive authority granted in another state;
- e. submit a collaborative practice agreement as defined in §4513.B.1, 2 and 3 and the guidelines established and approved by the Department of Health and Hospitals, Office of Public Health and the Louisiana State Board of Nursing.

i. The collaborating physician shall include the state health officer of the Department of Health and Hospital, Office of Public Health and/or his designee;

ii. The designee shall meet all requirements set forth by the board and as delineated in the guidelines.

2. Any deviation from any provisions in this Part shall be submitted to the board for review and approval;

3. APRNs currently licensed and holding active prescriptive authority in Louisiana are eligible to apply for additional temporary prescriptive authority privileges under the provisions of this Section;

4. Nothing herein provides for the authorization to prescribe controlled substances

5. 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 or during the time prescriptive

authority has been granted, the permit and prescriptive authority issued pursuant to this Section shall be recalled.

6. The Louisiana State Board of Nursing shall review the application and collaborative practice agreement for temporary prescriptive authority and all related materials, and shall approve, modify, or deny the application for prescriptive authority. An APRN with temporary prescriptive authority approved by the board shall only prescribe drugs and therapeutic devices as recommended within the parameters of the collaborative practice agreement.

7. If temporary prescriptive authority is granted through the provisions of this part relative to the issuance of an APRN disaster permit, prescriptive authority shall become inactive immediately upon expiration or inactivation of the APRN disaster permit, and the APRN must immediately cease exercising prescriptive authority at that time.

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), LR 40:2248 (November 2014).

§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. 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.

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;

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. 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.

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

A. Denial of Licensure, Licensure by Endorsement, 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. any of the following crimes:
 - i. R.S. 14:28.1, solicitation for murder;
 - ii. R.S. 14:30, first degree murder;
 - iii. R.S. 14:30.1, second degree murder;

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- iv. R.S. 14:32.6, first degree feticide;
- v. R.S. 14:34, aggravated battery;
- vi. R.S. 14:34.1, second degree battery;
- vii. R.S. 14:34.7, aggravated second degree battery;
- viii. R.S. 14:37.1, assault by drive-by shooting;
- ix. R.S. 14:42, aggravated or first-degree rape;
- x. R.S. 14:42.1, forcible or second-degree rape;
- xi. R.S. 14:43, simple or third-degree rape;
- xii. R.S. 14:43.1, sexual battery;
- xiii. R.S. 14:43.2, second degree sexual battery;
- xiv. R.S. 14:43.3, oral sexual battery;
- xv. R.S. 14:43.5, intentional exposure to AIDs virus;
- xvi. R.S. 14:44, aggravated kidnapping;
- xvii. R.S. 14:44.1, second degree kidnapping;
- xviii. R.S. 14:44.2, aggravated kidnapping of a child;
- xix. R.S. 14:45, simple kidnapping;
- xx. R.S. 14:46.2, human trafficking;
- xxi. R.S. 14:46.3, trafficking of children for sexual purposes;
- xxii. R.S. 14:52, aggravated arson;
- xxiii. R.S. 14:64, armed robbery;
- xxiv. R.S. 14:64.1, first degree robbery;
- xxv. R.S. 14:64.3, armed robbery use of firearm, additional penalty;
- xxvi. R.S. 14:64.4, second degree murder;
- xxvii. R.S. 14:81.1, pornography involving juveniles;
- xxviii. R.S. 14:81.2, molestation of a juvenile or a person with a physical or mental disability;
- xxix. R.S. 14:84.4, prohibited sexual conduct between educator and student;
- xxx. R.S. 14:82.2 (C)(4)(5), purchase of commercial sexual activity;
- xxxi. R.S. 14:89, crime against nature;
- xxxii. R.S. 14:89.1, aggravated crime against nature;
- xxxiii. R.S. 14:93.2.3, second degree cruelty to juveniles;
- xxxiv. R.S. 14:93.3, cruelty to persons with infirmities;
- xxxv. R.S. 14:93.5, sexual battery of persons with infirmities;
- xxxvi. R.S. 14:128.1, terrorism; or

xxxvii. an equivalent crime in jurisdictions other than Louisiana; or

b. a crime designated or defined as an “aggravated offense,” as a “criminal offense against a victim who is a minor,” as a “sexual offense,” or as a “sexual offense against a victim who is a minor,” as listed, defined, enumerated, or designated within R.S. 15:541, or any other later-enacted and comparable law(s); or an equivalent crime in jurisdictions other than Louisiana.

2. For purposes of this Section, a first offender pardon, suspension of imposition of sentence, expungement, or similar action shall not negate or diminish the applicability 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 revoked, suspended, or surrendered as a result of disciplinary action taken against a licensee by the board or which reinstatement otherwise would be subject to the provisions of LAC 46:XLVII.3415.

B. Denial of Licensure, Reinstatement, or the Right to Practice Nursing as a Student Nurse for up to 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 up to 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:

- a. felony which reflects an inability to practice nursing safely with due regard for the health and safety of clients or patients not previously mentioned or related to the aforementioned Paragraph A.1-A.1.b of this Section, or any of the following crimes:
 - i. R.S. 14:31, manslaughter;
 - ii. R.S. 14:32.1, vehicular homicide;
 - iii. R.S. 14:32.7, second degree feticide;
 - iv. R.S. 14:34.2, battery of a police officer;
 - v. R.S. 14:37, aggravated assault;
 - vi. R.S. 14:37.2, aggravated assault upon a peace officer;
 - vii. R.S. 14:37.4, aggravated assault with a firearm;
 - viii. R.S. 14:37.7, domestic abuse aggravated assault;
 - ix. R.S. 14:38.1, mingling harmful substances;

- x. R.S. 14:40.2, stalking;
- xi. R.S. 14:46.1, false imprisonment; offender armed with a dangerous weapon;
- xii. R.S. 14:55, aggravated criminal damage to property;
- xiii. R.S. 14:60, aggravated burglary;
- xiv. R.S. 14:62.8, home invasion;
- xv. R.S. 14:64.2, carjacking;
- xvi. R.S. 14:65, simple robbery;
- xvii. R.S. 14:65.1, purse snatching;
- xviii. R.S. 14:66, extortion;
- xix. R.S. 14:67.3, unauthorized use of "access card" as theft;
- xx. R.S. 14:67.11, credit card fraud by persons authorized to provide goods and services;
- xxi. R.S. 14:67.16, identity theft;
- xxii. R.S. 14:67.21, theft of assets of a person who is aged or person with a disability;
- xxiii. R.S. 14:67.22, fraudulent acquisition of a credit card;
- xxiv. R.S. 14:68.2, unauthorized use of supplemental nutrition assistance program benefits or supplemental nutrition assistance program benefit access devices;
- xxv. R.S. 14:70.1, Medicaid fraud;
- xxvi. R.S. 14:70.4, access device fraud;
- xxvii. R.S. 14:80, felony carnal knowledge of a juvenile;
- xxviii. R.S. 14:81, indecent behavior with juveniles;
- xxix. R.S. 14:81.3, computer-aided solicitation of a minor;
- xxx. R.S. 14:82.1, prostitution; persons under 18;
- xxxi. R.S. 14:82.2, purchase of commercial sexual activity;
- xxxii. R.S. 14:83, soliciting for prostitutes;
- xxxiii. R.S. 14:83.1, inciting prostitution;
- xxxiv. R.S. 14:83.2, promoting prostitution;
- xxxv. R.S. 14:84, pandering;
- xxxvi. R.S. 14:85, letting premises for prostitution;
- xxxvii. R.S. 14:86, enticing persons into prostitution;
- xxxviii. R.S. 14:92, contributing to the delinquency of a minor;
- xxxix. R.S. 14:94, illegal use of weapons or dangerous instrumentalities;
- xl. R.S. 14:102, cruelty to animals, simple;
- xli. R.S. 14:106(A)(5), obscenity (by solicitation of a person under the age of 17);
- xlii. R.S. 14:108.1(C), aggravated flight from an officer;
- xliii. R.S. 14:283, video voyeurism;
- xliv. R.S. 14:283.1, voyeurism (second or subsequent conviction); 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 an equivalent crime in jurisdictions other than Louisiana, including without limitation:
 - i. R.S. 40:962.1.1, possession of 12 grams or more of ephedrine, pseudoephedrine, or phenylpropanolamine or their salts, optical isomers, and salts of optical isomers;
 - ii. R.S. 40:962.1.2, restriction on the sale and purchase of nonprescription products containing dextromethorphan, its salts or optical isomers, and salts of optical isomers;
 - iii. R.S. 40:966, penalty for distribution or possession with intent to distribute narcotic drugs listed in schedule I; possession of marijuana, possession of synthetic cannabinoids, possession of heroin;
 - iv. R.S. 40:967, prohibited acts—schedule II, penalties;
 - v. R.S. 40:968, prohibited acts—schedule III, penalties;
 - vi. R.S. 40:969, prohibited acts—schedule IV, penalties;
 - vii. R.S. 40:970, prohibited acts—schedule V, penalties;
 - viii. R.S. 40:971, prohibited acts; all schedules;
 - ix. R.S. 40:971.1, prohibited acts; false representation;
 - x. R.S. 40:971.2, unlawfully prescribing, distributing, dispensing, or assisting in illegally obtaining controlled dangerous substances;
 - xi. R.S. 40:979, attempt and conspiracy;
 - xii. R.S. 40:981, distribution to persons under 18;
 - xiii. R.S. 40:981.1, distribution to a student;
 - xiv. R.S. 40:981.2, soliciting minors to produce, manufacture, distribute, or dispense controlled dangerous substances;
 - xv. R.S. 40:981.3, violation of uniform controlled dangerous substances law; drug free zone;

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xvi. R.S. 40:983, creation or operation of a clandestine laboratory for the unlawful manufacture of a controlled dangerous substance; definition; penalties;

xvii. R.S. 40:983.1, creation or operation of a clandestine laboratory for the unlawful manufacture of controlled dangerous substance on or within one thousand feet of school property;

xviii. R.S. 40:989, dangerous chemical substances; butyl nitrate, nitrous oxide, and amyl nitrate; use and transference;

xix. R.S. 40:989.1, unlawful production, manufacture, distribution, or possession of hallucinogenic plants;

xx. R.S. 40:989.2, unlawful production, manufacturing, distribution, or possession of prohibited plant products;

xxi. R.S. 40:989.3, unlawful distribution of products containing *Mitragyna speciosa* to minors;

xxii. R.S. 40:996.6, violations (stop order); or

c. two or more misdemeanors 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;

vii. any crimes related to alcohol or drugs; or

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

i. the final disposition of the criminal case involving the applicant including, if applicable, the completion of all court-ordered probation and/or parole; community supervision, restitution; and

ii. 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 the applicant desires to be considered shall be presented to board staff; and

b. a hearing or conference shall be held before the board 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 or not 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 or other 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 may 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 involving any violence or danger to another person, or involving a crime that 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 nature by any licensing/certifying board in any state; or

c. has pled guilty, *nolo contendere*, "best interest of", 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 pre-trial diversion program or a district attorney's probation program in lieu of prosecution for, a crime which may not constitute grounds for denial, but nonetheless reflects the inability of the applicant to practice nursing safely; and the conditions of the court or the pre-trial diversion program have not been met; or the applicant is currently serving a court ordered probation or parole at the time the applicant submits an application; or

d. has been diagnosed with or treated for a physical or mental condition which may interfere with or affect the ability of the applicant 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 are not eligible for consideration of a new application until the following conditions are met:

a. if the delay is based on the existence of a pending criminal charge, the applicant shall present evidence the charge(s) has/have been dismissed, said evidence to include documents indicating the dismissal was predicated upon the applicant's successful completion of a pre-trial diversion

program, a district attorney's probation program, or completion of conditions imposed for consideration of suspension of sentence under La. C.Cr.P. arts. 893 or 894 or their respective equivalents in jurisdictions other than Louisiana; or

i. if the charge results in a felony conviction, other than for the commission of a crime which constitutes grounds for denial of the application, the applicant shall present evidence of the final disposition of the criminal case involving the 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 which constitutes grounds for denial of the application, the applicant shall 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 the delay is based upon pending disciplinary action, the applicant shall present evidence of unencumbered license(s) or certification from all affected jurisdictions, which evidence shall prove the matter has been resolved satisfactorily; or

c. if the delay is based upon the existence of a physical or mental condition, the applicant shall 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, and any other evidence which demonstrates the ability of the applicant to practice nursing safely;

d. if the delay is based on the existence of a substance use disorder or dependency and/or treatment for that disorder/dependency, the applicant shall demonstrate to the board's satisfaction continuous, on-going, and consistent sobriety and successful participation in, or completion of, all treatment recommendations, all of which shall be reviewed on a case-by-case basis;

e. a hearing or conference may be held before the board to review and to evaluate any evidence, to afford the applicant an opportunity to prove the cause for the delay no longer exists, or the cause is being treated successfully, or is in remission, and to provide an opportunity for the board to determine whether or not a new application may be submitted and considered without being subject to the delay provisions of Paragraph B.1 of this Section when no new or other grounds for such a delay exist.

3. The provisions of this Section shall not apply to the reinstatement of a license which has been revoked, suspended, or surrendered as a result of disciplinary action taken against a licensee by the board or which reinstatement otherwise would 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), amended by the Department of Health, Board of Nursing, LR 44:1010 (June 2018).

§3333. Renewal of License

A. Every person holding a license to practice as a RN and/or an APRN, and intending to practice during the ensuing year, shall renew his or her license biennially prior to the expiration of his or her license. This does not apply to licensees who hold an active RN multistate license in a compact state other than Louisiana exercising their privilege to practice. The board shall furnish an online, electronic application for renewal of a license which is accessible to every person who holds a current license. The licensee shall complete the renewal application during the active renewal season and before January 1. Upon completion of the application and submission of any supporting documentation and 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 not be processed. Applications submitted after December 31 shall be considered late and are subject to the fee as required under §3341 for late renewals. Failure to renew a license prior to expiration shall result in an inactive license and subjects the individual to forfeiture of the right to practice. Falsification and/or failure to disclose information on the renewal application may result in disciplinary action. An individual shall notify the board of:

1. change of address which includes a physical address and email address. Notify the office of the board by submitting changes in the individual's online, electronic account within 30 days if a change of physical and/or email address has occurred;

2. change of name. If a registered nurse/candidate for registration should change his/her name through marriage, divorce, religious order, or for any other reason, a request for a change of name and supporting documentation shall be submitted electronically to the board. Supporting documentation includes a copy of the marriage certificate, divorce document, or affidavit confirming change of name, and is required to execute a name change on board records.

B. Requirements of the licensee for renewal of license include:

1. completion of the online, electronic application, including statistical information;

2. payment of fee;

3. evidence of meeting the requirements regarding continuing education, in §3335 and

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 the application is submitted, or else the RN/APRN license shall be subject to immediate invalidation with change of status to

inactive license and practice as a RN and/or APRN 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 RN or APRN 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. Licensees may submit an electronic application to inactivate or retire their license(s) at any time. A retired RN license is considered an inactive license. Individuals with a retired license are not authorized to practice.

1. A retired status license may be issued to any individual with an active unencumbered RN and/or APRN license who is not enrolled in an alternative to discipline program and 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;
- b. pays the required one-time fee as specified under §3341; and
- c. has no pending investigation and/or pending formal disciplinary action for alleged violation(s) of the board's rules and /or regulations.

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. If at a future date, the licensee wishes to return to practice, the requirements for reinstatement including but not limited to those specified under §§3335.D, 4507.E.2, and/or 4507.F must be met.

5. The professional designation can be used followed by "retired".

6. After the RN license is placed in retired status, the APRN license may also be placed in retired or inactive status with no fee if requested.

7. The APRN license may be placed in retired or inactive status with no fee while the RN license remains active provided the provisions in §3335.D.1.a and c are met.

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), amended by the Department of Health, Board of Nursing LR 46:1225 (September 2020).

§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 RN 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 submits an application that is approved to inactivate a current RN license or is recorded when an individual declares another compact state, other than Louisiana, as the primary state of residence and holds an active multistate license in that other compact state with no discipline on the privilege to practice.

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 or otherwise formally educated 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, consulting, quality assurance, and other positions which require use of nursing knowledge, judgment, and skill.

Practice Hour—60 minutes of nursing practice.

Refresher Course—instruction designed to update 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 RN licensure renewal the applicant shall be in compliance with one of the following:

a. a minimum of 30 board-approved contact hours of continuing education during the two-year licensure period; or

b. a minimum of 900 practice hours during the two-year licensure period as verified by the employer on a form provided by the board; or

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

d. 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. Initial, first-time failure to comply with continuing education requirements will result in a warning and may prohibit the licensee from renewing the license if the required CE documents are not provided.

b. Subsequent failure(s) to comply with continuing education requirements shall result in disciplinary action.

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

D. Reinstatement of License

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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 and the applicant has not been actively engaged in the practice of nursing in another jurisdiction, 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 a minimum of 160 hours of instructor planned, supervised instruction, including theory and clinical practice, in lieu of a refresher course; or

c. individualized remediation as determined by the board 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. successful completion of the NCLEX-RN examination during the current or 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.)

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:

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 certification in an approved area, such as ACLS, PALS, or advanced IV therapy, etc., provided they meet the criteria for approved offerings; 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:

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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;

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), amended by the Department of Health, Board of Nursing, LR 46:1225 (September 2020).

§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

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

1. Licensure Fees:

a. RN examination application—\$100;

- b. RN endorsement application—\$100;
 - c. Enrollment application—\$50;
 - d. RN renewal application—\$100;
 - e. RN late fee - \$50 (plus renewal fee);
 - f. Retired license application (one-time fee)—\$100;
 - g. RN reinstatement application—\$100;
 - h. Initial APRN licensure application—\$100;
 - i. RN/APRN endorsement temporary permit fee—\$100;
 - j. APRN endorsement application—\$100;
 - k. APRN renewal application—\$100;
 - l. APRN late fee—\$100 (plus renewal fee);
 - m. APRN reinstatement application—\$100;
 - n. APRN prescriptive authority application—\$100
 - o. APRN prescriptive authority site change fee—\$50;
 - p. Reinstatement of prescriptive authority privileges—\$100;
 - q. Verification of licensure—\$25;
 - r. LARN Compact Conversion application—\$50
2. Miscellaneous
- a. Consultation—\$100/hour;
 - b. Photo copies—\$0.50/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

B. Fees for Returned Items

1. The board shall collect a \$25 fee for returned items for payment of 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.

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). LR 40:1696 (September 2014), amended by the Department of Health, Board of Nursing, LR 45:910 (July 2019).

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, illegal practice or suspected impairment due to/from controlled or mood altering drugs; alcohol; or a mental or physical condition of any healthcare provider.

o. 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;

p. inappropriate, incomplete or improper documentation;

q. 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;

r. 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;

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

t. 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.

u. 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;

v. false statement on application;

w. 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 who is licensed as a registered nurse, an advanced practice registered nurse, or both, and whose license or licenses are revoked, but not declared "permanently revoked," loses his/her license(s) to practice registered nursing, advanced practice registered nursing or both is no longer a registered nurses, advanced practice registered nurse, or both, but may apply for reinstatement for five years from the date the board's revocation order became a final judgement. A person whose license or licenses are revoked permanently or are declared permanently revoked, however, never again shall be allowed to practice registered nursing in Louisiana, and an application for reinstatement shall not be considered.

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, an advanced practice register nurse, or both, in abeyance for a definite period of time. A suspension shall not exceed a maximum term or time period of three years. A suspended registered nurse or advanced practice registered nurse remains a registered nurse, an advanced practice registered nurse, or both, during the period of suspension and retains a license to practice. But cannot practice, and

shall not practice, registered nursing, advanced practice registered nursing, or both, during the term of suspension.

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), LR 36:2278 (October 2010), amended by the Department of Health, Board of Nursing, LR 43:1379 (July 2017), LR 45:248 (February 2019).

§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.

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.

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.

1. 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.

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 available 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), amended by the Department of Health, Board of Nursing, LR 43:1964 (October 2017).

§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. An application for reinstatement of a suspended, revoked, 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 or a revoked 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) or revoked, 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 the conditions that led to the suspension or revocation 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.

D. In addition to the requirements of Subsections A, B, and C of this Section, an application for reinstatement of a revoked license shall not be submitted and shall not be considered by the board or by board staff until after five years pass from the date the board's revocation order became a final judgement.

E. The board and board staff shall not accept and shall not consider an application for reinstatement from a person whose license or licenses were revoked permanently or were declared revoked permanently.

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), amended by the Department of Health, Board of Nursing, LR 45:41 (January 2019).

§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 use disorder 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—conformity 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 an 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 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 with the stipulations of 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 chemicals 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 pertaining to any crime of violence or other crime referenced in LAC 46:XLVII.3331.A, any crime that involves the distribution of drugs, and/or any crime that demonstrates a lack of fitness to practice nursing;

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;

j. agrees to comply with all RNP stipulations and signs program agreement including statement of admission of substance use disorder 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.

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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 five years for substance use disorders. Agreements to rule out substance use disorder 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 otherwise 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. Participants must follow all treatment recommendations. Admission shall be within 10 days unless otherwise 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. complete and submit to the board a comprehensive inpatient re-evaluation and treatment as recommended by a board approved addictionologist;

ii. sign and adhere to a disciplinary RNP agreement with documented evidence of continuous sobriety for a minimum of six months;

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.

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.

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), amended by the Department of Health, Board of Nursing, LR 44:919 (May 2018).

Chapter 35. Undergraduate and Graduate Nursing Education Degree Programs

§3501. Duties of the Board Directly Related to Undergraduate and Graduate Nursing Education Degree Programs

A. The authority of the Board of Nursing relating to undergraduate and graduate nursing education degree programs is contained in 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 undergraduate and graduate nursing education degree programs whose graduates meet the licensing requirements of the board;

3. provide for hearings for undergraduate and graduate nurse education degree programs when approval is denied or withdrawn;

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

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), LR 42:876 (June 2016).

§3503. Definitions

Accreditation—an external quality review process used in U.S. education and performed by peers to assure that postsecondary institutions and other education providers meet and maintain minimum standards of quality and integrity regarding academics, administration, structure, function, performance and related services. The goal of accreditation is to ensure that education provided by institutions of higher education meets acceptable levels of quality.

1. *Regional Accreditation*—accreditation by an agency recognized by the Council on Higher Education Accreditation and/or the U.S. Department of Education to ensure the quality and integrity of public and private, mainly non-profit, degree-granting, two- and four-year, institutions.

2. *National Nursing (Program) Accreditation*—accreditation by an agency recognized by the Council on Higher Education Accreditation and/or the U.S. Department

of Education to ensure the quality and integrity of diploma, associate, baccalaureate, graduate, and residency programs in nursing.

Acknowledge—recognition of receipt of item by the board or board staff that does not require board approval.

Advanced Practice Nursing Role—the advanced practice role for which a graduate nursing education degree program prepares its graduates. The advanced practice role categories for licensure include certified nurse midwives (CNM), certified registered nurse anesthetists (CRNA), clinical nurse specialists (CNS), and nurse practitioners (NP).

Approval—legal recognition indicating the undergraduate and/or graduate nursing education degree program(s) has met the legal standards established by the board.

Approved Program—an undergraduate and/or graduate nursing education degree program(s) 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 undergraduate and/or graduate nursing education degree program(s).

Cohort—students in a group admitted simultaneously with the same expected graduation date.

Competency—an expected level of performance that results from an integration of knowledge, skills, abilities, and judgment. Knowledge encompasses the scope of practice, standards of practice, standards of professional performance, content from science and the humanities, practical experience and personal capabilities. Skills include psychomotor, communication, interpersonal, and diagnostic skills. Ability is the capacity to act effectively and requires listening, integrity, self-knowledge of strengths and weaknesses, positive self-regard, emotional intelligence, and openness to feedback. Judgment includes critical thinking, problem solving, ethical reasoning, and decision-making.

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 outcomes.

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

Distance Education—instruction offered by any means where the student and faculty are in separate physical locations. Teaching methods may be synchronous or asynchronous and shall facilitate and evaluate learning in compliance with Board of Nursing approval status/regulations.

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Distance Education Technology—the methods and technical support used to teach undergraduate and graduate students who may be physically distant from the faculty.

Faculty—

1. *Chief Nurse Administrator*—the registered nurse with a graduate degree in nursing with the authority and responsibility for the administration of the undergraduate and/or graduate nurse education degree program(s) and implementation of the curriculum. This title is used regardless of the person's official title in the parent institution.

2. *Nurse Faculty*—a doctorate or master's in nursing prepared registered nurse and/or advanced practice registered nurse with academic preparation and experience. Nurse faculty are underwritten contractual agreement with a parent institution for administration, teaching, research, service, or clinical education of students in programs preparing candidates for registered nurse and/or advanced practice registered nurse licensure.

3. *Support Faculty*—an individual with academic preparations and experience in their respective professional discipline that provides services or teaches support courses.

4. *Graduate Assistant*—a registered nurse who serves in a support role at a university while completing graduate or post-graduate education. Graduate assistants are not faculty exceptions.

5. *Preceptor (Undergraduate)*—a baccalaureate prepared registered nurse with one year experience, who is employed in a clinical setting and serves as a role model, resource person, and clinical educator to enhance the learning experiences of a nursing student.

6. *Preceptor (Graduate)*—an advanced practice registered nurse, physician, or dentist, who provides guidance, serves as a role model, resource person, and clinical educator to enhance the learning experiences of an advanced practice nursing student.

7. *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—general aims of the program that are consistent with the institutional and program missions.

Graduation Rate—percentage of a cohort of students who complete their program within 150 percent of the published time for the program.

Major/Substantive Change in Approved Nursing Education Degree Program—a change in the current established approved nursing education degree program. Any one of the following shall be deemed to constitute a major/substantive change:

1. alteration, other than editorial, in program's mission/philosophy and outcomes (refer to §3511);
2. in legal status of the program (refer to §3513);
3. change in status with regulatory, governmental or institutional accreditation (refer to §3513);
4. reduction in resources impacting the sustainability of the undergraduate and/or graduate nurse education degree program(s) (refer to §3519);
5. reduction in faculty size exceeding 25 percent and in faculty exceptions exceeding 20 percent of full-time faculty employed in accordance with §3515;
6. addition or deletion of clinical role/population preparing advance practice registered nurses in an approved graduate nursing education degree program in accordance with §3507;
7. implementation of innovative strategies in undergraduate and/or graduate nursing education degree program(s) with a focus to include, but not limited to student enrollment, retention, and graduation rates; test previous models of nursing education and develop and test new models of nursing education;
8. addition or deletion of more than 10 percent of the semester credit hours from the undergraduate and/or graduate nurse education degree program(s) of studies;
9. in student enrollment, achievement completion rates, graduation rates, pass rates for the National Council licensure examination-registered nurse and certification; and/or
10. addition or deletion of a major clinical facility providing students' clinical experiences (refer to §3529).

Mission Statement—a statement of purpose defining the unique nature and scope of the parent institution or the nursing education degree program.

Nursing Education Degree Program—a program whose purpose is to prepare graduates eligible to apply to write the registered nurse licensing examination and/or certification and licensure as an advanced practice registered nurse.

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 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.

4. *Advanced Practice Registered Nurse (APRN)*—a graduate nursing education degree program that prepares an individual for certification and licensure in the roles of certified nurse midwives (CNM), certified registered nurse anesthetists (CRNA), clinical nurse specialists (CNS), and

nurse practitioners (NP) and awards master's degree, practice doctorate degree or post-master's certificate.

5. *Post-Master's Certificate*—a post-master's or post-doctoral nursing education program of study that awards a certificate of completion in the roles of certified nurse midwives (CNM), certified registered nurse anesthetists (CRNA), clinical nurse specialists (CNS), and nurse practitioners (NP).

6. *Post-Graduate Residency*—a program that provides education and support necessary to develop the judgment, skill and knowledge for a successful transition from an undergraduate or graduate nursing education degree program into an entry level generalist or an advanced practice registered nurse professional role.

7. *Post-Graduate Fellowship*—an opportunity given to a professional registered or advanced practice registered nurse to build upon current practice through extension of knowledge, professional development, and leadership in clinical and research areas of interest.

8. *Practice Doctorate Degree*—a program conducted by an educational unit, department, division, college or school that is an integral part of a college or university, leading to a doctorate degree, which prepares experts in one of three practice arenas: health care, leadership, or teaching. In addition to preparing the experts in direct clinical practice, the program shall confer proficiency in the following areas:

- a. leadership;
- b. health care systems;
- c. evidence-based practice and research utilization;
- d. advocacy/policy and clinical teaching with patients, students, families, communities and professional colleagues.

Outcomes—quantitative or qualitative student, faculty or program measures of achievement.

Parent Institution—the organization or agency responsible for the administration and operation of the undergraduate and graduate nurse education degree programs.

Pass Rate (Certification)—the percentage of graduates from a cohort of an advanced practice registered nurse education degree program successfully completing the certification examination on first attempt in a calendar year.

Pass Rate (RN Licensure)—the percentage of students from a cohort taking the National Council licensure examination-registered nurse (NCLEX-RN) and passing the test on the first attempt in a calendar year.

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 learning experience in which an undergraduate and/or graduate nursing student participates in clinical nursing practice while assigned to a preceptor.

Program Length—the published amount of time to complete the undergraduate and graduate nurse education degree programs in a part-time or full-time enrollment status.

Recommendation—specific statement based upon program assessment as to the suggested course of action put forth by the Board of Nursing that should be implemented for compliance.

Requirement—a specific statement based upon program assessment as to the required course of action put forth by the Board of Nursing that shall be implemented for compliance.

Shall—denotes mandatory compliance in contrast to should or may which reflect possible variation.

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

Simulation—activities in classroom or clinical settings that mimic the reality of a clinical environment and are designed to demonstrate procedures, decision-making and critical thinking through techniques such as role-playing and the use of devices such as interactive videos or mannequins. A simulation may be very detailed and closely simulate reality, or it can be a grouping of components that are combined to provide some semblance of reality.

Standard—a criterion by which performance is measured.

Student Nurse—an individual who is enrolled in an approved undergraduate or graduate nurse education degree program preparing for licensure as a registered nurse and/or preparing any licensed registered nurse for APRN licensure.

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

Systematic Plan for Evaluation—a written plan for systematic review and evaluation of an undergraduate and/or graduate nurse education degree program(s) used for continuous program improvement; involves the process of determining whether the various parts and the entire program are achieving the mission/philosophy, goals and outcomes.

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 role, population or specialty.

Year—a period of time consisting of 365 days or 366 in leap year, in a 12-month period.

1. *Calendar Year*—beginning on January 1 and ending on December 31.

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), amended LR 42:876 (June 2016).

§3505. Approval of Undergraduate and Graduate Nursing Education Degree Programs

A. All undergraduate and graduate nursing education degree programs and clinical experiences in the state of Louisiana preparing persons for licensure, as a registered nurse and/or certification as an advanced practice registered nurse shall be approved by the board. The authority of the board is contained in R.S. 37:911 et seq., as amended.

B. Current status of the school’s approval by the Louisiana State Board of Nursing must be reflected on the school’s website, printed material and verbal communications with students and community.

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

1. initial program approval and site visit—\$500;
2. program site visit (requested or board mandated)—\$500;
3. out-of-state clinical approval—\$250;
4. school annual report fee—\$100.

D. On-site visits shall be made at the discretion of the board, or upon the request of the undergraduate and/or graduate nursing education degree program(s).

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), LR 42:878 (June 2016).

§3507. Purposes of Approval of Undergraduate and Graduate Nursing Education Degree Programs

A. To promote the safe practice of nursing by establishing standards for undergraduate and graduate nurse education degree programs preparing individuals seeking licensure as registered nurses and/or advanced practice registered nurses in Louisiana.

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

C. To assure graduates of undergraduate and graduate nursing education degree programs meet the educational and legal requirements for admission to licensing examinations and to facilitate their endorsement to other states and countries.

D. To assure continuous evaluation and improvement of undergraduate and graduate nursing education degree programs preparing candidates for registered nurse and/or advanced practice registered nurse licensure.

E. To assure the public and prospective students that undergraduate and graduate nursing education degree programs approved by the board 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), amended LR 42:878 (June 2016).

§3509. Types of Approval of Undergraduate and Graduate Nursing Education Degree Programs

A. Initial. Initial approval is granted to a new undergraduate and graduate nurse education degree program, which is determined by the board to be eligible to admit students to the nursing education degree program upon application by the parent institution and after survey and board evaluation (refer to §3533).

1. Initial approval shall not be continued for more than two consecutive one year periods following the undergraduate and graduate nurse education degree programs’ eligibility to apply for full approval.

B. Full. Full approval is granted to an undergraduate and graduate nurse education degree program that meets all standards established by the board (refer to §3533, §3535).

C. Probation. An undergraduate or graduate nursing education degree program shall be placed on probation when the board has determined that it fails to meet one or more of the established standards.

1. Probation shall not be granted for more than three calendar years in any five calendar year period (refer to §3533).

2. An undergraduate and graduate nurse education degree program on probation for three calendar years in any five calendar year period shall not admit new students and shall initiate a phase-out of the program as outlined in §3531, §3533.

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), amended LR 42:879 (June 2016).

§3511. Standards and Requirements for Undergraduate and Graduate Nursing Education Degree Programs: Mission/Philosophy and Goals

A. The undergraduate and graduate nursing education degree 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 undergraduate and graduate nursing education degree 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 undergraduate and graduate nursing education degree program shall be clearly delineated.

D. Distance education is consistent with the mission and goals of undergraduate and graduate nursing education degree program and the parent institution.

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), amended LR 42:879 (June 2016).

§3513. Administration, Organization, Control of Undergraduate and Graduate Nursing Education Degree Programs

A. There shall be a governing body which has legal authority to conduct undergraduate and/or graduate nursing education degree program(s), determine general policy and provide financial support.

B. The undergraduate and graduate nursing education degree programs shall be in a regionally accredited college or university which offers an undergraduate degree with a major in nursing or a graduate degree with a concentration in the advanced practice registered nurse role and population as defined in R.S. 37:913(1).

C. The parent institution shall hold active regional accreditation from an accrediting body approved by the U.S. Department of Education.

D. The undergraduate and graduate nursing education degree programs shall be accredited by a national nursing accrediting body approved by the U.S. Department of Education.

1. An undergraduate and graduate nursing education degree program shall be accredited by a national nursing accrediting body within one year post-full approval.

2. An undergraduate and graduate nurse education degree program not accredited by a national nursing accrediting body within one year post-full approval may petition the board for a one year extension.

3. Following the one year extension, an undergraduate and graduate nurse education degree program failing to achieve national accreditation shall immediately cease admission of students and begin termination of the program (refer to §3531).

4. An undergraduate and graduate nurse education degree program that loses national nursing accreditation

shall immediately be placed on probation with the Louisiana State Board of Nursing.

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

F. The undergraduate and graduate nursing education degree programs shall notify the board in writing, immediately and provide written communication within five business days when there has been a change in the control of the institution, chief nurse administrator of the program, or the accreditation status of the parent institution and/or the nursing education degree program(s).

G. The chief nurse administrator shall have the authority and responsibility to administer the undergraduate and/or graduate nursing education degree program(s) in respect to:

1. the instructional program;
2. budget planning and management; and
3. 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), amended LR 42:879 (June 2016).

§3515. Faculty and Faculty Organization of Undergraduate and Graduate Nursing Education Degree Programs

A. Faculty Body. There shall be qualified faculty adequate in numbers to provide a safe, effective faculty/student/client ratio as defined in (§3533, §3543, §3545) and to implement the undergraduate and/or graduate nurse education degree program in nursing in relation to its stated mission, goals, and expected program outcomes.

B. Qualifications

1. The chief nurse administrator and each nurse faculty member shall hold an active license to practice as a registered nurse in Louisiana and shall be appointed in compliance with state and federal laws.

2. The chief nurse administrator of a baccalaureate program shall hold a minimum of a graduate degree in nursing, 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 chief nurse administrator 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 as follows.

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a. The APRN faculty member shall hold a minimum of a graduate degree in nursing. APRN nursing faculty teaching advanced practice role and population content must be licensed in advanced practice in that advanced practice or related role and population.

b. Other credentialed providers may be utilized to provide content relevant to the advanced practice role and population in support courses.

c. The educational component of the APRN program shall be coordinated by a lead faculty member who is educated and nationally certified in the same role and population area and licensed as an APRN in the state of Louisiana.

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 be sufficient in number to accomplish the mission, goals and program outcomes.

7. Undergraduate nurse faculty shall maintain current knowledge and skills in areas of responsibility and provide documentation of same.

8. APRN faculty must demonstrate competence in clinical practice and teaching, which includes continued national certification or continuing education requirements.

9. Exceptions to the academic qualifications for undergraduate nurse faculty shall be justified and approved under board established guidelines. 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 after which they must be enrolled in a graduate nursing program; and

b. baccalaureate in nursing-prepared individuals who are enrolled in a graduate program in nursing at the master's and/or doctoral level shall be initially approved for two years in accordance with current board guidelines. Exceptions may be granted to each individual for a maximum of four years.

C. A faculty turn-over rate that exceeds 25 percent of the full-time nurse faculty employed (not FTE) at any given time by each undergraduate and/or graduate nursing education degree program(s) shall be reported to the board in writing within five business days 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; and
2. contract or letter of appointment to delineate terms of appointment, functions and responsibilities of the position.

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/governance documents.

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, labs, simulation, 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 community-based or a preceptorship experience (refer to §3543 and §3545).

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), LR 36:1245 (June 2010), LR 42:880 (June 2016), amended LR 49:874 (May 2023).

§3517. Student Policies and Services: Undergraduate and Graduate Nursing Education Degree Programs

A. Admission standards for entry into the undergraduate and graduate nursing education degree programs shall be established and published and shall reflect ongoing involvement by appropriate faculty.

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 undergraduate and graduate nursing education degree programs, by examinations, previous education, or both, shall be consistent with the parent institution.

D. Progression, transfer, termination, dismissal and graduation policies shall be established and published and shall reflect ongoing involvement by the appropriate faculty.

E. Information on the approval and accreditation status of the undergraduate and graduate nursing education degree programs, policies on tuition/fees and financial assistance, health care and counseling services shall be in writing and published on the website.

F. Accurate information about the undergraduate and graduate nursing education degree programs, including

current approval and accreditation status, shall be presented in recruitment and related activities.

G. Students shall be provided opportunity for input into the undergraduate and graduate nursing education degree programs.

H. Students' records shall be safeguarded and their confidentiality shall be maintained according to state and federal regulations.

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, LAC 46:XLVII.3324, 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), amended LR 42:880 (June 2016).

§3519. Facilities, Resources, Services for Undergraduate and Graduate Nursing Education Degree Programs

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 undergraduate and graduate nursing education degree programs.

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

F. Administrative and support services shall be provided to meet the needs of the undergraduate and graduate nursing education degree programs.

G. Clinical facilities shall be available in sufficient numbers and variety to meet the needs of the undergraduate and graduate nursing education degree programs (refer to §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), amended LR 42:881 (June 2016).

§3521. Curriculum: Undergraduate and Graduate Nursing Education Degree Programs

A. The faculty shall periodically review, evaluate and revise as appropriate the mission/philosophy, and goals of the undergraduate and/or graduate nursing education degree program(s); the goals and program outcomes shall be consistent with the mission of the nursing education degree program and flow from the mission of the institution.

B. The mission/philosophy, goals and program outcomes shall be used by the faculty in planning, implementing and evaluating the total undergraduate and/or graduate nursing education degree program(s).

C. Graduate and Undergraduate Curriculum Content

1. Undergraduate Curriculum

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

b. Credit hours earned for clinical nursing courses shall be no less than three hours and no more than four hours of clinical contact hours per academic credit hour per semester.

c. Opportunities shall be provided for the application of the nursing process throughout the curriculum and in a variety of settings that includes care across the lifespan and population health.

d. Simulated laboratory experiences may also be utilized as a teaching strategy in classroom and clinical settings to meet outcomes and may be counted as either classroom or clinical hours for the purpose of calculating the hours in the curriculum.

e. Provision shall be made for learning experiences with clients having nursing care needs across the lifespan and stages of the health-illness continuum as appropriate to the role expectations of the graduate.

2. Graduate Curriculum

a. The curriculum shall include, but not be limited to separate courses in advanced pathophysiology, advanced pharmacology, advanced assessment and diagnostic reasoning, and management of health care status courses and shall evidence appropriate course sequencing.

b. The APRN role and population shall have supervised experiences in accordance with accreditation, certification, and education requirements and standards.

i. Specialty roles and populations that provide care to multiple age groups and care settings will require additional hours as distributed in a way that represents the populations served.

ii. Dual role and population APRN programs shall include and address content and clinical experiences for both roles and populations. Each role and population shall have documented clinical hours in accordance with certification agency requirements. The population foci of the dual roles and populations will determine the extent to which overlap

may occur. Overlapping clinical hours between roles and populations must be documented and addressed as to the preparation for the two areas of practice.

c. Simulated laboratory experiences may also be utilized as a teaching strategy in classroom and clinical settings to meet outcomes and may be counted as either classroom or clinical hours for the purpose of calculating the hours in the curriculum.

d. There shall be provisions for the recognition of prior learning and advanced placement in the curriculum for those individuals who hold a master's or practice doctorate (APRN) in nursing and are seeking to qualify for recognition in a different APRN role and population. Post-graduate nursing students must complete the requirements of a master's or practice doctorate (APRN) program through a formal graduate level certificate or master's or practice doctorate level APRN role and population in the desired functional role. Post-graduate students must master the same outcome criteria as master's or practice doctorate level students. Post-graduate APRN students shall have supervised experiences in the role and population in accordance with accreditation, certification, and education requirements and standards.

D. Undergraduate and graduate distant nursing education degree programs leading to licensure must meet the standards and requirements of Louisiana undergraduate and graduate education degree programs contained in LAC 46:XLVII.Chapter 35.

E. Undergraduate and graduate distance nursing education degree programs leading to licensure and utilizing Louisiana agencies must be approved by the board at a regularly scheduled meeting (refer to §3539).

F. Undergraduate and graduate student learning outcomes of the course and content shall reflect society's concern with the bioethical and legal parameters of health care and professional practice.

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

1. The faculty to student ratio per clinical experience shall not exceed 1 to 10 (1:10) per clinical day for undergraduate clinical instruction unless the students are engaged in a board-approved preceptorship experience, which permits a maximum of 1 to 15 (1:15) faculty to undergraduate student ratio and 1 to 9 (1:9) faculty to APRN student ratio per clinical day.

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 undergraduate and graduate 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 as follows.

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

2. Any formalized agreements between programs to facilitate the transfer of credit between undergraduate and graduate nursing education degree 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), amended LR 42:881 (June 2016).

§3523. Major/Substantive Changes: Undergraduate and Graduate Nursing Education Degree Programs (Formerly §§3525 and 3537)

A. Undergraduate and/or graduate nursing education degree program(s) shall notify the board of major/substantive changes (refer to §3503).

B. The undergraduate and/or graduate nursing education degree program(s) shall submit to the board two paper copies and one electronic copy of the following:

1. alteration, other than editorial, in undergraduate and/or graduate nursing education degree program(s) mission/philosophy and outcomes as follows:

- a. letter of intent with timeline for proposed change;
- b. rationale for proposed change;
- c. evidence of approval by institution and/or accreditation agencies;
- d. concise presentation of current mission/philosophy, and outcomes to proposed change;
- e. planned method for evaluation for proposed change;
- f. discussion of potential impact of proposed change on current students;
- g. copy of reports submitted to the accreditation agencies; and
- h. copy of action by accreditation agencies;

2. change in legal status of the undergraduate and/or graduate nursing education degree program(s) as follows:

- a. letter of notification with timeline for change;
- b. discussion of potential impact of change of legal status on program and students;
- c. copy of reports submitted to the accreditation agencies; and
- d. copy of action by accreditation agencies;

3. change in status with regulatory, governmental or institutional accreditation on the undergraduate and/or graduate nursing education degree program(s) as follows:

- a. letter of notification with timeline for change in regulation, government or institutional accreditation;
- b. discussion of potential impact of change in regulation, governmental or institution accreditation on program and current students;
- c. copy of reports submitted to the accreditation agencies; and
- d. copy, if action by accreditation agencies;

4. reduction in resources impacting the sustainability of the undergraduate and/or graduate program(s) as follows:

- a. letter of notification and identification of resources reduced;
- b. discussion of potential impact of reduction of resources on sustainability of program and current students;
- c. action plan to address impact of reduction in resources impacting sustainability of the program;
- d. copy of reports submitted to the accreditation agencies; and
- e. copy of action by accreditation agencies;

5. reduction in faculty size exceeding 25 percent and in faculty exceptions exceeding 20 percent of full-time faculty employed as follows:

- a. letter of notification of faculty turnover greater than 25 percent or faculty exceptions greater than 20 percent of full time faculty;
- b. of contributing factors for excessive turn over and requirement for exceptions to faculty qualification;
- c. discussion of potential impact on program and current students;
- d. plan for improvement;
- e. copy of reports submitted to the accreditation agencies; and
- f. copy of action by accreditation agencies;

6. addition or deletion of clinical role/population preparing APRNs in an approved graduate nursing education degree program as follows:

- a. addition of clinical role/population preparing APRNs in an approved graduate nursing education degree program as follows:
 - i. letter of request for approval of addition of APRN role/population;
 - ii. copy of the mission/philosophy, goals and outcomes;
 - iii. curriculum course sequencing, lists all courses required within the program of study;

iv. course syllabus for the course/clinical experience(s) to be offered, which specifies the related outcomes of the offering;

- v. current electronic copy of school catalog;
- vi. evidence of meetings or communications with chief nurse administrators of approved Louisiana graduate nurse education degree programs;
- vii. timeline for implementation of a clinical role/population preparing APRN's;
- viii. copy of reports submitted to the accreditation agencies; and
- ix. copy of action by accreditation agencies;

b. deletion of clinical role/population preparing APRNs in an approved graduate nursing education degree program as follows:

- i. a letter of intent for deletion of APRN role/population;
- ii. rationale for deletion of APRN role/population;
- iii. timeline for phase out of APRN role/population;
- iv. method of notification of student;
- v. discussion of potential impact on nursing education degree program and current students;
- vi. copy of reports submitted to the accreditation agencies; and
- vii. copy of action by accreditation agencies;

7. implementation of innovative strategies in undergraduate and/or graduate nursing education degree program(s) with a focus to include but not limited to student enrollment, retention, and graduation rates; test previous models of nursing education and develop and test new models of nursing education as follows:

- a. pilot study of innovative strategy as follows:
 - i. letter of request to pilot innovative strategy;
 - ii. rational for planned innovative strategy;
 - iii. outline of plan for innovative strategies to include timeframe, goals, expected outcomes and method of evaluation;
 - iv. discussion of potential impact on program and current students;
 - v. copy of reports submitted to the accreditation agencies; and
 - vi. copy of action by accreditation agencies;
- b. post-completion of pilot as follows:
 - i. evaluation report of pilot;
 - ii. request for full implementation to include timeline and impact on program and current students; or

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iii. notification of intent to not initiate and rationale;

8. addition or deletion of more than 10 percent of the semester credit hours from the undergraduate and/or graduate nursing education degree program(s) of studies as follows:

- a. letter of intent for proposed change in credit hours;
- b. rationale proposed change in credit hours;
- c. mission/philosophy, program goals and student learning outcomes;
- d. course outcomes and course outlines;
- e. concise presentation of current and proposed curriculum;
- f. time table for implementation of the change in curriculum;
- g. explanation of the anticipated effect on currently enrolled students; to include a phase out plan and transition to new curriculum;
- h. planned method for evaluating the results of the change;
- i. method of notification of current students affected by the changes;
- j. copy of reports submitted to the accreditation agencies; and
- k. copy of action by accreditation agencies;

9. change in student enrollment, achievement, completion rates, graduation rates, pass rates for NCLEX-RN and certification as follows:

- a. letter of notification of changes in student enrollment, achievement, completion rates, graduation rates, pass rates for NCLEX-RN and certification;
- b. evaluation of contributing factors;
- c. action plan for improvement to include timeline;
- d. copy of reports submitted to the accreditation agencies; and
- e. copy of action by accreditation agencies; and

10. addition or deletion of a major clinical facility providing students' clinical experiences in undergraduate and/or graduate nursing education degree program(s) as follows:

- a. letter of notification to include impact on the program;
- b. action plan for additional clinical placement;
- c. copy of reports submitted to the accreditation agencies; and
- d. copy of action by accreditation agencies.

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), amended LR 42:882 (June 2016).

§3525. Continuous Quality Improvement: Undergraduate and Graduate Nursing Education Degree Programs (Formerly §3523)

A. The undergraduate and/or graduate nursing education degree program(s) has a systematic plan for continuous program improvement and assessment and documents the use of (evidence) in decision making for program development, improvement, and revision which includes the following but not be limited to:

1. mission/philosophy, program 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) and/or appropriate graduate certifications;
7. follow-up studies of the graduate surveys;
8. employer satisfaction of the graduates; and
9. evaluation of faculty performance.

B. The continuous program improvement plan shall document that the curriculum prepares graduates to meet the standards for practice and licensure as a registered nurse and advanced practice registered nurse.

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), LR 42:884 (June 2016).

§3527. Records and Reports: Undergraduate and Graduate Nursing Education Degree Programs

A. The undergraduate and graduate nursing education degree programs and the parent institution shall develop and implement a systematic plan for maintaining student records in accordance with the retention policy of the institution.

1. Student Records

a. Each student's records include an application, terminal clinical evaluations from each course, 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.

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

c. Graduate clinical transcripts shall be maintained permanently.

2. Faculty Records. Faculty records shall be on file in the nursing education degree 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. a current program bulletin;
- b. current budget and fiscal reports;
- c. current contracts with clinical affiliations;
- d. minutes from nurse faculty committee meetings;
- e. graduates' performance on NCLEX-RN;
- f. follow-up studies of the graduates; and
- g. program self-evaluation studies.

B. The nursing education degree 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 as provided to the accrediting body; 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), amended LR 42:884 (June 2016).

**§3529. Selection and Use of Clinical Facilities:
Undergraduate and Graduate Nursing
Education Degree Programs**

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 and other health care agencies should be accredited or approved by a recognized accrediting or approving agency as appropriate.

B. Board approval shall be secured using the clinical facility survey form at a minimum four weeks 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. Formal agreements between the undergraduate and/or graduate nursing education degree program(s) and the agency shall be in writing, shall state rights and responsibilities of each party to include liability insurance coverage, shall contain a termination clause and shall be reviewed according to institution policy.

E. The facility shall have:

1. a written mission which gives direction to nursing care;
2. registered nurses to insure the safe care of patients 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' student learning outcomes;
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 improvement programs;
9. clearly defined written personnel policies, including job descriptions for all categories of nursing personnel;
10. a planned orientation program for faculty and students;
11. means of communication between faculty and agency administrative personnel and between faculty of all undergraduate and graduate nursing education degree programs that use the agency;
12. evidence that the agency's personnel understand their relationship between faculty and students and that the responsibility for coordination is specifically identified; and
13. designated areas on, or in close proximity to clinical learning sites for faculty/student interactions.

F. The chief nurse administrator shall notify the board in writing when a clinical agency being used for students' clinical practice loses accreditation or approval status; loss of accreditation/approval shall mandate that students will not utilize the clinical agency for clinical experiences.

G. 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 part of their program of study.

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), amended 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), LR 42:884 (June 2016).

§3531. Procedure for Terminating Undergraduate and Graduate Nursing Education Degree Programs

A. Voluntary Termination

1. The board shall be notified when a decision has been made to close an undergraduate and/or graduate nursing education degree program(s).

2. The undergraduate and/or graduate nursing education degree program(s) shall provide a written plan of termination to include evidence that all of the board's standards shall be maintained until all students have transferred to another program or have graduated. A plan to phase out the existing nursing program shall include:

- a. a dateline for final admission of students to the existing program;
- b. a plan for the normal progression of students in the existing program;
- c. a contingency plan for students who cannot follow the normal progression sequence in the existing program (i.e., failures, illness, etc.); and
- d. the projected date of graduation for the final class of the existing program.

3. All students shall have assistance with transfers to the new nursing program or to another program of choice. A list of the names of these students shall be submitted to the board.

4. The board shall be notified of the arrangements for safe storage of the permanent records of the undergraduate and/or graduate nursing education degree program(s) and its students' records.

5. The following records shall be retained:

- a. student's application to the program;
- b. student's financial academic transcripts;
- c. graduate clinical transcript;
- d. each curriculum plan offered; and
- e. a list of each graduating class and date of graduation.

B. Involuntary Termination

1. Involuntary termination occurs when the board has determined that the undergraduate and/or graduate nursing education degree program(s) has not met one or more standards and the program shall be required to initiate termination.

2. The undergraduate and/or graduate nursing education degree program(s) shall provide a written plan of termination to include evidence that all of the board's standards shall be maintained until all students have

transferred to another program or have graduated. A plan to phase out the existing nursing program shall include:

- a. documentation of final admission date of students in the existing program;
- b. a plan for the progression of students during phase out of the existing program;
- c. a contingency plan for students who cannot follow the normal progression sequence in the existing program (i.e., failures, illness, etc.); and
- d. the projected date of graduation for the final class of the existing program.

3. All students shall have assistance with transfers to the new nursing program or to another program of choice. A list of the names of these students shall be submitted to the board.

4. The board shall be notified of the arrangements for safe storage of the permanent records of the undergraduate and/or graduate nursing education degree program(s) and its students' records.

5. The following records shall be retained:

- a. student's application to the program;
- b. student's final academic transcripts;
- c. graduate clinical transcript;
- d. each curriculum plan offered; and
- e. a 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), amended LR 42:885 (June 2016).

§3533. Procedure for Establishing a New Undergraduate or Graduate Education Degree Program

A. Step I: Letter of Intent and Feasibility Study

1. A written notice of intent to establish a new undergraduate and/or graduate nursing education degree program(s) stating the purpose and type of program must be submitted to the board in two paper copies and one electronic copy as follows:

- a. notice of intent shall include:
 - i. documented evidence of approval from the parent institution and the appropriate governing board to award the appropriate degree and a copy of the current bulletin or catalog;
 - ii. documentation of approval from Board of Regents for state and proprietary schools; and
 - iii. documentation of regional accreditation;

b. 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;

ii. documentation of communication with Louisiana nursing education degree programs on a form provided by the board regarding the potential impact on other undergraduate nursing education degree programs within a geographical area of 100 miles or the impact on other graduate nursing programs within the state;

iii. availability of qualified nurse faculty and support faculty;

iv. adequate academic and clinical facilities to meet the needs of the program;

v. adequate financial resources for planning, implementing and continuing the program;

vi. commitment of administration to support the program;

vii. community support;

viii. a proposed time schedule for initiating and expanding the program; and

ix. 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

b. the notice of intent and feasibility study to establish a new program is accepted and the parent institution may continue with the plan to establish the program; however, public announcements and preadmission of students shall not occur prior to the receipt of initial board approval after step II; or

c. the letter of intent is not accepted, the reasons thereof, and all planning must cease.

B. Step II: Initial Approval of the Undergraduate and/or Graduate Nursing Education Degree Program(s)

1. If step I is accepted and if the parent institution is allowed by the board to proceed with the development of the program, a qualified chief nurse administrator shall be employed a minimum of 12 months prior to the admission of the first class of students.

2. The chief nurse administrator shall have the authority and responsibility to develop:

a. an organizational structure for the program;

b. an organizational chart;

c. 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 and clinical preceptors;

h. a sample contractual/affiliation agreement with clinical and cooperating agencies and clinical preceptors; and

i. a plan for the use of academic facilities and resources.

3. The chief nurse administrator shall have previous teaching experience in a registered nursing education degree program.

4. The chief nurse administrator shall appoint a sufficient number of full-time nurse faculty with a minimum of two years clinical nursing practice at least six months prior to admission of students.

5. Nursing faculty with previous teaching experience in a nursing education degree program of the same academic level as the proposed program and experience in curriculum design are preferred.

6. The nurse faculty shall develop the proposed program and plan for its implementation. They shall write:

a. mission/philosophy, goals; program and student learning outcomes;

b. a curriculum plan;

c. course outcomes;

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 academic guidance and advising; and

h. plan for utilization of clinical facilities, cooperating agencies and clinical preceptors.

7. Upon completion of this phase of the development of the proposed undergraduate and/or graduate nursing education degree program(s), the chief nurse administrator shall request that the board staff conduct initial site visit.

8. Report on site visit will be presented to the board by board staff representative at a regularly scheduled board meeting for initial approval. Based on its review, the board shall give written notification to the parent institution that:

a. supplementary information is needed; or

b. initial approval is granted; or

c. initial approval is denied.

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9. After initial approval is granted, public announcements may be issued and students may be admitted to the undergraduate and/or graduate nursing education degree program(s).

10. Initial approval shall not be continued for more than two consecutive one-year periods following the undergraduate and/or graduate nursing education degree program(s)' eligibility to apply for full approval.

11. An undergraduate and/or graduate nursing education degree program(s) remaining ineligible for full approval after two consecutive one-year periods following the nursing program's eligibility to apply for full approval, shall not admit new students and shall initiate a phase-out of the program in accordance with §3531.

C. Step III: Full Approval of Undergraduate and/or Graduate Nursing Education Degree Program(s)

1. Full approval shall be requested after members of the first class of graduates write and receive the results of the first licensing or certification examination. Additionally, an on-site visit is required and upon presentation of evidence that standards of the board have been met, full approval may be granted to the program. Undergraduate and/or graduate nursing education degree program(s) shall achieve national nursing accreditation within one year of being granted full approval.

a. A program not accredited by a national nursing accrediting body within one year post-full approval may petition the board for a one-year extension.

b. Following the one-year extension, a program failing to achieve national accreditation shall immediately cease admission of students and begin termination.

c. A program that loses national nursing accreditation shall immediately be placed on probation.

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), amended LR 38:2549 (October 2012), LR 42:885 (June 2016).

§3535. Procedure of Continuing Full Approval: Undergraduate and Graduate Nursing Education Degree Programs

A. Undergraduate and/or graduate nursing education degree program(s) must present evidence of compliance with all standards and requirements contained in LAC 46:XLVII.Chapter 35.

B. The undergraduate nursing education degree 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 probation.

C. Undergraduate and/or graduate nursing education degree program(s) holding full approval for a minimum of five consecutive calendar years and full national accreditation recognized by the board shall inform board of impending accreditation site visit six months prior to visit.

1. The board shall agree to accept national accreditation reports and not perform site visits unless there is a complaint, a sanction, or evidence that the institution is in violation of standards.

2. The board shall perform site visits if there is a complaint, a sanction, or evidence that the institution is in violation of standards. The undergraduate and/or graduate nursing education degree program(s) may request to have on-site 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 staff representative of the board during or within six months following the 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 visit regardless of board participation.

c. A copy of any national accreditation correspondence concerning accreditation and interim reports shall be forwarded to the board within two weeks of receipt.

D. A written report of the on-site visit is sent to the administrative officer of the parent institution, to the chief nurse administrator, and to all board members.

E. The chief nurse administrator may submit a response to the board staff regarding the report of the on-site visit and also be present when the board reviews and acts upon the report.

F. Action relevant to the approval status of the undergraduate and/or graduate nursing education degree program(s) is taken by the board after an evaluation of:

1. the on-site survey self-study documents; 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 by executing the following actions:

1. giving written notice that the standards have been met and continues full approval or restores approval; or
2. giving written notice of specified deficiency(ies) and placing the program on probation.

H. An undergraduate and/or graduate nursing education degree program(s) has the right at any time to present evidence to the board that the deficiency(ies) has/have been

corrected and may petition the board to restore full approval to the program.

I. No later than 12 months from the date the undergraduate and/or graduate nursing education degree program(s) was placed on probation, the program shall submit a written report to the board with evidence that the standard(s) has/have been met, and may petition the board to restore full approval.

J. If a deficiency(ies) cannot be corrected in 12 months, the undergraduate and/or graduate nursing education degree program(s) shall file a plan for meeting the standard(s) and may petition the board to continue the probationary status.

K. Probationary status is not granted to an undergraduate and/or graduate nursing education degree program(s) for more than three calendar year periods in any five calendar year period.

L. At any time during the probationary period, the board may determine that the undergraduate and/or graduate nursing education degree program(s) must cease admission of students and begin involuntary termination.

M. Failure to meet standards after graduation of all enrolled students will result in involuntary termination of the undergraduate and/or graduate nursing education degree program(s) (refer to §3531).

N. The right to appeal the board's decision is afforded any undergraduate and/or graduate nursing education degree program(s) 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), LR 42:887 (June 2016).

§3537. Procedure for Restructuring an Existing Undergraduate or Graduate Nursing Education Degree Program into/within Higher Education (Formerly §3534)

A. Phasing-out an Existing Nursing Program (refer to §3531)

1. Notification of intent for restructuring an existing undergraduate and/or graduate nursing education degree program(s). A letter of intent shall be submitted to the board to phase out an existing undergraduate and/or graduate nursing education degree program and phase in a new nursing program not less than one year prior to the planned implementation date. Two copies of the letter are to be submitted.

2. Termination of an Existing Undergraduate and/or Graduate Nursing Education Degree Program(s)

a. A plan shall be submitted to the board to phase out the existing undergraduate and/or graduate nursing education degree program(s) to include:

i. a dateline for final admission of students to the existing program;

ii. a plan for the normal progression of students in the existing program;

iii. a contingency plan for students who cannot follow the normal progression sequence in the existing program (i.e., failures, illness, etc.); and

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 undergraduate and/or graduate nursing education degree program(s) 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 undergraduate and/or graduate nursing education degree program(s) and the parent institution shall develop and implement a systematic plan for maintaining student records in accordance with retention policy of the institution.

e. The following records of the existing undergraduate and/or graduate nursing education degree program(s) shall be retained:

i. students' applications to the program (when applicable);

ii. students' final academic transcripts;

iii. graduate clinical transcripts;

iv. all curricula plans offered, including catalog course descriptions; and

v. rosters of all graduation classes and dates of graduations.

f. The board shall be notified of the arrangements for the administrative control and safe storage of the permanent program and student records.

B. Phasing-in a new nursing program (refer to §3533).

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), amended LR 42:888 (June 2016).

§3539. Procedure for Approval for Undergraduate and Graduate Nursing Education Degree Programs whose Administrative Control is Located in Another State Offering Programs, Courses, and/or Clinical Experience in Louisiana (Formerly §3536)

A. Program of Studies. To receive approval by the board for a total undergraduate and/or graduate nursing education

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degree program(s) of study by undergraduate and graduate nursing education degree programs with physical presence in Louisiana, but whose administrative control is located in another state, the following criteria shall be met.

1. New programs must follow the procedure to establish new programs as specified in §3533.

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.

B. Course/Clinical Offerings. Out-of-state undergraduate and/or graduate nursing education degree program(s) 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. The following evidence of approval/accreditation of the undergraduate and/or graduate nursing education degree program(s) shall be submitted to the board as stipulated.

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 nursing accreditation recognized by the board is required.

d. The nursing program sponsoring the course/clinical offering must provide the Board of Nursing with the following materials for review at least six 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 and the clinical agency(ies)/the clinical unit(s) will be utilized;

ii. a copy of the mission/philosophy, goals and outcomes;

iii. a curriculum course sequencing, which lists all courses by semester/quarter required within the program of study;

iv. a course syllabus for the course/clinical experience(s) to be offered, which specifies the related outcomes of the offering; and

v. a current electronic copy of school catalog.

e. Request for preceptorship learning experiences shall include evidence of compliance with §3543.

2. Coordination with other undergraduate and/or graduate nursing education degree program(s) as follows:

a. evidence of meetings or communications with representatives of the clinical agency and the out-of-state nursing program;

b. evidence of meetings or communications with program heads of approved Louisiana undergraduate and/or graduate nursing education degree program(s);

c. meetings or communications of respective representatives from undergraduate and/or graduate nursing education degree program(s) and clinical agency shall occur minimally on an annual basis, or on a semester basis as deemed necessary by any involved party; and

d. a “clinical facility survey” form shall be submitted by the undergraduate and/or graduate nursing education degree program(s).

3. Students

a. All students shall be in good academic standing in the undergraduate and/or graduate nursing education degree program(s).

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 and LAC 46:XLVII.3331 and 3403.

c. Undergraduate performance on the licensure examination (NCLEX-RN) shall be maintained at an 80 percent or higher pass rate for each January through December calendar year. Upon initial request for approval, NCLEX-RN performance by undergraduates for the past two calendar years shall be submitted to the board.

d. Graduate performance on certification examination for the past two calendar years shall be submitted to the board for each role and population requesting approval.

4. Faculty

a. A “faculty qualification” form provided by the board shall be submitted for each faculty member providing instruction within the state of Louisiana.

b. Each faculty member shall hold a current license to practice as a registered nurse and/or advanced practice registered nurse in Louisiana.

c. Each faculty member shall hold a graduate degree in nursing and a minimum of two years of nursing practice in a clinical setting.

d. Clinical 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.

e. Clinical faculty for undergraduate and graduate precepted clinical experiences are expected to confer with the preceptor and student at least weekly and visit the site at least once in a semester/quarter.

f. The faculty to student ratio per clinical experience shall not exceed 1 to 10 (1:10) per clinical day for undergraduate clinical instruction unless the students are engaged in a board-approved preceptorship experience which permits a maximum of 1 to 15 (1:15) faculty to undergraduate student ratio per clinical day and 1 to 9 (1:9) faculty to APRN student ratio per clinical day.

5. Approval

a. Course/clinical offerings by out-of-state nursing programs may be approved for a period of three years, at which time program representatives may petition for renewal of approval for each additional three-year period.

b. Request for out-of-state clinical re-approval form, which provides updated and current data relevant to the undergraduate and/or graduate nursing education degree program(s) program, shall be submitted as a component of the petition for renewal as specified in §3539.B.1-5.

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. A copy of the executed contractual agreement between the academic institution and the clinical facility/agency shall be maintained by the institution.

b. Undergraduate student approval application shall be submitted 60 days prior to the date of enrollment in the clinical nursing course.

c. Graduate student clinical experience spreadsheet provided by the board shall be submitted within two weeks of initiation of experience.

d. Faculty qualification forms must be submitted to the board within two weeks of hire.

e. The undergraduate and/or graduate nursing education degree program(s) shall keep the board informed of any changes to approval and accreditation status.

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), amended LR 42:888 (June 2016).

§3541. Procedure for Submitting Required Reports and Compliance Forms by Undergraduate and Graduate Nursing Education Degree Programs (Formerly §3539)

A. Annual Report. The undergraduate and/or graduate nursing education degree program(s) shall submit two paper copies and one electronic copy of an annual report, on a form provided by the board, on the designated date, accompanied by one electronic copy of the current school catalog.

B. Compliance Forms

1. Undergraduate and/or graduate nursing education degree program(s) shall submit a faculty qualification form within two weeks of the time each new faculty member is employed.

2. Undergraduate and/or graduate nursing education degree program(s) requesting approval of new clinical facilities needed for students' clinical practice areas shall submit a clinical facility survey form and shall be secured in accord with §3529 prior to the time students are assigned to the new facility.

3. Any undergraduate and/or graduate nursing education degree program(s) required to submit a regional or a national nursing accreditation 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 visit of the undergraduate and/or graduate nursing education degree program(s).

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 (refer to §3535).

D. Students

1. The undergraduate student approval application shall be submitted 60 days prior to the date of enrollment in the first clinical nursing course (refer to §3324).

2. The graduate student clinical experience spreadsheet provided by the board shall be submitted within two weeks of initiation of 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 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), amended LR 42:889 (June 2016).

§3543. Preceptorship Learning Experiences (Formerly §3541)

A. Nurse faculty shall retain the responsibility for selecting and guiding all undergraduate and/or graduate student learning experiences and the evaluation of student performances with input from preceptors.

B. Preceptors shall be selected according to written criteria jointly developed by faculty and nursing administration in the clinical facility, and in accordance with guidelines established by the board.

C. A faculty member shall be available to preceptors while students are involved in a preceptorship experience.

D. The faculty member shall confer with each preceptor and student at least weekly during the precepted experience.

E. Preceptor Learning Experiences

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1. Undergraduate

a. Preceptor experiences for undergraduate students shall only occur during the last two academic semesters of a baccalaureate degree program and during one of the last two semesters of a diploma or associate degree program.

b. The total preceptorship experience for undergraduate students shall be limited to a maximum of 25 percent of the total clinical weeks in the program of study.

2. Graduate

a. The APRN role and population shall have supervised experiences in accordance with accreditation, certification, and education requirements and standards.

b. Faculty are responsible for all advanced practice registered nurse students in the clinical area whether supervision is direct or indirect.

i. Direct supervision occurs when advanced practice registered nurse program faculty function as on-site clinical preceptors.

ii. Indirect supervision has three components:

(a). to supplement the clinical preceptor's teaching;

(b). to act as a liaison to a community agency; and

(c). to evaluate the student's progress.

F. Preceptor Ratios

1. Undergraduate

a. The undergraduate nursing education degree program shall maintain a ratio of not more than 1 faculty to 15 undergraduate students (1:15) for the preceptorship experience.

b. There shall be one preceptor for each student.

2. Graduate

a. The graduate nursing education degree program shall maintain a ratio of not more than 1 faculty to 9 APRN students (1:9) for the preceptorship experience.

b. A preceptor shall not supervise more than two graduate APRN students during any given clinical experience.

G. Preceptor Qualifications

1. All preceptors must have an active unencumbered RN and/or APRN Louisiana license.

2. Undergraduate

a. The preceptor shall have at least a minimum of one year as a RN in the clinical area in which the preceptorship experience occurs.

b. Preceptors shall hold a minimum of a baccalaureate degree in nursing.

c. An individual RN, who does not possess a BSN, may be utilized as a preceptor provided that the RN has had no less than three years' experience as an RN 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.

3. Graduate

a. The majority of clinical experiences shall be under a preceptor with an active unencumbered APRN license and certification in the population focused area of practice of primary and/or acute care as appropriate.

b. A mix of clinicians may be used to provide direct clinical teaching to students appropriate to the range of clinical experiences required to meet the program outcomes and enhance their inter-professional experiences.

c. The majority of the clinical experiences must occur with preceptors from the same population focused area in primary and/or acute care as appropriate.

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), amended LR 42:890 (June 2016).

§3545. Undergraduate Community-Based Learning Experiences (Formerly §3542)

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. 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).

C. Nurse faculty shall retain the responsibility for the selection and guidance of student community-based learning experiences and for the evaluation of student performance.

D. Community-Based Agency Experience Supervision

1. Direct Faculty Supervision

a. The undergraduate nursing education degree program shall maintain a ratio of not more than 1 faculty member to 10 students (1:10).

b. Students may participate in invasive or complex nursing activities in a community setting with the direct supervision of a faculty member.

2. Preceptorship

a. The undergraduate nursing education degree program shall maintain a ratio of not more than 1 faculty

member to 15 students (1:15) for the preceptorship experience.

b. A preceptor shall not be allowed to supervise more than three students at one time in any given community clinical site.

c. Students may participate in invasive or complex nursing activities in a community setting with the direct supervision of an approved RN preceptor.

d. A faculty member shall be available for preceptors while students are involved in a preceptorship experience. The faculty member shall confer with each preceptor and student(s) at least weekly during said learning experience.

e. Preceptors shall be selected according to written criteria jointly developed by faculty and nursing administration in the clinical facility, and in accordance with guidelines established by the board.

3. Community Agency Supervision

a. There shall be qualified faculty available to provide a safe, effective faculty/student/client ratio not to exceed 1 faculty member to 15 students (1:15).

b. Students, under the overall direction of a faculty member, may participate in noninvasive or noncomplex nursing activities in structured community nursing settings where RN's are present (e.g., out-patient clinics). Students shall have the skills appropriate to the experiences planned.

c. 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. They also may assist with activities of daily living in community settings where a registered nurse is not present. Students shall have the skills appropriate to the experiences planned.

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), amended LR 42:890 (June 2016).

§3547. Undergraduate and Graduate Nursing Education Degree Programs not Leading to Additional Licensure or APRN Certification

A. Undergraduate and/or graduate nursing education degree programs not leading to licensure and/or an additional APRN certification do not require approval by the board.

B. Non-licensure undergraduate and/or graduate nursing education degree program(s) offering courses/clinical experiences in Louisiana are expected to maintain the following standards required of approved programs:

1. approval of program from parent institution;
2. national nursing accreditation;
3. approval from Louisiana Board of Regents;

4. faculty and preceptors supervising post-licensure students in Louisiana clinical agencies must have active unencumbered Louisiana licensure;

5. post-licensure students in Louisiana clinical agencies must have active, unencumbered Louisiana registered nurse licensure; and

6. adherence to Louisiana nursing education articulation model is required.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 42:891 (June 2016).

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;
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 _____

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 and 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 when it requires the consideration of a number of factors and the formulation of judgments according to those factors. Delegation of medication administration to unlicensed assistive personnel is prohibited except as authorized and provided for in LAC 46:XLVII.3709.

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;

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),

amended by the Department of Health, Board of Nursing, LR 42:873 (June 2016).

§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 by 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;
 - 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).

§3709. Delegation of Medication Administration to Unlicensed Assistive Personnel in Outpatient Clinic Settings

A. Introduction. Registered nurses and advanced practice registered nurses may delegate medication administration in outpatient clinic settings for patients with stable and predictable health conditions under specific provisos as provided for in this Subpart. When delegating to unlicensed assistive personnel, the registered nurse or advanced practice registered nurse is authorizing the unlicensed assistive personnel to perform a task that is normally within the registered nurse’s or advanced practice registered nurse’s scope of practice. Prior to agreeing to delegate tasks including medication administration, the registered nurse or advanced practice registered nurse is responsible for understanding rules relative to delegating nursing care and for achieving the competence to delegate and supervise.

B. Definitions

Administration of Medication—removal of an individual dose from a previously dispensed or distributed, properly labeled container, verifying the dose and medication with the prescriber’s order, giving the individual dose to the proper patient at the proper time by the proper route and promptly recording the time and dose given.

Delegation—entrusting the performance of selected nursing tasks by the registered nurse to other competent nursing personnel in selected situations. The registered nurse or advanced practice registered nurse retains the accountability for the total nursing care of the individual. The registered nurse and advanced practice registered nurse is responsible for and 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/advanced practice registered nurse or by the registered nurse/advanced practice registered nurse in conjunction with other licensed or unlicensed assistive personnel.

Direct Supervision—the registered nurse or advanced practice registered nurse is physically present in the office or suite where the procedure, including medication

administration, is being performed at all times that the unlicensed assistive personnel is on duty providing services. Direct supervision also includes ongoing oversight, follow-up and evaluation of the individual patient and the ongoing oversight, follow-up and evaluation of competency of the unlicensed assistive personnel.

Outpatient Clinic Setting—nonresidential facilities, that provides treatment for health conditions that is obtained on an outpatient basis which allows patients to return to and function in their usual environment. Outpatient clinic settings for the purpose of this subpart do not include facilities such as hospitals, emergency rooms, and ambulatory surgical centers.

Person-Specific—health care needs and related factors in order to meet the unique needs of the specific person receiving care.

Stable and Predictable—a situation in which the person’s clinical and behavioral status is determined by a licensed registered nurse or advanced practice registered nurse to be non-fluctuating and consistent. A stable and predictable condition involves long term health care needs which are recuperative in nature, do not require the regular scheduled presence or reassessment of a licensed nurse, and is not characterized by rapid changes.

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. Unlicensed assistive personnel have no authority to provide nursing care, despite any education or training, without the delegation of such care and tasks from registered nurses or advanced practice registered nurses.

C. Responsibilities. Registered nurses and advanced practice registered nurses may delegate medication administration in outpatient clinic settings provided the following conditions are met.

1. The registered nurse or advanced practice registered nurse has assessed the health status of the individual immediately prior to the delegation, and the patient’s health condition is determined to be stable and predictable.
2. The registered nurse or advanced practice registered nurse provides direct supervision and retains the accountability for the total nursing and advanced practice nursing care of the individual and retains the responsibility to:
 - a. assess the patient;
 - b. develop and implement the plan of care;
 - c. determine that the medication administration can be safely and legally delegated;
 - d. ensure the medication administration is properly documented in the patient’s record;
 - e. ascertain the training and competency of the unlicensed assistive personnel to whom the registered nurse

or advanced practice registered nurse delegates the administration of medication;

f. rescind the delegation if the patient's condition changes, it is determined that the unlicensed assistive personnel is not safe or competent to administer the medication, or as otherwise determined by the registered nurse or advanced practice registered nurse.

3. The delegation of medication administration to unlicensed assistive personnel must be person-specific, and the unlicensed assistive personnel must:

- a. be adequately trained for the task;
- b. have demonstrated that the task has been learned;
- c. be able to perform the task safely in the given nursing situation;
- d. be safe for the person to carry out the task;
- e. have appropriate supervision available during the task implementation.

4. The delegation of medication administration by the unlicensed assistive personnel must be an established policy of the practice setting and include all aspects of LAC 46:XLVII.3709.G at a minimum. The policy must be written, recorded, and available to all.

5. The registered nurse or advanced practice registered nurse and the unlicensed assistive personnel must be employed by the same organization or otherwise be formally accountable to the same institution or organization.

D. Prohibitions and Exceptions

1. Under no circumstances shall a registered nurse or advanced practice registered nurse delegate the administration of:

- a. drugs given by the intravenous route;
- b. blood and blood products;
- c. investigational drugs;
- d. cancer therapeutic agents;
- e. total parenteral nutrition solutions;
- f. drugs given through accessing an implanted device;
- g. insulin;
- h. oxygen;
- i. controlled substances;
- j. anesthetic agents;
- k. any agents used in the provision of cosmetic and aesthetic dermatological procedures.

2. The delegation of medication administration is person-specific and is in no way considered a certification or skill that authorizes the unlicensed assistive personnel to utilize the title or credentials of other professionals including licensed persons.

3. These rules do not apply to inpatient facilities, licensed emergency departments of a hospital, long term care facilities, any residential facilities, or any other facility in which a registered nurse is required to be present by statute or administrative rule.

4. This Subpart, LAC 46:XLVII.3709, does not apply to nursing students enrolled in board approved nursing programs while practicing under the direct supervision of qualified faculty and preceptors.

5. The registered nurse or advanced practice registered nurse shall not delegate medication administration or any other task if the intervention requires the registered nurse's or advanced practice registered nurse's 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.

6. The reconstitution of and the calculation of any medication doses except for measuring a prescribed amount of a liquid medication for oral administration or breaking a tablet for administration as instructed by the registered nurse or advanced practice registered nurse shall not be delegated to unlicensed assistive personnel.

7. The registered nurse or advanced practice registered nurse shall not delegate any responsibilities of delegating including but not limited to all provisions in LAC 46:XLVII.3709.C.

E. Training. In order for a registered nurse or advanced practice registered nurse to be authorized by the board to delegate medication administration under LAC 46:XLVII.3709, there must be documented, formal training performed by a registered nurse or advanced practice registered nurse of the unlicensed assistive personnel.

1. The formal training must include, at a minimum, didactic and demonstrated competency in:

- a. legal aspects of administering medication;
- b. medical terminology;
- c. proper documentation;
- d. principles and rights of medication administration;
- e. administration techniques; and
- f. patient consent.

F. Organizational Policy. Registered nurses or advanced practice registered nurses and facilities that allow for delegating medication administration to unlicensed assistive personnel are responsible for ensuring that there is an approved organizational policy in place that:

- 1. addresses and allows delegation of medication administration to unlicensed assistive personnel;
- 2. establishes and provides for formal processes for documenting and reporting medication errors as committed

by the unlicensed assistive personnel. Such provisions must provide for remediation of the unlicensed assistive personnel, registered nurse or advanced practice registered nurse, and system as appropriate;

3. provides mechanisms for documenting in writing the training and ongoing competency of the unlicensed assistive personnel and ensures that the delegating registered nurse or advanced practice registered nurse has access to such competence information;

4. provides for a formally documented, written annual review and re-assessment of competency of the unlicensed assistive personnel on no less than an annual basis and ensures that the delegating registered nurse or advanced practice registered nurse has access to such competence information;

5. provides for and recognizes that the decision to delegate tasks including delegation of medication administration in any specific situation is at the final discretion of the registered nurse or advanced practice registered nurse who is providing direct and immediate care to the patient;

6. provides for documentation and review of other pertinent procedures such as needle stick injuries, universal precautions, and infection control.

G. Limitations

1. All unlicensed assistive personnel who have been trained or otherwise recognized or authorized to administer medication in another jurisdiction or under the provisions of another code, rule, statute or other law body in Louisiana must meet the provisions of LAC 46:XLVII.3709 in order to administer medication in outpatient clinic settings through the delegation from registered nurses and advanced practice registered nurses.

H. Failure to abide by any provision of this Part may result in formal disciplinary action.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Nursing, LR 42:873 (June 2016).

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.

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 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 has completed an accredited graduate level education program preparing the individual in one or more APRN role and population foci, is certified by a nationally recognized certifying body in one or more role and population focus 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, and postpartum periods as well as primary care for women across their lifespan and treatment of their male partners for sexually transmitted infections (STI).

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 as approved by the board and who is authorized to select and administer anesthetics or ancillary services to patients across the life span under their care.

3. *Clinical Nurse Specialist (CNS)*—an advanced practice registered nurse educated as a CNS and is certified according to the requirements of a nationally recognized certifying body as approved by the board. CNS's are expert clinicians in a specialized area of nursing practice and population focus and practice in a wide variety of health care settings by providing direct patient care and influencing health care outcomes by providing expert consultation and by implementing improvements in health care delivery systems. CNS practice integrates nursing practice which focuses on assisting patients in the prevention or resolution of illness through medical diagnosis and treatment of disease, injury or disability.

4. *Certified Nurse Practitioner (CNP)*—an advanced practice registered nurse educated in a specified area of care and certified according to the requirements of a nationally recognized certifying body 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 populations in a variety of settings including, but not limited to, homes, institutions, offices, industry, schools, and other community agencies.

C. A licensed advanced practice registered nurse must use the title "APRN." The APRN role 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;
- d. CNP—certified nurse practitioner;

2. education:

- a. MSN, MN, MS or other appropriate degree at the master's level;
- b. DNP, 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), LR 40:59 (January 2014).

§4505. Definitions

Accrediting Agency—an organization which establishes and maintains standards for professional nursing or nursing related programs and recognizes those programs that meet these standards.

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 with a graduate degree or post-graduate certification/award by an academic institution accredited or awarded pre-approval, pre-accreditation status by a nursing or nursing-related accrediting organization recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA) and whose graduates are eligible for certification as an advanced practice registered nurse.

Advanced Practice Registered Nurse (APRN)—a registered nurse:

1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles in addition to a population focus;
2. who has passed a national certification examination that measures APRN role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
3. who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients;
4. whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. who has clinical experience of sufficient depth and breadth to reflect the intended license;
7. who has obtained a license to practice as an APRN;
8. who is expected to practice within established standards and is accountable for the quality of advanced nursing care rendered, for recognizing limits of knowledge and experience, planning for the management of situations beyond one's expertise; and for consulting with or referring patients to other health care providers as appropriate.

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 graduate degree with a concentration in one or more respective advanced practice nursing role and population focus 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 Role—a designated area of advanced practice in which the registered nurse holds a graduate 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, pharmacotherapeutics, and management of health care and also prepares the APRN for national certification. For the purpose of this part, the *area of practice* is defined within the context of the role and population focus of advanced practice nursing. The four APRN roles include: certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist, and nurse practitioner.

Alternate Collaborating Physician (ACP)—a physician designated by a collaborating physician (CP) with whom an APRN has been previously approved to collaborate by the board, who agrees to serve in this capacity, and is available to the APRN for consultation and collaboration as delineated in the collaborative practice agreement signed by the CP. The ACP shall be a physician actively engaged in clinical practice and the provision of direct patient care in Louisiana who holds a current and valid medical license issued by the Louisiana State Board of Medical Examiners. The ACP shall be engaged in clinical practice in the same or a practice comparable in scope, specialty or expertise to that of the APRN. Physicians otherwise authorized to practice in the state of Louisiana under provisions of federal law may be considered to serve as an ACP. Retired physicians are not eligible to serve as an ACP. The ACP shall collaborate with the APRN at a practice site(s) previously submitted to the board that is affiliated with the CP who formally designates the ACP. The ACP is not approved directly through processes of the board.

Assessment Studies—diagnostic studies including, but not limited to laboratory testing, radiologic studies, electrocardiograms, pulmonary function tests, and pharmaceutical diagnostic testing.

Attestation of APRN Collaborative Practice—a form provided by the board and required to be submitted to the board for review and approval as indicated in rules and procedures to validate that an APRN possesses and retains a collaborative practice agreement with a specified CP or dentist and signed by the APRN and the specified CP or dentist that is associated with a practice site submitted to the board.

Board—the Louisiana State Board of Nursing.

Clinical Practice Guidelines—refers to written or electronic 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, reference manuals, electronic communications, and internet sources. *Clinical practice guidelines* must be commensurate with the APRN's knowledge, skills and abilities; in accordance with current standards of care and evidence-based practice for the APRN role and population focus; address types or categories or schedules of drugs for prescription; be specific to the practice setting; and be maintained on site.

Collaborating Physician (CP)—a physician with whom an APRN has been approved to collaborate by the board, who is actively engaged in clinical practice and the provision of direct patient care in Louisiana, with whom the APRN has developed and signed a collaborative practice agreement for prescriptive and distributing authority, who holds a current and valid medical license issued by the Louisiana State Board of Medical Examiners (LSBME), and practices in accordance with rules of the LSBME. The CP shall be engaged in clinical practice in the same or a practice comparable in scope, specialty or expertise to that of the APRN. Physicians otherwise authorized to practice in the state of Louisiana under provisions of federal law may be considered to serve as a CP. Retired physicians are not eligible to serve as a CP.

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—

1. a formal written statement/document addressing the parameters of the collaborative practice which are mutually agreed upon by the advanced practice registered nurse and one or more collaborating physicians or dentists. Dentists shall be given consideration to serve as a collaborating professional within a collaborative practice agreement only with CRNAs for services relative to anesthesia care. The collaborative practice agreement shall include but not be limited to the following provisions:

a. availability of the CP or dentist for consultation or referral, or both;

b. methods of management of the collaborative practice which shall include clinical practice guidelines;

c. coverage of the health care needs of a patient during any absence of the advanced practice registered nurse, physician, or dentist;

2. the APRN retains the collaborative practice agreement on site and attests to possessing and retaining such document by submitting an attestation to the board as required in rules and procedures.

Contact Hour—a unit of measurement that describes 60 minutes of participation in an educational activity, which meets the board's continuing education criteria. Ten *contact hours* equal one continuing education unit (CEU).

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

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.

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.

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.

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.

Nationally Recognized Certifying Body—a national certification organization which certifies qualified licensed registered nurses as advanced practice registered nurses and which establishes and requires certain eligibility criteria related to education and practice, offers an examination in an advanced practice nursing role and population which meets current psychometric guidelines and tests, and is approved by the board.

Population Focus—term referenced in the National Council for State Boards of Nursing's document entitled "Consensus Model for APRN Regulation: Licensure Accreditation, Certification, and Education" which refers to one of the areas of concentrated study and practice provided

to a collection of specified individuals who have characteristics in common. A broad, population-based focus of study encompasses common problems and aspects of that group of patients and the likely co-morbidities, interventions, and responses to those problems. Examples include, but are not limited to neonatal, pediatric, women's health, adult, family, mental health, etc. A *population focus* is not defined as a specific disease/health problem or specific intervention.

Practice Site or Site—for the purposes of clarifying prescriptive authority and collaborative practices, including but not limited to the provisions for CPs and ACPs, *practice site* or *site* refers to a location identified in documentation submitted by the APRN to the board at which an APRN exercises prescriptive authority or otherwise engages in advanced practice registered nursing including but not limited to direct and indirect care of patients. A hospital and its clinics, ambulatory surgery center, nursing home, any facility or office licensed and regulated by the Department of Health, as well as a group or solo practice, which have more than one physical location shall be considered a *site* when the organizational policies and provisions provided by the managing entity are applicable to all affected locations including the policies delineated in §4513.D.1.f. Business entities that contract with facilities to provide services such as those provided by APRNs, may be considered a practice site separate from the facility depending upon the roles and responsibilities and agreements of the parties.

Prescription Monitoring Program (PMP)—a system for the monitoring of controlled substances and other drugs of concern dispensed in the state or dispensed to an address within the state as established in R.S. 40:1001-1014.

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).

Published Professional Standards—level of performance that advanced practice registered nurses, within their specific role and population focus, are required to achieve and maintain in their practice; represents the criteria against which the performance of all advanced practice registered nurses within the role and population focus is considered as published by the relevant professional nursing organizations.

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

Role—the advanced practice area for which a graduate level nursing program prepares its graduates. The four *roles* for advanced practice registered nurse licensure include certified nurse midwives, certified registered nurse

anesthetists, clinical nurse specialists, and certified nurse practitioners.

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.

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), LR 40:60 (January 2014), LR 44:275 (February 2018).

§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 graduate degree with a concentration in the respective advanced practice nursing role and population focus or completion of a post master's concentration in the respective advanced practice nursing role and population focus from a program accredited by a nursing or nursing related accrediting body that is recognized by the U.S. secretary of education and/or the Council for Higher Education Accreditation (CHEA) and otherwise approved by the board. Exception to the graduate degree may 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 role and population focus 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 role and population foci; or

ii. a program of studies accepted by a nationally recognized certifying body which is recognized by the Louisiana State Board of Nursing.

c. any deviation from Clause 1.b shall be submitted to the board for review and approval;

d. submission of a completed application on a form furnished by the board;

e. submission of evidence of current certification in the respective advanced practice nursing role and population focus by a nationally recognized certifying body approved by the board;

f. submission of a non-refundable fee as specified in LAC 46:XLVII.3341;

g. submission to criminal history record information as specified in LAC 46:XLVII.3330;

h. 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-e;

i. if there is a gap equal to or greater than two years between the completion of the graduate or post graduate program as delineated in LAC 46:XLVII.4507.A.1.b and the application for initial licensure, the applicant must provide additional verification of competency as requested by the board and may be required to appear before the board (or its committee) for further consideration before licensure or a temporary permit may be granted.

2. The board will verify all licensure and certification requirements via primary source verification as requested including:

- a. licensure;
- b. education;
- c. certification; and
- d. information relevant to the practice of the APRN.

3. 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 that has a gap equal to or greater than two years between the completion of the graduate or post graduate program as delineated in LAC 46:XLVII.4507.A.1.b and the application for initial licensure, may be granted a temporary permit for a maximum of 120 days which allows the applicant to practice under the guidance of an APRN or physician who is engaged in active clinical practice and holds an active, unencumbered, unrestricted licensed within the role and population or practice specialty of the applicant. Evidence must be submitted to the board delineating that the applicant:

- a. holds an active, unencumbered, unrestricted and valid registered nurse license in Louisiana;
- b. is in the process of applying for initial licensure under LAC 46:XLVII.4507.A;
- c. holds current certification in the respective advanced practice nursing role and population focus by a

nationally recognized certifying body approved by the board;

d. meets requirements of LAC 46:XLVII.4507.A.1.h; and

e. 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. The APRN temporary permit may be extended for justifiable causes.

4. 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.

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 role and population focus of the 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 nursing role and population focus;

e. verification of current unencumbered, unrestricted license in the registered nurse and advanced practice nursing role and population focus 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 unconditional national certification in the respective role and population focus as recognized by the board; and

h. submission to criminal history record information as specified in LAC 46:XLVII.3330.

PROFESSIONAL AND OCCUPATIONAL STANDARDS

2. If the applicant is applying from a jurisdiction that does not license the APRN role and/or population focus 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 role and/or population focus; 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 role and/or population focus.

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.

4. If the applicant has not been engaged in clinical practice as an APRN for two years or more, the applicant must provide additional verification of competency as requested by the board and may be required to appear before the board (or its committee) for further consideration before licensure or a temporary permit may be granted.

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 e; or

2. The APRN temporary permit may be extended for justifiable causes.

3. 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.

E. Renewal of Licenses by Certification or Commensurate Requirements

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. RN and APRN license renewal must be submitted to

the board electronically through the board website annually prior to current licensure expiration. Renewal includes but is not limited to the following components:

a. completion of renewal applications for both RN and APRN licensure available at the board website during annual renewal season;

b. evidence of current certification/recertification in each APRN role and population focus being renewed by a national certifying body approved by the board;

c. payment of the annual licensure renewal fee as specified in LAC 46:XLVII.3341.

2. APRNs initially licensed in accordance with R.S. 37:912(B)(3)(4) (grandfathered) and who are not advanced practice certified, or R.S. 37:920(A)(2) whose role and population focus 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 annually in advanced practice registered nursing, as defined in R.S. 37:913.a.; 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.

3. An advanced practice registered nurse shall maintain current national certification and/or recertification as required in all subsections regarding licensure throughout the entire licensure period. Failure of any APRN to submit evidence of and maintain current active certification or recertification shall result in the APRN license becoming inactive and invalid and the APRN shall not practice or use the title of advanced practice registered nurse until the requirements for reinstatement of the APRN license are met.

4. Any advanced practice registered nurse who practices during the time the APRN license is inactive and invalid will be subject to disciplinary action and will not be reinstated until such time as the person completes the disciplinary process.

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) whose role and population focus 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.c, 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 role and population focus; 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 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).

3. 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.

4. if the applicant has not been in clinical practice as an APRN for two years or more, the applicant must provide additional verification of competency as requested by the board and may be required to appear before the board (or its committee) for further consideration before licensure or a temporary permit may be granted.

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), LR 40:61 (January 2014), LR 42:406 (March 2016), LR 45:1201 (September 2019).

§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 graduate 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 role and population focus being certified, and that the applicant's clinical practice is in the advanced nursing role and population focus 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;

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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), LR 40:63 (January 2014).

§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, except as provided in LAC 46:XLVII.3328.A-H;

b. hold a current, unencumbered, unrestricted and valid APRN license;

c. hold current national certification in the advanced practice nursing role and population focus by a nationally recognized certifying body approved by the board;

d. submit an application and *Attestation of APRN Collaborative Practice* on forms provided by the board with a non-refundable fee as set forth in LAC 46:XLVII.3341;

e. provide evidence of:

i. 500 hours of clinical practice as a licensed APRN or APRN applicant within two years in the role and population focus 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; clinical practice obtained during the graduate program which meets requirements of eligibility for certification and which prepared the APRN or APRN applicant for the advanced practice nursing role 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 advanced physiology/pathophysiology in a formal educational program approved by the board for preparation for advanced practice registered nurses;

iv. successful completion of a minimum of 45 contact hours (3 credit hour academic course) in advanced health assessment in a formal educational program approved by the board for preparation for advanced practice registered nurses; or

v. any deviation from Clause 1.e.i, ii, iii, or iv shall be submitted to the board for review and approval; and

f. obtain and retain at the practice site a signed collaborative practice agreement on a form and template provided by the board and as defined in §4513.B.1, 2 and 3, with no more than two CPs per site which shall include, but not be limited to:

i. a plan of accountability among the parties that:

(a). defines the prescriptive authority of the APRN and the responsibilities of the collaborating physician or physicians;

(b). 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;

(c). delineates mechanisms and arrangements for diagnostic and laboratory requests for testing; and

(d). delineates a plan for documentation of medical records;

ii. 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:

(a). mutually agreed upon by the APRN and collaborating physician;

(b). specific to the practice setting;

(c). maintained on site; and

(d). reviewed and signed at least annually by the APRN and physician to reflect current practice;

iii. documentation of the availability of the collaborating physician when the physician is not physically present in the practice setting. A collaborating physician shall be available to provide consultation as needed:

(a). physician shall be available face-to-face, by telephone, or by direct telecommunications for consultation, assistance with medical emergencies, or patient referral, as delineated in the collaborative practice agreement; and

(b). in the event all of the collaborating physicians for a practice site previously submitted to the board are unavailable, the collaborating physician for the practice site may designate an ACP to be available for consultation and collaboration provided the following conditions are met:

(i). there is a formal, documented, approved, and enforceable organizational policy that allows and provides for designation of an alternate collaborating physician;

(ii). the organizational policy establishes and provides for documenting in writing such designation and such documentation will be available to LSBN and LSBME representatives when requested including the dates of the designation and name of the ACP(s);

(iii). the designated ACP must agree to the provisions of the collaborative practice agreement previously signed by the CP(s) as attested to and recognized by the board;

(iv). the designated ACP must meet the provisions as defined in the definition of ACP in LAC:XLVII:4505;

(v). the CP and the APRN are responsible for ensuring the policy is established and that the policy and designated ACP meets requirements;

(vi). the CP and APRN must have the authority to establish a policy at the practice site;

(vii). the CP may designate an ACP only at practice sites which were submitted to the board by the APRN that are associated with the CP that wishes to designate an ACP. The CP and APRN are not authorized to designate or utilize an ACP at a practice site not associated with the CP as recorded by the board which is derived from submissions of the APRN including attestations and forms required by the board:

[a]. in the event all CPs are unavailable at a site, and there is no designated ACP as provided for in §4513.D.1.f.iii.(b), the APRN will not medically diagnose nor prescribe;

[b]. any deviation from §4513.D.1.f regarding the limit of no more than two CPs per site shall be

submitted to the board for review and approval with any and all documentation requested;

iv. 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

v. an acknowledgement of the mutual obligation and responsibility of the APRN and collaborating physicians to insure that all acts of prescriptive authority are properly documented;

g. collaborative practice agreements approved prior to April 1, 2017 are subject to additional review and, if directed by the board, APRNs shall revise previously approved collaborative practice agreements to comply with any and all provisions of this part including but not limited to the provision of an attestation and selection of no more than two CPs per site.

2. Prescriptive Authority

a. Prescribing Controlled Substances and Legend Drugs

i. The board shall review the application, reapplication or renewal, the *Attestation of APRN Collaborative Practice* 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 license(s) shall be verified through the Louisiana State Board of Medical Examiners.

iii. 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, faxed, oral, or electronic shall include the information in

accordance with the rules and regulations as set forth by the Louisiana Board of Pharmacy including 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 CFR 1308.11-15, R.S. 40:964, on an individual practice basis. Upon initial application with the board and request for approval to prescribe controlled substances, the APRN must provide evidence of successful completion of three hours of continuing education approved by the board on controlled substance prescribing practices as delineated in LAC 46:XLVII.4516. Such board approved continuing education shall include instruction relating to drug diversion training, best practices regarding prescribing of controlled substances, and appropriate treatment for addiction. An APRN who is so authorized shall provide their Drug Enforcement Administration registration number on all written, electronic, oral, or faxed prescriptions for controlled substances 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 by the board to prescribe controlled substances shall comply with provisions in 21 U.S.C. §§821-831 including, but not limited to, obtaining and possessing an active Louisiana controlled dangerous substance license 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 II, III, IV and V. Controlled substances shall be limited to, consistent with, and exclusively within the parameters of the practice specialty of the collaborating physicians and in the APRN's licensed role and population focus. The APRN must have been approved by the board to prescribe and distribute non-controlled substances. Upon initial application for controlled substance privileges, the applicant must submit an application and *Attestation of APRN Collaborative Practice* on forms provided by the board;

iv. the APRN must obtain and retain at the practice site a signed collaborative practice agreement on a form and template provided by the board and as defined in §4513.B.1-3 and as per §4513.D.1.f with no more than two CPs per site. The collaborative practice agreement must clearly indicate that the controlled substances prescribed have been jointly agreed upon with the collaborating physician; The collaborative practice agreement shall

delineate controlled substances utilization, which specifies the circumstances, limitations and extent to which such substances may be prescribed or distributed;

v. the APRNs application must state an identified need for controlled substances within the patient population served by the collaborative practice;

vi. 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 APRNs practice;

vii. 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;

viii. 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;

ix. 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;

x. the APRN may utilize faxes as original prescriptions for schedule III-V as long as it has a true electronic signature;

xi. 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. Responsibilities; Unexpected Absence of Collaborating Physician

a. The APRN is responsible for ensuring that the CP and ACP meet all eligibility requirements to serve as a CP and ACP and that documentation has been provided to the board for review and approval in a timely manner and as required.

b. When an APRN has a single, sole CP for a practice site, the APRN may collaborate with the CP to identify an ACP prior to and in the potential event that the collaborative practice agreement ends for unpredictable or involuntary reasons directly affecting the CP (such as death, disability, incarceration, disappearance, unplanned relocation, etc.).

i. A physician serving as ACP for such unpredictable or involuntary reasons may serve in such capacity temporarily for at least 30, but no more than 120 days to provide for continuity of care of patients and to allow for the APRN to secure and submit an *Attestation of APRN Collaborative Practice* to the board.

ii. A physician serving as ACP for such unpredictable or involuntary reasons is exempt from the requirement to be engaged in clinical practice in the same or a practice comparable in scope, specialty or expertise to that

of the APRN when appropriate referral and consultation resources are reasonably available.

iii. The APRN shall notify the board in writing within two business days if a physician is serving as ACP for unpredictable or involuntary reasons.

c. Per LAC 46:XLV.7915, when serving as the sole CP at a site, the CP shall give no less than 30-days notice when ending a collaborative practice agreement for predictable, voluntary reasons in order to provide for the care of patients.

4. Maintenance of Patient Records

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, facility policies, and any other documents and elements related to the provision of patient care at practice sites where APRNs practice and/or exercise prescriptive authority.

5. 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-packer'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.

6. Continued Competency for Prescriptive Authority. Each year an APRN with prescriptive authority shall obtain six contact hours of continuing education in pharmacotherapeutics in their advanced nursing role and population foci. 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. Continuing education completed to meet the requirements of LAC 46:XLVII.4516, Continuing Education Requirement for APRNs Prescribing Controlled Substances,

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shall be applied to the aforementioned required continuing education related to Continued Competency for Prescriptive Authority for the year in which the continuing education related to controlled substance prescribing was completed. 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.

7. APRN prescriptive authority may be renewed after review and approval by the board.

8. Changes in Prescriptive Authority. The APRN shall notify the board in writing requesting approval of all changes regarding physicians and practice sites including the addition and deletion of any collaborating physicians within 30 days.

a. Prior to adding new collaborating physician(s) or dentists(s) and sites concurrently (i.e. new employment) to prescriptive authority privileges, the APRN shall notify the board in writing requesting approval on forms provided by the board including an *Attestation of APRN Collaborative Practice*. A collaborative practice agreement on a form and template provided by the board and signed by the APRN and CPs must be retained on site at all times.

b. Prior to requesting the addition or replacement of collaborating physicians or dentist(s) at a site that has previously been submitted to the board, the APRN shall notify the board in writing requesting approval on forms provided by the board including an *Attestation of APRN Collaborative Practice*. A collaborative practice agreement on a form and template provided by the board and signed by the APRN and CPs must be retained on site at all times.

c. Failure to abide by all provisions of this part may result in disciplinary action.

9. The board shall be responsible for maintaining a current up-to-date public list of APRNs who have authority to prescribe in the state.

10. The board shall supply whatever data is needed by the Office of Narcotics and Dangerous Drugs of the Department of Health.

11. An APRN shall demonstrate compliance with the board's rules relating to authorized practice, LAC 46:XLVII.4513.C.

12. 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 a collaborative practice agreement to provide anesthesia care and ancillary services to patients in a hospital or other licensed surgical facility.

i. Anesthesia care includes modalities associated with the delivery of anesthesia. Anesthesia care provided by a CRNA shall be in accord with the educational preparation of that CRNA in compliance with R.S. 37:930(A)(3) and includes:

(a). the administration, selection, and prescribing of anesthesia related drugs or medicine during the perioperative period necessary for anesthesia care; and

(b). prescribing diagnostic studies, legend and controlled drugs, therapeutic regimens, and medical devices and appliances necessary for anesthesia care.

ii. Ancillary services provided by CRNAs shall be in accordance with R.S. 37:930(A)(3):

(a). shall include services provided by a CRNA in accord with the educational preparation of that CRNA;

(b). shall be pursuant to a consult for the service by a licensed prescriber if the services are not directly related to anesthesia care; and

(c). may include prescribing diagnostic studies, legend and controlled drugs, therapeutic regimens, and medical devices and appliances for assessment, administration or application while the patient is in the hospital or other licensed surgical facility in the state of Louisiana.

iii. Nothing herein shall provide for services by a CRNA which are otherwise prohibited by law.

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-e.i.

13. Failure to abide by any provision of rules relative to prescriptive authority may result in formal disciplinary action. The board may suspend or revoke prescriptive authority privileges, including controlled substance privileges, for violations of the Nurse Practice Act and subsequent rules and regulations.

14. The requirements and directives for submission of a collaborative practice agreement noted in declaratory statements or opinions issued prior to April 1, 2017 are considered to have been met through submission of an *Attestation of APRN Collaborative Practice* and retaining of the collaborative practice agreement on site that meets the provisions of current rules and provisions detailed in the statement or opinion.

15. 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.

16. Financial Disclosure

a. The APRN is subject to the rules in LAC 46:XLVII.3605, Required Disclosure of Financial Interests.

17. 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 or electronic 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 by the Department of Health and Hospitals, Board of Nursing, LR 31:2023 (August 2005), LR 33:1870 (September 2007), LR 40:63 (January 2014), LR 40:2249 (November 2014), LR 42:572 (April 2016), amended by the Department of Health, Board of Nursing, LR 44:276 (February 2018), , LR 45:1202 (September 2019).

§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).

§4516. Continuing Education Requirement for APRNs Prescribing Controlled Substances.

A. Every APRN with both active prescriptive authority and who holds an active controlled dangerous substance (CDS) license prior to promulgation of this section and who is seeking the renewal of the APRN license and renewal of the prescriptive authority credential, shall, as part of the continuing education required by this Part, and as a one-time prerequisite to licensure renewal, successfully complete three hours of continuing education approved by the board on controlled substance prescribing practices. After promulgation of this section, successful completion of three hours of continuing education approved by the board on controlled substance prescribing practices shall be provided upon application and request for approval for controlled substance privileges with the board and will meet the requirements for subsequent renewal relative to controlled substance prescribing. Such continuing education shall include instruction relating to drug diversion training, best

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practices regarding prescribing of controlled substances, and appropriate treatment for addiction. The continuing education requirement may be satisfied by completing a three-hour continuing education program, three one-hour continuing education programs, or any other combination of continuing education programs totaling three hours.

B. Approved Continuing Education. In order for the continuing education program to be approved by the board, the program shall:

1. be provided by a board approved national certifying body, a board approved accrediting organization, a provider approved by the board, or be provided by the board;

2. adequately address the topics of required instruction at the advanced practice level with the focus and objectives of the continuing education program on content relevant to drug diversion training, best practices regarding prescribing of controlled substances, and appropriate treatment for addiction;

C. Documentation.

1. Continuing education certificate(s) must be provided as evidence of completion of the program(s) and as requested by the board. The certificate must contain:

- a. title of the continuing education program;
- b. quantification of credit hours awarded;
- c. attendee's name;
- d. date(s) of continuing education program;
- e. name of accrediting organization, certifying body, or approved provider; and
- f. sponsoring organization (if applicable)

2. Information on how to access approved, qualifying continuing education courses will be maintained by the board and made available on its website.

D. Noncompliance. The license of an APRN:

1. Who fails to comply with the continuing education requirement of this part shall not be renewed by the board, and the RN and APRN licenses and prescriptive authority

credential shall become inactive. The individual will not be authorized to practice and prescribe until the licenses and prescriptive authority have been reinstated;

2. Which has not been renewed for failure to satisfy the continuing education requirement, may be reinstated upon application for reinstatement submitted to the board, in addition to all applicable fees and costs, and evidence of completion of the continuing education required by this Section.

E. Exception. An APRN renewing his/her license may be exempt from the continuing education requirement upon the submission of certification, in a form and manner specified by the board, attesting that he/she has not prescribed, administered or dispensed any controlled substance during the entire period covered by the APRN's expiring APRN license. The certification shall be verified by the board through the Louisiana Prescription Monitoring Program Act, R.S. 40:1001 et seq. An exempted individual who subsequently prescribes, administers or dispenses any controlled substance shall satisfy the continuing education requirement as a condition to license renewal for the renewal period immediately following that in which the controlled substance was prescribed, administered or dispensed.

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, Board of Nursing, LR 45:1202 (September 2019).

§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), LR 40:66 (January 2014).