

The Florida
Board of Nursing

Long-Range Policy Planning

June 3, 2015
Tampa Airport Marriott
4200 George J Bean Parkway
Tampa, FL 33607



Jody Bryant Newman, EdD, EdS
Chair

Kathryn L. Whitson, MSN, RN
Vice Chair

Joe Baker, Jr.
Executive Director

Version I, 5/11/2015

Florida Board of Nursing Meeting Agenda
June 3, 2015
Tampa, FL

Board Members:

Jody Bryant Newman, EdD, EdS Consumer– Chair
Kathryn L. Whitson, MSN, RN – Vice Chair
Cathy Oles Gordon, LPN, BPS
JoAnn Trybulski, PhD, ARNP, DPNAP
Leonard Connors, JD, Consumer
Deborah Wakefield McKeen, LPN
Diana Forst, BA, RN
Todd Katz, JD, Consumer
Elizabeth Webster, RN, MBA
Lori Desmond, MSN, RN, NE-BC
Derrick C. Glymph, DNAP, CRNA, ARNP, LTC, USAR
Anna Maria Hubbard, EdD, ARNP, CNE
Lisa Johnson, LPN, RN

Attorneys:

Lee Ann Gustafson, Senior Assistant Attorney General
Diane Guillemette, Assistant Attorney General
Matthew Witters, Assistant General Counsel

Board Staff:

Joe Baker, Jr., Executive Director
William Spooner, Program Operations Administrator
Sarah Starling, Program Operations Administrator
Sherri Sutton-Johnson, MSN, RN, Director of Nursing Education
Scarlet Curtis, BSN, RN, Nursing Education Consultant
Angela Falls, BSN, RN, Nursing Education Consultant
Tihara Rozier, Regulatory Supervisor Consultant

Long Range Policy Planning

Wednesday, June 3, 2015 at 8:30 am

A. Opening

1. Call to Order
2. Introduction
3. Opening Remarks
 - a. Dr. Newman, Chair
 - b. Mr. Baker, Executive Director
 - c. Ms. Gustafson, Board Counsel
4. Review of the agenda

B. Agenda Items to be Discussed

1. May 4th Special Delegate Assembly – Nurse Licensure Compact (NLC)
 - a. Key Provisions of the New NLC
 - b. Legislator FAQs of the New NLC
 - c. Key Provisions of the New APRN Compact
 - d. Legislator FAQs of the New APRN Compact
2. Press Release – New NLC
3. 2015 Legislative Session
4. 2016 Legislative Session
5. Florida Statutes/Florida Administrative Code Review
 - a. Chapter 464 and Rule 64B9
 - b. Chapter 464 PowerPoint slides
 - c. Statutory Clean Up Recommendations
6. Discuss the proposed changes to the exemption statute
7. IPN Overview
8. IPN CE Discussion
9. Discuss additional delegations for licensure files – Updated criminal history matrix
10. Discuss additional delegations to the Education Unit
11. Discussion regarding distance learning
 - a. Nursing education programs
 - b. Faculty licensure requirements
 - c. Clinical oversight
 - d. Resource manual – Licensure of Foreign-educated nurses
12. Board Counsel
 - a. Adding language to orders granting continuances
 - b. Botox
 - c. Future denials based on misrepresentation

13. Open Discussion – Nursing regulation, DOH mission, emerging issues

Adjournment

For more information regarding board meetings please visit:
<http://floridasnursing.gov/meeting-information/>

Or contact:

Florida Board of Nursing
4052 Bald Cypress Way, Bin # C-02
Tallahassee, FL 32399-3252

Direct Line: (850)
245-4125

Direct Fax: (850) 617-6450

The New Nurse Licensure Compact: A Summary of the Key Provisions

(Policy changes from the 1997 NLC are in red text.)

Article I Findings and Declaration of Purpose

- Facilitate the states' responsibility to protect the public's health and safety;
- Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;
- Facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions;
- Promote compliance with the laws governing the practice of nursing in each jurisdiction;
- Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;
- Decrease redundancies in the consideration and issuance of nurse licenses; and
- Provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

Article II Definitions (self-explanatory)

Article III General Provisions and Jurisdiction

- Eligibility and uniform licensure requirements for a multistate license
- Authority to take adverse action against a multistate licensure privilege with application of state due process laws
- Nurse compliance with state practice laws
- Exclusion of advanced practice nurses
- Grandfathering provision

Article IV Applications for Licensure in a Party State

- Required verification of licensure information via the coordinated licensure information system
- Limitation to one home state license
- Outlines process for change of primary residence/home state

Article V Additional Authorities Invested in Party State Licensing Boards

- Provides authority to
 - Take adverse action against a multistate licensure privilege
 - Allow cease and desist orders to limit privileges
 - Issue subpoenas
 - Obtain and submit criminal background checks
- Requires deactivation of multistate licensure privileges when license encumbered

Article VI Coordinated Licensure Information System and Exchange of Information

- Requires participation in Coordinated Licensure Information System
- Requires prompt reporting of adverse action, current significant investigative information and participation in alternative to discipline programs when known to the board of nursing.
- Provides for exchange of information with other party states

Article VII Establishment of the Interstate Commission of Nurse Licensure Compact Administrators

Establishes the governing body as a public agency known as an “Interstate Commission.” This term is commonly used by other interstate compact governing bodies.

Article VIII Rulemaking

Allows for rules to be adopted directly by the Commission. Such rulemaking is legally binding in all party states. There is no requirement that rules be ratified or adopted by individual states. Such rulemaking authority has been permitted and exercised by other interstate compacts. The procedural requirements are based on the national Model Administrative Procedures Act, which is similar to most state APAs and includes:

- Provision for notice to the public of proposed and adopted rules
- Opportunity for comment
- Opportunity for public hearing
- Consideration and voting upon proposed rules
- Responding to comments received

Article IX Oversight, Dispute Resolution and Enforcement

Ensures compliance with the compact by member states. The procedures to be followed in the event of a failure by a party state to comply with the Compact include:

- A period of technical assistance in curing the default
- Improved dispute resolution processes; and
- Termination from the Compact in the event no other means of compliance has been successful.

Article X Effective Date, Withdrawal and Amendment

Addresses the method for states to enter, withdraw from or amend the compact.

Article XI Construction and Severability

Provides for the compact to remain valid in a state when any provision is declared to be contrary to a party state’s constitution.

FAQs: The New Nurse Licensure Compact | What Policy Makers Need to Know

1) Why does our state need to join the NLC? What's the motivation for doing this/why does the NLC exist?

Advances in technology along with an increasingly mobile nursing workforce and patient population have created the necessity for breaking down unnecessary barriers to interstate practice. The NLC creates a system that allows nurses to practice freely among participating states while still allowing states to retain their autonomy through enforcement of their nurse practice act. Additionally, the NLC grants states the legal authority necessary for interstate information sharing on adverse events and investigations involving patients that may have been harmed, tools that help keep patients safe.

2) How does it benefit my state and keep patients safer?

The NLC:

- Eliminates redundancy, duplicative regulatory processes and unnecessary fees are true benefits to residents.
- Improves access to licensed nurses during a disaster or other times of great need for qualified nursing services.
- Benefits military spouses who often relocate every two years benefit from the NLC.
- Requires state boards of nursing to participate in the national nurse license database known as NurSys®, which shares licensure and disciplinary information between NLC states as required by statute.
- Removes multistate privileges from nurses who are under discipline in NLC states during the pendency of a conditional order, protecting remote states when a home state licensee is disciplined for a violation of the nurse practice act.

3) How does the NLC keep patients safe?

One of the goals of the compact is to improve patient safety by creating and maintaining a 'seamless' means of nurse licensure regulation by creating a comprehensive national data base to facilitate sharing of licensure, investigative and disciplinary action information which is currently housed at the NCSBN. There are currently 1.4 million nurses licensed in the 24 compact member states. Boards of nursing are required by the compact to provide nurse licensure and discipline information to the database. Disciplinary actions must be reported to the data base within ten (10) business days. The database produces reports that show all disciplinary actions in other jurisdictions on each state's licensees and offers the ability to run the state licensees against the National Sex Offender database.

4) Who supports the NLC and why?

88% of nurses surveyed nationwide support the NLC. The NLC removed barriers and impediments to borderless practice. Hospital associations and healthcare facilities in every state support the NLC. Numerous nursing organizations support the NLC.

5) Why is this idea coming forward now?

We are at a pivotal time in the evolution of telehealth. This year and in recent years, we have seen hundreds of telehealth bills in over 44 states all with the goal of enabling telehealth. Given the mobility of society and the capabilities which advanced technology brings, telehealth is proliferating at a tremendous rate. This interstate compact has the ability to remove the licensure barrier to telehealth practice for over 4 million nurses.

6) How Does the NLC Support State Rights?

All states are explicitly authorized under the U.S Constitution to enter into interstate agreements like the NLC as an effective means to address ongoing multistate concerns requiring the development of shared regulatory solutions and oversight for the implementation and administration of compact activities. States have the authority to take adverse action against the privilege to practice of a remote state nurse. The remote state nurse is accountable to following the nurse practice act in the state where the patient is located at the time of practice. A state entering the NLC maintains its licensure requirements and discipline procedures. The NLC is the best way to regulate the practice of nursing while facilitating interstate practice and allowing each state to have the power to seek recourse for patients when something adverse takes place.

7) What is the fiscal impact on my state by joining the NLC?

There is a \$6,000 annual fee for NLC membership, though the overall fiscal impact of the NLC is unique and varies from state to state. NCSBN will offer states grants of assistance to help offset the expense of joining. NCSBN is also funding the operational expenses of the compact governing body, the Interstate Commission of Nurse Licensure Compact Administrators.

8) Who opposes the NLC and why?

Some nurse unions oppose the NLC. In the twenty-five (25) current compact member states, no empirical evidence suggests that the NLC has ever been the basis for interfering in or acting as an impediment to lawful activities of any union acting on behalf of its member nurses. In fact the model compact statute includes an enabling provision explicitly stating that “This Compact does not supersede existing state labor laws.”

9) But we don’t participate in any other compacts in our state. Why should we have this one?

While the NLC is the first interstate compact for a licensed profession, each state is a member of an average of 25 interstate compacts. This compact facilitates cross-border practice of nursing whether physically or via telehealth and puts critical systems in place that help keep patients safe.

The APRN Compact: A Summary of the Key Provisions

Article I Findings and Declaration of Purpose

- Facilitate the states' responsibilities to protect the public's health and safety;
- Ensure and encourage the cooperation of party states in the areas of APRN licensure and regulation, including promotion of uniform licensure requirements;
- Facilitate the exchange of information between party states in the areas of APRN regulation, investigation and adverse actions;
- Promote compliance with the laws governing APRN practice in each jurisdiction;
- Authorizes all party states to hold an APRN accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;
- Decrease redundancies in the consideration and issuance of APRN licensure; and
- Provide opportunities for interstate practice by advanced practice registered nurses who meet uniform licensure requirements.

Article II Definitions (self-explanatory)

Article III General Provisions and Jurisdiction

- A member state must implement procedures for considering the state and federal criminal history records of applicants for initial APRN licensure or APRN licensure by endorsement.
- The APRN Uniform Licensure Requirements (ULRs) adopted by the Commission provide the minimum requirements for APRN multistate licensure.
- To obtain/retain a multistate license, an APRN must meet the home state's qualifications, in addition to the ULRs.
- The Commission identifies in rule the approved APRN roles and population foci for licensure. An APRN shall be licensed in an approved APRN role and at least one approved population focus.
- An APRN multistate license is recognized as authorizing the APRN to practice in each party state, under a multistate licensure privilege, in the same role and population focus as in the home state.
- An APRN multistate license shall include prescriptive authority for non-controlled prescription drugs. An APRN shall satisfy all requirements imposed by the state for each state in which an APRN seeks authority to prescribe controlled substances.
- An APRN multistate license holder is authorized to practice independent of a supervisory or collaborative relationship with a physician.
- Authority to take adverse action against a multistate licensure privilege with application of state due process laws.
- Nurse compliance with state practice laws.

Article IV Applications for APRN Licensure in a Party State

- Verification of licensure information via the coordinated licensure information system
- Limitation to one home state license
- Outlines process for change of primary residence/home state

Article V Additional Authorities Invested in Party State Licensing Boards

- Provides authority to
 - Take adverse action against a multistate licensure privilege
 - Allow cease and desist orders to limit privileges
 - Issue subpoenas
 - Obtain and submit criminal background checks
- Requires deactivation of multistate licensure privileges when license encumbered

Article VI Coordinated Licensure Information System and Exchange of Information

- Requires participation in Coordinated Licensure Information System
- Requires prompt reporting of adverse action, current significant investigative information and participation in alternative to discipline programs when known to the board of nursing.
- Provides for exchange of information with other party states

Article VII Establishment of the Interstate Commission of APRN Compact Administrators

Establishes the governing body as a public agency known as an “Interstate Commission.” This term is commonly used by other interstate Compact governing bodies.

Article VIII Rulemaking

Allows for rules to be adopted directly by the Commission. Such rulemaking is legally binding in all party states. There is no requirement that rules be ratified or adopted by individual states. Such rulemaking authority has been permitted and exercised by other interstate Compacts. The procedural requirements are based on the national Model Administrative Procedures Act, which is similar to most state APAs and includes:

- Provision for notice to the public of proposed and adopted rules
- Opportunity for comment
- Opportunity for public hearing
- Consideration and voting upon proposed rules
- Responding to comments received

Article IX Oversight, Dispute Resolution and Enforcement

Ensures compliance with the Compact by member states. The procedures to be followed in the event of a failure by a party state to comply with the Compact include:

- A period of technical assistance in curing the default
- Improved dispute resolution processes; and
- Termination from the Compact in the event no other means of compliance has been successful.

Article X Effective Date, Withdrawal and Amendment

- Addresses the method for states to enter, withdraw from or amend the Compact.
- Compact is effective when Compact has been enacted into law in ten (10) party states.

Article XI Construction and Severability

Provides for the Compact to remain valid in a state when any provision is declared to be contrary to a party state’s constitution.

FAQs: The APRN Compact | What Policy Makers Need to Know

1) What is an APRN?

An advanced practice registered nurse (APRN) is generally considered to be a registered nurse with post-graduate education in nursing. APRNs are prepared with advanced knowledge, skills, and scope of practice in nursing as well as further didactic and clinical education. APRNs may be Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, Certified Nurse-Midwives or Nurse Practitioners.

2) What is the APRN (Advanced Practice Registered Nurse) Compact?

The APRN Compact is an interstate compact for multistate licensure based on the mutual recognition (driver's license) model which facilitates cross-border practice of advanced practice nurses, some of whom practice as primary care providers. An APRN whose primary state of residence is a compact state and who holds a multistate APRN license is able to practice in-person or via telecommunications with patients in other compact states. A DEA certificate and RN license, or authority to practice as an RN through a multistate RN license, is also required.

3) How is the APRN Compact compare to the Nurse Licensure Compact (NLC)?

The legislative text of the two compacts are closely aligned, with provisions being the same or similar wherever possible. Differences occur in the area of scope of practice titles, and certification - all of which are inherent to the APRN. Additionally, uniform licensure requirements are found in the rules of the APRN Compact whereas they can be found in statute of the NLC.

The APRN Compact pertains to the four roles of advanced practice nurses (as provided in #1 above). The NLC pertains to RNs and LPNs/LVNs.

4) Why should my state join?

Advances in technology along with an increasingly mobile nursing workforce and patient population have created the necessity for breaking down excessive barriers to interstate practice. The APRN Compact creates a system that allows nurses to practice among participating states without additional licensure while still allowing compact states to retain their autonomy through enforcement of their individual nurse practice acts. Additionally, the APRN Compact grants states the necessary legal authority to facilitate interstate information sharing in the event of adverse action and investigations involving patients that may have been harmed.

5) How would the APRN Compact benefit my state?

The APRN Compact:

- Eliminates redundant, duplicative regulatory processes and unnecessary fees; Improves access to licensed nurses during a disaster or other time of great need for qualified nursing services;
- Benefits military spouses who generally relocate every two years;
- Statute requires state boards of nursing to participate in the national nurse license database known as NurSys®, which shares information between and among APRN Compact states;

- Removes multistate privileges from nurses who are under discipline in APRN Compact states during the time of a conditional order, protecting remote states when a home state licensee is disciplined for a violation of the nurse practice act.

6) How does the APRN Compact keep patients safe?

One of the goals of the compact is to improve patient safety by creating and maintaining a 'seamless' means of nurse licensure regulation by creating a comprehensive national database to facilitate sharing of licensure, investigative and disciplinary information which is currently housed at the NCSBN. Boards of nursing are required by the compact to provide nurse licensure and discipline information to the database. Disciplinary actions must be reported to the database within ten (10) business days. The database produces regular reports showing all disciplinary actions on each state's licensees in other jurisdictions and provides the ability to run the state licensees against the National Sex Offender database.

7) Who supports the APRN Compact and why?

Drugstore behemoths such as Walgreens, CVS, Walmart and Target offer both in-store and stand-alone clinics with health services typically provided by a Nurse Practitioner. This business model is expected to save private companies and state health care budgets alike significant sums of money. According to Linda Aiken, Professor at the University of Pennsylvania, "If a state has restrictive practice requirements for nurses, it costs these companies a lot more to locate their [clinics] there. So you have a coalition opposing the AMA that wasn't there in the past."

8) Why is this idea coming forward now?

We are at a pivotal time in the evolution of healthcare, especially with the advent of telehealth. In recent years, hundreds of telehealth bills have been introduced in over 44 states with the goal of enabling telehealth. Given the increasing mobility of society and the capabilities which advanced technology brings, telehealth is proliferating at a tremendous rate. This interstate compact has the ability to remove the licensure barrier to telehealth practice for APRNs nationwide.

9) Does the APRN Compact sustain state rights and sovereignty? How?

States are explicitly authorized under the U.S. Constitution to enter into interstate agreements such as the APRN Compact to effectively address enduring multistate concerns that require the development of shared regulatory solutions and oversight, as well as the implementation and administration of compact activities. Since a remote state nurse is required to follow the nurse practice act in the state where the patient is located at the time of practice, a state has the authority to take adverse action against the privilege to practice of a remote state nurse in violation of the nurse practice act. A state entering the APRN Compact maintains its individual licensure requirements and discipline procedures. The APRN Compact is the best way to regulate the practice of advanced practice nursing while also facilitating interstate practice and allowing each state to have the power to seek recourse for patients when something adverse takes place.

10) What is the fiscal impact on my state by joining the APRN Compact?

There may be a nominal fee for APRN Compact membership, though the overall fiscal impact of the APRN Compact is unique and will vary from state to state. NCSBN will offer states grants of assistance

FAQs: The APRN Compact | What Policy Makers Need to Know

to help offset the expense of joining. NCSBN is also funding the operational expenses of the compact governing body, the Interstate Commission of APRN Compact Administrators.

11) Who opposes the APRN Compact and why?

Organized medicine such as the American Medical Association, American Osteopathic Association, American Academy of Pediatrics, and American Academy of Family Physicians oppose expanding APRN practice and mobility. In March 2014, the Federal Trade Commission (FTC) released a policy paper warning that barriers to APRN practice could reduce free-market competition in the health care industry that ultimately benefits consumers: “Even well intentioned laws and regulations may impose unnecessary, unintended, or overbroad restrictions on competition, thereby depriving health care consumers of the benefits of vigorous competition.”

12) Our state does not participate in any other compacts. Why should we adopt this one?

While the nursing regulation community developed the first interstate compact for a licensed profession, each state is a member of an average of 25 interstate compacts. This compact facilitates cross-border practice of nursing whether physically or via telehealth and puts critical systems in place that help keep patients safe.

Select Year:

The 2014 Florida Statutes

[Title XXXII](#)
REGULATION OF PROFESSIONS AND OCCUPATIONS

[Chapter 464](#)
NURSING

[View Entire Chapter](#)

CHAPTER 464
NURSING

PART I
NURSE PRACTICE ACT
(ss. 464.001-464.027)

PART II
CERTIFIED NURSING ASSISTANTS
(ss. 464.201-464.2085)

PART I
NURSE PRACTICE ACT

- 464.001 Short title.
- 464.002 Purpose.
- 464.003 Definitions.
- 464.004 Board of Nursing; membership; appointment; terms.
- 464.005 Board headquarters.
- 464.006 Rulemaking authority.
- 464.008 Licensure by examination.
- 464.009 Licensure by endorsement.
- 464.0115 Certification of clinical nurse specialists.
- 464.012 Certification of advanced registered nurse practitioners; fees.
- 464.013 Renewal of license or certificate.
- 464.014 Inactive status.
- 464.015 Titles and abbreviations; restrictions; penalty.
- 464.016 Violations and penalties.
- 464.017 Sexual misconduct in the practice of nursing.
- 464.018 Disciplinary actions.
- 464.019 Approval of nursing education programs.
- 464.0195 Florida Center for Nursing; goals.
- 464.0196 Florida Center for Nursing; board of directors.
- 464.0205 Retired volunteer nurse certificate.
- 464.022 Exceptions.
- 464.027 Registered nurse first assistant.

464.001 Short title.—This part may be cited as the “Nurse Practice Act.”

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 1, 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 119, ch. 2000-318.

464.002 Purpose.—The sole legislative purpose in enacting this part is to ensure that every nurse practicing in this state meets minimum requirements for safe practice. It is the legislative intent that nurses who fall below minimum competency or who otherwise present a danger to the public shall be prohibited from practicing in this state.

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 2, 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 120, ch. 2000-318.

464.003 Definitions.—As used in this part, the term:

(1) “Accredited program” means a program for the prelicensure education of professional or practical nurses that is conducted in the United States at an educational institution, whether in this state, another state, or the District of Columbia, and that is accredited by a specialized nursing accrediting agency that is nationally recognized by the United States Secretary of Education to accredit nursing education programs.

(2) “Advanced or specialized nursing practice” means, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the board which, by virtue of postbasic specialized education, training, and experience, are appropriately performed by an advanced registered nurse practitioner. Within the context of advanced or specialized nursing practice, the advanced registered nurse practitioner may perform acts of nursing diagnosis and nursing treatment of alterations of the health status. The advanced registered nurse practitioner may also perform acts of medical diagnosis and treatment, prescription, and operation which are identified and approved by a joint committee composed of three members appointed by the Board of Nursing, two of whom must be advanced registered nurse practitioners; three members appointed by the Board of Medicine, two of whom must have had work experience with advanced registered nurse practitioners; and the State Surgeon General or the State Surgeon General’s designee. Each committee member appointed by a board shall be appointed to a term of 4 years unless a shorter term is required to establish or maintain staggered terms. The Board of Nursing shall adopt rules authorizing the performance of any such acts approved by the joint committee. Unless otherwise specified by the joint committee, such acts must be performed under the general supervision of a practitioner licensed under chapter 458, chapter 459, or chapter 466 within the framework of standing protocols which identify the medical acts to be performed and the conditions for their performance. The department may, by rule, require that a copy of the protocol be filed with the department along with the notice required by s. 458.348.

(3) “Advanced registered nurse practitioner” means any person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice, including certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners.

(4) “Approved program” means a program for the prelicensure education of professional or practical nurses that is conducted in the state at an educational institution and that is approved under s. 464.019. The term includes such a program placed on probationary status.

(5) “Board” means the Board of Nursing.

(6) “Clinical nurse specialist” means any person licensed in this state to practice professional nursing and certified in clinical nurse specialist practice.

(7) “Clinical nurse specialist practice” means the delivery and management of advanced practice nursing care to individuals or groups, including the ability to:

(a) Assess the health status of individuals and families using methods appropriate to the population and area of practice.

- (b) Diagnose human responses to actual or potential health problems.
 - (c) Plan for health promotion, disease prevention, and therapeutic intervention in collaboration with the patient or client.
 - (d) Implement therapeutic interventions based on the nurse specialist's area of expertise and within the scope of advanced nursing practice, including, but not limited to, direct nursing care, counseling, teaching, and collaboration with other licensed health care providers.
 - (e) Coordinate health care as necessary and appropriate and evaluate with the patient or client the effectiveness of care.
- (8) "Clinical preceptor" means a registered nurse or licensed practical nurse who is employed by a clinical training facility to serve as a role model and clinical resource person for a specified period to students enrolled in an approved program.
- (9) "Clinical simulation" means a strategy used to replicate clinical practice as closely as possible to teach theory, assessment, technology, pharmacology, and skills.
- (10) "Clinical training" means direct nursing care experiences with patients or clients, or clinical simulation of such experiences, which offer the student the opportunity to integrate, apply, and refine specific skills and abilities based on theoretical concepts and scientific principles.
- (11) "Community-based clinical experience" means activities consistent with the curriculum and involving individuals, families, and groups with the intent of promoting wellness, maintaining health, and preventing illness.
- (12) "Curriculum" means a planned sequence of course offerings and learning experiences that comprise a nursing education program.
- (13) "Department" means the Department of Health.
- (14) "Educational institution" means a school, college, or university.
- (15) "Graduate passage rate" means the percentage of a program's graduates who, as first-time test takers, pass the National Council of State Boards of Nursing Licensing Examination during a calendar year, as calculated by the contract testing service of the National Council of State Boards of Nursing.
- (16) "Licensed practical nurse" means any person licensed in this state to practice practical nursing.
- (17) "Nursing diagnosis" means the observation and evaluation of physical or mental conditions, behaviors, signs and symptoms of illness, and reactions to treatment and the determination as to whether such conditions, signs, symptoms, and reactions represent a deviation from normal.
- (18) "Nursing treatment" means the establishment and implementation of a nursing regimen for the care and comfort of individuals, the prevention of illness, and the education, restoration, and maintenance of health.
- (19) "Practice of practical nursing" means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm; the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist; and the teaching of general principles of health and wellness to the public and to students other than nursing students. A practical nurse is responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.
- (20) "Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:
- (a) The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health,

and prevention of illness of others.

(b) The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.

(c) The supervision and teaching of other personnel in the theory and performance of any of the acts described in this subsection.

A professional nurse is responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

(21) "Probationary status" means the status of an approved program that is placed on such status pursuant to s. 464.019.

(22) "Registered nurse" means any person licensed in this state to practice professional nursing.

(23) "Required passage rate" means the graduate passage rate required for an approved program pursuant to s. 464.019(5)(a).

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 3, 4, ch. 82-32; ss. 3, 17, 18, ch. 86-284; s. 18, ch. 88-392; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 121, ch. 94-218; s. 1, ch. 96-274; s. 76, ch. 97-264; s. 210, ch. 98-166; s. 121, ch. 2000-318; s. 1, ch. 2007-167; s. 82, ch. 2008-6; s. 1, ch. 2009-168; s. 2, ch. 2010-37; s. 1, ch. 2014-92.

464.004 Board of Nursing; membership; appointment; terms.—

(1) The Board of Nursing is created within the department and shall consist of 13 members to be appointed by the Governor and confirmed by the Senate.

(2) Seven members of the board must be registered nurses who are residents of this state and who have been engaged in the practice of professional nursing for at least 4 years, including at least one advanced registered nurse practitioner, one nurse educator member of an approved program, and one nurse executive. These seven board members should be representative of the diverse areas of practice within the nursing profession. In addition, three members of the board must be licensed practical nurses who are residents of this state and who have been actively engaged in the practice of practical nursing for at least 4 years prior to their appointment. The remaining three members must be residents of the state who have never been licensed as nurses and who are in no way connected with the practice of nursing. No person may be appointed as a lay member who is in any way connected with, or has any financial interest in, any health care facility, agency, or insurer. At least one member of the board must be 60 years of age or older.

(3) As the terms of the members expire, the Governor shall appoint successors for terms of 4 years, and such members shall serve until their successors are appointed.

(4) All provisions of chapter 456 relating to activities of the board shall apply.

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 4, 17, 18, ch. 86-284; s. 15, ch. 87-172; ss. 12, 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 122, ch. 94-218; s. 3, ch. 96-274; s. 77, ch. 97-264; s. 66, ch. 98-166; s. 123, ch. 2000-160.

464.005 Board headquarters.—The board shall maintain its official headquarters in Tallahassee.

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 94, ch. 2001-277.

464.006 Rulemaking authority.—The board has authority to adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this part conferring duties upon it.

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 5, 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 125, ch. 98-200; s. 122, ch. 2000-318.

464.008 Licensure by examination.—

(1) Any person desiring to be licensed as a registered nurse or licensed practical nurse shall apply to the department to take the licensure examination. The department shall examine each applicant who:

(a) Has completed the application form and remitted a fee set by the board not to exceed \$150 and has

remitted an examination fee set by the board not to exceed \$75 plus the actual per applicant cost to the department for purchase of the examination from the National Council of State Boards of Nursing or a similar national organization.

(b) Has provided sufficient information on or after October 1, 1989, which must be submitted by the department for a statewide criminal records correspondence check through the Department of Law Enforcement.

(c) Is in good mental and physical health, is a recipient of a high school diploma or the equivalent, and has completed the requirements for:

1. Graduation from an approved program;
2. Graduation from a prelicensure nursing education program that the board determines is equivalent to an approved program;
3. Graduation on or after July 1, 2009, from an accredited program; or
4. Graduation before July 1, 2009, from a prelicensure nursing education program whose graduates at that time were eligible for examination.

Courses successfully completed in a professional nursing education program that are at least equivalent to a practical nursing education program may be used to satisfy the education requirements for licensure as a licensed practical nurse.

(d) Has the ability to communicate in the English language, which may be determined by an examination given by the department.

(2) Each applicant who passes the examination and provides proof of meeting the educational requirements specified in subsection (1) shall, unless denied pursuant to s. 464.018, be entitled to licensure as a registered professional nurse or a licensed practical nurse, whichever is applicable.

(3) Any applicant who fails the examination three consecutive times, regardless of the jurisdiction in which the examination is taken, shall be required to complete a board-approved remedial course before the applicant will be approved for reexamination. After taking the remedial course, the applicant may be approved to retake the examination up to three additional times before the applicant is required to retake remediation. The applicant shall apply for reexamination within 6 months after completion of remediation. The board shall by rule establish guidelines for remedial courses.

(4) If an applicant who graduates from an approved program does not take the licensure examination within 6 months after graduation, he or she must enroll in and successfully complete a board-approved licensure examination preparatory course. The applicant is responsible for all costs associated with the course and may not use state or federal financial aid for such costs. The board shall by rule establish guidelines for licensure examination preparatory courses.

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 6, 17, 18, ch. 86-284; s. 12, ch. 88-205; s. 10, ch. 88-219; s. 34, ch. 89-162; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 94, ch. 92-149; s. 5, ch. 96-274; s. 78, ch. 97-264; s. 116, ch. 99-397; s. 95, ch. 2001-277; s. 3, ch. 2010-37; s. 2, ch. 2014-92.

464.009 Licensure by endorsement.—

(1) The department shall issue the appropriate license by endorsement to practice professional or practical nursing to an applicant who, upon applying to the department and remitting a fee set by the board not to exceed \$100, demonstrates to the board that he or she:

(a) Holds a valid license to practice professional or practical nursing in another state or territory of the United States, provided that, when the applicant secured his or her original license, the requirements for licensure were substantially equivalent to or more stringent than those existing in Florida at that time;

(b) Meets the qualifications for licensure in s. 464.008 and has successfully completed a state, regional, or national examination which is substantially equivalent to or more stringent than the examination given by

the department; or

(c) Has actively practiced nursing in another state, jurisdiction, or territory of the United States for 2 of the preceding 3 years without having his or her license acted against by the licensing authority of any jurisdiction. Applicants who become licensed pursuant to this paragraph must complete within 6 months after licensure a Florida laws and rules course that is approved by the board. Once the department has received the results of the national criminal history check and has determined that the applicant has no criminal history, the appropriate license by endorsement shall be issued to the applicant.

(2) Such examinations and requirements from other states and territories of the United States shall be presumed to be substantially equivalent to or more stringent than those in this state. Such presumption shall not arise until January 1, 1980. However, the board may, by rule, specify states and territories the examinations and requirements of which shall not be presumed to be substantially equivalent to those of this state.

(3) An applicant for licensure by endorsement who is relocating to this state pursuant to his or her military-connected spouse's official military orders and who is licensed in another state that is a member of the Nurse Licensure Compact shall be deemed to have satisfied the requirements of subsection (1) and shall be issued a license by endorsement upon submission of the appropriate application and fees and completion of the criminal background check required under subsection (4).

(4) The applicant must submit to the department a set of fingerprints on a form and under procedures specified by the department, along with a payment in an amount equal to the costs incurred by the Department of Health for the criminal background check of the applicant. The Department of Health shall submit the fingerprints provided by the applicant to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check of the applicant. The Department of Health shall review the results of the criminal history check, issue a license to an applicant who has met all of the other requirements for licensure and has no criminal history, and shall refer all applicants with criminal histories back to the board for determination as to whether a license should be issued and under what conditions.

(5) The department shall not issue a license by endorsement to any applicant who is under investigation in another state, jurisdiction, or territory of the United States for an act which would constitute a violation of this part or chapter 456 until such time as the investigation is complete, at which time the provisions of s. 464.018 shall apply.

(6) The department shall develop an electronic applicant notification process and provide electronic notification when the application has been received and when background screenings have been completed, and shall issue a license within 30 days after completion of all required data collection and verification. This 30-day period to issue a license shall be tolled if the applicant must appear before the board due to information provided on the application or obtained through screening and data collection and verification procedures.

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 7, 17, 18, ch. 86-284; s. 1, ch. 87-240; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 6, ch. 96-274; s. 1104, ch. 97-103; s. 79, ch. 97-264; s. 123, ch. 2000-318; s. 96, ch. 2001-277; s. 5, ch. 2002-230; s. 9, ch. 2004-230.

464.0115 Certification of clinical nurse specialists.—

(1) Any nurse seeking certification as a clinical nurse specialist must apply to the department and submit proof that he or she holds a current license to practice professional nursing, a master's degree in a clinical nursing specialty, and either:

(a) Proof of current certification in a specialty area as a clinical nurse specialist from a nationally

recognized certifying body as determined by the board; or

(b) Proof that he or she holds a master's degree in a specialty area for which there is no certification within the clinical nurse specialist role and specialty and proof of having completed 1,000 hours of clinical experience in the clinical specialty for which he or she is academically prepared, with a minimum of 500 hours of clinical practice after graduation. The applicant for certification as a clinical nurse specialist must submit an affidavit to the Board of Nursing affirming the required hours of clinical experience. Falsification of the affidavit constitutes grounds for discipline in accordance with s. 464.018(1)(f).

(2) The board shall certify, and the department shall issue a certificate to, any nurse who fulfills the qualifications of this section. The board shall establish an application fee not to exceed \$75 and a biennial renewal fee not to exceed \$75.

(3) The board may adopt rules necessary to administer this section pursuant to ss. 120.536(1) and 120.54. History.—s. 2, ch. 2007-167; s. 1, ch. 2008-164.

464.012 Certification of advanced registered nurse practitioners; fees.—

(1) Any nurse desiring to be certified as an advanced registered nurse practitioner shall apply to the department and submit proof that he or she holds a current license to practice professional nursing and that he or she meets one or more of the following requirements as determined by the board:

(a) Satisfactory completion of a formal postbasic educational program of at least one academic year, the primary purpose of which is to prepare nurses for advanced or specialized practice.

(b) Certification by an appropriate specialty board. Such certification shall be required for initial state certification and any recertification as a registered nurse anesthetist or nurse midwife. The board may by rule provide for provisional state certification of graduate nurse anesthetists and nurse midwives for a period of time determined to be appropriate for preparing for and passing the national certification examination.

(c) Graduation from a program leading to a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills. For applicants graduating on or after October 1, 1998, graduation from a master's degree program shall be required for initial certification as a nurse practitioner under paragraph (4)(c). For applicants graduating on or after October 1, 2001, graduation from a master's degree program shall be required for initial certification as a registered nurse anesthetist under paragraph (4)(a).

(2) The board shall provide by rule the appropriate requirements for advanced registered nurse practitioners in the categories of certified registered nurse anesthetist, certified nurse midwife, and nurse practitioner.

(3) An advanced registered nurse practitioner shall perform those functions authorized in this section within the framework of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The board shall review the protocol to ensure compliance with applicable regulatory standards for protocols. The board shall refer to the department licensees submitting protocols that are not compliant with the regulatory standards for protocols. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced registered nurse practitioner may:

(a) Monitor and alter drug therapies.

(b) Initiate appropriate therapies for certain conditions.

(c) Perform additional functions as may be determined by rule in accordance with s. 464.003(2).

(d) Order diagnostic tests and physical and occupational therapy.

(4) In addition to the general functions specified in subsection (3), an advanced registered nurse practitioner may perform the following acts within his or her specialty:

(a) The certified registered nurse anesthetist may, to the extent authorized by established protocol approved by the medical staff of the facility in which the anesthetic service is performed, perform any or all of the following:

1. Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions.
2. Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the responsible physician, the appropriate type of anesthesia within the framework of the protocol.
3. Order under the protocol preanesthetic medication.
4. Perform under the protocol procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. These procedures include ordering and administering regional, spinal, and general anesthesia; inhalation agents and techniques; intravenous agents and techniques; and techniques of hypnosis.
5. Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient.
6. Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances.
7. Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy.
8. Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care.
9. Participate in management of the patient while in the postanesthesia recovery area, including ordering the administration of fluids and drugs.
10. Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.

(b) The certified nurse midwife may, to the extent authorized by an established protocol which has been approved by the medical staff of the health care facility in which the midwifery services are performed, or approved by the nurse midwife's physician backup when the delivery is performed in a patient's home, perform any or all of the following:

1. Perform superficial minor surgical procedures.
2. Manage the patient during labor and delivery to include amniotomy, episiotomy, and repair.
3. Order, initiate, and perform appropriate anesthetic procedures.
4. Perform postpartum examination.
5. Order appropriate medications.
6. Provide family-planning services and well-woman care.
7. Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient.

(c) The nurse practitioner may perform any or all of the following acts within the framework of established protocol:

1. Manage selected medical problems.
2. Order physical and occupational therapy.
3. Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
4. Monitor and manage patients with stable chronic diseases.
5. Establish behavioral problems and diagnosis and make treatment recommendations.

(5) The board shall certify, and the department shall issue a certificate to, any nurse meeting the qualifications in this section. The board shall establish an application fee not to exceed \$100 and a biennial

renewal fee not to exceed \$50. The board is authorized to adopt such other rules as are necessary to implement the provisions of this section.

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; s. 4, ch. 84-268; ss. 8, 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 7, ch. 96-274; s. 1105, ch. 97-103; s. 80, ch. 97-264; s. 8, ch. 2006-251; s. 3, ch. 2007-167; s. 9, ch. 2010-37.

464.013 Renewal of license or certificate.—

- (1) The department shall renew a license upon receipt of the renewal application and fee.
- (2) The department shall adopt rules establishing a procedure for the biennial renewal of licenses.
- (3) The board shall by rule prescribe up to 30 hours of continuing education biennially as a condition for renewal of a license or certificate. A nurse who is certified by a health care specialty program accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification is exempt from continuing education requirements. The criteria for programs shall be approved by the board.

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 9, 17, 18, ch. 86-284; s. 11, ch. 88-219; s. 1, ch. 89-170; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 176, ch. 94-119; s. 8, ch. 96-274; s. 81, ch. 97-264; s. 3, ch. 2014-92.

464.014 Inactive status.—

- (1) The board shall adopt rules relating to application procedures for inactive status, to the biennial renewal of inactive licenses, and to the reactivation of licenses. The board shall prescribe by rule an application fee for inactive status, a renewal fee for inactive status, a delinquency fee, and a fee for the reactivation of a license. None of these fees may exceed the biennial renewal fee established by the board for biennial renewal of an active license.

- (2) The department may not reactivate a license unless the inactive or delinquent licensee has paid any applicable biennial renewal or delinquency fee, or both, and a reactivation fee.

History.—ss. 1, 6, ch. 79-225; s. 319, ch. 81-259; ss. 2, 3, ch. 81-318; ss. 11, 17, 18, ch. 86-284; s. 12, ch. 88-219; s. 35, ch. 89-162; s. 2, ch. 89-170; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 177, ch. 94-119; s. 9, ch. 96-274; s. 82, ch. 97-264.

464.015 Titles and abbreviations; restrictions; penalty.—

- (1) Only persons who hold licenses to practice professional nursing in this state or who are performing nursing services pursuant to the exception set forth in s. 464.022(8) shall have the right to use the title “Registered Nurse” and the abbreviation “R.N.”
- (2) Only persons who hold licenses to practice as licensed practical nurses in this state or who are performing practical nursing services pursuant to the exception set forth in s. 464.022(8) shall have the right to use the title “Licensed Practical Nurse” and the abbreviation “L.P.N.”
- (3) Only persons who are graduates of prelicensure nursing education programs listed in s. 464.008(1)(c) may use the term “Graduate Nurse” and the abbreviation “G.N.,” pending the results of the first licensure examination for which they are eligible.
- (4) Only persons who are graduates of prelicensure nursing education programs listed in s. 464.008(1)(c) may use the term “Graduate Practical Nurse” and the abbreviation “G.P.N.,” pending the results of the first licensure examination for which they are eligible.
- (5) Only persons who hold valid certificates to practice as clinical nurse specialists in this state may use the title “Clinical Nurse Specialist” and the abbreviation “C.N.S.”
- (6) Only persons who hold valid certificates to practice as certified registered nurse anesthetists in this state may use the title “Certified Registered Nurse Anesthetist” and the abbreviations “C.R.N.A.” or “nurse anesthetist.”
- (7) Only persons who hold valid certificates to practice as certified nurse midwives in this state may use the title “Certified Nurse Midwife” and the abbreviations “C.N.M.” or “nurse midwife.”
- (8) Only persons who hold valid certificates to practice as advanced registered nurse practitioners in this

state may use the title “Advanced Registered Nurse Practitioner” and the abbreviation “A.R.N.P.”

(9) A person may not practice or advertise as, or assume the title of, registered nurse, licensed practical nurse, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, or advanced registered nurse practitioner or use the abbreviation “R.N.,” “L.P.N.,” “C.N.S.,” “C.R.N.A.,” “C.N.M.,” or “A.R.N.P.” or take any other action that would lead the public to believe that person was certified as such or is performing nursing services pursuant to the exception set forth in s. 464.022(8), unless that person is licensed or certified to practice as such.

(10) A violation of this section is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 12, 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 4, ch. 2007-167; s. 4, ch. 2010-37.

464.016 Violations and penalties.—

(1) Each of the following acts constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084:

- (a) Practicing advanced or specialized, professional, or practical nursing, as defined in this part, unless holding an active license or certificate to do so.
- (b) Using or attempting to use a license or certificate which has been suspended or revoked.
- (c) Knowingly employing unlicensed persons in the practice of nursing.
- (d) Obtaining or attempting to obtain a license or certificate under this part by misleading statements or knowing misrepresentation.

(2) Each of the following acts constitutes a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083:

- (a) Using the name or title “Nurse,” “Registered Nurse,” “Licensed Practical Nurse,” “Clinical Nurse Specialist,” “Certified Registered Nurse Anesthetist,” “Certified Nurse Midwife,” “Advanced Registered Nurse Practitioner,” or any other name or title which implies that a person was licensed or certified as same, unless such person is duly licensed or certified.
- (b) Knowingly concealing information relating to violations of this part.

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 13, 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 90, ch. 91-224; s. 4, ch. 91-429; s. 183, ch. 99-397; ss. 54, 124, ch. 2000-318; s. 5, ch. 2007-167.

464.017 Sexual misconduct in the practice of nursing.—The nurse-patient relationship is founded on mutual trust. Sexual misconduct in the practice of nursing means violation of the nurse-patient relationship through which the nurse uses said relationship to induce or attempt to induce the patient to engage, or to engage or attempt to engage the patient, in sexual activity outside the scope of the practice or the scope of generally accepted examination or treatment of the patient. Sexual misconduct in the practice of nursing is prohibited.

History.—ss. 1, 6, ch. 79-225; s. 320, ch. 81-259; ss. 2, 3, ch. 81-318; ss. 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429.

464.018 Disciplinary actions.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

- (a) Procuring, attempting to procure, or renewing a license to practice nursing by bribery, by knowing misrepresentations, or through an error of the department or the board.
- (b) Having a license to practice nursing revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.
- (c) Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of

adjudication, a crime in any jurisdiction which directly relates to the practice of nursing or to the ability to practice nursing.

(d) Being found guilty, regardless of adjudication, of any of the following offenses:

1. A forcible felony as defined in chapter 776.
2. A violation of chapter 812, relating to theft, robbery, and related crimes.
3. A violation of chapter 817, relating to fraudulent practices.
4. A violation of chapter 800, relating to lewdness and indecent exposure.
5. A violation of chapter 784, relating to assault, battery, and culpable negligence.
6. A violation of chapter 827, relating to child abuse.
7. A violation of chapter 415, relating to protection from abuse, neglect, and exploitation.
8. A violation of chapter 39, relating to child abuse, abandonment, and neglect.

(e) Having been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense prohibited under s. 435.04 or similar statute of another jurisdiction; or having committed an act which constitutes domestic violence as defined in s. 741.28.

(f) Making or filing a false report or record, which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing or inducing another person to do so. Such reports or records shall include only those which are signed in the nurse's capacity as a licensed nurse.

(g) False, misleading, or deceptive advertising.

(h) Unprofessional conduct, as defined by board rule.

(i) Engaging or attempting to engage in the possession, sale, or distribution of controlled substances as set forth in chapter 893, for any other than legitimate purposes authorized by this part.

(j) Being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition. In enforcing this paragraph, the department shall have, upon a finding of the State Surgeon General or the State Surgeon General's designee that probable cause exists to believe that the licensee is unable to practice nursing because of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians designated by the department. If the licensee refuses to comply with such order, the department's order directing such examination may be enforced by filing a petition for enforcement in the circuit court where the licensee resides or does business. The licensee against whom the petition is filed shall not be named or identified by initials in any public court records or documents, and the proceedings shall be closed to the public. The department shall be entitled to the summary procedure provided in s. 51.011. A nurse affected by the provisions of this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that she or he can resume the competent practice of nursing with reasonable skill and safety to patients.

(k) Failing to report to the department any person who the licensee knows is in violation of this part or of the rules of the department or the board; however, if the licensee verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, the licensee is required to report such person only to an impaired professionals consultant.

(l) Knowingly violating any provision of this part, a rule of the board or the department, or a lawful order of the board or department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department.

(m) Failing to report to the department any licensee under chapter 458 or under chapter 459 who the nurse knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides health care services in a facility licensed under chapter 395, or a health

maintenance organization certificated under part I of chapter 641, in which the nurse also provides services.

- (n) Failing to meet minimal standards of acceptable and prevailing nursing practice, including engaging in acts for which the licensee is not qualified by training or experience.
- (o) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.
- (2) The board may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 456.072(1).
- (3) The board shall not reinstate the license of a nurse, or cause a license to be issued to a person it has deemed unqualified, until such time as it is satisfied that such person has complied with all the terms and conditions set forth in the final order and that such person is capable of safely engaging in the practice of nursing.
- (4) The board shall not reinstate the license of a nurse who has been found guilty by the board on three separate occasions of violations of this part relating to the use of drugs or narcotics, which offenses involved the diversion of drugs or narcotics from patients to personal use or sale.
- (5) The board shall by rule establish guidelines for the disposition of disciplinary cases involving specific types of violations. Such guidelines may include minimum and maximum fines, periods of supervision or probation, or conditions of probation or reissuance of a license.

History.—ss. 1, 6, ch. 79-225; s. 321, ch. 81-259; ss. 2, 3, ch. 81-318; s. 1, ch. 83-27; s. 27, ch. 83-329; ss. 14, 17, 18, ch. 86-284; s. 40, ch. 88-1; s. 13, ch. 88-219; s. 19, ch. 88-277; s. 19, ch. 88-392; s. 3, ch. 89-170; s. 33, ch. 91-57; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 44, ch. 92-149; s. 24, ch. 94-134; s. 24, ch. 94-135; s. 20, ch. 95-152; s. 48, ch. 95-228; s. 136, ch. 95-418; s. 10, ch. 96-274; s. 1106, ch. 97-103; s. 83, ch. 97-264; s. 155, ch. 98-403; s. 2, ch. 99-335; s. 125, ch. 2000-318; s. 103, ch. 2000-349; s. 31, ch. 2001-277; s. 6, ch. 2002-230; s. 30, ch. 2004-267; s. 9, ch. 2005-240; s. 83, ch. 2008-6; s. 51, ch. 2010-114.

464.019 Approval of nursing education programs.—

(1) **PROGRAM APPLICATION.**—An educational institution that wishes to conduct a program in this state for the prelicensure education of professional or practical nurses must submit to the department a program application and review fee of \$1,000 for each prelicensure nursing education program to be offered at the institution's main campus, branch campus, or other instructional site. The program application must include the legal name of the educational institution, the legal name of the nursing education program, and, if such institution is accredited, the name of the accrediting agency. The application must also document that:

- (a)1. For a professional nursing education program, the program director and at least 50 percent of the program's faculty members are registered nurses who have a master's or higher degree in nursing or a bachelor's degree in nursing and a master's or higher degree in a field related to nursing.
- 2. For a practical nursing education program, the program director and at least 50 percent of the program's faculty members are registered nurses who have a bachelor's or higher degree in nursing.

The educational degree requirements of this paragraph may be documented by an official transcript or by a written statement from the educational institution verifying that the institution conferred the degree.

(b) The program's nursing major curriculum consists of at least:

- 1. Fifty percent clinical training in the United States, the District of Columbia, or a possession or territory of the United States for a practical nursing education program, an associate degree professional nursing education program, or a professional diploma nursing education program.
- 2. Forty percent clinical training in the United States, the District of Columbia, or a possession or territory of the United States for a bachelor's degree professional nursing education program.
- (c) No more than 50 percent of the program's clinical training consists of clinical simulation.
- (d) The program has signed agreements with each agency, facility, and organization included in the curriculum plan as clinical training sites and community-based clinical experience sites.

(e) The program has written policies for faculty which include provisions for direct or indirect supervision by program faculty or clinical preceptors for students in clinical training consistent with the following standards:

1. The number of program faculty members equals at least one faculty member directly supervising every 12 students unless the written agreement between the program and the agency, facility, or organization providing clinical training sites allows more students, not to exceed 18 students, to be directly supervised by one program faculty member.
2. For a hospital setting, indirect supervision may occur only if there is direct supervision by an assigned clinical preceptor, a supervising program faculty member is available by telephone, and such arrangement is approved by the clinical facility.
3. For community-based clinical experiences that involve student participation in invasive or complex nursing activities, students must be directly supervised by a program faculty member or clinical preceptor and such arrangement must be approved by the community-based clinical facility.
4. For community-based clinical experiences not subject to subparagraph 3., indirect supervision may occur only when a supervising program faculty member is available to the student by telephone.

A program's policies established under this paragraph must require that a clinical preceptor who is supervising students in a professional nursing education program be a registered nurse or, if supervising students in a practical nursing education program, be a registered nurse or licensed practical nurse.

(f) The professional or practical nursing curriculum plan documents clinical experience and theoretical instruction in medical, surgical, obstetric, pediatric, and geriatric nursing. A professional nursing curriculum plan shall also document clinical experience and theoretical instruction in psychiatric nursing. Each curriculum plan must document clinical training experience in appropriate settings that include, but are not limited to, acute care, long-term care, and community settings.

(g) The professional or practical nursing education program provides theoretical instruction and clinical application in personal, family, and community health concepts; nutrition; human growth and development throughout the life span; body structure and function; interpersonal relationship skills; mental health concepts; pharmacology and administration of medications; and legal aspects of practice. A professional nursing education program must also provide theoretical instruction and clinical application in interpersonal relationships and leadership skills; professional role and function; and health teaching and counseling skills.

(2) PROGRAM APPROVAL.—

(a) Upon receipt of a program application and review fee, the department shall examine the application to determine if it is complete. If the application is not complete, the department shall notify the educational institution in writing of any errors or omissions within 30 days after the department's receipt of the application. A program application is deemed complete upon the department's receipt of:

1. The initial application, if the department does not notify the educational institution of any errors or omissions within the 30-day period; or
2. A revised application that corrects each error and omission of which the department notifies the educational institution within the 30-day period.

(b) Within 90 days after the department's receipt of a complete program application, the board shall:

1. Approve the application if it documents compliance with subsection (1); or
2. Provide the educational institution with a notice of intent to deny the application if it does not document compliance with subsection (1). The notice must specify written reasons for the board's denial of the application. The board may not deny a program application because of an educational institution's failure to correct an error or omission that the department failed to provide notice of to the institution within the 30-day notice period under paragraph (a). The educational institution may request a hearing on the notice of

intent to deny the program application pursuant to chapter 120.

(c) A program application is deemed approved if the board does not act within the 90-day review period provided under paragraph (b).

(d) Upon the board's approval of a program application, the program becomes an approved program.

(3) ANNUAL REPORT.—By November 1 of each year, each approved program shall submit to the board an annual report comprised of an affidavit certifying continued compliance with subsection (1), a summary description of the program's compliance with subsection (1), and documentation for the previous academic year that, to the extent applicable, describes:

(a) The number of student applications received, qualified applicants, applicants accepted, accepted applicants who enroll in the program, students enrolled in the program, and program graduates.

(b) The program's retention rates for students tracked from program entry to graduation.

(c) The program's accreditation status, including identification of the accrediting agency.

(4) INTERNET WEBSITE.— The board shall publish the following information on its Internet website:

(a) A list of each accredited program conducted in the state and the program's graduate passage rates for the most recent 2 calendar years, which the department shall determine through the following sources:

1. For a program's accreditation status, the specialized accrediting agencies that are nationally recognized by the United States Secretary of Education to accredit nursing education programs.

2. For a program's graduate passage rates, the contract testing service of the National Council of State Boards of Nursing.

(b) The following data for each approved program, which includes, to the extent applicable:

1. All documentation provided by the program in its program application if submitted on or after July 1, 2009.

2. The summary description of the program's compliance submitted under subsection (3).

3. The program's accreditation status, including identification of the accrediting agency.

4. The program's probationary status.

5. The program's graduate passage rates for the most recent 2 calendar years.

6. Each program's retention rates for students tracked from program entry to graduation.

(c) The average passage rates for United States educated, first-time test takers on the National Council of State Boards of Nursing Licensing Examination for the most recent 2 calendar years, as calculated by the contract testing service of the National Council of State Boards of Nursing. The average passage rates shall be published separately for each type of comparable degree program listed in subparagraph (5)(a)1.

The information required to be published under this subsection shall be made available in a manner that allows interactive searches and comparisons of individual programs selected by the website user. The board shall update the Internet website at least quarterly with the available information.

(5) ACCOUNTABILITY.—

(a)1. An approved program must achieve a graduate passage rate for first-time test takers who take the licensure examination within 6 months after graduation from the program that is not more than 10 percentage points lower than the average passage rate during the same calendar year for graduates of comparable degree programs who are United States educated, first-time test takers on the National Council of State Boards of Nursing Licensing Examination, as calculated by the contract testing service of the National Council of State Boards of Nursing. An approved program shall require a graduate from the program who does not take the licensure examination within 6 months after graduation to enroll in and successfully complete a licensure examination preparatory course pursuant to s. 464.008. For purposes of this subparagraph, an approved program is comparable to all degree programs of the same program type from among the following program types:

- a. Professional nursing education programs that terminate in a bachelor's degree.
 - b. Professional nursing education programs that terminate in an associate degree.
 - c. Professional nursing education programs that terminate in a diploma.
 - d. Practical nursing education programs.
2. Beginning with graduate passage rates for calendar year 2010, if an approved program's graduate passage rates do not equal or exceed the required passage rates for 2 consecutive calendar years, the board shall place the program on probationary status pursuant to chapter 120 and the program director shall appear before the board to present a plan for remediation, which shall include specific benchmarks to identify progress toward a graduate passage rate goal. The program must remain on probationary status until it achieves a graduate passage rate that equals or exceeds the required passage rate for any 1 calendar year. The board shall deny a program application for a new prelicensure nursing education program submitted by an educational institution if the institution has an existing program that is already on probationary status.
3. Upon the program's achievement of a graduate passage rate that equals or exceeds the required passage rate, the board, at its next regularly scheduled meeting following release of the program's graduate passage rate by the National Council of State Boards of Nursing, shall remove the program's probationary status. If the program, during the 2 calendar years following its placement on probationary status, does not achieve the required passage rate for any 1 calendar year, the board shall terminate the program pursuant to chapter 120. However, the board may extend the program's probationary status for 1 additional year if the program demonstrates adequate progress toward the graduate passage rate goal by meeting a majority of the benchmarks established in the remediation plan.
- (b) If an approved program fails to submit the annual report required in subsection (3), the board shall notify the program director and president or chief executive officer of the educational institution in writing within 15 days after the due date of the annual report. The program director shall appear before the board at the board's next regularly scheduled meeting to explain the reason for the delay. The board shall terminate the program pursuant to chapter 120 if it does not submit the annual report within 6 months after the due date.
- (c) An approved program on probationary status shall disclose its probationary status in writing to the program's students and applicants.
- (d) If students from a program that is terminated pursuant to this subsection transfer to an approved or an accredited program under the direction of the Commission for Independent Education, the board shall recalculate the passage rates of the programs receiving the transferring students, excluding the test scores of those students transferring more than 12 credits.
- (6) DISCLOSURE OF GRADUATE PASSAGE RATE DATA.—
- (a) For each graduate of the program included in the calculation of the program's graduate passage rate, the department shall disclose to the program director, upon his or her written request, the name, examination date, and determination of whether each graduate passed or failed the National Council of State Boards of Nursing Licensing Examination, if such information is provided to the department by the contract testing service of the National Council of State Boards of Nursing. The written request must specify the calendar years for which the information is requested.
- (b) A program director to whom confidential information exempt from public disclosure pursuant to s. 456.014 is disclosed under this subsection must maintain the confidentiality of the information and is subject to the same penalties provided in s. 456.082 for department employees who unlawfully disclose confidential information.
- (7) PROGRAM CLOSURE.—
- (a) An educational institution conducting an approved program or accredited program in this state, at

least 30 days before voluntarily closing the program, shall notify the board in writing of the institution's reason for closing the program, the intended closure date, the institution's plan to provide for or assist in the completion of training by the program's students, and the arrangements for storage of the program's permanent records.

(b) An educational institution conducting a nursing education program that is terminated under subsection (5) or closed under subparagraph (9)(b)3.:

1. May not accept or enroll new students.

2. Shall submit to the board within 30 days after the program is terminated or closed a written description of how the institution will assist in completing the training of the program's students and the institution's arrangements for storage of the program's permanent records.

(c) If an educational institution does not comply with paragraph (a) or paragraph (b), the board shall provide a written notice explaining the institution's noncompliance to the following persons and entities:

1. The president or chief executive officer of the educational institution.

2. The Board of Governors, if the program is conducted by a state university.

3. The district school board, if the program is conducted by an educational institution operated by a school district.

4. The Commission for Independent Education, if the program is conducted by an educational institution licensed under chapter 1005.

5. The State Board of Education, if the program is conducted by an educational institution in the Florida College System or by an educational institution that is not subject to subparagraphs 2.-4.

(8) RULEMAKING.—The board does not have rulemaking authority to administer this section, except that the board shall adopt rules that prescribe the format for submitting program applications under subsection (1) and annual reports under subsection (3), and to administer the documentation of the accreditation of nursing education programs under subsection (11). The board may not impose any condition or requirement on an educational institution submitting a program application, an approved program, or an accredited program, except as expressly provided in this section.

(9) APPLICABILITY TO ACCREDITED PROGRAMS.—

(a) Subsections (1)-(3), paragraph (4)(b), and subsection (5) do not apply to an accredited program.

(b) If an accredited program ceases to be accredited, the educational institution conducting the program:

1. Within 10 business days after the program ceases to be accredited, must provide written notice of the date that the program ceased to be accredited to the board, the program's students and applicants, and each entity providing clinical training sites or community-based clinical experience sites for the program. The educational institution must continue to provide the written notice to new students, applicants, and entities providing clinical training sites or community-based clinical experience sites for the program until the program becomes an approved program or is closed under subparagraph 3.

2. Within 30 days after the program ceases to be accredited, must submit an affidavit to the board, signed by the educational institution's president or chief executive officer, which certifies the institution's compliance with subparagraph 1. The board shall notify the persons and applicable entities listed in paragraph (7)(c) if an educational institution does not submit the affidavit required by this subparagraph.

3. May apply to become an approved program under this section. If the educational institution:

a. Within 30 days after the program ceases to be accredited, submits a program application and review fee to the department under subsection (1) and the affidavit required under subparagraph 2., the program shall be deemed an approved program from the date that the program ceased to be accredited until the date that the board approves or denies the program application. The program application must be denied by the board pursuant to chapter 120 if it does not contain the affidavit. If the board denies the program application

under subsection (2) or if the program application does not contain the affidavit, the program shall be closed and the educational institution conducting the program must comply with paragraph (7)(b).

b. Does not apply to become an approved program pursuant to sub-subparagraph a., the program shall be deemed an approved program from the date the program ceased to be accredited until the 31st day after that date. On the 31st day after the program ceased to be accredited, the program shall be closed and the educational institution conducting the program must comply with paragraph (7)(b).

(10) IMPLEMENTATION STUDY.—The Florida Center for Nursing and the education policy area of the Office of Program Policy Analysis and Government Accountability shall study the administration of this section and submit reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives annually by January 30, through January 30, 2020. The annual reports shall address the previous academic year; provide data on the measures specified in paragraphs (a) and (b), as such data becomes available; and include an evaluation of such data for purposes of determining whether this section is increasing the availability of nursing education programs and the production of quality nurses. The department and each approved program or accredited program shall comply with requests for data from the Florida Center for Nursing and the education policy area of the Office of Program Policy Analysis and Government Accountability.

(a) The education policy area of the Office of Program Policy Analysis and Government Accountability shall evaluate program-specific data for each approved program and accredited program conducted in the state, including, but not limited to:

1. The number of programs and student slots available.
2. The number of student applications submitted, the number of qualified applicants, and the number of students accepted.
3. The number of program graduates.
4. Program retention rates of students tracked from program entry to graduation.
5. Graduate passage rates on the National Council of State Boards of Nursing Licensing Examination.
6. The number of graduates who become employed as practical or professional nurses in the state.

(b) The Florida Center for Nursing shall evaluate the board's implementation of the:

1. Program application approval process, including, but not limited to, the number of program applications submitted under subsection (1); the number of program applications approved and denied by the board under subsection (2); the number of denials of program applications reviewed under chapter 120; and a description of the outcomes of those reviews.

2. Accountability processes, including, but not limited to, the number of programs on probationary status, the number of approved programs for which the program director is required to appear before the board under subsection (5), the number of approved programs terminated by the board, the number of terminations reviewed under chapter 120, and a description of the outcomes of those reviews.

(c) For any state fiscal year in which the Florida Center for Nursing does not receive legislative appropriations, the education policy area of the Office of Program Policy Analysis and Government Accountability shall perform the duties assigned by this subsection to the Florida Center for Nursing.

(11) ACCREDITATION REQUIRED.—

(a) A nursing education program that prepares students for the practice of professional nursing, that was approved under this section before July 1, 2014, and that enrolled students before July 1, 2014, must become an accredited program by July 1, 2019.

(b) A nursing education program that prepares students for the practice of professional nursing and that was approved under this section before July 1, 2014, but did not enroll students before that date, must become an accredited program within 5 years after the date of enrolling the program's first students.

(c) A nursing education program that prepares students for the practice of professional nursing and that is approved under this section after June 30, 2014, must become an accredited program within 5 years after the date of enrolling the program's first students.

(d) This subsection does not apply to a nursing education program provided by an institution that is exempt from licensure by the Commission for Independent Education under s. 1005.06(1)(e).

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 11, ch. 96-274; s. 84, ch. 97-264; s. 126, ch. 2000-318; s. 7, ch. 2002-230; s. 2, ch. 2009-168; s. 5, ch. 2010-37; s. 98, ch. 2012-184; s. 4, ch. 2014-92.

464.0195 Florida Center for Nursing; goals.—

(1) There is established the Florida Center for Nursing to address issues of supply and demand for nursing, including issues of recruitment, retention, and utilization of nurse workforce resources. The Legislature finds that the center will repay the state's investment by providing an ongoing strategy for the allocation of the state's resources directed towards nursing.

(2) The primary goals for the center shall be to:

(a) Develop a strategic statewide plan for nursing manpower in this state by:

1. Establishing and maintaining a database on nursing supply and demand in the state, to include current supply and demand, and future projections; and

2. Selecting from the plan priorities to be addressed.

(b) Convene various groups representative of nurses, other health care providers, business and industry, consumers, legislators, and educators to:

1. Review and comment on data analysis prepared for the center;

2. Recommend systemic changes, including strategies for implementation of recommended changes; and

3. Evaluate and report the results of these efforts to the Legislature and others.

(c) Enhance and promote recognition, reward, and renewal activities for nurses in the state by:

1. Promoting nursing excellence programs such as magnet recognition by the American Nurses Credentialing Center;

2. Proposing and creating additional reward, recognition, and renewal activities for nurses; and

3. Promoting media and positive image-building efforts for nursing.

(3) The Board of Nursing shall include on its initial and renewal application forms a question asking each nurse to voluntarily contribute to funding the Florida Center for Nursing in addition to paying the fees imposed at the time of licensure and licensure renewal. Revenues collected from nurses over and above the required fees shall be transferred from the Medical Quality Assurance Trust Fund to the Grants and Donations Trust Fund within the Department of Health and shall be used solely to support and maintain the goals and functions of the center. Before giving a nurse the opportunity to contribute to funding the center at the time of licensure renewal, the Board of Nursing shall provide the nurse with a summary of the center's work, a link to the center's Internet website, and the following statement: "The Florida Center for Nursing's operating revenues are derived in part from your donation. In order for the Florida Center for Nursing to continue its work on behalf of nurses, please donate."

History.—s. 97, ch. 2001-277; s. 1, ch. 2002-229; s. 6, ch. 2004-245; s. 5, ch. 2008-19; s. 1, ch. 2009-145.

464.0196 Florida Center for Nursing; board of directors.—

(1) The Florida Center for Nursing shall be governed by a policy-setting board of directors. The board shall consist of 16 members, with a simple majority of the board being nurses representative of various practice areas. Other members shall include representatives of other health care professions, business and industry, health care providers, and consumers. The members of the board shall be appointed by the Governor as follows:

- (a) Four members recommended by the President of the Senate, at least one of whom shall be a registered nurse recommended by the Florida Organization of Nurse Executives and at least one other representative of the hospital industry recommended by the Florida Hospital Association;
 - (b) Four members recommended by the Speaker of the House of Representatives, at least one of whom shall be a registered nurse recommended by the Florida Nurses Association and at least one other representative of the long-term care industry;
 - (c) Four members recommended by the Governor, two of whom shall be registered nurses;
 - (d) One nurse educator recommended by the Board of Governors who is a dean of a College of Nursing at a state university; and
 - (e) Three nurse educators recommended by the State Board of Education, one of whom must be a director of a nursing program at a Florida College System institution.
- (2) The initial terms of the members shall be as follows:
- (a) Of the members appointed pursuant to paragraph (1)(a), two shall be appointed for terms expiring June 30, 2005, one for a term expiring June 30, 2004, and one for a term expiring June 30, 2003.
 - (b) Of the members appointed pursuant to paragraph (1)(b), one shall be appointed for a term expiring June 30, 2005, two for terms expiring June 30, 2004, and one for a term expiring June 20, 2003.
 - (c) Of the members appointed pursuant to paragraph (1)(c), one shall be appointed for a term expiring June 30, 2005, one for a term expiring June 30, 2004, and two for terms expiring June 30, 2003.
 - (d) Of the members appointed pursuant to paragraph (1)(d), the terms of two members recommended by the State Board of Education shall expire June 30, 2005; the term of the member who is a dean of a College of Nursing at a state university shall expire June 30, 2004; and the term of the member who is a director of a state community college nursing program shall expire June 30, 2003.

After the initial appointments expire, the terms of all the members shall be for 3 years, with no member serving more than two consecutive terms.

- (3) The board shall have the following powers and duties:
- (a) To employ an executive director.
 - (b) To determine operational policy.
 - (c) To elect a chair and officers, to serve 2-year terms. The chair and officers may not succeed themselves.
 - (d) To establish committees of the board as needed.
 - (e) To appoint a multidisciplinary advisory council for input and advice on policy matters.
 - (f) To implement the major functions of the center as established in the goals set out in s. 464.0195.
 - (g) To seek and accept nonstate funds for sustaining the center and carrying out center policy.
- (4) The members of the board are entitled to receive per diem and allowances prescribed by law for state boards and commissions.

History.—s. 98, ch. 2001-277; s. 55, ch. 2007-217; s. 119, ch. 2014-17.

464.0205 Retired volunteer nurse certificate. —

- (1) Any retired practical or registered nurse desiring to serve indigent, underserved, or critical need populations in this state may apply to the department for a retired volunteer nurse certificate by providing:
- (a) A complete application.
 - (b) Verification that the applicant had been licensed to practice nursing in any jurisdiction in the United States for at least 10 years, had retired or plans to retire, intends to practice nursing only pursuant to the limitations provided by the retired volunteer nurse certificate, and has not committed any act that would constitute a violation under s. 464.018(1).

- (c) Proof that the applicant meets the requirements for licensure under s. 464.008 or s. 464.009.
- (2) All related administrative costs shall be borne by the applicant.
- (3) The board may deny a retired volunteer nurse certificate to any applicant who has committed, or who is under investigation or prosecution for, any act that would constitute a ground for disciplinary action under s. 464.018.
- (4) A retired volunteer nurse receiving certification from the board shall:
 - (a) Work under the direct supervision of the director of a county health department, a physician working under a limited license issued pursuant to s. 458.317 or s. 459.0075, a physician licensed under chapter 458 or chapter 459, an advanced registered nurse practitioner certified under s. 464.012, or a registered nurse licensed under s. 464.008 or s. 464.009.
 - (b) Comply with the minimum standards of practice for nurses and be subject to disciplinary action for violations of s. 464.018, except that the scope of practice for certified volunteers shall be limited to primary and preventive health care, or as further defined by board rule.
 - (c) Work only in a setting for which there are provisions for professional liability coverage for acts or omissions of the retired volunteer nurse.
 - (d) Provide services under the certificate only in settings whose sponsors have been approved by the board.
- (5) A retired volunteer nurse receiving certification from the board shall not:
 - (a) Administer controlled substances.
 - (b) Supervise other nurses.
 - (c) Receive monetary compensation.
- (6) A retired volunteer nurse certified under this section may practice only in board-approved settings in public agencies or institutions or in nonprofit agencies or institutions meeting the requirements of s. 501(c)(3) of the Internal Revenue Code, which agencies or institutions are located in areas of critical nursing need as determined by the board. Determination of underserved areas shall be made by the board after consultation with the Department of Health, the Department of Children and Families, the Agency for Health Care Administration, and the Department of Elderly Affairs; however, such determination shall include, but not be limited to, health manpower shortage areas designated by the United States Department of Health and Human Services. The sponsoring agencies desiring to use certified retired volunteer nurses shall submit to the board verification of their status under s. 501(c)(3) of the Internal Revenue Code, the sites at which such volunteer nurses would work, the duties and scope of practice intended for such volunteer nurses, and the training or skills validation for such volunteer nurses.
- (7) The retired volunteer nurse certificate shall be valid for 2 years, and a certificateholder may reapply for a certificate so long as the certificateholder continues to meet the eligibility requirements of this section. Any legislatively mandated continuing education on specific topics must be completed by the certificateholder prior to renewal; otherwise, the provisions of s. 464.013 do not apply.

History.—s. 85, ch. 97-264; s. 101, ch. 2001-277; s. 269, ch. 2014-19.

464.022 Exceptions.—No provision of this part shall be construed to prohibit:

- (1) The care of the sick by friends or members of the family without compensation, the incidental care of the sick by domestic servants, or the incidental care of noninstitutionalized persons by a surrogate family.
- (2) Assistance by anyone in the case of an emergency.
- (3) The practice of nursing by students enrolled in approved schools of nursing.
- (4) The practice of nursing by graduates of prelicensure nursing education programs listed in s. 464.008(1)(c), pending the result of the first licensing examination for which they are eligible following graduation, provided they practice under direct supervision of a registered professional nurse. The board shall

by rule define what constitutes direct supervision.

(5) The rendering of services by nursing assistants acting under the direct supervision of a registered professional nurse.

(6) Any nurse practicing in accordance with the practices and principles of the body known as the Church of Christ Scientist; nor shall any rule of the board apply to any sanitarium, nursing home, or rest home operated in accordance with the practices and principles of the body known as the Church of Christ Scientist.

(7) The practice of any legally qualified nurse or licensed attendant of another state who is employed by the United States Government, or any bureau, division, or agency thereof, while in the discharge of official duties.

(8) Any nurse currently licensed in another state or territory of the United States from performing nursing services in this state for a period of 60 days after furnishing to the employer satisfactory evidence of current licensure in another state or territory and having submitted proper application and fees to the board for licensure prior to employment. If the nurse licensed in another state or territory is relocating to this state pursuant to his or her military-connected spouse's official military orders, this period shall be 120 days after furnishing to the employer satisfactory evidence of current licensure in another state or territory and having submitted proper application and fees to the board for licensure prior to employment. The board may extend this time for administrative purposes when necessary.

(9) The rendering of nursing services on a fee-for-service basis, or the reimbursement for nursing services directly to a nurse rendering such services by any government program, commercial insurance company, hospital or medical services plan, or any other third-party payor.

(10) The establishment of an independent practice by one or more nurses for the purpose of rendering to patients nursing services within the scope of the nursing license.

(11) The furnishing of hemodialysis treatments in a patient's home, using an assistant chosen by the patient, provided that the assistant is properly trained, as defined by the board by rule, and has immediate telephonic access to a registered nurse who is licensed pursuant to this part and who has dialysis training and experience.

(12) The practice of nursing by any legally qualified nurse of another state whose employment requires the nurse to accompany and care for a patient temporarily residing in this state for not more than 30 consecutive days, provided the patient is not in an inpatient setting, the board is notified prior to arrival of the patient and nurse, the nurse has the standing physician orders and current medical status of the patient available, and prearrangements with the appropriate licensed health care providers in this state have been made in case the patient needs placement in an inpatient setting.

(13) The practice of nursing by individuals enrolled in board-approved remedial courses.

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 15, 17, 18, ch. 86-284; s. 1, ch. 88-270; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 86, ch. 97-264; s. 117, ch. 99-397; s. 127, ch. 2000-318; s. 8, ch. 2002-230; s. 10, ch. 2004-230; s. 6, ch. 2010-37.

464.027 Registered nurse first assistant.—

(1) **LEGISLATIVE INTENT.**—The purposes of this section are to:

(a) Encourage the use of registered nurse first assistants who meet the qualifications of this section as “assistants at surgery” by physicians and hospitals to provide quality, cost-effective surgical intervention to health care recipients in the state.

(b) Provide for reimbursement for the registered nurse first assistant from managed health care agencies, state agencies, workers' compensation carriers, and private insurance companies.

(2) **DEFINITIONS.**—As used in this section, the term:

(a) “Perioperative nursing” means a practice of nursing in which the nurse provides preoperative,

intraoperative, and postoperative nursing care to surgical patients.

(b) “Recognized program” means a program that:

1. Addresses all content of the Association of Operating Room Nurses, Inc. Core Curriculum for the Registered Nurse First Assistant, and
2. Includes 1 academic year, defined as 45 hours of didactic instruction and 120 hours of clinical internship or its equivalent of 2 college semesters.

(c) “Registered nurse first assistant” means a person who meets the qualifications listed in this section.

(3) QUALIFICATIONS.—A registered nurse first assistant is any person who:

- (a) Is licensed as a registered nurse under this part;
- (b) Is certified in perioperative nursing; and
- (c) Holds a certificate from, and has successfully completed, a recognized program.

(4) INSTITUTIONAL POWERS.—Each health care institution must establish specific procedures for the appointment and reappointment of registered nurse first assistant staff members and for granting, renewing, and revising their clinical privileges.

History.—s. 4, ch. 94-96; s. 129, ch. 2000-318.

PART II CERTIFIED NURSING ASSISTANTS

464.201 Definitions.

464.202 Duties and powers of the board.

464.203 Certified nursing assistants; certification requirement.

464.204 Denial, suspension, or revocation of certification; disciplinary actions.

464.205 Availability of disciplinary records and proceedings.

464.206 Exemption from liability.

464.207 Penalties.

464.208 Background screening information; rulemaking authority.

464.2085 Council on Certified Nursing Assistants.

464.201 Definitions.—As used in this part, the term:

(1) “Approved training program” means:

(a) A course of training conducted by a public sector or private sector educational center licensed by the Department of Education to implement the basic curriculum for nursing assistants which is approved by the Department of Education. Beginning October 1, 2000, the board shall assume responsibility for approval of training programs under this paragraph.

(b) A training program operated under s. 400.141.

(2) “Board” means the Board of Nursing.

(3) “Certified nursing assistant” means a person who meets the qualifications specified in this part and who is certified by the board as a certified nursing assistant.

(4) “Department” means the Department of Health.

(5) “Practice of a certified nursing assistant” means providing care and assisting persons with tasks relating to the activities of daily living. Such tasks are those associated with personal care, maintaining mobility, nutrition and hydration, toileting and elimination, assistive devices, safety and cleanliness, data gathering, reporting abnormal signs and symptoms, postmortem care, patient socialization and reality orientation, end-of-life care, cardiopulmonary resuscitation and emergency care, residents’ or patients’ rights, documentation of nursing-assistant services, and other tasks that a certified nurse assistant may perform after training beyond that required for initial certification and upon validation of competence in that

skill by a registered nurse. This subsection does not restrict the ability of any person who is otherwise trained and educated from performing such tasks.

(6) “Registry” means the listing of certified nursing assistants maintained by the board.

History.—s. 204, ch. 99-397; s. 79, ch. 2000-318; s. 4, ch. 2005-62.

Note.—Former s. 468.821.

464.202 Duties and powers of the board.—The board shall maintain, or contract with or approve another entity to maintain, a state registry of certified nursing assistants. The registry must consist of the name of each certified nursing assistant in this state; other identifying information defined by board rule; certification status; the effective date of certification; other information required by state or federal law; information regarding any crime or any abuse, neglect, or exploitation as provided under chapter 435; and any disciplinary action taken against the certified nursing assistant. The registry shall be accessible to the public, the certificateholder, employers, and other state agencies. The board shall adopt by rule testing procedures for use in certifying nursing assistants and shall adopt rules regulating the practice of certified nursing assistants and specifying the scope of practice authorized and the level of supervision required for the practice of certified nursing assistants. The board may contract with or approve another entity or organization to provide the examination services, including the development and administration of examinations. The board shall require that the contract provider offer certified nursing assistant applications via the Internet, and may require the contract provider to accept certified nursing assistant applications for processing via the Internet. The board shall require the contract provider to provide the preliminary results of the certified nursing examination on the date the test is administered. The provider shall pay all reasonable costs and expenses incurred by the board in evaluating the provider’s application and performance during the delivery of services, including examination services and procedures for maintaining the certified nursing assistant registry.

History.—s. 204, ch. 99-397; s. 79, ch. 2000-318; s. 5, ch. 2005-62.

Note.—Former s. 468.822.

464.203 Certified nursing assistants; certification requirement.—

(1) The board shall issue a certificate to practice as a certified nursing assistant to any person who demonstrates a minimum competency to read and write and successfully passes the required background screening pursuant to s. 400.215. If the person has successfully passed the required background screening pursuant to s. 400.215 or s. 408.809 within 90 days before applying for a certificate to practice and the person’s background screening results are not retained in the clearinghouse created under s. 435.12, the board shall waive the requirement that the applicant successfully pass an additional background screening pursuant to s. 400.215. The person must also meet one of the following requirements:

(a) Has successfully completed an approved training program and achieved a minimum score, established by rule of the board, on the nursing assistant competency examination, which consists of a written portion and skills-demonstration portion approved by the board and administered at a site and by personnel approved by the department.

(b) Has achieved a minimum score, established by rule of the board, on the nursing assistant competency examination, which consists of a written portion and skills-demonstration portion, approved by the board and administered at a site and by personnel approved by the department and:

1. Has a high school diploma, or its equivalent; or
2. Is at least 18 years of age.

(c) Is currently certified in another state; is listed on that state’s certified nursing assistant registry; and has not been found to have committed abuse, neglect, or exploitation in that state.

(d) Has completed the curriculum developed under the Enterprise Florida Jobs and Education Partnership

Grant and achieved a minimum score, established by rule of the board, on the nursing assistant competency examination, which consists of a written portion and skills-demonstration portion, approved by the board and administered at a site and by personnel approved by the department.

(2) If an applicant fails to pass the nursing assistant competency examination in three attempts, the applicant is not eligible for reexamination unless the applicant completes an approved training program.

(3) An oral examination shall be administered as a substitute for the written portion of the examination upon request. The oral examination shall be administered at a site and by personnel approved by the department.

(4) The board shall adopt rules to provide for the initial certification of certified nursing assistants.

(5) Certification as a nursing assistant, in accordance with this part, may be renewed until such time as the nursing assistant allows a period of 24 consecutive months to pass during which period the nursing assistant fails to perform any nursing-related services for monetary compensation. When a nursing assistant fails to perform any nursing-related services for monetary compensation for a period of 24 consecutive months, the nursing assistant must complete a new training and competency evaluation program or a new competency evaluation program.

(6) A certified nursing assistant shall maintain a current address with the board in accordance with s. 456.035.

(7) A certified nursing assistant shall complete 12 hours of inservice training during each calendar year. The certified nursing assistant shall be responsible for maintaining documentation demonstrating compliance with these provisions. The Council on Certified Nursing Assistants, in accordance with s. 464.2085(2)(b), shall propose rules to implement this subsection.

(8) The department shall renew a certificate upon receipt of the renewal application and imposition of a fee of not less than \$20 and not more than \$50 biennially. The department shall adopt rules establishing a procedure for the biennial renewal of certificates. Any certificate that is not renewed by July 1, 2006, is void.

History.—s. 204, ch. 99-397; s. 164, ch. 2000-160; s. 79, ch. 2000-318; s. 50, ch. 2001-45; s. 77, ch. 2002-1; s. 6, ch. 2005-62; s. 43, ch. 2010-114; s. 28, ch. 2011-213; s. 14, ch. 2012-73; s. 100, ch. 2012-184.

Note.—Former s. 468.823.

464.204 Denial, suspension, or revocation of certification; disciplinary actions.—

(1) The following acts constitute grounds for which the board may impose disciplinary sanctions as specified in subsection (2):

(a) Obtaining or attempting to obtain certification or an exemption, or possessing or attempting to possess certification or a letter of exemption, by bribery, misrepresentation, deceit, or through an error of the board.

(b) Intentionally violating any provision of this chapter, chapter 456, or the rules adopted by the board.

(2) When the board finds any person guilty of any of the grounds set forth in subsection (1), it may enter an order imposing one or more of the following penalties:

(a) Denial, suspension, or revocation of certification.

(b) Imposition of an administrative fine not to exceed \$150 for each count or separate offense.

(c) Imposition of probation or restriction of certification, including conditions such as corrective actions as retraining or compliance with an approved treatment program for impaired practitioners.

(3) The board may, upon the request of a certificateholder, exempt the certificateholder from disqualification of employment in accordance with chapter 435 and issue a letter of exemption. The board must notify an applicant seeking an exemption from disqualification from certification or employment of its decision to approve or deny the request within 30 days after the date the board receives all required

documentation.

History.—s. 204, ch. 99-397; s. 165, ch. 2000-160; s. 79, ch. 2000-318.

Note.—Former s. 468.824.

464.205 Availability of disciplinary records and proceedings.—Pursuant to s. 456.073, any complaint or record maintained by the department pursuant to the discipline of a certified nursing assistant and any proceeding held by the board to discipline a certified nursing assistant shall remain open and available to the public.

History.—s. 204, ch. 99-397; s. 166, ch. 2000-160; s. 79, ch. 2000-318.

Note.—Former s. 468.825.

464.206 Exemption from liability.—If an employer terminates or denies employment to a certified nursing assistant whose certification is inactive as shown on the certified nursing assistant registry or whose name appears on a criminal screening report of the Department of Law Enforcement, the employer is not civilly liable for such termination and a cause of action may not be brought against the employer for damages, regardless of whether the employee has filed for an exemption from the board under s. 464.204(3). There may not be any monetary liability on the part of, and a cause of action for damages may not arise against, any licensed facility, its governing board or members thereof, medical staff, disciplinary board, agents, investigators, witnesses, employees, or any other person for any action taken in good faith without intentional fraud in carrying out this section.

History.—s. 204, ch. 99-397; s. 79, ch. 2000-318; s. 105, ch. 2000-349.

Note.—Former s. 468.826.

464.207 Penalties.—It is a misdemeanor of the first degree, punishable as provided under s. 775.082 or s. 775.083, for any person, knowingly or intentionally, to fail to disclose, by false statement, misrepresentation, impersonation, or other fraudulent means, in any application for voluntary or paid employment or certification regulated under this part, a material fact used in making a determination as to such person's qualifications to be an employee or certificateholder.

History.—s. 204, ch. 99-397; s. 79, ch. 2000-318.

Note.—Former s. 468.827.

464.208 Background screening information; rulemaking authority.—

(1) The Agency for Health Care Administration shall allow the board to electronically access its background screening database and records.

(2) An employer, or an agent thereof, may not use criminal records or juvenile records relating to vulnerable adults for any purpose other than determining if the person meets the requirements of this part. Such records and information obtained by the board shall remain confidential and exempt from s. 119.07(1).

(3) If the requirements of the Omnibus Budget Reconciliation Act of 1987, as amended, for the certification of nursing assistants are in conflict with this part, the federal requirements shall prevail for those facilities certified to provide care under Title XVIII (Medicare) or Title XIX (Medicaid) of the Social Security Act.

History.—s. 204, ch. 99-397; s. 129, ch. 2000-153; s. 79, ch. 2000-318; s. 106, ch. 2000-349; s. 101, ch. 2012-184.

Note.—Former s. 468.828.

464.2085 Council on Certified Nursing Assistants.—The Council on Certified Nursing Assistants is created within the department, under the Board of Nursing.

(1) The council shall consist of five members appointed as follows:

(a) The chairperson of the Board of Nursing shall appoint two members who are registered nurses. One of the members must currently supervise a certified nursing assistant in a licensed nursing home.

- (b) The chairperson of the Board of Nursing shall appoint one member who is a licensed practical nurse who is currently working in a licensed nursing home.
- (c) The State Surgeon General or his or her designee shall appoint two certified nursing assistants currently certified under this chapter, at least one of whom is currently working in a licensed nursing home.
 - (2) The council shall:
 - (a) Recommend to the department policies and procedures for the certification of nursing assistants.
 - (b) Develop all rules regulating the education, training, and certification process for nursing assistants certified under this chapter. The Board of Nursing shall consider adopting a proposed rule developed by the council at the regularly scheduled meeting immediately following the submission of the proposed rule by the council.
 - (c) Make recommendations to the board regarding all matters relating to the certification of nursing assistants.
 - (d) Address concerns and problems of certified nursing assistants in order to improve safety in the practice of certified nursing assistants.

History.—s. 80, ch. 2000-318; s. 84, ch. 2008-6.

News Release

National Council of State Boards of Nursing, Inc.
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277

Contact: Dawn M. Kappel
Director, Marketing and Communications
312.525.3667 direct
312.279.1034 fax
dkappel@ncsbn.org

FOR IMMEDIATE RELEASE

May 4, 2015

NCSBN Delegate Assembly Adopts Revised Nurse Licensure Compacts

Chicago – A special Delegate Assembly of the National Council of State Boards of Nursing (NCSBN®), www.ncsbn.org, today approved the revised Nurse Licensure Compact (NLC) and the Advanced Practice Registered Nurse Compact (APRNC).

The NLC allows for registered nurses (RN) and licensed practical/vocational nurses (LPN/VN) to have one multistate license, with the ability to practice in both their home state and other NLC states. There are currently 25* states in the NLC. The APRNC allows an advanced practice registered nurse to hold one multistate license with a privilege to practice in other APRN compact states.

Boards of nursing (BONs) were the first health care provider regulatory bodies to develop a model for interstate practice with the original adoption of the NLC in 1997 and its implementation in 2000. While other health care provider regulatory bodies are just getting started in this process, the NLC has been operational and successful for more than 15 years.

Influenced by the growing need for nurse mobility and clarification of the authority to practice for many nurses currently engaged in telenursing or interstate practice, BONs have worked over the past several years to revise the NLC to ensure it reflects best practices and provides for continued high standards of public protection. The new NLC and APRNC are the result of their diligent work.

To learn more about the NLC view “The Nurse Licensure Compact Explained” video at <https://www.ncsbn.org/364.htm>. Additional information about the NLC and APRNC can be found at <https://www.ncsbn.org/compacts.htm>.

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN’s membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 21 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 4.5 million licensed nurses.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.



NCSBN

Leading in Nursing Regulation

News Release

National Council of State Boards of Nursing, Inc.
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277

Contact: Dawn M. Kappel
Director, Marketing and Communications
312.525.3667 direct
312.279.1034 fax
dkappel@ncsbn.org

*NLC, states include: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, Montana, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin.

###

CHAPTER 64B9-1 ORGANIZATION

64B9-1.001	Abbreviations and Definitions
64B9-1.007	Other Board Business; Unexcused Absences
64B9-1.013	Address of Record and Place of Practice

64B9-1.001 Abbreviations and Definitions.

Unless otherwise defined in a specific rule, the following abbreviations and terms as used throughout these rules shall have the following meaning:

- (1) “LPN” means a licensed practical nurse.
- (2) “RN” means a registered nurse.
- (3) “ARNP” means an advanced registered nurse practitioner certified pursuant to Section 464.012, F.S.
- (4) “IPN” means the Intervention Project for Nurses, Incorporated.
- (5) “NCSBN” means the National Council of State Boards of Nursing, Incorporated.
- (6) “NCLEX” means the National Council Licensure Examination.
- (7) “NCLEX-CAT” means the National Council Licensure Examination – Computer Adaptive Testing.
- (8) “Direct supervision” means the physical presence within the patient care unit of a registered professional nurse who assumes legal responsibility for the nursing practice of nursing students or graduate nurses or graduate practical nurses being supervised and who provides direction and consultation for the nursing actions of such nursing students.
- (9) “Biennial” and “Biennium” refer to the twenty-four month licensure cycle. Pursuant to Section 456.004(1), F.S., should the Agency extend or stagger renewals, fees and continuing education hours now based on twenty-four months shall be prorated to the licensure cycle length established.

Rulemaking Authority 464.006, 464.022(4) FS. Law Implemented 464.003, 464.008, 464.022(4) FS. History—New 12-5-93, Formerly 61F7-1.001, Amended 9-13-94, Formerly 59S-1.001, Amended 1-3-12.

64B9-1.007 Other Board Business; Unexcused Absences.

- (1) For purposes of Section 456.011(3), F.S., “other business involving the Board” includes:
 - (a) Board Meetings;
 - (b) Workshops;
 - (c) Joint Committee Meetings of the Board of Nursing and the Board of Medicine;
 - (d) Meetings of committees set out in the official minutes of the Board where statutory authority is given by the practice act;
 - (e) Where a board member has been requested by the Chairman of the Board, the State Surgeon General, or Department staff, to participate in a meeting;
 - (f) Probable Cause Panel Meetings.
- (2) For purpose of Section 456.011(3), F.S., “unexcused absence” shall mean the failure of a Board member to attend a regularly scheduled meeting, excluding emergency meetings held pursuant to Rule 28-102.003, Florida Administrative Code, for any reason other than one of the following:
 - (a) Illness or injury of the Board member;
 - (b) Illness, injury, or death of a member of the Board member’s family.

Rulemaking Authority 456.011(3) FS. Law Implemented 456.011(3) FS. History—New 4-27-80, Amended 10-8-81, Formerly 21O-6.16, Amended 2-5-87, 4-8-92, Formerly 21O-6.016, 61F7-1.007, 59S-1.007, Amended 2-18-98, 7-27-98.

64B9-1.013 Address of Record and Place of Practice.

(1) Each person holding a license issued pursuant to Chapter 464, F.S., must maintain on file with the Board of Nursing the current address at which any notice required by law may be served by the Board or its agent. Within 60 days of changing this address, whether or not within this state, the licensee shall notify the Board in writing of the new address at which the licensee may be served with notices or other documents.

(2) Each person holding a license issued pursuant to Chapter 464, F.S., must maintain on file with the Board of Nursing the current place of practice. Place of practice is defined as one of the following:

- (a) Acute care facility;
- (b) Long-term care facility;
- (c) Rehabilitation facility;
- (d) Clinic;
- (e) Physician's office;
- (f) Home health care agency;
- (g) Educational institution;
- (h) Office of independent nursing practice;
- (i) Correctional facility;
- (j) Mental health facility;
- (k) Occupational health facility;
- (l) Managed health care organization or insurance company;
- (m) Community health facility;
- (n) Other.

Rulemaking Authority 456.035 FS. Law Implemented 456.035 FS. History—New 4-1-90, Amended 8-8-90, Formerly 21O-6.023, 61F7-1.013, 59S-1.013, Amended 4-5-99.

CHAPTER 64B9-2 NURSING PROGRAMS

64B9-2.001	Definitions (Repealed)
64B9-2.002	Certification for Approval (Repealed)
64B9-2.003	Student Employment (Repealed)
64B9-2.004	Educational Objectives (Repealed)
64B9-2.005	Faculty Qualifications (Repealed)
64B9-2.006	Curriculum Guidelines (Repealed)
64B9-2.007	Administrative Procedures (Repealed)
64B9-2.008	Clinical Training (Repealed)
64B9-2.009	Performance of Graduates on the Licensing Examination (Repealed)
64B9-2.010	Variance (Repealed)
64B9-2.011	Approval of Nursing Education Programs (Repealed)
64B9-2.013	Program Changes Requiring Board Approval (Repealed)
64B9-2.014	Closure of Nursing Education Programs and Storage of Records (Repealed)
64B9-2.015	Standards of Nursing Education (Repealed)
64B9-2.016	Forms
64B9-2.017	Approval of Nursing Education Programs
64B9-2.019	Documentation of Accredited Programs

64B9-2.001 Definitions.

Rulemaking Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History–New 7-15-80, Amended 11-22-84, Formerly 21O-7.20, Amended 2-5-87, 6-8-88, Formerly 21O-7.020, Amended 9-7-93, Formerly 61F7-2.001, 59S-2.001, Amended 12-11-97, 1-28-02, 10-19-06, 10-15-07, Repealed 2-1-10.

64B9-2.002 Certification for Approval.

Rulemaking Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History–New 7-15-80, Amended 11-22-84, Formerly 21O-7.21, Amended 2-5-87, 6-8-88, 3-24-91, Formerly 21O-7.021, 61F7-2.002, 59S-2.002, Amended 12-11-97, 1-26-98, 7-7-02, Repealed 2-1-10.

64B9-2.003 Student Employment.

Rulemaking Authority 464.006 FS. Law Implemented 464.022(3) FS. History–New 7-15-80, Formerly 21O-7.22, 21O-7.022, 61F7-2.003, 59S-2.003, Repealed 2-1-10.

64B9-2.004 Educational Objectives.

Rulemaking Authority 464.006 FS. Law Implemented 464.019(2) FS. History–New 7-15-80, Formerly 21O-7.23, 21O-7.023, 61F7-2.004, 59S-2.004, Repealed 2-1-10.

64B9-2.005 Faculty Qualifications.

Rulemaking Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History–New 7-15-80, Amended 11-22-84, Formerly 21O-7.24, Amended 6-8-88, 3-12-91, Formerly 21O-7.024, Amended 9-7-93, Formerly 61F7-2.005, 59S-2.005, Repealed 2-1-10.

64B9-2.006 Curriculum Guidelines.

Rulemaking Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History–New 7-15-80, Amended 11-22-84, Formerly 21O-7.25, Amended 2-5-87, 6-8-88, 3-24-91, Formerly 21O-7.025, Amended 9-7-93, Formerly 61F7-2.006, 59S-2.006, Amended 12-11-97, Repealed 2-1-10.

64B9-2.007 Administrative Procedures.

Rulemaking Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History–New 7-15-80, Amended 11-22-84, Formerly 21O-7.26, Amended 2-5-87, 6-8-88, 3-28-89, Formerly 21O-7.026, 61F7-2.007, 59S-2.007, Repealed 2-1-10.

64B9-2.008 Clinical Training.

Rulemaking Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History–New 7-15-80, Amended 11-22-84, Formerly 21O-7.27, Amended 6-8-88, 2-15-90, 3-12-91, 3-24-91, Formerly 21O-7.027, Amended 9-7-93, 5-1-94, Formerly 61F7-2.008, Amended 11-16-95, Formerly 59S-2.008, Amended 12-11-97, 9-5-00, 10-19-06, Repealed 2-1-10.

64B9-2.009 Performance of Graduates on the Licensing Examination.

Rulemaking Authority 464.006 FS. Law Implemented 464.019(2) FS. History–New 7-15-80, Formerly 21O-7.28, 21O-7.028, 61F7-2.009, 59S-2.009, Repealed 2-1-10.

64B9-2.010 Variance.

Rulemaking Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History–New 11-22-84, Formerly 21O-7.29, 21O-7.029, 61F7-2.010, 59S-2.010, Repealed 2-1-10.

64B9-2.011 Approval of Nursing Education Programs.

Rulemaking Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History–New 5-2-02, Amended 10-19-06, Repealed 2-1-10.

64B9-2.013 Program Changes Requiring Board Approval.

Rulemaking Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History–New 1-28-02, Amended 10-19-06, Repealed 2-1-10.

64B9-2.014 Closure of Nursing Education Programs and Storage of Records.

Rulemaking Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History–New 1-28-02, Repealed 2-1-10.

64B9-2.015 Standards of Nursing Education.

Rulemaking Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History–New 1-28-02, Amended 10-19-06, 4-19-09, Repealed 2-1-10.

64B9-2.016 Forms.

The following forms are incorporated herein by reference, and may be obtained from the Board office or on the Board's website: www.doh.state.fl.us/mqa/nursing:

- (1) Application for Nursing Licensure by Examination, form number DH-MQA 1094, 10/08.
- (2) Application for Nursing Licensure by Re-Examination, form number DH-MQA 1120, 10/08.
- (3) Application for Nursing Licensure by Endorsement, form number DH-MQA 1095, 10/08.
- (4) Application for Dual Registered Nurse (RN) and Advanced Registered Nurse Practitioner, form number DH-MQA 1124, 12/08.
- (5) Financial Responsibility, form number DH-MQA 1186, 1/09.
- (6) Dispensing Application for ARNPs, form number DH-MQA 1185, 3/09.
- (7) Application for Clinical Nurse Specialist (CNS), form number DH-MQA 1117, 10/08.
- (8) Reciprocity Application for Certified Nursing Assistant, form number DH-MQA 1121, 2/08.
- (9) Application for New Nursing Program DH-MQA 1211, 03/10 (rev.)
- (10) Annual Report for Programs in Nursing DH-MQA 1096, 05/10.

Rulemaking Authority 464.006 FS. Law Implemented 456.013, 464.008, 464.009, 464.019 FS. History–New 6-22-09, Amended 10-10-10.

64B9-2.017 Approval of Nursing Education Programs.

An educational institution that wishes to conduct a program in this state for the prelicensure education of professional or practical nurses shall submit to the department the following:

(1) A complete program application, Form DH-MQA 1211 (revised 3/10), "Application for New Nursing Program," which is incorporated herein by reference and may be obtained from the Board office, <http://www.flrules.org/Gateway/reference.asp?No=Ref-05078> or at <http://floridasnursing.gov/>, demonstrating the proposed program meets the requirements of Section 464.019, F.S. The application is available from the board office or on the board's website at <http://floridasnursing.gov>.

(2) A review fee of \$1,000 for each prelicensure nursing education program to be offered regardless of the location of the instructional site.

Rulemaking Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History--New 4-19-15.

64B9-2.019 Documentation of Accredited Programs.

Documentation of an accredited nursing education program that prepares students for the practice of professional nursing shall initially be demonstrated by submission by the school to the board a copy of the notification letter from the accrediting body granting accreditation to the program and annually thereafter by submitting to the board a copy of the letter from the accrediting body demonstrating continuation of the program's accredited status.

Rulemaking Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History--New 4-19-15.

**CHAPTER 64B9-3
REQUIREMENTS FOR LICENSURE**

64B9-3.001	Definitions
64B9-3.0015	Application for Licensure (Repealed)
64B9-3.002	Qualifications for Examination
64B9-3.0025	Remedial Courses for Reexamination
64B9-3.003	Practice of Nursing by Applicant for Licensure by Examination
64B9-3.007	Examination Security (Repealed)
64B9-3.008	Licensure by Endorsement
64B9-3.0085	State Requirements Not Substantially Equivalent (Repealed)
64B9-3.009	Practice of Nursing by Applicants for Licensure by Endorsement
64B9-3.011	Exemption for Licensure in an Emergency
64B9-3.013	Renewal of Licenses (Repealed)
64B9-3.014	Graduates From Foreign or Non-NCSBN Jurisdictions

64B9-3.001 Definitions.

(1) Approved Programs – a nursing program conducted in a school, college or university which is approved by the Board pursuant to Section 464.019, F.S., for the education of nurses, and includes integrated clinical and theoretic education.

(2) Approved Program Equivalent – nursing program conducted in a school, college or university outside the State of Florida which has been approved by the Board of Nursing in the jurisdiction in which it is located, if such Board exists, and which demonstrates that it meets the education criteria in Section 464.019, F.S.

(3) Board – as used herein means Florida Board of Nursing.

(4) Department – as used herein means Department of Health.

(5) Direct Supervision – as used herein means the physical presence within the patient care unit of a registered professional nurse who assumes legal responsibility for the nursing practice of the graduate nurse or graduate practical nurse being supervised and who provides direction and consultation for the nursing actions of such graduate or graduate practical nurse.

(6) High School Diploma Equivalent:

(a) Passing of the General Education development test,

(b) Graduation from a college or university,

(c) Successful completion of a nursing licensing examination,

(d) Graduation from an approved school of nursing, or

(e) Courses of study recognized by the Board as being equivalent to a high school diploma in this country.

(7) Practical Nursing Education Equivalency – professional nursing courses of study, successfully completed with a grade of “C-” or better, which meet the standards of practical nursing education required in approved practical nursing programs in Florida.

(8) Proof of graduation – a certificate, diploma, degree, official transcript, or other official document which indicates that an applicant has met all educational and institutional requirements.

Rulemaking Authority 464.006, 464.022(4) FS. Law Implemented 464.008(1)(c), 464.015(4), 464.022(4) FS. History—New 4-27-80, Amended 7-11-83, Formerly 21O-8.20, Amended 3-3-87, Formerly 21O-8.020, 61F7-3.001, Amended 7-5-95, 11-15-95, Formerly 59S-3.001, Amended 11-2-98, 1-22-01, 2-17-02, 1-3-12.

64B9-3.0015 Application for Licensure.

Rulemaking Authority 456.013, 456.031, 456.033, 464.006, 464.008, 464.009, 464.012 FS. Law Implemented 120.53, 456.013, 456.031, 456.033, 464.006, 464.008, 464.009, 464.012 FS. History—New 9-25-96, Formerly 59S-3.0015, Amended 1-22-01, Repealed 4-22-12.

64B9-3.002 Qualifications for Examination.

(1) An applicant seeking certification to take the licensure examination shall submit a completed Application for Nursing Licensure by Examination, form number DH-MQA 1094, 08/10, Application for Nursing Licensure by Re-Examination, form number DH-MQA 1120 10/08, or Application for Nursing Licensure by Endorsement, form number DH-MQA 1095, 08/10, hereby

incorporated by reference demonstrating that he or she meets the qualifications prescribed by the Nurse Practice Act, Chapter 464, F.S. These forms are available from the Board office or on the Board's website: www.doh.state.fl.us/mqa/nursing. The demonstration shall include:

(a) A high school diploma, or a high school diploma equivalent.

(b) For graduates of an approved nursing program, a notice of graduation or of completion of the requirements for graduation. For graduates of an approved program equivalent, an official transcript or equivalent documentation which identifies all courses completed with a minimum acceptable passing score established by the institution or program at which each course was completed that meet graduation requirements. For graduates of programs in a country other than the United States, the applicant must obtain a report by a credentialing agency that meets the requirements of Rule 64B9-3.014, F.A.C.

(c) For an applicant writing the examination for practical nurses on the basis of practical nursing education equivalency, a completed Practical Nurse Equivalence (PNEQ) Application Letter, form number DH-MQA 1233, 03/10, hereby incorporated by reference or an official certified transcript which sets forth graduation from an approved professional program. The form is available from the Board office or on the Board's website: www.doh.state.fl.us/mqa/nursing.

(d) Successful completion of any one of the approved English competency examinations with:

1. A minimum score of 540 (207 on computerized version) on the Test of English as a Foreign Language (TOEFL) Examination;

2. A minimum score of 79% on the Michigan English Language Assessment Battery (MELAB);

3. A minimum MELAB converted score of 79% on the Michigan Examination for the Certificate of Proficiency in English (ECPE Examination);

4. A minimum score of 725 on Test of English for International Communication (TOEIC);

5. A minimum score of 6.5 overall with a 7.0 on the spoken portion on the academic version of International English Language Testing System (IELTS);

6. Completion of a nursing program given in English in another country;

7. A passing score on a nursing licensing examination which is given in English;

8. A certificate from the Commission on Graduates from Foreign Nursing Schools or other agency which indicates successful completion of TOEFL, TOEIC, or IELTS;

9. A valid U.S. High School Diploma;

10. Completion of a college level course for academic credit in a U.S. institution; or

(2) If an applicant has been convicted or found guilty of, or has entered a plea of nolo contendere to, regardless of adjudication, any offense other than minor traffic violation, the applicant shall submit arrest and certified court records stating the nature of the offense and final disposition of the case so that a determination can be made by the Board whether the offense relates to the practice of nursing or the ability to practice nursing.

(3) Documents in a foreign language must be accompanied by a certified translation in the English language.

(4) The applicant shall notify the Board in writing of any change in the information provided on the application which occurs prior to licensure.

(5) The applicant must submit proof of graduation before the license will be issued.

Rulemaking Authority 464.006 FS. Law Implemented 456.013, 464.008, 464.009 FS. History—New 4-27-80, Amended 3-16-81, 8-2-81, 7-11-83, Formerly 210-8.21, Amended 3-3-87, 12-8-87, 6-8-88, Formerly 210-8.021, Amended 1-30-94, Formerly 61F7-3.002, Amended 9-25-96, Formerly 59S-3.002, Amended 7-27-98, 4-19-00, 5-8-01, 9-23-03, 1-29-07, 11-22-07, 12-7-10.

64B9-3.0025 Remedial Courses for Reexamination.

To meet the requirements of Section 464.008(3), F.S., remedial courses must be approved by the Board, and must meet the following requirements:

(1) The faculty qualifications and clinical training shall comply with the standards in Sections 464.019(1)(a), (c), (d), and (e), F.S.

(2) The curriculum shall comply with the guidelines in Sections 464.019(1)(f) and (g), F.S., and shall include a minimum of 80 hours didactic education and 96 hours clinical experience in a medical-surgical setting.

Rulemaking Authority 464.008(3) FS. Law Implemented 464.008(3) FS. History—New 3-23-00, Amended 10-25-10.

64B9-3.003 Practice of Nursing by Applicant for Licensure by Examination.

(1) No applicant for licensure by examination will be permitted to practice nursing unless:

(a) The applicant has submitted the required application and fee to the Department, and

(b) The applicant has been authorized by the Board to practice as a graduate nurse or graduate practical nurse, and has been authorized to test by the examination vendor.

(2) Any applicant who is a graduate nurse, or a graduate practical nurse, shall practice nursing only under the direct supervision of a registered professional nurse. The Board may require periodic reports from the supervisor or employers of a graduate nurse or graduate practical nurse whom the Board finds has violated the provisions of Section 464.018(1), F.S. Such a finding shall be made at the time of consideration of the application.

(3) An applicant who fails the first, or any subsequent examination, shall not practice nursing until such time as the applicant passes a nursing licensing examination.

(4) An applicant who is eligible to write the professional examination but elects to write the practical examination on the basis of practical nursing education equivalency and fails the practical examination shall not be granted Graduate Nurse status when the applicant applies to write the professional examination.

Rulemaking Authority 464.006 FS. Law Implemented 464.015(3), (4), 464.022(4) FS. History—New 4-27-80, Amended 3-16-81, 8-2-81, 7-11-83, Formerly 21O-8.22, Amended 3-3-87, 12-8-87, Formerly 21O-8.022, 61F7-3.003, Amended 9-19-94, 5-9-95, Formerly 59S-3.003, Amended 1-22-01, 1-3-12.

64B9-3.007 Examination Security.

Rulemaking Authority 456.017(1)(d) FS. Law Implemented 456.017(1)(d) FS. History—New 10-6-82, Formerly 21O-17.01, 21O-17.001, 61F7-3.007, 59S-3.007, Amended 4-28-99, Repealed 4-22-12.

64B9-3.008 Licensure by Endorsement.

(1) An applicant for licensure by endorsement must apply to the Department on prescribed forms, including verification of licensure forms from the original state or territory in which licensure was obtained and from a state or territory in which the applicant holds an active license, and pay the required fee. If the applicant:

(a) Has been convicted or found guilty of, or has entered a plea of nolo contendere to, regardless of adjudication, any offense, other than a minor traffic violation, the applicant shall furnish certified court records stating the nature of the offense and the disposition of the case so that a determination may be made by the Board whether the conviction related to the practice of nursing or the ability to practice nursing.

(b) Has ever had disciplinary action taken against a license (including relinquishment or denial of licensure) in another state, territory, or country, the applicant shall submit to the Board documentation pertaining to such action and its final disposition.

(2) To apply for endorsement pursuant to Section 464.009(1)(a), F.S., an applicant shall be required to show current licensure in another state of the United States and the licensure requirements of the original state of licensure at the time of original licensure. For the purpose of determining if the requirements in the original state of licensure were substantially equivalent to or more stringent than the requirements in Florida at that time, the applicant must demonstrate a passing score on one of the following:

(a) The NCLEX examination for professional or practical nurses;

(b) The State Board Test Pool Examination for Professional Nurses given between 1951 and 1981, if the applicant passed with a score of 350 in each subject or a total score of 1800;

(c) The State Board Test Pool Examination for Practical Nurses given between 1952 and 1981, if the applicant passed with a score of 350;

(d) A state licensing examination for professional nurses given prior to 1951 or a state licensing examination for practical nurses given prior to 1952;

(e) Any licensing examination taken as a condition for state licensure by a professional nurse after 1951 or by a practical nurse after 1952, if the examination meets the following standards:

1. The examination was developed using accepted psychometric procedures;

2. The content and passing score of the examination was substantially equivalent to the examination given in Florida at the time;

3. The security of the examination was maintained;

4. At least one of the reliability estimations for the examination is .70 or higher;

5. The examination was revised after each administration to ensure currency of content;
 6. For examinations given after 1984, the test plan was based on a job analysis of new nursing graduates.
- (3) To apply for endorsement pursuant to Section 464.009(1)(b), F.S., an applicant shall meet all requirements for eligibility to take the licensure examination as provided in Rule 64B9-3.002, F.A.C., and demonstrate a passing score on one of the following:
- (a) The National Council Licensure Examination for registered nurses with a minimum score of 1600, or, after 1988, a report of Pass;
 - (b) The National Council Licensure Examination for practical nurses with a minimum score of 350, or, after 1988, a report of Pass;
 - (c) A state, regional, or national examination which meets the following minimum requirements:
 1. The examination is developed using accepted psychometric procedures.
 2. The content and passing score of the examination are substantially equivalent to that of the National Council Licensure Examination.
 3. The security of the examination is maintained.
 4. At least one of the reliability estimations for the examination is .70 or higher.
 5. The examination is revised after each administration to insure currency of content.

Rulemaking Authority 464.006, 464.009 FS. Law Implemented 464.006, 464.009 FS. History—New 4-27-80, Amended 7-12-81, 7-11-83, 7-3-84, Formerly 21O-8.26, Amended 3-3-87, 12-8-87, 8-3-89, 11-19-91, Formerly 21O-8.026, Amended 9-7-93, Formerly 61F7-3.008, Amended 1-1-96, Formerly 59S-3.008, Amended 2-18-98, 5-8-01, 9-23-03.

64B9-3.0085 State Requirements Not Substantially Equivalent.

Rulemaking Authority 464.009(2) FS. Law Implemented 464.009(2) FS. History—New 3-11-09, Repealed 8-16-09.

64B9-3.009 Practice of Nursing by Applicants for Licensure by Endorsement.

- (1) An applicant for licensure by endorsement holding a current license in another state may perform nursing services in Florida for sixty (60) days after furnishing the employer the following:
- (a) Evidence of current licensure in another state,
 - (b) Verification from the Board that the applicant has submitted proper endorsement form and fee.
- (2) If a license by endorsement has not been issued within the 60-day limit, the applicant shall make a written or verbal request of the Board to continue working. The permit shall be extended for 60 days when verification of licensure from the other state has not been received by the Board within the 60-day period, and otherwise, until acted upon by the Board.

Rulemaking Authority 464.006 FS. Law Implemented 464.009, 464.015(1), (2), (3), (4), 464.022(4), (8) FS. History—New 4-27-80, Amended 7-2-81, Formerly 21O-8.27, Amended 3-3-87, 12-8-87, 6-8-88, 8-2-90, 1-9-91, Formerly 21O-8.027, Amended 9-7-93, Formerly 61F7-3.009, 59S-3.009, Amended 12-30-97, 4-9-98, 1-22-01, 8-15-01.

64B9-3.011 Exemption for Licensure in an Emergency.

The Board construes “case of an emergency” to mean:

- (1) A natural or man-made disaster or accident in which human health or life is in immediate jeopardy.
- (2) A situation in which human life is in immediate jeopardy.
- (3) A formal declaration of a state of emergency by the Governor or appropriate governing body of a county or municipality under the State Emergency Management Act.
- (4) A formal declaration of a State of Emergency by the President of the United States.

Rulemaking Authority 464.006 FS. Law Implemented 464.002(2) FS. History—New 3-23-93, Formerly 21O-8.030, 61F7-3.011, 59S-3.011.

64B9-3.013 Renewal of Licenses.

Rulemaking Authority 464.006 FS. Law Implemented 464.013, 464.018 FS. History—New 6-8-89, Formerly 21O-13.012, Amended 9-20-93, Formerly 61F7-3.013, Amended 1-1-96, 4-29-96, Formerly 59S-3.013, Amended 2-18-98, Repealed 12-15-14.

64B9-3.014 Graduates From Foreign or Non-NCSBN Jurisdictions.

(1) Graduates of foreign nursing programs or nursing programs in jurisdictions which are not members of the National Council of State Boards of Nursing (NCSBN) must submit an evaluation from a credentialing agency approved by the Board.

(2) Approved credentialing agencies must meet the following criteria:

(a) The credentialing agency must be a member of a national credentialing organization that sets performance standards for the industry, and must adhere to those standards.

(b) The credentialing agency's standards must be monitored by an external committee of credentialing experts and nursing educators.

(c) The credentialing agency must demonstrate the ability to accurately analyze academic and licensure credentials in terms of U.S. comparability, with course-by-course analysis for nursing academic records.

(d) The credentialing agency must manage the translation of original documents into English.

(e) The credentialing agency will inform the Board of Nursing in the event applicant documents are found to be fraudulent.

(f) The credentialing agency must have been in the business of evaluating nursing education for a minimum of 10 years.

(3) Credentials evaluation report.

(a) The references used in the evaluation must be cited in the credentials report.

(b) The credentials report must state the language of nursing instruction and the language of textbooks for nursing education.

(c) The credentialing agency must use only original source documentation in evaluating nursing education.

(d) The report must state the comparability of the foreign education to U.S. and to Florida Board of Nursing standards.

(e) The report must detail course clock hours for theory and clinical components of nursing education.

(4) In order for the applicant to meet the educational requirements of Section 464.008, F.S., the credentials report and transcripts must include all courses set forth in Section 464.019, F.S., and must demonstrate, at a minimum, the following equivalency to hours of theoretical and clinical instruction:

(a) Registered nursing programs:

1. 70 theory hours and 127 clinical hours in medical nursing;

2. 45 theory hours and 104 clinical hours in surgical nursing;

3. 31 theory hours and 44 clinical hours in obstetrical nursing;

4. 32 theory hours and 43 clinical hours in pediatric nursing; and

5. 34 theory hours and 53 clinical hours in psychiatric/mental health nursing.

(b) Practical nursing programs:

1. 87 theory hours and 115 clinical hours in medical nursing;

2. 76 theory hours and 103 clinical hours in surgical nursing;

3. 34 theory hours and 47 hours in obstetrics nursing; and

4. 27 theory hours and 38 clinical hours in pediatrics nursing.

(c) Registered and practical nursing programs must meet the requirements of Section 464.019(1)(f) and (g), F.S.

Rulemaking Authority 464.006 FS. Law Implemented 456.013(1), 464.008 FS. History—New 4-19-00, Amended 10-22-07, 5-31-09, 3-8-10, 5-8-12.

CHAPTER 64B9-4

CERTIFICATION OF ADVANCED REGISTERED NURSE PRACTITIONERS AND CLINICAL NURSE SPECIALISTS

64B9-4.001	Definitions
64B9-4.002	Requirements for Certification
64B9-4.0025	Provisional Certification
64B9-4.003	Program Guidelines
64B9-4.004	Requirements for Documentation
64B9-4.005	Filing of the Application (Repealed)
64B9-4.006	Certification in More Than One Category
64B9-4.008	Purpose
64B9-4.009	Functions of the Advanced Registered Nurse
64B9-4.010	Standards for Protocols
64B9-4.011	Dispensing Practitioners
64B9-4.013	Recertification
64B9-4.014	Inactive Status; Reactivation (Repealed)
64B9-4.015	Approved Certification Bodies for Clinical Nurse Specialists

64B9-4.001 Definitions.

(1) Advanced Registered Nurse Practitioner (“ARNP”) – a Registered Nurse licensed under Section 464.008 or 464.009, F.S. and duly certified by the Board pursuant to Section 464.012, F.S.

(2) Alter – adjusting of dosages pursuant to an established protocol.

(3) Appropriate Specialty Board – a professional or national organization recognized by the Board which certifies or issues credentials to an advanced practice nurse in a specialty area.

(4) Basic Nursing Education – a nursing program preparing a person for initial licensure to practice professional nursing.

(5) Board – unless otherwise clearly indicated, is used in this chapter to mean Florida Board of Nursing.

(6) Category – one of the three statutorily defined types of ARNP certification, which are nurse practitioner, certified nurse midwife, and certified registered nurse anesthetist.

(7) Clinical Experience – practice under the supervision of a qualified preceptor in the actual care of a consumer of health services.

(8) Condition – states of being or circumstance that may require remediation. A condition may be construed to include, but is not limited to, a chronic disease, a temporary state of health such as pregnancy, or a symptom complex.

(9) Initiate – to implement that which has been prescribed by a practitioner licensed under Chapters 458, 459, or 466, F.S., where adherence to established protocol is required.

(10) Monitor – periodic assessment of a patient’s condition through follow-up procedures commonly held to be acceptable by the profession. Monitoring may include collection of data and interpretation of lab tests and the formulation of a nursing diagnosis based on a patient’s history, physical findings and lab results.

(11) One Academic Year – shall be construed to mean a program of at least 45 quarter-hour units, 30 semester-hour units, or 32 trimester-hour units or the equivalent thereof. One hour of didactic or 2 hours of clinical instruction shall equal one unit.

(12) Preceptorship/supervised clinical experience – clinical experience and practice under the supervision of a qualified preceptor for a specified length of time in the actual care and management of a consumer of health care services.

(13) Qualified Preceptor – a certified practicing advanced registered nurse practitioner, or a duly licensed medical doctor or doctor of osteopathy, or doctor of dental medicine who is responsible for the supervision, teaching and evaluation in the clinical setting of a student enrolled in a nurse practitioner educational program. If the clinical setting is in Florida, the qualified preceptor must be licensed in this state under Chapter 458, 459, 464, or 466, F.S., and the student must be a Registered Nurse licensed under Chapter 464, F.S.

(14) General Supervision – supervision whereby a practitioner currently licensed under Chapters 458, 459, or 466, F.S., authorizes procedures being carried out but need not be present when such procedures are performed. The ARNP must be able to contact the practitioner when needed for consultation and advice either in person or by communication devices.

(15) Therapy – a treatment regimen or remedy.

Rulemaking Authority 464.006, 464.012 FS. Law Implemented 464.003(3), 464.012 FS. History–New 8-31-80, Amended 3-16-81, 6-18-85, Formerly 21O-11.20, 21O-11.020, 61F7-4.001, Amended 5-29-96, Formerly 59S-4.001, Amended 4-5-00.

64B9-4.002 Requirements for Certification.

(1) In accordance with the provisions of Section 464.012, F.S., any person who wishes to be certified as an Advanced Registered Nurse Practitioner shall submit a completed Application for Dual Registered Nurse (RN) and Advanced Registered Nurse Practitioner, form number DH-MQA 1124, 10/13, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03638>. The form is available from the Board office or on the Board's website: www.FloridasNursing.gov.

(2) Applicant shall submit proof of national advanced practice certification from an approved nursing specialty board. After July 1, 2006, applications for certification as an Advanced Registered Nurse Practitioner pursuant to Section 464.012(3), F.S., shall submit proof of current national advanced practice certification from an approved nursing specialty board.

(3) Professional or national nursing specialty boards recognized by the Board include, but are not limited to:

- (a) Council on Certification of Nurse Anesthetists, or Council on Recertification of Nurse Anesthetists, or their predecessors.
- (b) American College of Nurse Midwives.
- (c) American Nurses Association (American Nurses Credentialing Center) Nurse Practitioner level examinations only.
- (d) National Certification Corporation for OB/GYN, Neonatal Nursing Specialties (nurse practitioner level examination only).
- (e) National Board of Pediatric Nurse Practitioners and Associates (Pediatric Nurse Associate/Practitioner level examinations only).
- (f) National Board for Certification of Hospice and Palliative Nurses;
- (g) American Academy of Nurse Practitioners (nurse practitioner level examination only).
- (h) Oncology Nursing Certification Corporation.
- (i) American Association of Critical-Care Nurses (AACN Certification Corporation) Adult Acute Care Nurse Practitioner Certification (ACNPC).

(4) Nursing specialty boards shall meet the following standards:

- (a) Attest to the competency of nurses in a clinical specialty area;
- (b) Require a written examination prior to certification;
- (c) Require (and required at the time of original certification) completion of a formal program prior to eligibility of examination;
- (d) Maintain a program accreditation or review mechanism that adheres to criteria which are substantially equivalent to requirements in Florida;
- (e) Identify standards or scope of practice statements as appropriate for the specialty.

(5) Pursuant to Section 456.048, F.S., all ARNP's shall carry malpractice insurance or demonstrate proof of financial responsibility. Any applicant for certification shall submit proof of compliance with Section 456.048, F.S. or exemption to the Board office within sixty days of certification or be in violation of this rule. All certificateholders shall submit such proof as a condition of biennial renewal or reactivation. Acceptable coverage shall include:

(a) Professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer under Section 624.09, F.S., a surplus lines insurer under Section 626.914(2), F.S., a joint underwriting association under Section 627.351(4), F.S., a self-insurance plan under Section 627.357, F.S., or a risk retention group under Section 627.942(9), F.S.; or

(b) An unexpired irrevocable letter of credit as defined by Chapter 675, F.S., which is in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the ARNP as beneficiary.

(c) Any person claiming exemption from the financial responsibility law pursuant to Section 456.048(2), F.S., must timely document such exemption at initial certification, biennial renewal, and reactivation.

Rulemaking Authority 456.048, 464.006, 464.012 FS. Law Implemented 456.048, 456.072(1)(f), 464.012, 464.018(1)(b), 456.0135, 456.0635 FS. History–New 8-31-80, Amended 3-16-81, 10-6-82, 6-18-85, Formerly 21O-11.23, Amended 3-19-87, 4-6-92, Formerly 21O-11.023, Amended 3-7-94, 7-4-94, Formerly 61F7-4.002, Amended 5-1-95, 5-29-96, Formerly 59S-4.002, Amended 2-18-98, 11-12-98, 4-5-00, 3-23-06, 6-4-09, 12-6-10, 1-3-12, 10-22-12, 1-20-14.

64B9-4.0025 Provisional Certification.

(1) Prior to certification by the appropriate professional or national nursing specialty board, applicants for certification as certified registered nurse anesthetists or certified nurse midwives may apply for provisional state certification.

(2) Each applicant for provisional state certification must be a graduate of an appropriate educational program pursuant to Rule 64B9-4.002, F.A.C.

(3) The provisional ARNP certification shall be valid for a period of 12 months.

(4) The provisional ARNP certification will expire if no specialty board certification is submitted within 12 months of the date granting provisional ARNP certification.

Rulemaking Authority 464.006, 464.012(1)(b) FS. Law Implemented 464.012(1)(b) FS. History—New 2-12-97, Formerly 59S-4.0025, Amended 4-5-00.

64B9-4.003 Program Guidelines.

(1) The nurse practitioner certificate program which prepares the registered nurse for advanced or specialized nursing practice as an Advanced Registered Nurse Practitioner shall meet the following criteria:

(a) The program shall have as its primary purpose the preparation of nurses for advanced and specialized levels of nursing practice in the expanded nursing role.

(b) The philosophy, purpose, and objectives of the program shall be clearly defined and available in written form.

(c) The objectives reflecting the philosophy shall be stated in behavioral terms and describe the competencies of the graduate.

(d) The program shall reflect the following administrative policies:

1. Admission criteria shall be clearly stated and available in written form. In Florida, admission criteria shall include that the student holds a current unencumbered Registered Nurse license under Section 464.008 or 464.009, F.S.

2. Admission requirements, philosophy objectives and criteria shall be available to the student.

3. Policies for withdrawal, dismissal, and readmission shall be available to the student.

4. The student shall receive official evidence that indicates successful completion of the program.

5. The program shall be conducted by one of the following:

a. An accredited school of nursing that offers a baccalaureate or higher degree in nursing.

b. An accredited school of medicine.

c. An institution or health care agency approved by the Board.

(e) Faculty shall meet the following requirements:

1. Nursing faculty shall hold current licensure to practice.

2. Medical faculty shall hold current licensure to practice or current required credentials for teaching.

3. Faculty shall include currently practicing Advanced Registered Nurse Practitioners.

4. There shall be an adequate number of qualified faculty in the specialty area available to develop and implement the program and achieve the stated objectives.

5. Preceptors shall participate in teaching, supervising, and evaluating students.

(f) Curriculum of the Advanced Nursing Program shall reflect the following:

1. The course content, methods of instruction and learning experiences shall be consistent with the philosophy and objectives of the program.

2. Outlines and descriptions of all learning experiences shall be available in written form.

3. The program shall be at least one (1) academic year in length and shall include theory in the biological, behavioral, nursing and medical sciences relevant to the area of advanced practice, in addition to clinical experience with a qualified preceptor.

4. The program shall include, but not be limited, to the following areas:

a. Theory and directed clinical experience in comprehensive physical and biopsychosocial assessment.

b. Interviewing and communication skills.

c. Eliciting, recording, and maintaining a health history.

d. Interpretation of laboratory findings.

e. Pharmacotherapeutics, to include the initiation, selection, and modification of selected medications.

f. Initiation and modification of selected therapies.

g. Nutrition, including modifications of diet.

- h. Providing emergency treatments.
 - i. Assessment of community resources and referrals to appropriate professionals or agencies.
 - j. Role realignment.
 - k. Legal implications of the advanced nursing practice nurse practitioner role.
 - l. Health care delivery systems.
 - m. Management of selected diseases and illnesses.
 - n. Differential diagnosis related to specialty problems.
- (g) The program shall provide a minimum of 500 hours of supervised clinical experience in the performance of the specialized diagnostic procedures that are essential to practice in that specialty area.
- (h) Records of the program, philosophy, objectives, administration, faculty, curriculum, students and graduates shall be maintained systematically and be retrievable.
- (i) Provision shall be made for periodic program evaluation by the faculty and students.
- (2) Graduation from a program leading to a master's, a post-masters, a doctoral, or post-doctoral degree, which prepares the nurse for advanced or specialized nursing practice as an Advanced Registered Nurse Practitioner shall meet the following criteria:
- (a) The program shall prepare nurses as nurse practitioners, certified registered nurse anesthetists or nurse midwives.
 - (b) The philosophy, purpose, and objectives of the program shall be clearly defined and available in written form.
 - (c) The objectives shall be stated in behavioral terms and describe the competencies of the graduate.
 - (d) The curriculum shall include, but not be limited to, the following practitioner skills:
 1. Theory and directed clinical experience in physical and biopsychosocial assessment.
 2. Interviewing and communication skills relevant to obtaining and maintaining a health history.
 3. Pharmacotherapeutics, including selecting, prescribing, initiating, and modifying medications in the management of health/illness.
 4. Selecting, initiating and modifying diets and therapies in the management of health/illness.
 5. Performance of specialized diagnostic tests that are essential to the area of advanced practice.
 6. Differential diagnosis pertinent to the specialty area.
 7. Interpretation of laboratory findings.
 8. Management of selected diseased and illnesses.
 9. Professional socialization/role realignment.
 10. Legal implications of the advanced nursing practice/nurse practitioner role.
 11. Health delivery systems, including assessment of community resources and referrals to appropriate professionals or agencies.
 12. Providing emergency treatments.
 - 13. A minimum of 500 hours of preceptorship/supervised clinical experience in the performance of the specialized diagnostic procedures that are essential to practice in that specialty area.
- (e) Faculty shall include currently practicing ARNP's.
- (f) Records of the program, philosophy, objectives, administration, faculty, curriculum, students and graduates shall be maintained systematically and be retrievable.

Rulemaking Authority 464.006, 464.012 FS. Law Implemented 456.072(1)(f), (2), 464.012, 464.018(1)(b) FS. History--New 8-31-80, Amended 3-16-81, 2-28-82, 6-18-85, Formerly 210-11.24, 210-11.024, 61F7-4.003, Amended 5-29-96, 2-12-97, Formerly 59S-4.003, Amended 4-5-00, 3-23-06.

64B9-4.004 Requirements for Documentation.

A Registered Nurse applying for initial certification as an Advanced Registered Nurse Practitioner shall submit with a completed application the following:

- (1) Documentation acceptable to the Board that the educational program attended meets the program guidelines stipulated in subsection 64B9-4.003(1) or (2), F.A.C.
- (2) Proof acceptable to the Board of satisfactory completion of the educational program which shall consist of:
 - (a) An official Registrar's copy of the applicant's transcript shall be sent directly to the Board from the school and shall denote successful completion of the formal post-basic program or awarding of the masters' degree in a nursing clinical specialty;

(b) A verification form prescribed by the Board submitted by the director of the advanced nursing program indicating successful completion with the official school seal;

(c) Documentation which demonstrates compliance with subsection 64B9-4.003(2), F.A.C.; or

(d) Such other documentary proof which evidences completion.

(3) Documentation of national certification by a national nursing specialty board identified in subsection 64B9-4.002(3), F.A.C., or documentation of certification by a specialty board that meets the requirements set forth in subsection 64B9-4.002(4), F.A.C., by submitting one of the following:

(a) A notarized true and correct copy of the original or recertification specialty board certificate;

(b) Such other documentary proof which evidences certification by an appropriate specialty board; or

(c) Verification from the specialty association of certification.

Rulemaking Authority 464.006, 464.012 FS. Law Implemented 464.012 FS. History—New 8-31-80, Amended 10-6-82, Formerly 21O-11.25, Amended 3-19-87, Formerly 21O-11.025, 61F7-4.004, Amended 5-29-96, 2-12-97, Formerly 59S-4.004, Amended 4-5-00, 11-2-10, 1-3-12.

64B9-4.005 Filing of the Application.

Rulemaking Authority 464.006 FS. Law Implemented 464.012 FS. History—New 8-31-80, Formerly 21O-11.26, 21O-11.026, 61F7-4.005, Amended 5-29-96, Formerly 59S-4.005, Repealed 4-22-12.

64B9-4.006 Certification in More Than One Category.

(1) An applicant who wishes to be certified in more than one ARNP category shall be required to submit separate application in accordance with Section 464.012(1), F.S., and these rules for each category in which certification is desired.

(2) An applicant who wishes to be certified in a second category must be able to document eligibility for certification in that category. Such eligibility may be determined by meeting at least one of the following criteria:

(a) Content appropriate to the second category was addressed in the initial ARNP educational program and the applicant has passed a national certification examination in the second category, if required.

(b) Content appropriate to the second category was addressed in a formal educational program undertaken after completion of initial ARNP education and the applicant has passed a national certification examination in the second category, if required.

(3) An Advanced Registered Nurse Practitioner Certificate is not transferable from one category to another.

Rulemaking Authority 464.006, 464.012 FS. Law Implemented 464.012 FS. History—New 8-31-80, Amended 6-18-85, Formerly 21O-11.29, Amended 3-19-87, Formerly 21O-11.029, 61F7-4.006, 59S-4.006, Amended 4-5-00.

64B9-4.008 Purpose.

An Advanced Registered Nurse Practitioner may perform additional acts of medical diagnosis, treatment, and operation in accordance with this rule chapter. Rule 64B9-4.010, F.A.C., sets minimum standards for protocols pursuant to which an ARNP performs medical acts identified and approved by the joint committee pursuant to Section 464.003(3)(c), F.S., or acts set forth in Section 464.012(3) and (4), F.S.

Rulemaking Authority 458.348(2), 464.006 FS. Law Implemented 458.348(2) FS. History—New 4-4-82, Amended 3-13-84, Formerly 21O-16.01, 21O-16.001, 61F7-4.008, 59S-4.008.

64B9-4.009 Functions of the Advanced Registered Nurse.

All categories of Advanced Registered Nurse Practitioner may perform functions listed in Section 464.012(3), F.S. The scope of practice for all categories of ARNP's shall include those functions which the ARNP has been educated to perform including the monitoring and altering of drug therapies, and initiation of appropriate therapies, according to the established protocol and consistent with the practice setting.

Rulemaking Authority 464.006, 464.012 FS. Law Implemented 464.012 FS. History—New 8-31-80, Amended 12-10-80, 6-18-85, Formerly 21O-11.22, 21O-11.022, 61F7-4.009, 59S-4.009.

64B9-4.010 Standards for Protocols.

(1) An Advanced Registered Nurse Practitioner shall only perform medical acts of diagnosis, treatment, and operation pursuant to a protocol between the ARNP and a Florida-licensed medical doctor, osteopathic physician, or dentist. The degree and method of supervision, determined by the ARNP and the physician or dentist, shall be specifically identified in the written protocol and shall be appropriate for prudent health care providers under similar circumstances. General supervision by the physician or dentist is required unless these rules set a different level of supervision for a particular act. The number of persons to be supervised shall be limited to insure that an acceptable standard of medical care is rendered in consideration of the following factors:

- (a) Risk to patient;
- (b) Educational preparation, specialty, and experience of the parties to the protocol;
- (c) Complexity and risk of the procedures;
- (d) Practice setting; and
- (e) Availability of the physician or dentist.

(2) A written protocol signed by all parties, representing the mutual agreement of the physician or dentist and the ARNP, shall include the following, at a minimum:

(a) General Data.

1. Signatures of individual parties to the protocol;
 - a. Name, address, ARNP certificate number;
 - b. Name, address, license number, and DEA number of the physician or dentist;
2. Nature of practice, practice location, including primary and satellite sites; and
3. Date developed and dates amended with signatures of all parties.

(b) Collaborative Practice Agreement.

1. A description of the duties of the ARNP.
2. A description of the duties of the physician or dentist (which shall include consultant and supervisory arrangements in case the physician or dentist is unavailable).
3. The management areas for which the ARNP is responsible, including
 - a. The conditions for which therapies may be initiated,
 - b. The treatments that may be initiated by the ARNP, depending on patient condition and judgment of the ARNP,
 - c. The drug therapies that the ARNP may prescribe, initiate, monitor, alter, or order.
4. A provision for annual review by the parties.
5. Specific conditions and a procedure for identifying conditions that require direct evaluation or specific consultation by the physician or dentist. The parties to the protocol, to insure an acceptable standard of supervision and medical care, will decide the detail and scope needed in the description of conditions and treatments, and in doing so will consider the factors listed in subparagraphs (1)(a) through (e) above.

(3) The original of the protocol and the original of the notice shall be filed with the Department within 30 days of renewal of the practitioner's license, and a copy of the protocol and a copy of the notice required by Section 458.348(1), F.S., shall be kept at the site of practice of each party to the protocol. Any alterations to the protocol or amendments should be signed by the ARNP and a Florida-licensed medical doctor, osteopathic physician, or dentist and filed with the Department within 30 days of the alteration to be kept in the Department for filing purposes only.

After the termination of the relationship between the ARNP and the supervising professional, each party is responsible for insuring that a copy of the protocol is maintained for future reference for a period of four years.

Rulemaking Authority 458.348(2), 464.006 FS. Law Implemented 458.348(2), 464.012 FS. History—New 4-4-82, Amended 3-13-84, Formerly 210-16.02, Amended 5-25-88, Formerly 210-16.002, 61F7-4.010, 59S-4.010, Amended 11-22-07.

64B9-4.011 Dispensing Practitioners.

(1) Those ARNP's whose protocols permit them to dispense medications for a fee as contemplated by Section 465.0276, F.S., must register with the Board of Nursing by submitting a completed Dispensing Application for ARNP's, form number DH-MQA 1185, 3/09, and hereby incorporated by reference this form into the rule.

(2) The ARNP dispensing practitioner must comply with all state and federal laws and regulations applicable to all dispensing practitioners under Section 465.0276, F.S.

Rulemaking Authority 464.006 FS. Law Implemented 465.0276, 464.012(3), (4) FS. History--New 9-16-91, Formerly 210-16.003, 61F7-4.011, 59S-4.011, Amended 5-14-07, 9-1-10.

64B9-4.013 Recertification.

(1) Upon initial certification, an ARNP shall be issued a certificate in the appropriate category. At the first and subsequent recertifications thereafter, the licensee shall, upon payment of the renewal fee provided in subsection 64B9-7.001(6), F.A.C., receive a dual RN/ARNP license/certificate.

(2) For each recertification cycle, the ARNP shall submit all of the following to the Board:

(a) Proof of malpractice insurance or exemption.

(b) Protocols or exemption.

(c) Proof of current national certification.

(3) Failure to recertify as an Advanced Registered Nurse Practitioner within the time period prescribed by the Department will result in the certificate being placed on delinquent status.

Rulemaking Authority 464.006 FS. Law Implemented 456.036(5), 456.048, 464.012 FS. History--New 8-31-80, Formerly 210-11.27, Amended 3-19-87, Formerly 210-11.027, 61F7-4.013, 59S-4.013, Amended 2-18-98, 4-5-00, 9-6-09, 1-3-12.

64B9-4.014 Inactive Status; Reactivation.

Rulemaking Authority 464.006, 464.012, 464.014 FS. Law Implemented 456.036(9), 464.012, 464.014 FS. History--New 8-31-80, Amended 3-16-81, 6-18-85, Formerly 210-11.28, Amended 3-19-87, 10-21-87, Formerly 210-11.028, Amended 12-27-93, Formerly 61F7-4.014, 59S-4.014, Amended 4-5-00, 9-6-09, Repealed 4-22-12.

64B9-4.015 Approved Certification Bodies for Clinical Nurse Specialists.

The following nationally recognized certifying bodies are approved to meet the licensure requirements of Section 464.0115(1), F.S.:

(1) Oncology Nursing Certification Corporation.

(2) American Association of Critical-Care Nurses (AACN).

(3) American Nurses Credentialing Center (ANCC).

(4) National Board for Certification of Hospice and Palliative Nurses.

Rulemaking Authority 464.0115 FS. Law Implemented 464.0115 FS. History--New 11-22-07, Amended 7-7-08.

CHAPTER 64B9-5 CONTINUING EDUCATION REQUIREMENTS

64B9-5.001	Definitions
64B9-5.002	Continuing Education Requirement
64B9-5.003	Standards for Continuing Education
64B9-5.004	Procedure for Approval of Attendance at Continuing Education Courses
64B9-5.005	Procedure Relating to the Provider
64B9-5.006	Procedure Relating to the Faculty/Authors
64B9-5.007	Continuing Education for Expert Witnesses and Probable Cause Panel Members
64B9-5.009	Continuing Education on HIV/AIDS (Repealed)
64B9-5.010	Continuing Education of Domestic Violence (Repealed)
64B9-5.011	Continuing Education on Prevention of Medical Errors
64B9-5.012	Continuing Education on End of Life (Repealed)
64B9-5.013	Continuing Education on Laws and Rules

64B9-5.001 Definitions.

(1) Appropriate Continuing Education. Planned offerings designed to enhance learning and promote the continued development of knowledge, skills, and attitudes consistent with contemporary standards for nursing practice. the individual's nursing practice.

(2) Approval Number. Number assigned by the Board to designate an approved provider or offering.

(3) Approved. Acceptable to the Board of Nursing.

(4) Contact Hour. One (1) contact hour equals sixty (60) minutes. One half (1/2 or .5) contact hour equals thirty (30) minutes.

(5) Offering. A planned educational experience dealing with a specific content based on the stated learner objectives.

(6) Orientation – Standard Agency Operation. The means by which nurses are introduced to the philosophy, goals, policies, procedures, role expectations, physical facilities and special services in a specific work setting. Orientation does not meet the continuing education requirement for the purpose of these rules.

(7) Participation. Sharing in the learning experience in order to achieve the stated learner objectives.

(8) Provider. The individual or agency conducting the continuing education offering.

(9) Self-directed Study. A prior Board approved self-directed learning experience, originated, implemented, and evaluated by the individual and designed with specific objectives to increase knowledge in a given area.

Rulemaking Authority 464.006 FS. Law Implemented 464.013(3) FS. History–New 9-12-79, Amended 10-6-82, Formerly 210-13.08, Amended 3-3-87, Formerly 210-13.008, Amended 9-28-93, Formerly 61F7-5.001, Amended 5-2-95, 1-1-96, Formerly 59S-5.001, Amended 6-9-09.

64B9-5.002 Continuing Education Requirement.

(1) During each biennium, one contact hour must be earned for each calendar month of the licensure cycle.

(2) Those persons licensed by examination within a biennium are exempt from the continuing education requirement for that biennium. This exemption shall apply to a person who is licensed by endorsement during a biennium if such person was licensed in the original state of licensure by successful completion of an acceptable licensure examination during that biennium. A licensee who has endorsed into this State during a biennium or whose license was reactivated or reinstated during a biennium shall be required to accrue one (1) contact hour for each calendar month remaining in the biennium after licensure, reactivation, or reinstatement (however, no hours are required if the time remaining in the biennium is six months or less). This exemption or limitation shall only apply if the license is timely renewed at the end of the biennium, and does not apply if the license is suspended, revoked, or is (or becomes) inactive at the end of the biennium.

(3) A registered nurse who also holds a current license as a licensed practical nurse may satisfy the continuing education requirement for renewal of both licenses by completing appropriate continuing education for a registered nurse. A registered nurse who also holds a current ARNP certificate may satisfy the continuing education requirement for both licenses by completing appropriate continuing education for a registered nurse, or may satisfy up to 50% of the continuing education requirement by completing continuing medical education coursework equivalent to the contact hours required by these rules.

(4) A licensee is exempt from continuing education requirements at the time of renewal if the licensee was on active duty with the Armed Forces within 6 months of the renewal date. However, this exemption will not arise on the basis of the performance of

short periods of active duty (such as summer or weekend drills) by a member of the Armed Forces Reserves. Duty in the United States Public Health Service is not considered duty in the Armed Forces.

(5) A nurse who is the spouse of a member of the Armed Forces and was caused to be absent from Florida due to the spouse's duties with the Armed Forces shall be exempt from continuing education requirements. The licensee must show satisfactory proof of the absence and the spouse's military status.

Rulemaking Authority 464.006, 464.013 FS. Law Implemented 456.024, 464.013 FS. History—New 9-12-79, Amended 11-27-80, 10-8-81, 10-6-82, 11-24-83, 2-27-84, Formerly 210-13.07, Amended 3-3-87, 10-21-87, Formerly 210-13.007, 61F7-5.002, Amended 5-2-95, 7-5-95, 1-1-96, 4-29-96, 11-13-96, Formerly 59S-5.002, Amended 2-18-98, 1-4-15.

64B9-5.003 Standards for Continuing Education.

(1) Learner Objectives. Objectives shall describe expected learner outcomes in behavioral terms, can be evaluated, are attainable, and are relevant to current nursing practice. Objectives shall determine the content, teaching methodology and plan for evaluation.

(2) Subject Matter. The Content shall be specifically designed to meet the objectives and the stated level and learning needs of the participants. The content shall be planned in logical order and reflect input from experts in the subject matter. Appropriate subject matter for continuing education offering shall reflect the professional educational needs for the learner in order to meet the health care needs of the consumer and consist of content from one or more of the following:

- (a) Nursing practice areas and special health care problems.
- (b) Biological, physical, behavioral and social sciences.
- (c) Legal aspects of health care.
- (d) Management/administration of health care personnel and patient care.
- (e) Teaching/learning process of health care personnel and patients.

(f) Subjects which are taken at an accredited educational institution as verified by an official transcript, that meet any one of the criteria in paragraphs 64B9-5.003(2)(a)-(e), F.A.C., and are advanced beyond that completed for original licensure may be approved for continuing education under this rule.

(g) Personal development subject matter must include application of content as it relates to improved patient care.

(3) Faculty Qualifications.

(a) The faculty shall provide evidence of academic preparation and/or experience in the subject matter. Evidence concerning faculty qualifications shall be presented to the Board upon request.

(b) When the subject matter of an offering includes nursing practice, a nurse with expertise in the content area must be involved in the planning and instruction.

(c) Nurse faculty other than those exempted in Section 464.022(7), F.S., supervising learning experiences in a clinical area in this State shall be currently licensed in the State of Florida.

(d) When an offering includes clinical nursing practice in Florida, a Florida licensed nurse competent in the practice area shall provide supervision.

(4) Materials and Methods. Evidence satisfactory to the Board shall be presented that:

- (a) Learning experiences and teaching methods are appropriate to achieve the objectives.
- (b) Time allotted for each activity shall be sufficient for the learner to meet the objectives.
- (c) Principles of adult education are utilized in determining teaching strategies and learning activities.

(5) Evaluation. Evidence satisfactory to the Board shall be presented that participants are given an opportunity to evaluate learning experiences, instructional methods, facilities and resources used for the offering. Self-directed learning experiences, including but not limited to home study, computer programs, internet or web-based courses, are required to evaluate learner knowledge at the completion of the learning experience. The evaluation must include a minimum of 10 questions. The learner must achieve a minimum score of 70% on the evaluation to receive the contact hours. The evaluation must be graded by the provider.

(6) Contact Hour Criteria.

- (a) All offerings shall be at least 60 minutes in length or one (1) contact hour.
- (b) Increments of 30 minutes will be accepted when the offering extends beyond the one (1) contact hour.
- (c) Contact hours shall be awarded for clinical as well as classroom education.

(7) Self-directed Learning – Standards for Self-directed Learning.

(a) Construction of the learning experience shall be developed, implemented and evaluated by the licensee requesting contact hours.

(b) Specific learning needs must be related to nursing practice and shall be identified.

(c) Objectives shall state expected outcomes of the learning experience.

(d) Preceptors must meet qualifications as identified in subsection (3), F.A.C., above.

(e) The proposal shall state an explanation of expected length and plan for documenting contact hours.

(8) Standards for Continuing Education Providers. Providers seeking Board approval shall meet each of the Standards outlined herein:

(a) All educational offerings conducted by the provider shall meet the Standards for Continuing Education Offerings as outlined in these rules.

(b) Providers shall adhere to guidelines as established by the Board.

(c) There shall be a designated person assuming responsibility for continuing education offerings for nurses. If the contact person is not a nurse, provision should be made for insuring nursing input in overall program planning and evaluation.

(d) Target audience will be identified for each offering.

(e) Currency and accuracy of subject matter will be documented by references/bibliography.

(f) Program shall have stated, long term, coordinated plan for providing continuing education offerings based on data related to specific characteristics of its learner population including learner needs and methods of assessing these needs. There shall be a tangible plan for ongoing evaluation of the program content, faculty, learning process and evaluation tools. Evaluation data will be analyzed and the conclusions utilized in program planning, design, and continuity.

(g) Providers shall establish written policies and procedures for implementation of the continuing education program.

(h) Providers shall maintain a system of record-keeping which provides for storage of individual offering information.

(i) Records of individual offerings shall be maintained for four years for inspection by the Board.

(j) Providers shall furnish each participant with an authenticated individual Certificate of Attendance.

(k) Providers shall maintain security of attendance records and certificates.

Rulemaking Authority 464.006 FS. Law Implemented 464.013(3) FS. History—New 9-12-79, Amended 10-6-82, Formerly 210-13.09, Amended 8-18-88, 3-28-89, Formerly 210-13.009, 61F7-5.003, Amended 5-2-95, Formerly 59S-5.003, Amended 7-30-00, 2-22-04, 1-3-12.

64B9-5.004 Procedure for Approval of Attendance at Continuing Education Courses.

(1) Procedure Relating to the Nurse.

(a) Transcripts and/or dated legible grade reports from accredited institutions of higher learning are appropriate documentation of attendance at credit courses.

(b) Offerings presented by other than approved providers need not be submitted to the Board for approval unless the licensee is selected for audit. Contact hours shall be awarded if the information submitted by the licensee documents that the offerings attended are equivalent in quality to offerings presented by approved providers.

(c) All licensees may be awarded contact hours for attendance at offerings that are approved by a state or national organizations empowered to accredit nursing continuing education.

(2) Self-directed Learning.

(a) Prior approval to undertake Self-directed Learning must be requested from the Board.

(b) The number of clock hours claimed shall be based on the time spent completing the activity and shall be subject to review by the Board.

(c) Contact hours will be awarded upon submission of documentation evidencing adherence to the Standards for Self-directed Learning.

(d) Copy of contract for preceptor will be submitted with application.

(3) The licensee shall retain records of the following information from offerings not presented by approved providers for four years in case of audit: title, provider, description, dates, contact-hours, objectives, teaching methods, evaluation method, faculty qualifications, explanation of why appropriate for learner's continuing education. There shall be no guaranteed retroactive approval for courses under this section which were not preapproved but they may be considered under extreme hardship or exceptional circumstances.

Rulemaking Authority 464.006, 464.013(3), 464.014 FS. Law Implemented 464.013(3) FS. History—New 9-12-79, Amended 10-6-82, Formerly

210-13.10, 210-13.010, Amended 9-28-93, Formerly 61F7-5.004, Amended 5-2-95, Formerly 59S-5.004, Amended 2-18-98, 1-4-15.

64B9-5.005 Procedure Relating to the Provider.

Provider seeking approval shall:

- (1) Make application on forms provided by the Board and allow a minimum of ninety (90) days prior to the date the offering begins to allow for processing.
- (2) Submit a minimum of three (3) offerings which evidence adherence of the Standards for Continuing Education as set forth in these rules.
- (3) Present evidence, satisfactory to the Board, if requested, that all offerings meet the Standards for Continuing Education as set forth in these rules.
- (4) Notify the Board of change of contact person and any significant alterations or changes which may affect the maintenance of standards within 30 days.
- (5) Determine whether or not partial credit is appropriate for participants failing to complete the total number of hours for which a specific offering is planned and approved. Determine criteria for “successful completion” of course and make this information available to participants prior to offering.
- (6) Provider approval may be granted for a period of time established by the Board, not to exceed sixty (60) months.
- (7) Provider approval shall be subject to periodic review and may be withdrawn if the Board determines that adherence to the Standards outlined herein is not maintained, or if information submitted to the Board by the provider is found to be a material misrepresentation of fact.
- (8) The Board may approve, under special circumstances, other selected single offerings.
- (9) The Board may utilize a representative, expert groups, or individuals as appropriate in implementing these rules.

Rulemaking Authority 464.013(3), 464.014 FS. Law Implemented 464.013(3) FS. History—New 9-12-79, Amended 10-6-82, Formerly 210-13.11, 210-13.011, Amended 9-28-93, Formerly 61F7-5.005, 59S-5.005, Amended 3-23-00.

64B9-5.006 Procedure Relating to the Faculty/Authors.

- (1) Each licensed nurse who is presenting a continuing education course as either the lecturer of the offering or as author of the course materials may earn a maximum 12 contact hours of continuing education credit per biennium. Each licensed nurse who is either participating as a lecturer of a continuing education course or an author of a continuing education program may receive credit for the portion of the offering he/she presented or authored to the total hours awarded for the offering.
- (2) Continuing education credit may be awarded to a lecturer or author for the initial presentation of each program only; repeat presentations of the same continuing education course shall not be granted credit.
- (3) In order for a continuing education credit to be awarded to each licensed nurse participating as either faculty or author, the format of the continuing education program must conform with all applicable sections of this rule chapter regarding learner objectives, subject matter of the program, and teaching methods.
- (4) Continuing education credit shall be given for publications of continuing education offerings. Continuing education credit for publications and presentations of scholarly research shall be considered on an individual basis by the Board. In order to obtain credit, licensees must meet all standards for self-directed learning in subsections 64B9-5.003(7) and 64B9-5.004(2), F.A.C.
- (5) The number of contact hours to be awarded to each licensed nurse who participates in a continuing education program as either a lecturer or author is based on the 60 minute contact hour employed within this rule chapter.

Rulemaking Authority 464.006, 464.013(4), 464.014 FS. Law Implemented 464.013(4) FS. History—New 6-8-89, Formerly 210-13.013, Amended 9-28-93, Formerly 61F7-5.006, 59S-5.006, Amended 1-3-12.

64B9-5.007 Continuing Education for Expert Witnesses and Probable Cause Panel Members.

- (1) Each licensed nurse who serves as a volunteer expert witness in providing written expert witness opinions citing references of current, prevailing practice and relevant standards of practice for cases being reviewed pursuant to Chapter 464, F.S., shall receive 2.5 hours of continuing education credit per case for performing a literature survey of at least two articles in conjunction with the review of cases for the Agency, probable cause panel, or Board.
- (2) Each former board member who serves on a probable cause panel at least twice in a biennium shall receive 8 hours of continuing education credit.

Rulemaking Authority 464.006, 464.013(3) FS. Law Implemented 464.013(3) FS. History–New 9-28-93, Formerly 61F7-5.007, 59S-5.007, Amended 9-10-07.

64B9-5.009 Continuing Education on HIV/AIDS.

Rulemaking Authority 456.033, 464.006 FS. Law Implemented 456.033 FS. History–New 4-6-92, Amended 9-22-92, Formerly 21O-19.002, Amended 9-13-93, Formerly 61F7-5.009, Amended 5-2-95, Formerly 59S-5.009, Repealed 5-16-12.

64B9-5.010 Continuing Education of Domestic Violence.

Rulemaking Authority 455.587, 456.031, 464.006 FS. Law Implemented 455.587, 456.031 FS. History–New 11-16-95, Formerly 59S-5.010, Amended 10-23-02, Repealed 4-22-12.

64B9-5.011 Continuing Education on Prevention of Medical Errors.

(1) All licensees must complete a two hour course on prevention of medical errors, which meets the criteria of Section 456.013, F.S., as part of the total hours of continuing education required for initial licensure and biennial renewal.

(2) To receive Board approval, each course on prevention of medical errors shall consist of a minimum of at least two (2) hours of classroom or an equivalent home study program and shall include at a minimum the following subject areas:

- (a) Factors that impact the occurrence of medical errors,
- (b) Recognizing error-prone situations,
- (c) Processes to improve patient outcomes,
- (d) Responsibilities for reporting,
- (e) Safety needs of special populations,
- (f) Public education.

Rulemaking Authority 456.013(7) FS. Law Implemented 456.013(7) FS. History–New 5-2-02.

64B9-5.012 Continuing Education on End of Life.

Rulemaking Authority 456.031(1)(c), 456.033(3) FS. Law Implemented 456.031(1)(c), 456.033(3) FS. History–New 1-28-02, Repealed 4-22-12.

64B9-5.013 Continuing Education on Laws and Rules.

Beginning with the biennium ending in 2015, each licensee shall complete a two hour course on the laws and rules that govern the practice of nursing in Florida. To receive Board approval, each course must include content on Chapters 456 and 464 of the Florida Statutes and the rules in Title 64B9 of the Florida Administrative Code.

Rulemaking Authority 464.013 FS. Law Implemented 464.013 FS. History–New 4-21-13.

CHAPTER 64B9-6
INACTIVE STATUS AND REACTIVATION OF INACTIVE LICENSE

64B9-6.001	Delinquent Status; Obtaining Inactive Status
64B9-6.002	Biennial Renewal of Inactive Status
64B9-6.003	Reactivation of Inactive License
64B9-6.004	Retired Licensure Status

64B9-6.001 Delinquent Status; Obtaining Inactive Status.

(1) A license to practice nursing which is not renewed at the end of the biennium prescribed by the Department shall automatically revert to delinquent status. To renew the license, the licensee must demonstrate completion of all continuing education required by Chapter 64B9-5, F.A.C., and must pay the delinquency fee prescribed in Rule 64B9-7.001, F.A.C.

(2) A licensee may apply to the Department to place his license on inactive status. The application shall be made on forms provided by the Board and shall be accompanied by an application fee for inactive status in the amount specified in Rule 64B9-7.001, F.A.C.

(3) Pursuant to Section 464.016(1)(a), F.S., it is unlawful to practice nursing with an inactive or delinquent license.

Rulemaking Authority 456.036, 464.006, 464.014 FS. Law Implemented 456.036, 464.014, 464.016 FS. History—New 2-5-87, Formerly 21O-14.003, 61F7-6.001, Amended 1-1-96, Formerly 59S-6.001, Amended 3-14-00, 1-11-15.

64B9-6.002 Biennial Renewal of Inactive Status.

(1) An inactive license must be renewed biennially during the biennium renewal period for active licenses prescribed by the Department. Sixty (60) days prior to the end of the biennium, the Department shall mail a notice of renewal of inactive status to each inactive licensee.

(2) In order to renew an inactive license, the licensee shall remit a fee for renewal of inactive status in the amount specified in Rule 64B9-7.001, F.A.C.

Rulemaking Authority 464.006, 464.014 FS. Law Implemented 464.014 FS. History—New 2-5-87, Formerly 21O-14.004, 61F7-6.002, 59S-6.002.

64B9-6.003 Reactivation of Inactive License.

(1) An inactive license may be reactivated upon application to the Department and demonstration of compliance with the following conditions:

(a) A statement by the licensee of any convictions or findings of guilt, regardless of adjudication, within the period the licensee was inactive.

(b) A statement by the licensee of any disciplinary action taken by the licensing authority of a state, territory, or country against his or her license to practice nursing in that state, territory, or country during the period the licensee's Florida nursing licensee was inactive.

(c) Proof by the licensee of completion of all continuing education required by Chapter 64B9-5, F.A.C., for all biennial licensure periods for which the individual was inactive.

(d) Payment of the reactivation fees prescribed in Rule 64B9-7.001, F.A.C., and renewal fees if applicable.

(2) The Department shall not reactivate a license unless the inactive licensee has paid an inactive application fee, and a reactivation fee.

(3) If a license has been inactive for more than two consecutive biennial licensure cycles, and the licensee has not been practicing nursing in any jurisdiction for the two years immediately preceding the application for reactivation, the applicant for reactivation will be required to complete a nursing remedial course as described in Rule 64B9-3.0025, F.A.C., with clinical component appropriate to the licensure level of the licensee. The remedial course must be given at a Board-approved program, and must include at least 80 hours of didactic education and 96 hours of clinical experience in medical/surgical nursing and any specialty area of practice of the licensee.

Rulemaking Authority 456.036, 464.006, 464.014 FS. Law Implemented 456.036, 464.014 FS. History—New 2-5-87, Amended 10-21-87, 6-21-88, Formerly 21O-14.005, Amended 9-7-93, 1-26-94, Formerly 61F7-6.003, Amended 1-1-96, Formerly 59S-6.003, Amended 3-14-00, 10-25-10.

64B9-6.004 Retired Licensure Status.

(1) A licensee wishing to change to retired licensure status during the renewal period must pay the retired license fee. If the change to retired licensure status is outside the renewal period, the change of status fee shall also be paid.

(2) If the licensee holds a Florida retired license eligible for reactivation, the licensee may return the license to active status upon submission of a complete application to the Department, payment of the appropriate fees and compliance with the provisions of Section 456.036(12), F.S.

(3) Any licensee applying for an active status license who has been on retired licensure status for 5 years or more, or if licensed elsewhere and has not been actively practicing nursing during the past 5 years, shall as a condition of licensure demonstrate that he or she is able to practice with the care and skill sufficient to protect the health, safety and welfare of the public by obtaining a passing score on the licensure examination appropriate to the licensure level of the licensee, and

(a) For registered nurses or licensed practical nurses, completing a nursing refresher course with clinical component appropriate to the licensure level of the licensee. The refresher course must be given at a Board-approved program, and must include at least 60 hours of classroom instruction and 96 hours of clinical experience in medical/surgical nursing and any specialty area of practice of the licensee;

(b) For certified nursing assistants, completing a Board-approved training program.

Rulemaking Authority 456.036(10), (15) FS. Law Implemented 456.036(2), (4)(b), (10), (12), (15) FS. History--New 9-4-06.

**CHAPTER 64B9-7
FEES**

- 64B9-7.001 Fees
- 64B9-7.002 Duplicate License Fee

64B9-7.001 Fees.

The following fees are prescribed by the Board.

- (1) For application to sit for the examination as provided in Section 464.008, F.S.:
 - (a) For registered nurse and licensed practical nurse fifty dollars (\$50.00).
 - (b) Applicants for the NCLEX-CAT examination must pay the fee for sitting for the examination directly to the examination vendor.
- (2) For application for licensure without examination by endorsement as provided in Section 464.009, F.S.:
For registered nurse and licensed practical nurse fifty dollars (\$50.00).
- (3) Initial license as a registered nurse or a licensed practical nurse fifty dollars (\$50.00).
- (4) For application for ARNP certification as provided in Section 464.012, F.S., one hundred dollars (\$100.00).
- (5) For application for CNS certification as provided in Section 464.0115, F.S., seventy five dollars (\$75.00).
- (6) For ARNP registration as a dispensing practitioner pursuant to Section 465.0276, F.S., one hundred dollars (\$100.00).
- (7) For renewal of RN or LPN license as provided in Section 464.013, F.S., seventy dollars (\$70.00).
- (8) For renewal of a dual RN/ARNP license certificate, one hundred twenty dollars (\$120.00).
- (9) For renewal of a dual RN/CNS license certificate, one hundred forty-five dollars (\$145.00).
- (10) For renewal of an RN/CNS/ARNP license certificate, one hundred ninety-five dollars (\$195.00).
- (11) Pursuant to Section 1009.66(6), F.S., the Department shall collect a five dollar (\$5.00) fee upon initial licensure or renewal of all LPNs, RNs, and dual RN/ARNP licenses for the Student Loan Trust Fund.
- (12) For application to change from active to inactive status as provided in Section 464.014, F.S.:
 - (a) For registered nurse fifty five dollars (\$55.00).
 - (b) For licensed practical nurse fifty five dollars (\$55.00).
 - (c) For dual RN/ARNP or RN/CNS license certificate seventy five dollars (\$75.00).
- (13) For renewal of an inactive license as provided in Section 464.014, F.S.:
 - (a) For registered nurse fifty five dollars (\$55.00).
 - (b) For licensed practical nurse fifty-five dollars (\$55.00).
 - (c) For dual RN/ARNP or RN/CNS license certificate seventy-five dollars (\$75.00).
 - (d) For renewal of an RN/CNS/ARNP license certificate, one hundred thirty dollars (\$130.00).
- (14) For reactivation or change of status of an inactive or delinquent license, as provided in Sections 456.036(8) and 464.014, F.S.:
 - (a) For registered nurse fifty-five dollars (\$55.00).
 - (b) For licensed practical nurse fifty-five dollars (\$55.00).
 - (c) For dual RN/ARNP or RN/CNS license certificate seventy-five dollars (\$75.00).
 - (d) For an RN/CNS/ARNP license certificate, ninety-five dollars (\$95.00).
- (15) A delinquent status licensee shall pay a delinquency fee of fifty-five dollars (\$55.00) when the licensee applies for inactive status or for reactivation.
- (16) The inactive status biennial renewal fee shall be fifty-five dollars (\$55.00).
- (17) The continuing education provider application and renewal fees shall each be two hundred fifty dollars (\$250.00).
- (18) The application fee for approval of a nursing program shall be one thousand dollars (\$1,000.00).
- (19) The initial retired status license fee shall be fifty dollars (\$50.00).

Rulemaking Authority 456.013(2), 456.017, 456.025, 456.036, 464.006, 464.014(1) FS. Law Implemented 456.013(2), 456.017(1)(c), 456.025, 456.036, 464.008, 464.009, 464.0115, 464.012, 464.013, 464.014, 465.0276, 1009.66 FS. History—New 9-12-79, Amended 3-5-81, 12-28-82, 11-17-83, Formerly 210-15.01, Amended 9-23-86, 2-5-87, 10-21-87, 11-19-89, 3-13-90, 1-1-92, 6-24-93, Formerly 210-15.001, 61F7-7.001, Amended 9-13-94, 11-6-94, 4-12-95, Formerly 59S-7.001, Amended 8-18-98, 11-2-98, 6-20-00, 7-7-02, 9-26-05, 9-4-06, 5-20-07, 12-21-08, 1-3-12, 9-18-12, 7-13-14.

64B9-7.002 Duplicate License Fee.

(1) If a licensee wishes to request the Board provide a duplicate license for replacement of a lost or destroyed license, the Board will issue the duplicate if the request is in writing and accompanied by a payment of \$25.00.

(2) If a licensee who was licensed prior to July 1, 1998, wishes to request the Board provide a wall certificate pursuant to Section 456.013(2), F.S., the Board will provide the wall certificate if the request is in writing and accompanied by a payment of \$25.00.

Rulemaking Authority 456.025(7), (10), 464.006 FS. Law Implemented 456.025(7), (10) FS. History--New 1-1-92, Formerly 21O-15.002, 61F7-7.002, 59S-7.002, Amended 6-20-00.

CHAPTER 64B9-8
HEARINGS, PROCEEDINGS, CONFERENCES, DISCIPLINE

64B9-8.001	The Probable Cause Panel
64B9-8.003	Citations
64B9-8.0045	Minor Violations
64B9-8.005	Unprofessional Conduct
64B9-8.006	Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances
64B9-8.009	Payment of Fines
64B9-8.011	Reinstatement of Suspended and Revoked Licenses
64B9-8.012	Mediation
64B9-8.014	Continuous Sobriety (Repealed)

64B9-8.001 The Probable Cause Panel.

(1) The determination as to whether probable cause exists shall be made by a majority vote of a probable cause panel of the Board.

(2) The Board establishes two probable cause panels of three persons each to be appointed by the Chair of the Board. The Chair may appoint an additional probable cause panel if necessary based on the volume of cases represented to the panels.

(3) If a case needs to be reconsidered by the probable cause panel for any reason, the case must be taken to the panel which initially considered it.

(4) The panel shall recommend penalties for inclusion in any settlement agreements between the Department and the licensee, based on the material submitted by the Department, the Board's past treatment of similar cases, and the Board's disciplinary guidelines. Terms shall be subject to approval or rejection by the full Board.

Rulemaking Authority 456.073(2), (4), 464.006 FS. Law Implemented 456.073(4), (6) FS. History--New 11-28-79, Amended 11-22-84, Formerly 21O-10.04, Amended 4-8-92, 9-22-92, Formerly 21O-10.004, 61F7-8.001, Amended 5-1-95, Formerly 59S-8.001, Amended 8-18-98, 4-28-99, 12-13-11, 5-15-14.

64B9-8.003 Citations.

(1) "Citation" means an instrument which meets the requirements set forth in Section 456.077, F.S., and which is served upon a licensee for the purpose of assessing a penalty in an amount established by this rule.

(2) In lieu of the disciplinary procedures contained in Section 456.073, F.S., the Agency may issue a citation to the subject within six months after the filing of the complaint which is basis for the citation. All citations will include a requirement that the respondent correct the violation, if remediable, within a specified period of time and impose whatever obligations will remedy the offense.

(3) The Board designates the first instance of the following as citation violations, which shall result in a penalty of \$100.00:

(a) False, deceptive or misleading advertising in violation of Section 464.018(1)(g), F.S., provided no criminal prosecution resulted and no practice issue was involved.

(b) Improper use of a nursing title under Section 464.015, F.S., provided no practice issue was involved or no criminal prosecution resulted.

(c) Unprofessional conduct as defined in subsection 64B9-8.005(15), F.A.C., using abusive, threatening or foul language in front of a patient or directing such language toward a patient.

(4) The Board designates the second instance of the following as citation violations, which shall result in a penalty of \$100.00:

(a) Issuance of a worthless bank check to the Department or to the Board in violation of Section 464.018(1)(a), F.S., provided the licensee does not continue to practice on an inactive license or the check was not in payment of a Board ordered administrative fine.

(b) Failure to report address change in violation of Rule 64B9-1.013, F.A.C., provided the licensee was not ordered to do so in a Board disciplinary order.

(c) Failure to pay a Board ordered administrative fine by the time ordered, provided payment had been made by the time the citation issues.

(d) Failure to complete a Board ordered continuing education course by the time ordered, provided the course had been completed by the time the citation issues.

(e) Failure when requested to document full compliance with the continuing education requirements, provided that all continuing education courses had been timely completed.

(f) Failure to submit updates of required information in practitioner profile within 15 days after the final activity that renders such information a fact, as required by Section 456.042, F.S.

(5) The Board designates the following a citation violation, which shall result in a penalty of \$250.00: Second-time failure to complete continuing education hours within the biennium. In addition to the fine, the licensee will be required to complete the number of hours necessary to meet the biennial requirements not completed within 6 months of the issuance of the citation.

(6) The Board designates the first instance of the following a citation violation, which shall result in a penalty of \$1,500: Providing to another individual a confidential password, access code, keys, or other entry mechanisms, which results in a violation of, or threatens, the integrity of a medication administration system or an information technology system. In addition to the fine, the licensee will be required to complete a 2-hour continuing education course in legal aspects of nursing within 60 days of the issuance of the citation.

Rulemaking Authority 456.077, 464.006 FS. Law Implemented 456.077 FS. History—New 1-1-92, Amended 7-6-92, Formerly 210-10.015, Amended 12-5-93, 5-24-94, Formerly 61F7-8.003, 59S-8.003, Amended 2-18-98, 3-23-00, 2-22-04, 7-5-06, 12-11-06, 3-23-08, 12-3-12.

64B9-8.0045 Minor Violations.

For the purposes of Section 456.073(3), F.S., the Board deems the following violations to be minor:

(1) False, deceptive or misleading advertising in violation of Section 464.018(1)(g), F.S., provided no criminal prosecution resulted;

(2) Issuance of a worthless bank check to the Agency or to the Board in violation of Section 464.018(1)(a), F.S., provided the licensee does not continue to practice on an inactive license or the check was not in payment of a Board ordered administrative fine;

(3) Failure to report address change in violation of Rule 64B9-1.013, F.A.C., provided the licensee was not ordered to do so in a Board disciplinary order;

(4) Improper use of a nursing title under Section 464.015, F.S., provided no practice issue was involved or no criminal prosecution resulted.

Rulemaking Authority 120.695, 456.073(3), 464.006 FS. Law Implemented 120.695, 456.073(3) FS. History—New 11-16-95, Formerly 59S-8.0045.

64B9-8.005 Unprofessional Conduct.

Unprofessional conduct shall include:

(1) Inaccurate recording;

(2) Misappropriating drugs, supplies or equipment;

(3) Leaving a nursing assignment without advising licensed nursing personnel;

(4) Stealing from a patient;

(5) Violating the integrity of a medication administration system or an information technology system;

(6) Falsifying or altering of patient records or nursing progress records, employment applications or time records;

(7) Violating the confidentiality of information or knowledge concerning a patient;

(8) Discriminating on the basis of race, creed, religion, sex, age or national origin, in the rendering of nursing services as it relates to human rights and dignity of the individuals;

(9) Engaging in fraud, misrepresentation, or deceit in taking the licensing examination;

(10) Impersonating another licensed practitioner, or permitting another person to use his certificate for the purpose of practicing nursing;

(11) Providing false or incorrect information to the employer regarding the status of the license;

(12) Practicing beyond the scope of the licensee's license, educational preparation or nursing experience;

(13) Using force against a patient, striking a patient, or throwing objects at a patient;

(14) Using abusive, threatening or foul language in front of a patient or directing such language toward a patient.

Rulemaking Authority 464.006, 464.018(1)(h) FS. Law Implemented 464.018(1)(h) FS. History—New 11-28-79, Amended 3-16-81, 10-8-81, 9-11-

64B9-8.006 Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances.

(1) The legislature created the Board to assure protection of the public from nurses who do not meet minimum requirements for safe practice or who pose a danger to the public. The suspensions, restrictions of practice, and conditions of probation used by the Board in discharging its duties under Sections 464.018 and 456.072, F.S., shall include, but are not limited to, the following:

- (a) Suspension until appearance before the Board or for a definite time period and demonstration of ability to practice safely.
- (b) Suspension until appearance before the Board, or for a definite time period, and submission of mental or physical examinations from professionals specializing in the diagnosis or treatment of the suspected condition, completion of counseling, completion of continuing education, and ability to practice safely.
- (c) Suspension until fees and fines paid or until proof of continuing education completion submitted.
- (d) Suspension until evaluation by and treatment in the Intervention Project for Nurses.
- (e) Suspension stayed so long as the licensee complies with probationary conditions.
- (f) Probation with the minimum conditions of not violating laws, rules, or orders related to the ability to practice nursing safely, keeping the Board advised of the nurse’s address and employment, and supplying both timely and satisfactory probation and employer/supervisor reports, or the requirement that work must be under direct supervision on a regularly assigned basis.
- (g) Probation with specified continuing education courses in addition to the minimum conditions. In those cases involving unprofessional conduct or substandard practice, including recordkeeping, the Board finds continuing education directed to the practice deficiency to be the preferred punishment.
- (h) Personal appearances before the Board to monitor compliance with the Board’s order.
- (i) Administrative fine and payment of costs associated with probation or professional treatment.

(2) The Board sets forth below a range of disciplinary guidelines from which disciplinary penalties will be imposed upon practitioners and applicants for licensure guilty of violating Chapters 464 and 456, F.S. The purpose of the disciplinary guidelines is to give notice to licensees and applicants of the range of penalties which will normally be imposed upon violations of particular provisions of Chapters 464 and 456, F.S.

(3) The following disciplinary guidelines shall be followed by the Board in imposing disciplinary penalties upon licensees for violation of the noted statutes and rules:

(a) Procuring, attempting to procure, or renewing a license to practice nursing by bribery, by knowing misrepresentations, or through an error of the department or board. (Section 456.072(1)(h) or 464.018(1)(a), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$500 fine and probation	\$10,000 fine and revocation

(b) Having a license to practice nursing revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory or country. (Section 456.072(1)(f) or 464.018(1)(b), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Letter of concern	Same penalty as penalty imposed in other jurisdiction
SECOND OFFENSE	Same penalty as imposed by other jurisdiction	Revocation

(c) Criminal Violations:

1. Being convicted of or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication of a crime in any jurisdiction which directly relates to the practice of nursing or to the ability to practice nursing. (Sections 456.072(1)(c), 464.018(1)(c), F.S., misdemeanors in violation of Section 464.018(1)(d)3., or (d)7., or 464.018(1)(e), F.S., for crimes set forth in Sections 435.04(2)(a) through (t), (v) through (dd) or (ff), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand	\$10,000 fine and suspension
SECOND OFFENSE	\$500 fine and probation	Revocation

2. Being found guilty, regardless of adjudication, of a violation of Chapter 776, 784, 812, 827, 415 or 39, F.S. (Section 464.018(1)(d)1., (d)2., (d)5., (d)6., (d)7., or (d)8., or a misdemeanor violation of Chapter 409 or 817, F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand	\$10,000 fine and suspension
SECOND OFFENSE	\$500 fine and probation	Revocation

3. Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication of a felony violation of Chapter 409, 817 or 893, F.S., or of any crime related to health care fraud. (Section 456.072(1)(II), 464.018(1)(d)3. or 464.018(1)(e), F.S., for crimes set forth in Section 435.04(2)(u) or (ee), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	10,000 fine and probation	\$10,000 fine and revocation

4. Being found guilty, regardless of adjudication, of a violation of Chapter 800, F.S., relating to lewdness and indecent exposure. (Section 464.018(1)(d)4., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and probation	Revocation

(d) Making or filing a false report or record, which the licensee knows to be false, intentionally or negligently failing to file a report or records required by state or federal law, willfully impeding or obstructing such filing or inducing another person to do so; Intentionally submitting a claim, statement or bill that has been upcoded as defined in Section 627.736, F.S., for a PIP claim or for services that were not rendered. (Section 456.072(1)(I), (ee) or (ff) or 464.018(1)(f), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine, continuing education or probation	\$10,000 fine and suspension
SECOND OFFENSE	\$500 fine and suspension	\$10,000 and revocation

(e) False, misleading or deceptive advertising. (Section 464.018(1)(g), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine	\$250 fine and probation
SECOND OFFENSE	\$250 fine and probation	\$500 fine and suspension

(f) Unprofessional conduct as defined by Rule 64B9-8.005, F.A.C. (Section 464.018(1)(h), F.S.).

1. Subsections 64B9-8.005(1), (2), (5) and (12), F.A.C.

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand, \$250 fine, and continuing education	\$500 fine and suspension with IPN evaluation or probation
SECOND OFFENSE	\$500 fine, suspension and IPN evaluation	Revocation

2. Subsections 64B9-8.005(6), (9), (10) and (11), F.A.C.

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand, \$500 fine and continuing education	Revocation

3. Subsections 64B9-8.005(3), (7), (8) and (13), F.A.C.

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand, \$250 fine, and continuing education	\$500 fine and probation
SECOND OFFENSE	\$750 fine and probation	Revocation

4. Subsections 64B9-8.005(4) and (14), F.A.C.

	MINIMUM	MAXIMUM
FIRST OFFENSE	Revocation	

5. Subsection 64B9-8.005(15), F.A.C.

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$5,000 fine	Revocation

(g) Engaging or attempting to engage in the possession, sale or distribution of controlled substances as set forth in Chapter 893, F.S. for illegitimate purposes; being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use

of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition; testing positive for any drug, as defined in Section 112.0455, F.S., on any confirmed pre-employment or employer-ordered drug screening when the practitioner does not have a lawful prescription and legitimate medical reason for using such drug; or being terminated from a treatment program for impaired practitioners for failure to comply without good cause with the terms of the monitoring or treatment contract, or not successfully completing a drug or alcohol treatment program. (Section 456.072(1)(z), (aa), or (hh), or 464.018(1)(i) or (j), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine, suspension and IPN evaluation	\$500 fine, suspension
SECOND OFFENSE	\$500 fine, suspension and IPN evaluation	Revocation

(h) Failing to report to the department any person who the licensee knows is in violation of this part or of the rules of the department or the board; however, if the licensee verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, the licensee is required to report such person only to an impaired professionals consultant. (Section 456.072(1)(i) or 464.018(1)(k), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine and continuing education	\$250 fine and probation
SECOND OFFENSE	\$250 fine and probation	\$500 fine, continuing education and suspension

(i) Knowingly violating any provision of Chapter 456 or 464, F.S., a rule of the board or the department, or a lawful order of the board or department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department; or failing to perform any statutory or legal obligation placed on a licensee. (Section 456.072(1)(b), (k) or (q) or 464.018(1)(l) or (o), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and compliance with rule or terms of prior order	\$500 fine and suspension until compliant with rule or terms of prior order
SECOND OFFENSE	\$500 fine and suspension until compliant with rule or terms of prior order	Revocation

(j) Failing to report to the department any licensee under Chapter 458, F.S., or under Chapter 459, F.S., who the nurse knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides health care services in a facility licensed under Chapter 395, F.S., or a health maintenance organization certificated under Part I of Chapter 641, F.S., in which the nurse also provides services. (Section 464.018(1)(m), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand	Revocation

(k) Failing to meet minimal standards of acceptable and prevailing nursing practice, including engaging in acts for which the licensee is not qualified by training or experience, or practicing; or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform. (Section 456.072(1)(o) or 464.018(1)(n), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand, \$250 fine, and continuing education	Revocation

(l) Making misleading, deceptive or fraudulent representations in or related to the practice of the licensee's profession or making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession. (Section 456.072(1)(a) or (m), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand and \$250 fine	\$10,000 fine and suspension
SECOND OFFENSE	\$500 fine and suspension	\$10,000 fine and revocation

(m) Using a Class III or a Class IV laser device or product, as defined by federal regulations, without having complied with the rules adopted under Section 501.122(2), F.S., governing the registration of the devices. (Section 456.072(1)(d), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand and \$100 fine	\$250 fine and probation
SECOND OFFENSE	\$250 fine and probation	\$500 fine and suspension

(n) Failing to comply with the educational course requirements. (Section 456.072(1)(e) or (s), F.S. or Rule 64B9-5.002, F.A.C.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand and \$250 fine	\$500 fine and suspension until licensee complies
SECOND OFFENSE	\$500 fine and suspension until licensee complies	\$750 fine, suspension until licensee complies followed by probation

(o) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another licensee. (Section 456.072(1)(g), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand and \$250 fine	\$500 fine and suspension
SECOND OFFENSE	\$500 fine and suspension	Revocation

(p) Aiding, assisting, procuring, employing, or advising any unlicensed person or entity to practice a profession contrary to this chapter, the chapter regulating the profession, or the rules of the department or the board. (Section 456.072(1)(j), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and continuing education	\$500 fine and probation or suspension
SECOND OFFENSE	\$500 fine and probation or suspension	Revocation

(q) Exercising influence on the patient or client for the purpose of financial gain of the licensee or a third party. (Section 456.072(1)(n), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and probation	Revocation

(r) Delegating or contracting for the performance of professional responsibilities by a person when the licensee delegating or contracting for performance of the responsibilities knows, or has reason to know, the person is not qualified by training, experience, and authorization when required to perform them. (Section 456.072(1)(p), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and probation	Revocation

(s) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding. (Section 456.072(1)(r), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand and \$250 fine	\$500 fine and suspension
SECOND OFFENSE	\$500 fine and probation	Revocation

(t) Failing to identify through written notice, which may include the wearing of a name tag, or orally to a patient the type of license under which the practitioner is practicing. (Section 456.072(1)(t), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Letter of concern	Reprimand and \$200 fine

SECOND OFFENSE Reprimand and \$500 fine \$500 fine and probation
 (u) Failing to comply with the requirements of Sections 381.026 and 381.0261, F.S., to provide patients with information about their patient rights and how to file a patient complaint. (Section 456.072(1)(u), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine and continuing education	\$250 fine and probation
SECOND OFFENSE	\$500 fine and probation	\$500 fine and suspension

(v) Engaging or attempting to engage in sexual misconduct as defined and prohibited in Section 456.063(1), F.S.
 (Section 456.072(1)(v), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine, suspension and IPN evaluation	\$500 fine, suspension and IPN evaluation, or revocation

(w) Failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application. (Section 456.072(1)(w) or 456.041(8), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand and \$250 fine	\$500 fine and suspension until compliant
SECOND OFFENSE	\$500 fine and probation	\$750 fine and suspension until compliant

For failure to verify the profile contents and to correct any factual errors in the licensee's profile within the 30-day period in Section 456.041(7), F.S.: A fine of \$50 per day.

(x) Failing to report to the board, or the department if there is no board, in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction.
 (Section 456.072(1)(x), F. S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand, \$250 fine and continuing education	\$500 fine and probation
SECOND OFFENSE	\$500 fine and probation	Revocation

(y) Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement officers or persons involved in accidents under Section 316.066, F.S., or using information published in a newspaper or other news publication or through a radio or television broadcast that has used information gained from such reports, for the purposes of commercial or any other solicitation whatsoever of the people involved in the accidents. (Section 456.072(1)(y), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand and \$100 fine	\$250 fine and probation
SECOND OFFENSE	\$250 fine and probation	\$500 fine and suspension followed by probation

(z) Performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition or leaving a foreign body in a patient, such as a sponge, clamp, forceps, surgical needle, or other paraphernalia commonly used in surgical, examination, or other diagnostic procedures. (Section 456.072(1)(bb) or (cc), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand, \$250 and continuing education	Reprimand, \$500 fine and continuing education
SECOND OFFENSE	\$500 fine and probation	\$750 and suspension

(aa) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, a crime in any jurisdiction which relates to health care fraud. (Sections 456.072(1)(ii) and (ll), F.S.)
 \$10,000 fine and revocation

(bb) Failing to remit the sum owed to the state for an overpayment from the Medicaid program pursuant to a final order, judgment, or stipulation or settlement (Section 456.072(1)(jj), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$500 and reprimand	Suspension until payment is made
SECOND OFFENSE	Suspend until payment is made	Revocation

(cc) Being terminated from the state Medicaid program pursuant to Section 409.913, F.S., any other state Medicaid program, or the federal Medicare program, unless eligibility to participate in the program from which the practitioner was terminated has been restored. (Section 456.072(1)(kk), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$500 Reprimand	Revocation

(dd) Violating any of the provisions of Section 790.338, F.S. (Section 456.072(1)(nn), F.S.)

Letter of Concern

(ee) Violating any provision of Section 390.0111, F.S. (Section 390.0111(12), F.S.)

MINIMUM	MAXIMUM
Letter of Concern	Letter of Concern

(4) In licensure and disciplinary matters involving impairment, the applicant or licensee may be referred to IPN in addition to the imposition of the above-outlined disciplinary action.

(5)(a) The Board shall be entitled to deviate from the foregoing guidelines upon a showing of aggravating or mitigating circumstances by clear and convincing evidence, presented to the Board prior to the imposition of a final penalty at informal hearing. If a formal hearing is held, any aggravating or mitigating factors must be submitted to the hearing officer at formal hearing. At the final hearing following a formal hearing, the Board will not hear additional aggravating or mitigating evidence.

(b) Circumstances which may be considered for purposes of mitigation or aggravation of penalty shall include, but are not limited to, the following:

1. The danger to the public.
2. Previous disciplinary action against the licensee in this or any other jurisdiction.
3. The length of time the licensee has practiced.
4. The actual damage, physical or otherwise, caused by the violation.
5. The deterrent effect of the penalty imposed.
6. Any efforts at rehabilitation.
7. Attempts by the licensee to correct or stop violations, or refusal by the licensee to correct or stop violations.
8. Cost of treatment.
9. Financial hardship.
10. Cost of disciplinary proceedings.

(6) In instances when a licensee or applicant is found guilty of any of the above offenses involving fraud or making a false or fraudulent representation, the Board shall impose a fine of \$10,000.00 per count or offense.

Rulemaking Authority 456.072, 456.079 FS. Law Implemented 456.072, 456.079, 464.018 FS. History—New 2-5-87, Amended 8-12-87, 12-8-87, 11-23-89, 7-28-92, Formerly 210-10.011, Amended 12-5-93, Formerly 61F7-8.006, Amended 5-1-95, Formerly 59S-8.006, Amended 8-18-98, 7-1-99, 3-23-00, 5-8-00, 5-2-02, 1-12-03, 2-22-04, 8-3-05, 7-5-06, 2-6-12, 11-19-12.

64B9-8.009 Payment of Fines.

Unless stated otherwise in the Final Order, fines and costs are payable within 12 months of the filing of the order for each \$1,000.00 or portion thereof. If the penalty of the Final Order is revocation, the fine and costs are payable within 60 days.

Rulemaking Authority 456.072(4), 464.006 FS. Law Implemented 456.072(4) FS. History—New 9-11-83, Formerly 210-10.06, 210-10.006, 61F7-8.009, 59S-8.009, Amended 3-19-09, 8-7-12.

64B9-8.011 Reinstatement of Suspended and Revoked Licenses.

(1) When the Board has suspended the license of a nurse or accepted the relinquishment of licensure in lieu of further disciplinary action for a definite period of time, the licensee, by petition, shall demonstrate to the Board, after the expiration of the time period, compliance with all terms and conditions of the final order and must demonstrate the present ability to engage in the

safe practice of nursing to obtain reinstatement. If no definite period of time was stated in the final order, the licensee may petition the Board at any time to demonstrate full compliance with the final order and present ability to engage in the safe practice of nursing.

(2) In order to demonstrate the present ability to engage in the safe practice of nursing, the nurse must submit evidence which may include:

(a) Completion of continuing education courses approved by the Board, particularly if the disciplinary action resulted from unsafe practice or the nurse has been out of practice for a number of years.

(b) Participation in nursing programs, including refresher courses, clinical skills courses, and any Board approved nursing education programs leading to licensure in this state, particularly if the nurse has been out of practice for a number of years.

(c) Submission of evaluations of mental or physical examinations by appropriate professionals which attest to the nurse's present ability to engage in safe practice or conditions under which safe practice can be attained.

(d) Completion of treatment within a program designed to alleviate alcohol or other chemical dependencies, including necessary aftercare measures or a plan for continuation of such treatment as appropriate. Current sobriety must be demonstrated.

(e) Other educational achievements, employment background, references, successful completion of criminal sanctions imposed by the courts, or other factors which would demonstrate rehabilitation and present ability to engage in the safe practice of nursing.

(3) When the Board has revoked the license of a nurse for a definite period of time, that nurse may reapply for licensure under the conditions stated in the final order. If no time period for revocation was stated in the final order, the nurse, if otherwise eligible by law, may reapply for licensure. Depending on the length of time out of nursing, the applicant may be required to undergo additional education and to rewrite the nursing examination. Present ability to engage in the safe practice of nursing as set forth in subsection 64B9-8.011(2), F.A.C., and full compliance with the revocation order must be demonstrated by the applicant.

(4) All persons seeking reinstatement or relicensure under this rule shall submit all documentation supporting their petition prior to the next available Board meeting for which the Board may take action on the request. Unless the final order specifically stated otherwise, the petitioner must personally appear before the Board to answer any additional concerns by the Board related to the nurse's present ability to engage in the safe practice of nursing.

(5) If the Board reinstates the license of the petitioner, it may order reasonable conditions of probation or participation in the Intervention Project for Nurses (IPN), particularly when the nurse has been out of practice for a number of years, when practice problems led to the disciplinary action, or when mental, physical, or substance abuse problems led to the disciplinary action.

Rulemaking Authority 464.006 FS. Law Implemented 464.018 FS. History—New 1-1-92, Formerly 21O-10.013, Amended 1-26-94, Formerly 61F7-8.011, 59S-8.011, Amended 3-19-09.

64B9-8.012 Mediation.

The Board finds that mediation is an acceptable resolution for the first instance of the following violations:

(1) Issuance of a worthless bank check to the Department or the Board for initial licensure or renewal of license, provided the licensee does not practice on a delinquent license.

(2) Failure to report address changes in violation of Rule 64B9-1.013, F.A.C., provided the failure does not constitute failure to comply with an order of the Board.

(3) Failure to pay fines and investigative costs by the time ordered.

(4) Failure to timely submit documentation of completion of continuing education imposed by Board order.

(5) Failure to update a practitioner profile within 15 days as required by Section 456.042, F.S.

Rulemaking Authority 456.078 FS. Law Implemented 456.078 FS. History—New 11-6-94, Formerly 59S-8.012, Amended 12-3-12, 1-4-15.

64B9-8.014 Continuous Sobriety.

Rulemaking Authority 464.006 FS. Law Implemented 464.008(1)(c), 464.018(1)(j) FS. History—New 6-11-97, Formerly 59S-8.014, Repealed 4-22-12.

CHAPTER 64B9-9
IMPAIRED NURSE PROGRAM

64B9-9.002 HIV/AIDS: Knowledge of Antibody Status; Action to be Taken

64B9-9.002 HIV/AIDS: Knowledge of Antibody Status; Action to be Taken.

The Board of Nursing strongly urges all licensees under its jurisdiction who are involved in invasive procedures to undergo testing to determine their HIV status. In the event a licensee tests positive, the licensee should enter and comply with the requirements of the Intervention Project for Nurses.

Specific Authority 456.033, 464.006 FS. Law Implemented 456.033, 464.018(1)(j) FS. History—New 9-22-92, Formerly 21O-18.005, 61F7-9.002, 59S-9.002.

CHAPTER 64B9-11
MAINTENANCE OF MEDICAL RECORDS

- 64B9-11.001 Medical Records of Deceased Nurse
64B9-11.002 Medical Records of Nurses Relocating or Terminating Practice

64B9-11.001 Medical Records of Deceased Nurse.

(1) Each Registered Nurse (RN), Certified Nurse Specialist (CNS) or Advanced Registered Nurse Practitioner (ARNP) engaged in private practice, who maintains possession of client/patient medical records, shall ensure that the executor, administrator, personal representative or survivor of such licensee shall arrange to maintain those medical records in existence upon the death of the licensee for a period of at least two (2) years from the date of the death of the licensee.

(2) Within one (1) month from the date of death of the licensee, the executor, administrator, personal representative or survivor shall cause to be published in the newspaper of greatest general circulation in the county where the licensee practice, a notice indicating to the clients/patients of the deceased licensee that the nurse's medical records are available to the clients/ patients or their duly constituted representative from a specific person at a certain location.

(3) At the conclusion of a 22-month period of time from the date of death of the licensee or thereafter the executor, administrator, personal representative or survivor shall cause to be published once during each week for four (4) consecutive weeks, in the newspaper of greatest general circulation in the county where the licensee practiced, a notice indicating to the clients/patients of the deceased nurse that client/patient records will be disposed of or destroyed one (1) month or later from the last day of the fourth week of publication of notice.

Rulemaking Authority 456.058 FS. Law Implemented 456.058 FS. History—New 2-14-90, Formerly 21O-22.001, 61F7-11.001, 59S-11.001, Amended 1-3-12.

64B9-11.002 Medical Records of Nurses Relocating or Terminating Practice.

(1) The Board of Nursing and the Legislature recognize the need for maintenance and retention of medical records in order to protect and serve clients/patients. For that reason, the Legislature has directed the Board of Nursing to promulgate rules setting standards that will provide a minimum requirement for retention and disposition of client/patient records of nurses relocating and terminating practice. However, the Board of Nursing is concerned that the promulgation of these rules may mislead the licensed nurses. Paragraph (2) of this rule sets forth standards which, if not met, will constitute a violation of Sections 456.058 and 464.018, Florida Statutes, and will subject the nurse to disciplinary proceedings. Nurses should retain medical records as long as needed not only to serve and protect clients/patients, but also to protect themselves against adverse actions. The times specified in paragraph (2) below may well be less than the length of time necessary for protecting the nurses. Furthermore, the times stated may fall below the community standards for retention in specific communities and practice settings and for specific client/patient needs. For these purposes, nurses may wish to seek advice from private legal counsel or their insurance carrier.

(2) Each Registered Nurse, Certified Nurse Specialist or Advanced Registered Nurse Practitioner engaged in private practice, who maintains possession of client/patient medical records, shall, when terminating or relocating practice in such a manner as to no longer be reasonably available to clients/patients, notify each client/patient of such termination or relocation and unavailability. Such notification shall consist of at least causing to be published, in the newspaper of greatest general circulation in each county in which the nurse practices or practiced, a notice which shall contain the date of termination or relocation and an address at which medical records may be obtained. Such notice shall be published no less than 4 times over a period of at least 4 weeks. In addition, the nurse shall place in a conspicuous location in or on the facade of the nurse's office, a sign, announcing the termination or relocation of the practice. The sign shall be placed at least thirty (30) days prior to the termination or relocation and shall remain until the date of termination or relocation. Both the notice and the sign shall advise the clients/patients of their opportunity to transfer or receive their medical records. Furthermore, each such licensee shall see that client/patient records are maintained and may be obtained by the client/patient for a minimum of 2 years after the termination or relocation of practice.

Rulemaking Authority 456.058 FS. Law Implemented 456.058 FS. History—New 6-6-90, Formerly 21O-22.002, 61F7-11.002, 59S-11.002, Amended 1-9-12.

CHAPTER 64B9-12
ADMINISTRATION OF INTRAVENOUS THERAPY BY LICENSED PRACTICAL NURSES

64B9-12.001	Statement of Intent and Purpose
64B9-12.002	Definitions
64B9-12.003	Aspects of Intravenous Therapy Outside the Scope of Practice of the LPN
64B9-12.004	Authority for the LPN to Administer Limited Forms of Intravenous Therapy
64B9-12.005	Competency and Knowledge Requirements Necessary to Qualify the LPN to Administer IV Therapy
64B9-12.006	Effective Date of this Chapter

64B9-12.001 Statement of Intent and Purpose.

(1) The “practice of practical nursing” as defined by Section 464.003(3)(b), F.S., includes the “administration of treatments and medication,” under direction, and holds the licensed practical nurse “responsible and accountable for making decisions . . . based upon the individual’s educational preparation and experience in nursing.” As medical science advances and the demands for health care in Florida grow, the scope of nursing practice, in general, and of the practice of practical nursing, in particular, is expanding. It has become necessary that the licensed practical nurse, when qualified by training and education and when approved by the institution at which the licensed practical nurse is employed, engage in the limited administration of intravenous therapy both to serve the public and to allow the professional nurse to better perform those acts requiring professional nursing specialized knowledge, judgment and skill.

(2) The purpose of this rule is to protect the public by ensuring the availability of intravenous therapy and its competent administration in the care of the ill, injured or the infirm. In keeping with the purpose, this rule authorizes the qualified licensed practical nurse to administer those aspects of intravenous therapy within the scope of practice of the licensed practical nurse, enumerates those aspects of intravenous therapy outside the scope of practice of the licensed practical nurse, and sets out the educational and/or competency verification necessary to administer, under direction, limited forms of intravenous therapy.

Rulemaking Authority 464.006 FS. Law Implemented 464.003(3)(b) FS. History–New 1-16-91, Formerly 21O-21.001, 61F7-12.001, 59S-12.001.

64B9-12.002 Definitions.

(1) “Administration of Intravenous Therapy” is the therapeutic infusion and/or injection of substances through the venous peripheral system, consisting of activity which includes: observing, initiating, monitoring, discontinuing, maintaining, regulating, adjusting, documenting, planning, intervening and evaluating.

(2) “Under the direction of a registered professional nurse” means that the registered professional nurse has delegated intravenous therapy functions to a qualified licensed practical nurse. The registered professional nurse does not in all instances have to be on the premises in order for the licensed practical nurse to perform the delegated functions.

(3) “Direct supervision” means on the premises and immediately physically available.

Rulemaking Authority 464.006 FS. Law Implemented 464.003(3)(b) FS. History–New 1-16-91, Formerly 21O-21.002, 61F7-12.002, 59S-12.002.

64B9-12.003 Aspects of Intravenous Therapy Outside the Scope of Practice of the LPN.

(1) Aspects of intravenous therapy which are outside the scope of practice of the licensed practical nurse unless under the direct supervision of the registered professional nurse or physician and which shall not be performed or initiated by licensed practical nurses without direct supervision include the following:

- (a) Initiation of blood and blood products;
- (b) Initiation or administration of cancer chemotherapy;
- (c) Initiation of plasma expanders;
- (d) Initiation or administration of investigational drugs;
- (e) Mixing IV solution;
- (f) IV pushes, except heparin flushes and saline flushes.

(2) Although this rule limits the scope of licensed practical nurse practice, it is appropriate for licensed practical nurses to care for patients receiving such therapy.

Rulemaking Authority 456.013(2), 490.004(4) FS. Law Implemented 456.013(2) FS. History–New 1-16-91, Formerly 21O-21.003, 61F7-12.003,

64B9-12.004 Authority for the LPN to Administer Limited Forms of Intravenous Therapy.

(1) With the exception of those aspects of intravenous therapy deemed outside the scope of practice of the licensed practical nurse by Rule 64B9-12.003, F.A.C., above, and subject to the approval of the institution at which the licensed practical nurse is employed, any licensed practical nurse who meets the competency knowledge requirements of Rule 64B9-12.005, F.A.C., below, is authorized to administer intravenous therapy under the direction of a registered professional nurse.

(2) Individuals who have completed a Board approved prelicensure practical nursing education program, professional nursing students who qualify as graduate practical nurses, or licensed practical nurses who have not completed the specified course under Rule 64B9-12.005, F.A.C., may engage in a limited scope of intravenous therapy under the direction of a registered nurse, physician or dentist. This scope includes:

- (a) Perform calculation and adjust flow rate;
- (b) Observe and report subjective and objective signs of adverse reactions to IV administration;
- (c) Inspect insertion site, change dressing, and remove intravenous needle or catheter from peripheral veins.
- (d) Hanging bags or bottles of hydrating fluid.

Rulemaking Authority 464.006 FS. Law Implemented 464.003(3)(b) FS. History--New 1-16-91, Formerly 21O-21.004, 61F7-12.004, 59S-12.004.

64B9-12.005 Competency and Knowledge Requirements Necessary to Qualify the LPN to Administer IV Therapy.

(1) Contents. The board endorses the Intravenous Therapy Course Guidelines issued by the Education Department of the National Federation of Licensed Practical Nurses, November, 1983. The intravenous therapy education must contain the following components:

(a) Policies and procedures of both the Nurse Practice Act and the employing agency in regard to intravenous therapy. This includes legalities of both the Licensed Practical Nurse role and the administration of safe care. Principles of charting are also included.

(b) Psychological preparation and support for the patient receiving IV therapy as well as the appropriate family members/significant others.

(c) Site and function of the peripheral veins used for veinpuncture.

(d) Procedure for veinpuncture, including physical and psychological preparation, site selection, skin preparation, palpation of veins, and collection of equipment.

(e) Relationship between intravenous therapy and the body's homeostatic and regulatory functions, with attention to the clinical manifestations of fluid and electrolyte imbalance.

(f) Signs and symptoms of local and systemic complications in the delivery of fluids and medications and the preventive and treatment measures for these complications.

(g) Identification of various types of equipment used in administering intravenous therapy with content related to criteria for use of each and means of troubleshooting for malfunction.

(h) Formulas used to calculate fluid and drug administration rate.

(i) Methods of administering drugs intravenously and advantages and disadvantages of each.

(j) Principles of compatibility and incompatibility of drugs and solutions.

(k) Nursing management of the patient receiving drug therapy, including principles of chemotherapy, protocols, actions, and side effects.

(l) Nursing management of the patient receiving blood and blood components, following institutional protocol. Include indications and contraindications for use; identification of adverse reactions.

(m) Nursing management of the patient receiving parenteral nutrition, including principles of metabolism, potential complications, and physical and psychological measures to ensure the desired therapeutic effect.

(n) Principles of infection control in IV therapy, including aseptic technique and prevention and treatment of iatrogenic infection.

(o) Nursing management of special IV therapy procedures that are commonly used in the clinical setting, such as heparin lock, central lines, and arterial lines.

(p) Glossary of common terminology pertinent to IV fluid therapy.

(q) Performance check list by which to evaluate clinical application of knowledge and skills.

(2) Central Lines. The Board recognizes that through appropriate education and training, a Licensed Practical Nurse is capable of performing intravenous therapy via central lines under the direction of a registered professional nurse as defined in subsection 64B9-12.002(2), F.A.C. Appropriate education and training requires a minimum of four (4) hours of instruction. The requisite four (4) hours of instruction may be included as part of the thirty (30) hours required for intravenous therapy education specified in subsection (4) of this rule. The education and training required in this subsection shall include, at a minimum, didactic and clinical practicum instruction in the following areas:

- (a) Central venous anatomy and physiology;
- (b) CVL site assessment;
- (c) CVL dressing and cap changes;
- (d) CVL flushing;
- (e) CVL medication and fluid administration;
- (f) CVL blood drawing; and
- (g) CVL complications and remedial measures.

Upon completion of the intravenous therapy training via central lines, the Licensed Practical Nurse shall be assessed on both theoretical knowledge and practice, as well as clinical practice and competence. The clinical practice assessment must be witnessed by a Registered Nurse who shall file a proficiency statement regarding the Licensed Practical Nurse's ability to perform intravenous therapy via central lines. The proficiency statement shall be kept in the Licensed Practical Nurse's personnel file.

(3) Providers: The LPN/IV education must be sponsored by a provider of continuing education courses approved by the Board pursuant to Rule 64B9-5.005, F.A.C. To be qualified to teach any such course, the instructor must be a currently licensed registered nurse in good standing in this state, have teaching experience, and have professional nursing experience, including IV therapy. The provider will be responsible for issuing a certificate verifying completion of the requisite number of hours and course content.

(4) Educational Alternatives. The cognitive training shall include one or more of the following:

(a) Post-graduate Level Course. In recognition that the curriculum requirements mandated by Sections 464.019(1)(b), 464.019(1)(f), and 464.019(1)(g), F.S., for practical nursing programs are extensive and that every licensed practical nurse will not administer IV Therapy, the course necessary to qualify a licensed practical nurse or graduate practical nurse to administer IV therapy shall be not less than a thirty (30) hour post-graduate level course teaching aspects of IV therapy containing the components enumerated in subsection 64B9-12.005(1), F.A.C.

(b) Credit for Previous Education. The continuing education provider may credit the licensed practical nurse or graduate practical nurse for previous IV therapy education on a post-graduate level, providing each component of the course content of subsection 64B9-12.005(1), F.A.C., is tested by and competency demonstrated to the provider.

(c) Nontraditional Education. Continuing education providers may select nontraditional education alternatives for acquisition of cognitive content outlined in Rule 64B9-12.005, F.A.C. Such alternatives include:

- 1. Interactive videos;
- 2. Self study;
- 3. Other nontraditional education that may be submitted to the Board for consideration and possible approval. Any continuing education providers using nontraditional education must make provisions for demonstration of and verification of knowledge.

(5) Clinical Competence. The course must be followed by supervised clinical practice in intravenous therapy as needed to demonstrate clinical competence. Verification of clinical competence shall be the responsibility of each institution employing a licensed practical nurse based on institutional protocol. Such verification shall be given through a signed statement of a Florida licensed registered nurse.

Rulemaking Authority 464.006 FS. Law Implemented 464.003(19) FS. History—New 1-16-91, Formerly 21O-21.005, 61F7-12.005, Amended 7-15-96, Formerly 59S-12.005, Amended 11-17-10.

64B9-12.006 Effective Date of this Chapter.

To allow institutions time to evaluate the competency and knowledge of or to train the licensed practical nurses who may want to engage in intravenous therapy, the provisions of this rule chapter shall become operable in 180 days from the date this rule chapter is effective. Nothing shall prohibit those individuals who meet the requirements specified in this rule chapter at the time of its adoption from engaging in the intravenous therapy as delineated in this rule chapter.

Rulemaking Authority 464.006 FS. Law Implemented 464.003(3)(b) FS. History--New 1-16-91, Formerly 21O-21.006, 61F7-12.006, 59S-12.006.

CHAPTER 64B9-13
HOME HEMODIALYSIS TREATMENTS

- 64B9-13.001 Purpose
- 64B9-13.002 Training Requirements
- 64B9-13.003 Components of Hemodialysis

64B9-13.001 Purpose.

Pursuant to Section 464.022(11), F.S., unlicensed persons may provide hemodialysis treatments to a patient in the patient's home when such unlicensed persons: are chosen by the patient; have completed the training set forth below; and maintain immediate telephonic access with a registered nurse who is licensed pursuant to Chapter 464, F.S., and who has training and experience in dialysis treatment.

Specific Authority 464.022(11), 464.006 FS. Law Implemented 464.022(11) FS. History—New 1-10-89, Formerly 21O-20.001, 61F7-13.001, 59S-13.001.

64B9-13.002 Training Requirements.

Persons wishing to provide hemodialysis treatments to a patient in the patient's home, excepting those providing such treatment pursuant to Section 464.022(1), F.S., must successfully complete a minimum of three months training in providing dialysis treatment in a hospital, educational facility, or treatment center, which either teaches the providing of or provides dialysis treatments to patients. Successful completion of the training shall be certified by the person responsible for providing the training and must be approved by the patient's primary physician or primary nephrologist prior to the providing of any dialysis treatments in the home to the patient by the person trained to provide the treatment. Persons responsible for providing training in home hemodialysis must meet the qualifications set forth in 42 C.F.R. 405.2102(d).

Specific Authority 464.022(11), 464.006 FS. Law Implemented 464.022(11) FS. History—New 1-10-89, Formerly 21O-20.002, 61F7-13.002, 59S-13.002.

64B9-13.003 Components of Hemodialysis.

The three month period of training shall provide instruction and an opportunity for assessment of skills in the performance of the initiation, monitoring, and termination of hemodialysis treatments and shall provide as well an overview of hemodialysis treatments. At a minimum, the period of training shall include the following components:

- (1) Anatomy.
- (2) Functions of Normal Kidneys and Renal Failure.
- (3) Chronic and Acute Renal Failure.
- (4) Complications of Renal Failure.
- (5) Functions of the Artificial Kidney.
- (6) Circulatory Access.
- (7) Diet.
- (8) Monitoring.
- (9) Aseptic and Sterile Technique.
- (10) Dialysis Medication Preparation.
- (11) Medications.
- (12) Blood Chemistries.
- (13) The Hemodialysis System.
- (14) Machine Set-up.
- (15) Venipuncture.
- (16) Dialysis Initiation, Monitoring, and Termination.
- (17) Medical Problems During and Following Dialysis.

- (18) Emergency Procedures.
- (19) Mechanical Problems.
- (20) Infection Control with Emphasis on Blood Transmitted Diseases.

Specific Authority 464.022(11), 464.006 FS. Law Implemented 464.022(11) FS. History—New 1-10-89, Formerly 21O-20.003, 61F7-13.003, 59S-13.003.

CHAPTER 64B9-14
DELEGATION TO UNLICENSED ASSISTIVE PERSONNEL

- 64B9-14.001 Definitions
- 64B9-14.002 Delegation of Tasks or Activities
- 64B9-14.003 Delegation of Tasks Prohibited

64B9-14.001 Definitions.

As used in this chapter, the following mean:

(1) “Unlicensed assistive personnel” (UAP) are persons who do not hold licensure from the Division of Health Quality Assurance of the Department of Health but who have been assigned to function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through regular assignments or delegated tasks or activities and under the supervision of a nurse.

(2) “Assignments” are the normal daily functions of the UAP’s based on institutional or agency job duties which do not involve delegation of nursing functions or nursing judgment.

(3) “Competency” is the demonstrated ability to carry out specified tasks or activities with reasonable skill and safety that adheres to the prevailing standard of practice in the nursing community.

(4) “Validation” is ascertaining the competency including psychomotor skills of the UAP, verification of education or training of the UAP by the qualified individual delegating or supervising the task based on preestablished standards. Validation may be by direct verification of the delegator or assurance that the institution or agency has established and periodically reviews performance protocols, education or training for UAP’s.

(5) “Delegation” is the transference to a competent individual the authority to perform a selected task or activity in a selected situation by a nurse qualified by licensure and experience to perform the task or activity.

(6) “Delegator” is the registered nurse or licensed practical nurse delegating authority to the UAP.

(7) “Delegate” is the UAP receiving the authority from the delegator.

(8) “Supervision” is the provision of guidance by a qualified nurse and periodic inspection by the nurse for the accomplishment of a nursing task or activity, provided the nurse is qualified and legally entitled to perform such task or activity. The supervisor may be the delegator or a person of equal or greater licensure to the delegator.

(9) “Direct supervision” means the supervisor is on the premises but not necessarily immediately physically present where the tasks and activities are being performed.

(10) “Immediate supervision” means the supervisor is on the premises and is physically present where the task or activity is being performed.

(11) “Indirect supervision” means the supervisor is not on the premises but is accessible by two way communication, is able to respond to an inquiry when made, and is readily available for consultation.

(12) “Nursing judgment” is the intellectual process that a nurse exercises in forming an opinion and reaching a conclusion by analyzing data.

(13) “Education” means a degree or certification of the UAP in a specific practice area or activity providing background and experience in theoretical or clinical aspects of that practice or activity.

(14) “Training” is the learning of tasks by the UAP through on the job experience or instruction by a nurse who has the education or experience to perform the task or activity to be delegated.

Specific Authority 464.006 FS. Law Implemented 464.003(17),(18), (19), (20), 464.018(1)(h) FS. History—New 1-1-96, Amended 4-29-96, Formerly 59S-14.001.

64B9-14.002 Delegation of Tasks or Activities.

In the delegation process, the delegator must use nursing judgment to consider the suitability of the task or activity to be delegated.

(1) Factors to weigh in selecting the task or activity include:

- (a) Potential for patient harm.
- (b) complexity of the task.

(c) Predictability or unpredictability of outcome including the reasonable potential for a rapid change in the medical status of the patient.

(d) Level of interaction required or communication available with the patient.

(e) Resources both in equipment and personnel available in the patient setting.

(2) Factors to weigh in selecting and delegating to a specific delegate include:

(a) Normal assignments of the UAP.

(b) Validation or verification of the education and training of the delegate.

(3) The delegation process shall include communication to the UAP which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision.

(4) Initial allocation of the task or activity to the delegate, periodic inspection of the accomplishment of such task or activity, and total nursing care responsibility remains with the qualified nurse delegating the tasks or assuming responsibility for supervision.

Specific Authority 464.006 FS. Law Implemented 464.003(17),(18), (19), (20), 464.018(1)(h) FS. History--New 1-1-96, Formerly 59S-14.002.

64B9-14.003 Delegation of Tasks Prohibited.

The registered nurse or licensed practical nurse, under direction of the appropriate licensed professional as defined in Section 464.003(3)(b), F.S., shall not delegate:

(1) Those activities not within the delegating or supervising nurse's scope of practice.

(2) Nursing activities that include the use of the nursing process and require the special knowledge, nursing judgment or skills of a registered or practical nurse, including:

(a) The initial nursing assessment or any subsequent assessments;

(b) The determination of the nursing diagnosis or interpretations of nursing assessments;

(c) Establishment of the nursing care goals and development of the plan of care; and

(d) Evaluation of progress in relationship to the plan of care.

(3) Those activities for which the UAP has not demonstrated competence.

Specific Authority 464.006 FS. Law Implemented 464.003(17),(18), (19), (20), 464.018(1)(h) FS. History--New 1-1-96, Amended 4-29-96, Formerly 59S-14.003.

CHAPTER 64B9-15
CERTIFIED NURSING ASSISTANTS

64B9-15.001	Definitions
64B9-15.002	Certified Nursing Assistant Authorized Duties.
64B9-15.003	Eligibility for Certification
64B9-15.004	Certified Nursing Assistant Registry
64B9-15.005	Standards for Certified Nursing Assistant Training Programs
64B9-15.006	Standardized Curriculum
64B9-15.007	Approval and Renewal of New Certified Nursing Assistant Training Programs
64B9-15.008	Testing and Competency Evaluation
64B9-15.009	Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances
64B9-15.011	In-Service Training Requirements for Certified Nursing Assistants
64B9-15.012	Standards for In-Service Training for Certified Nursing Assistants

64B9-15.001 Definitions.

(1) “Governing body” means a group of three or more individuals appointed, elected, or otherwise designated, to be ultimately responsible for a certified nursing assistant training program.

(2) “Nursing home” means a long-term care facility or a nursing home facility as defined in Chapter 400, Part II, F.S.

(3) “Professional nursing” means nursing functions performed by an individual licensed as a registered nurse or advanced registered nurse practitioner.

(4) “Department of Education” means the applicable agency in the Department of Education which licenses the educational unit (Chapter 6F-2, F.A.C.), i.e. Board of Education (Chapter 1003 or 1004, F.S.) or Commission on Independent Education (Chapter 1005, F.S.).

(5) “Indirect care” for training and testing purposes means behaviors that are common threads throughout all skills, such as communication with the resident, resident rights, providing for the safety and comfort of the resident, and delivering care following infection control practices/standard precautions.

(6) “General Supervision” means a registered nurse or a licensed practical nurse currently licensed under Chapter 464, F.S., to the extent allowed under Section 400.23(3), F.S., authorizing procedures being carried out by a certified nursing assistant but who need not be present when such procedures are performed. The certified nursing assistant must be able to contact the registered nurse or licensed practical nurse acting in accordance with Section 400.23(3), F.S., when needed for consultation and advice either in person or by communication devices. This definition is not applicable to a certified nursing assistant providing services in accordance with Section 400.506(10)(b) and (c), F.S., or Part III of Chapter 400, F.S.

(7) “Direct Supervision” means the physical presence within the patient care unit of a healthcare facility or physical presence within a healthcare agency of a program instructor who assumes responsibility for the practice of the certified nursing assistant.

Rulemaking Authority 464.202, 464.203 FS. Law Implemented 464.203, 464.2085 FS. History—New 8-31-03, Amended 9-21-06.

64B9-15.002 Certified Nursing Assistant Authorized Duties.

(1) A certified nursing assistant shall provide care and assist residents with the following tasks related to the activities of daily living only under the general supervision of a registered nurse or licensed practical nurse:

(a) Tasks associated with personal care:

1. Bathing;
2. Dressing;
3. Grooming;
4. Shaving;
5. Shampooing and caring for hair;
6. Providing and assisting with oral hygiene and denture care;
7. Caring for the skin;
8. Caring for the feet;
9. Caring for the nails;

10. Providing pericare;
 11. Bed making and handling linen;
 12. Maintaining a clean environment.
- (b) Tasks associated with maintaining mobility:
1. Ambulating;
 2. Transferring;
 3. Transporting;
 4. Positioning;
 5. Turning;
 6. Lifting;
 7. Performing range of motion exercises;
 8. Maintaining body alignment.
- (c) Tasks associated with nutrition and hydration:
1. Feeding and assisting the resident with eating;
 2. Assisting the resident with drinking.
- (d) Tasks associated with elimination:
1. Toileting;
 2. Assisting with the use of the bedpan and urinal;
 3. Providing catheter care;
 4. Collecting specimens;
 5. Emptying ostomy bags, or changing bags that do not adhere to the skin;
 6. Bowel and bladder training.
- (e) Tasks associated with the use of assistive devices:
1. Caring for dentures, eyeglasses, contact lenses, and hearing aids;
 2. Applying or donning established or previously fitted and adjusted prosthetic and orthotic devices;
 3. Applying or donning previously fitted and adjusted orthotic braces;
 4. Applying previously fitted antiembolus stockings;
 5. Assisting with wheelchairs, walkers, or crutches;
 6. Using comfort devices such as pillows, cradles, footboards, wedges, and boots;
 7. Assisting with and encouraging the use of self-help devices for eating, grooming, and other personal care tasks;
 8. Utilizing and assisting residents with devices for transferring, ambulation, alignment, and positioning;
 9. Using restraints.
- (f) Tasks associated with maintaining environment and resident safety, including handling of blood and body fluid and cleaning resident care areas.
- (g) Tasks associated with data gathering:
1. Measuring temperature, pulse, respiration, and blood pressure;
 2. Measuring height and weight;
 3. Measuring and recording oral intake;
 4. Measuring and recording urinary output, both voided and from urinary drainage systems;
 5. Measuring and recording emesis;
 6. Measuring and recording liquid stool.
- (h) Recognition of and reporting of abnormal resident findings, signs, and symptoms.
- (i) Post mortem care.
- (j) Tasks associated with resident socialization, leisure activities, reality orientation, and validation techniques.
- (k) Tasks associated with end of life care.
- (l) Tasks associated with basic first aid, CPR skills, and emergency care.
- (m) Tasks associated with compliance with resident's/patient's rights.
- (n) Tasks associated with daily documentation of certified nursing assistant services provided to the resident.
- (2) A certified nursing assistant shall perform all tasks with knowledge of and awareness of a resident's/patient's rights and

developmental level.

(3) A certified nursing assistant shall not perform any task which requires specialized nursing knowledge, judgment, or skills.

(4) A certified nursing assistant may receive additional training beyond that required for initial certification and upon validation of competence in the skill by a registered nurse may perform such skills as authorized by the facility.

(5) A certified nursing assistant shall not work independently without the supervision of a registered nurse or a licensed practical nurse.

Rulemaking Authority 464.202, 464.203 FS. Law Implemented 464.202, 464.203, 464.2085 FS. History-New 9-21-06, Amended 9-11-14.

64B9-15.003 Eligibility for Certification.

(1) An applicant for initial certification as a certified nursing assistant shall apply to the vendor approved by the department to administer the certified nursing assistant examination.

(2) An applicant for certification as a certified nursing assistant shall meet the requirements of Section 464.203, F.S.

(3) An applicant for initial certification must demonstrate competency to read and write if the applicant passes the clinical skills portion of the certified nursing assistant examination given in English only.

Rulemaking Authority 464.202, 464.203 FS. Law Implemented 464.203, 464.2085 FS. History-New 10-22-07.

64B9-15.004 Certified Nursing Assistant Registry.

(1) Definition: The Certified Nursing Assistant Registry is a listing of certified nursing assistants who receive certification pursuant to Section 464.203, F.S., and maintain an active certificate pursuant to Sections 464.203(5) and (8), F.S.

(2) The registry is available through the Internet and contains the name and address of the certified nursing assistant.

(3) Records of certified nursing assistants in the registry who have been disciplined for any crime, or for any abuse, neglect, or exploitation as provided under Chapter 435, F.S., or for any violation of Chapters 456 and 464, F.S., or rules of the board, are so indicated on the Internet look up screen, which is accessible on the Internet at <http://ww2.doh.state.fl.us/IRM00PRAES/PRASLIST.ASP>.

(4) A certified nursing assistant may be removed from the registry if the certified nursing assistant fails to maintain an active certificate pursuant to Sections 464.203(5) and (8), F.S., or by an order of the board.

Rulemaking Authority 464.202, 464.203 FS. Law Implemented 464.203, 464.2085 FS. History-New 8-23-07.

64B9-15.005 Standards for Certified Nursing Assistant Training Programs.

(1) Each training program shall have a governing body which has authority to conduct the certified nursing assistant training program, determine general policy, and assure adequate financial support.

(a) A certified nursing assistant training program shall have a written description of the program that includes purpose, goals, and objectives/outcomes, and meets applicable federal and state requirements. The program description must be consistent with the purpose, goals, and objectives/outcomes of the parent institution, if any.

(b) A certified nursing assistant training program utilizing external clinical facilities shall have a written agreement between the program and each external clinical facility. The agreement shall define the rights and responsibilities of the program and the clinical facility, including the role and authority of the governing bodies of both the clinical facility and the program.

(c) A certified nursing assistant training program shall include clinical experiences in health care facilities with a standard license or a conditional license without class I or class II deficiency.

(d) A certified nursing assistant training program shall have written policies and procedures that are consistent with its parent institution. The program shall provide a regularly scheduled review of the policies and procedures governing the following areas:

1. Student attendance;
2. Student grading, including program progression and completion criteria;
3. Student record maintenance;
4. Student fees and financial aid;
5. Student rights and responsibilities; and
6. Student grievance.

(2) Each certified nursing assistant training program shall appoint a certified nursing assistant training program coordinator who

shall be responsible and accountable for compliance with these rules.

(a) A program coordinator shall hold an active, clear Florida license to practice professional nursing, two years of professional nursing experience, and one year of experience in nursing home services, i.e., care of the elderly or chronically ill of any age including supervision of certified nursing assistants.

(b) A director of nursing in a nursing home-based program may assume the administration and accountability for a program as the program coordinator but shall not engage in classroom or clinical teaching in that program.

(c) A program coordinator assumes overall accountability for the following:

1. Acting as liaison with the Board related to the program's continuing compliance;
2. Participating in preparing and administering a financial plan;
3. Developing, implementing, and evaluating the training program;
4. Arranging for educational facilities, clinical resources, and faculty development;
5. Recruiting, supervising, and evaluating qualified instructors who meet criteria in subsection 64B9-15.005(4), F.A.C., and ensuring there are sufficient instructors to meet clinical ratios and instructional needs;
6. Providing admission and program completion requirements in written form to students prior to admission to the program;
7. Developing and implementing written policies necessary for the operation of the program;
8. Ensuring that instructors provide classroom instruction and clinical supervision to students at all times during scheduled program hours; and
9. Providing documentation of program completion to a student within 10 days of program completion.

(3) Each certified nursing assistant training program shall have one or more program instructors who shall be responsible and accountable for the instructional aspects of the certified nursing assistant training program.

(a) A program instructor shall hold a clear, active Florida license to practice professional nursing, have at least 1 year of clinical experience, and one of the following:

1. Have completed a course in teaching adults; or
2. Have at least 1 year of experience in teaching adults; or
3. Have at least 1 year of experience in supervising nursing assistants.

(b) A program instructor's responsibilities for classroom and clinical instruction include:

1. Participating in the planning of each learning experience;
2. Ensuring that course objectives/outcomes are accomplished;
3. Requiring a grade of 70% or greater on all theoretical examinations;
4. Requiring a passing grade for satisfactory completion of all skills evaluations;
5. Ensuring that students do not perform activities for which they have not received instruction and in which they have not been found competent;
6. Supervising and evaluating students giving care to clients in clinical areas;
7. Providing direct supervision in the classroom and in clinical experiences; and
8. Monitoring health care professionals who assist in providing program instruction.

(c) A program coordinator may be an instructor but must meet the standards established in paragraph (a) above.

(d) Other personnel from the health professions may supplement the program instructor; these supplemental personnel must have at least one year of experience in their field.

(4) The certified nursing assistant training program shall have sufficient staff, finances, resources, materials, space, and supplies to meet the purpose of the program and the needs of students, faculty, administration, and staff.

(a) Classrooms and skill laboratories shall meet requirements in Chapter 1013, F.S. and Chapter 6-2, F.A.C.

(b) Current reference materials shall be appropriate to the level of the student population and the curriculum.

(c) A training program shall provide a minimum clinical instruction ratio for professional nurse to student of 1 to 15 for students caring directly for residents or clients.

(d) A training program shall provide the standardized curriculum under Rule 64B9-15.006, F.A.C., in compliance with federal guidelines.

(e) A training program shall plan and schedule clinical experiences according to the course curriculum.

(f) The training program shall include clinical experience for each certified nursing assistant student.

(g) The training program shall ensure that certified nursing assistant students are identified and treated as students and not

utilized as staff during the instructional and clinical hours the students are enrolled in a certified nursing assistant training program.

(h) A training program shall provide instructional and education materials adequate to meet the needs of the program, the number of students, and the instructional staff. There shall be an adequate number of instructional tools and equipment for simulating resident care to provide ample opportunity for students to develop skill competency prior to direct care experiences.

(5) If the Board, through an investigation by the department, finds that an approved program no longer meets the required standards, it shall place the program on probationary status until such time as the standards are restored. If a program fails to correct these conditions within 90 days, the Board shall rescind the approval.

(a) The Board shall review a fraction of the training programs' passing rates. The fraction shall be at the rate of 1/12th every other month.

(b) Each program's passing rate will be reviewed every other year unless placed on probation.

(6) A training program must maintain a passing rate on certified nursing assistant examination for its graduates of not less than 10% below the state average as reported annually. If a program's passing rate drops below the standard for 12 months, the program must be reviewed by the Board. The Board shall place the program on probation, and if the passing rate does not meet the standard within one year, the Board shall rescind the program approval.

(7) A training program shall permit the Board to conduct an on-site evaluation for initial Board approval and renewal of approval.

(8) The certified nursing assistant training program must report to the Board any changes in program coordinator or program location within 60 days.

(9) Certified nursing assistant training program approval shall not be transferred with a change of ownership. The new owner must apply per Rule 64B9-15.007, F.A.C.

(10) A certified nursing assistant training program shall notify the Board of any name change within thirty (30) days of the change.

(11) All certified nursing assistant training programs with current approval from the Department of Education will maintain approval until 180 days after the effective date of these rules. All programs must comply with the renewal requirements in Rule 64B9-15.007, F.A.C.

Rulemaking Authority 464.202, 464.203 FS. Law Implemented 464.203, 464.2085 FS. History—New 5-25-03, Amended 8-10-08, 6-5-12.

64B9-15.006 Standardized Curriculum.

(1) The standardized curriculum content for a certified nursing assistant training program shall follow the curriculum framework established by the Department of Education (Rule 6A-1.09417, F.A.C.) and shall include material that will provide a basic level of both knowledge and demonstrable skills for each student completing the program.

(2) The standardized curriculum shall require a minimum of 80 hours of classroom and 40 hours clinical instruction.

(3) Prior to any direct contact with a resident, a training program shall require that a student receive a minimum of 16 hours of classroom instruction in communication and interpersonal skills; infection control; safety/emergency procedures, including the Heimlich maneuver; promoting residents' independence; and respecting residents' rights.

(4) Clinical experience shall be provided under the direct supervision of the program instructor.

Rulemaking Authority 464.202, 464.203 FS. Law Implemented 464.203, 464.2085 FS. History—New 4-8-03.

64B9-15.007 Approval and Renewal of New Certified Nursing Assistant Training Programs.

(1) Certified nursing assistant training programs shall be approved by the Board prior to being offered. Retroactive approval shall not be granted.

(2) A program seeking approval shall submit and complete a New Nursing Assistant Program Application, form number DH-MQA 1256 (8/11), herein incorporated by reference, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-01259> or from the Board office or on the Board's website: www.doh.state.fl.us/mqa/nursing.

(3) Approval of a certified nursing assistant training program is valid for a two-year period.

(4) Each program must renew every two-years by completing the Nursing Assistant Training Program Renewal Application, form number DH-MQA 1257 (8/11), herein incorporated by reference, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-01260> or from the Board office or on the Board's website:

www.doh.state.fl.us/mqa/nursing, and submitting it to the Board within sixty (60) days of the program renewal date. If a program fails to timely file a renewal application, the Board shall rescind the approval.

(5) A training program shall not enroll students prior to receiving program approval.

Rulemaking Authority 464.202, 464.203 FS. Law Implemented 464.203, 464.2085 FS. History–New 8-31-03, Amended 6-19-12.

64B9-15.008 Testing and Competency Evaluation.

(1) The Certified Nursing Assistant Examination shall consist of the Written Exam and the Clinical Skills Test. Both the Written Exam and the Clinical Skills Test must be passed within a two-year period in order to achieve certification. Results on either the Written Exam or the Clinical Skills Test which are over two years old are invalid and both the Written Exam and the Clinical Skills Test must be repeated.

(2) The general areas of competency of the Written Exam are as follows:

- (a) Role of the Nursing Assistant;
- (b) Promotion of Safety;
- (c) Promotion of Function and Health of Residents;
- (d) Basic Nursing Care Provided for Residents with Changes in Health; and
- (e) Specific Care Provided for Residents with Changes in Health.

(3) The Board adopts a passing score as set by the National Nurse Aide Examination Council.

(4) The Clinical Skills Test includes three of the following tasks in addition to hand washing and indirect care:

(a) Personal Care:

- 1. Perineal Care – Female;
- 2. Catheter Care;
- 3. Dressing;
- 4. Partial Bed Bath;
- 5. Toileting – Bedpan;
- 6. Mouth Care – Brushing Teeth;
- 7. Mouth Care – Care of Dentures;
- 8. Grooming – Hair and Nail Care; and
- 9. Feeding.
- 10. Change Occupied Bed; and
- 11. Foot Care.

(b) Promotion of Function, Health, and Safety:

- 1. Change of Position;
- 2. Transfer;
- 3. Range of Motion for Upper Extremity;
- 4. Range of Motion for Lower Extremity; and
- 5. Ambulation.

(c) Reporting and Recording:

- 1. Measure and Record Pulse and Respirations;
- 2. Measure and Record Weight; and
- 3. Measure and Record Content of Urinary Drainage Bag; and
- 4. Measure and Record Blood Pressure.

(5) The recommended minimum passing level for each task is 3 Standard Errors of Measure below the mean. The minimum passing level of the Clinical Skills Test varies depending on the difficulty of the items selected by the testing service for each form of the examination and will be established by the testing service for each form of the examination based on its testing expertise. The candidate must have a minimum passing score on each of the five tasks on an examination form to pass the Clinical Skills Test.

(6) If an applicant fails to pass the nursing assistant competency examination in three attempts, the applicant is not eligible for reexamination unless the applicant completes an approved training program.

(7) The Clinical Skills Observers for the Clinical Skills Test must meet the following criteria:

- (a) Be a registered nurse with a minimum of two years of nursing experience;

- (b) Have at least one year of experience in the provision of long-term care or caring for the chronically ill of any age;
- (c) Be currently licensed as a registered nurse in the state of Florida; and
- (d) Shall not have any personal or professional relationship to any examinee taking the Clinical Skills Test.

Rulemaking Authority 464.202, 464.203 FS. Law Implemented 464.202, 464.203, 464.2085 FS. History--New 5-25-03, Amended 6-26-05, 1-31-08.

64B9-15.009 Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances.

(1) The Board is authorized by law to protect the public from certified nursing assistants (CNAs) who do not meet minimum requirements for safe practice or who pose a danger to the public. The suspensions, restrictions of practice, and conditions of probation used by the Board in discharging its duties under Sections 456.072 and 464.204, F.S., shall include, but are not limited to, the following:

- (a) Suspension until appearance before the Board or for a definite time period and demonstration of ability to practice safely.
- (b) Suspension until appearance before the Board, or for a definite time period, and submission of mental or physical examinations from professionals specializing in the diagnosis or treatment of the suspected condition, completion of counseling, completion of continuing/in-service education, demonstration of sobriety and ability to practice safely.
- (c) Suspension until fees and fines paid or until proof of Board mandated continuing/in-service education completion submitted.
- (d) Suspension until evaluation by and treatment in the Intervention Project for Nurses. In cases involving substance abuse, chemical dependency, sexual misconduct, physical or mental conditions which may hinder the ability to practice safely, the Board finds participation in the IPN under a stayed suspension to be the preferred and most successful discipline.
- (e) Suspension stayed so long as the registrant complies with probationary conditions.
- (f) Probation with the minimum conditions of not violating laws, rules, or orders related to the ability to practice as a CNA safely, keeping the Board advised of the CNA’s address and employment, and supplying both timely and satisfactory probation and employer/supervisor reports.
- (g) Probation with specified continuing/in-service education courses in addition to the minimum conditions. In those cases involving unprofessional conduct or substandard practice, including recordkeeping, the Board finds continuing/in-service education directed to the practice deficiency to be the preferred punishment.
- (h) Probation with added conditions of random drug screens, abstention from alcohol and drugs, participation in narcotics or alcoholics anonymous, psychological counseling, the prohibition on agency work, or the requirement that work must be under direct supervision on a regularly assigned unit.
- (i) Personal appearances before the Board to monitor compliance with the Board’s order.
- (j) Administrative fine and payment of costs associated with probation or professional treatment.

(2) The Board sets forth below a range of disciplinary guidelines from which disciplinary penalties will be imposed upon practitioners and applicants for licensure guilty of violating Chapters 456 and 464, F.S. The purpose of the disciplinary guidelines is to give notice to registrants and applicants of the range of penalties which will normally be imposed upon violations of particular provisions of Chapters 456 and 464, F.S. The disciplinary guidelines are based upon a single count violation of each provision listed. Multiple counts of violations of the same provision of Chapters 456 and 464, F.S., or the rules promulgated thereto, or other unrelated violations will be grounds for enhancement of penalties. All penalties set forth in the guidelines include lesser penalties, i.e., reprimand and or course-work which may be included in the final penalty at the Board’s discretion.

(3) The following disciplinary guidelines shall be followed by the Board in imposing disciplinary penalties upon registrants for violation of the noted statutes and rules:

- (a) Being found guilty, regardless of adjudication, of a forcible felony as defined in Chapter 776, F.S.

(Section 464.018(1)(d)1., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$150 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	Denial of certification or \$150 fine and revocation

- (b) Being found guilty, regardless of adjudication, of a violation of Chapter 812, F.S., relating to theft, robbery, and related crimes.

(Section 464.018(1)(d)2., F.S.)

	MINIMUM	MAXIMUM
--	---------	---------

FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	Denial of certification or \$150 fine and revocation
(c) Being found guilty, regardless of adjudication, of a violation of Chapter 817, F.S., relating to fraudulent practices. (Section 464.018(1)(d)3., F.S.)		
	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	Denial of certification or \$150 fine and revocation
(d) Being found guilty, regardless of adjudication, of a violation of Chapter 800, F.S., relating to lewdness and indecent exposure. (Section 464.018(1)(d)4., F.S.)		
	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine, and probation	Denial of certification or \$100 fine, IPN evaluation, and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine, IPN evaluation, and suspension to be followed by a term of probation	Denial of certification and \$150 fine and revocation
(e) Being found guilty, regardless of adjudication, of a violation of Chapter 784, F.S., relating to assault, battery, and culpable negligence. (Section 464.018(1)(d)5., F.S.)		
	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine, and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	Denial of certification or \$150 fine and revocation
(f) Being found guilty, regardless of adjudication, of a violation of Chapter 827, F.S., relating to child abuse. (Section 464.018(1)(d)6., F.S.)		
	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine and suspension followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	Denial of certification or \$150 fine and revocation
(g) Being found guilty, regardless of adjudication, of a violation of Chapter 415, F.S., relating to protection from abuse, neglect, and exploitation. (Section 464.018(1)(d)7., F.S.)		
	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	Denial of certification or \$150 fine and revocation
(h) Being found guilty, regardless of adjudication, of a violation of Chapter 39, F.S., relating to child abuse, abandonment, and neglect. (Section 464.018(1)(d)8., F.S.)		
	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	Denial of certification or \$150 fine and revocation
(i) Having been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense prohibited under Section 435.03, F.S., or under any similar statute of another jurisdiction; or having committed an act which constitutes domestic violence as defined in Section 741.28, F.S. (Section 464.018(1)(e), F.S.)		

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	Denial of certification or \$150 fine and revocation

(j) False, misleading, or deceptive advertising.
(Section 464.018(1)(g), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine	Denial of certification or \$125 fine and suspension to be followed by probation
SECOND OFFENSE	\$100 fine	Denial of certification or \$125 fine and suspension to be followed by probation

(k) Engaging or attempting to engage in the possession, sale, or distribution of controlled substances as set forth in Chapter 893, F.S., for any other than legitimate purposes authorized by this part.
(Section 464.018(1)(i), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine, IPN evaluation, and suspension to be followed by probation	Denial of certification and \$125 fine and revocation
SECOND OFFENSE	\$125 fine and revocation	Denial of certification or \$150 fine and revocation

(l) Failing to report to the department any person who the registrant knows is in violation of this part or of the rules of the department or the board; however, if the registrant verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, the registrant is required to report such person only to an impaired professionals consultant.

(Section 464.018(1)(k) or 456.072(1)(i), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine and suspension to be followed by probation
SECOND OFFENSE	\$75 fine and probation	Denial of certification or \$150 fine and suspension to be followed by probation

(m) Making misleading, deceptive, or fraudulent representations in or related to the practice of the registrant's profession.
(Section 456.072(1)(a), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$100 fine and probation	Denial of certification or \$150 fine and revocation

(n) Knowingly violating any provision of this part, a rule of the board or the department, or a lawful order of the board or department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department.

(Sections 456.072(1)(b) 456.072(1)(q), 456.072(1)(dd) & 464.018(1), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine and compliance with rule or terms of prior order	Denial of certificate or \$100 fine and suspension until compliance with rule or terms of prior order
SECOND OFFENSE	\$125 fine and suspension until compliance with rule or terms of prior order plus extended probation	Denial of certification or \$150 fine and revocation

(o) Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of a certified nursing assistant or to the ability to practice as a certified nursing assistant.

(Section 456.072(1)(c), 464.018(1)(c), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation

SECOND OFFENSE \$100 fine and probation Denial of certification or \$150 fine and revocation
 (p) Having a license or the authority to practice any regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure or certification, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law.

(Section 456.072(1)(f), 464.018(1)(b), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine and same penalty imposed by the other jurisdiction	Denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and same penalty imposed by the other jurisdiction which at a minimum must include a term of probation	Denial of certification or \$150 fine and revocation
THIRD OFFENSE	\$150 fine and same penalty imposed by the other jurisdiction which at a minimum must include a term of suspension	Denial of certification or \$150 fine and permanent revocation

(q) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another registrant.

(Section 456.072(1)(g), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$100 fine and probation	Denial of certification or \$150 fine and revocation

(r) Procuring, attempting to procure, or renewing certification to practice as a CNA by bribery, by knowing misrepresentations, or through an error of the department or the board.

(Section 456.072(1)(h), 464.018(1)(a), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine and probation	Denial of certification or revocation
SECOND OFFENSE	\$150 fine and probation	Denial of certification or permanent revocation

(s) Aiding, assisting, procuring, employing, or advising any unlicensed person or entity to practice a profession contrary to Chapters 456, 464, F.S., or the rules of the department or the board.

(Section 456.072(1)(j), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$100 fine and probation	Denial of certification or \$150 fine and revocation

(t) Failing to perform any statutory or legal obligation placed upon a registrant.

(Section 456.072(1)(k), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine and compliance with legal obligation	Denial of certification or \$100 fine and suspension until compliance with legal obligation
SECOND OFFENSE	\$125 fine and suspension until compliance with legal obligation plus extended probation	Denial of certification or \$150 fine and revocation

(u) Making or filing a report which the registrant knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, or willfully impeding or obstructing another person to do so.

(Section 456.072(1)(l), 464.018(1)(f), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	\$75 fine and suspension to be followed by probation
SECOND OFFENSE	\$125 fine and suspension to be followed by probation	Denial of certification or \$150 fine and revocation

(v) Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or

scheme in or related to the practice of a profession.

(Section 456.072(1)(m), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	Denial of certification or \$150 fine and revocation

(w) Exercising influence on the patient or client for the purpose of financial gain of the registrant or a third party.

(Section 456.072(1)(n), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$75 fine and probation	Denial of certification or revocation and \$125 fine
SECOND OFFENSE	\$125 fine and probation	Denial of certification or revocation and \$150 fine

(x) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the registrant knows, or has reason to know, the registrant is not competent to perform.

(Section 456.072(1)(o), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$75 fine and probation	Denial of certification or revocation and \$125 fine
SECOND OFFENSE	\$125 fine and probation	Denial of certification or revocation and \$150 fine

(y) Delegating or contracting for the performance of professional responsibilities by a person when the registrant delegating or contracting for performance of such responsibilities knows, or has reason to know, such person is not qualified by training, experience, and authorization when required to perform them.

(Section 456.072(1)(p), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$75 fine and probation	Denial of certification or revocation and \$125 fine
SECOND OFFENSE	\$125 fine and probation	Denial of certification or revocation and \$150 fine

(z) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding.

(Section 456.072(1)(r), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$125 fine and probation	Denial of certification or \$150 fine and revocation

(aa) Engaging or attempting to engage in sexual misconduct as defined and prohibited in Section 456.063(1), F.S.

(Section 456.072(1)(v), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine, IPN evaluation, and probation	Denial of certification or \$125 fine, IPN evaluation, and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$125 fine, IPN evaluation, and suspension to be followed by a term of probation	Denial of certification and \$150 fine and revocation

(bb) Failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application.

(Section 456.072(1)(w), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$125 fine and probation	Denial of Certification or \$150 fine and revocation

(cc) Failing to report to the board, or the department if there is no board, in writing within 30 days after the registrant has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction.

Convictions, findings, adjudications, and pleas entered into prior to the enactment of this paragraph must be reported in writing to the board, or department if there is no board, on or before October 1, 1999.

(Section 456.072(1)(x), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine and probation	Denial of certification or revocation and \$100 fine
SECOND OFFENSE	\$100 fine and probation	Denial of certification or revocation and \$150 fine

(dd) Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement officers or persons involved in accidents pursuant to Section 316.066, F.S., or using information published in a newspaper or other news publication or through a radio or television broadcast that has used information gained from such reports, for the purposes of commercial or any other solicitation whatsoever of the people involved in such accidents.

(Section 456.072(1)(y), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$75 fine	Denial of certification or \$100 fine and suspension to be followed by probation
SECOND OFFENSE	\$100 fine and probation	Denial of certification or \$150 fine and suspension to be followed by probation

(ee) Being unable to practice as a CNA with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition.

(Section 456.072(1)(z), 464.018(1)(j), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine, IPN evaluation, and probation	Denial of certification or \$100 fine, IPN evaluation, and suspension to be followed by a term of probation
SECOND OFFENSE	\$125 fine and revocation	Denial of certification and \$150 fine and revocation

(ff) Testing positive for any drug, as defined in Section 112.0455, F.S., on any confirmed preemployment or employer-ordered drug screening when the practitioner does not have a lawful prescription and legitimate medical reason for using such drug.

(Section 456.072(1)(aa), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine, IPN evaluation, and probation	Denial of certification or \$100 fine, IPN evaluation, and suspension to be followed by a term of probation
SECOND OFFENSE	\$100 fine, IPN evaluation, and suspension to be followed by a term of probation	Denial of certification and \$150 fine and revocation

(gg) Performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition.

(Section 456.072(1)(bb), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$75 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$125 fine and suspension to be followed by a term of probation	Denial of certification or \$150 fine and revocation

(hh) Being terminated from or failing to successfully complete an impaired practitioner treatment program

(Section 456.072(1)(hh), F.S.):

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine, IPN evaluation, and probation	Denial of certification or \$100 fine, IPN evaluation, and suspension to be followed by a term of probation
SECOND OFFENSE	\$125 fine and revocation	Denial of certification or \$150 fine and revocation

(ii) Intentionally engaging in unprofessional conduct, as defined in Rule 64B9-8.005, F.A.C.

(Section 464.018(1)(h), F.S.):

	MINIMUM	MAXIMUM
--	---------	---------

FIRST OFFENSE	\$50 fine, reprimand and probation, continuing education	Denial of certification or \$150 fine, reprimand, suspension followed by probation, or revocation
SECOND OFFENSE	\$150 fine, reprimand, suspension followed by probation	Denial of certification or \$150 fine and revocation

(jj) Using a Class III or a Class IV laser device or product, as defined by federal regulations, without having complied with the rules adopted under Section 501.122(2), F.S., governing the registration of the devices.
(Section 456.072(1)(d), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine, reprimand, and probation	Denial of certification or \$150 fine, reprimand, suspension followed by probation, or revocation
SECOND OFFENSE	\$150 fine and suspension followed by probation	Denial of certification or \$150 fine and revocation

(kk) Failing to identify through written notice, which may include the wearing of a name tag, or orally to a patient the type of license under which the practitioner is practicing. Any advertisement for health care services naming the practitioner must identify the type of license the practitioner holds. This paragraph does not apply to a practitioner while the practitioner is providing services in a facility licensed under Chapter 394, 395, 400, or 429, F.S. Each board, or the department where there is no board, is authorized by rule to determine how its practitioners may comply with this disclosure requirement.
(Section 456.072(1)(t), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine, and suspension
SECOND OFFENSE	\$150 fine and suspension	Denial of certification or \$150 fine and revocation

(ll) Failing to comply with the requirements of Sections 381.026 and 381.0261, F.S., to provide patients with information about their patient rights and how to file a patient complaint.
(Section 456.072(1)(u), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine, and suspension
SECOND OFFENSE	\$150 fine and suspension	Denial of certification or \$150 fine and revocation

(mm) With respect to making a personal injury protection claim as required by Section 627.736, F.S., intentionally submitting a claim, statement, or bill that has been “upcoded” as defined in Section 627.732, F.S.
(Section 456.072(1)(ee), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine	Denial of certification or \$100 fine, and suspension
SECOND OFFENSE	\$150 fine	Denial of certification or \$150 fine and revocation

(nn) With respect to making a personal injury protection claim as required by Section 627.736, F.S., intentionally submitting a claim, statement, or bill for payment of services that were not rendered.
(Section 456.072(1)(ff), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	Denial of certification or \$100 fine, and suspension
SECOND OFFENSE	\$150 fine	Denial of certification or \$150 fine and revocation

(oo) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program.
(Section 456.072(1)(ii), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$150 fine and suspension	Denial of certification or revocation

(pp) Failing to remit the sum owed to the state for an overpayment from the Medicaid program pursuant to a final order, judgment, or stipulation or settlement.
(Section 456.072(1)(jj), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	Suspension until repayment	Denial of certification or revocation

(qq) Being terminated from the state Medicaid program pursuant to Section 409.913, F.S., any other state Medicaid program, or the federal Medicare program, unless eligibility to participate in the program from which the practitioner was terminated has been restored.

(Section 456.072(1)(kk), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$150 fine and suspension	Denial of certification or revocation

(rr) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, a crime in any jurisdiction which relates to health care fraud.

(Section 456.072(1)(ll), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$150 fine and suspension	Denial of certification or revocation

(4) In licensure and disciplinary matters involving impairment, the applicant or registrant may be referred to IPN in addition to the imposition of the above-outlined disciplinary action.

(5)(a) The Board shall be entitled to deviate from the foregoing guidelines upon a showing of aggravating or mitigating circumstances by clear and convincing evidence, presented to the Board prior to the imposition of a final penalty at informal hearing. If a formal hearing is held, any aggravating or mitigating factors must be submitted to the hearing officer at formal hearing. At the final hearing following a formal hearing, the Board will not hear additional aggravating or mitigating evidence.

(b) Circumstances which may be considered for purposes of mitigation or aggravation of penalty shall include, but are not limited to, the following:

1. The danger to the public.
2. Previous disciplinary action against the registrant in this or any other jurisdiction.
3. The length of time the registrant has practiced.
4. The actual damage, physical or otherwise, caused by the violation.
5. The deterrent effect of the penalty imposed.
6. Any efforts at rehabilitation.
7. Attempts by the registrant to correct or stop violations, or refusal by the registrant to correct or stop violations.
8. Cost of treatment.
9. Financial hardship.
10. Cost of disciplinary proceedings.

(6) In instances when a registrant or applicant is found guilty of any of the above offenses involving fraud or making a false or fraudulent representation, the Board shall impose a fine of \$10,000.00 per count or offense.

(7) Unless stated otherwise in the Final Order, fines are payable within sixty days of the filing of the order.

Rulemaking Authority 464.204 FS. Law Implemented 456.072, 464.204 FS. History--New 10-28-02, Amended 8-12-07, 8-3-08, 10-16-12.

64B9-15.011 In-Service Training Requirements for Certified Nursing Assistants.

(1) Each certified nursing assistant must complete a minimum of 12 hours of in-service training each calendar year. For candidates certified during the calendar year, the minimum in-service hours required shall be prorated at the rate of 1.0 hours per month from the month of initial certification to the end of the calendar year.

(2) Every 2 years, in-service training hours shall include, but are not limited to, the following areas:

- (a) Bloodborne Pathogens, Infection Control;
- (b) Domestic Violence;
- (c) Medical Record Documentation and Legal Aspects Appropriate to Nursing Assistants;
- (d) Resident Rights;
- (e) Communication with Cognitively Impaired Clients;
- (f) CPR Skills; and
- (g) Medical Error Prevention and Safety.

(3) After meeting the requirement in subsection (2), health care career/technical courses in a college, university, or approved nursing program may be used to meet the hour requirement in subsection (1).

(4) A certified nursing assistant is exempt from the in-service education requirement in subsection (1) if the certified nursing

assistant was on active duty with the Armed Forces for 6 months or more during the calendar year, and was in good standing with the Board at the time active duty began. However, this exemption will not arise on the basis of the performance of short periods of active duty (such as summer or weekend drills) by a member of the Armed Forces Reserves. Duty in the United States Public Health Service is not considered duty in the Armed Forces.

(5) A certified nursing assistant who is the spouse of a member of the Armed Forces and was caused to be absent from Florida due to the spouse's duties with the Armed Forces shall be exempt from in-service hour requirements. The certified nursing assistant must show satisfactory proof of the absence and the spouse's military status.

(6) Each certified nursing assistant must retain in-service compliance records for a period of 4 years and submit records to the Board if required for auditing.

Rulemaking Authority 464.202, 464.203(7) FS. Law Implemented 456.024, 464.203(7), 464.2085 FS. History—New 5-25-03, Amended 9-26-05, 2-8-12.

64B9-15.012 Standards for In-Service Training for Certified Nursing Assistants.

Provider Qualifications. In-Service Training Providers shall be one of the following:

- (1) A Facility licensed by the Agency for Health Care Administration;
- (2) A continuing education provider as approved by the Board of Nursing; or
- (3) A Certified Nurse Assistant association, as recognized by the Board.

Rulemaking Authority 464.202, 464.203(7), 464.0285 FS. Law Implemented 464.203(7), 464.0285 FS. History—New 10-27-13.

CHAPTER 64B9-16
LPN SUPERVISION IN NURSING HOME FACILITIES.

64B9-16.001	Definitions
64B9-16.002	Supervision by Licensed Practical Nurses in Nursing Home Facilities
64B9-16.003	Competency and Knowledge Requirements Necessary to Qualify the LPN to Supervise in Nursing Home Facilities
64B9-16.004	Delegation of Tasks Prohibited

64B9-16.001 Definitions.

As used in this chapter, the following mean:

- (1) “Certified nursing assistant” (CNA) is a person certified pursuant to Chapter 464, Part II, F.S.
- (2) “Unlicensed personnel” (UP) are persons who do not hold licensure from the Division of Health Quality Assurance of the Department of Health but who have been assigned to function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through regular assignments or delegated tasks or activities and under the supervision of a nurse. Unlicensed personnel do not include certified nursing assistants.
- (3) Nursing services are acts that require knowledge and skill based on biological, social, behavioral, and nursing science. Only specified nursing acts can be performed by CNAs and UPs. RNs and LPNs can perform nursing acts as stated in Section 464.003, F.S.
- (4) “Supervision” is the provision of guidance and periodic inspection by the nurse for the accomplishment of a nursing task or activity, provided the nurse is qualified and legally entitled to perform such a task or activity. Supervision may be provided by an LPN to another LPN, CNA, or unlicensed personnel.
- (5) “General supervision” means the registered nurse is not on the premises but accessible by two-way communication, is able to respond to an inquiry when made, and is readily available for consultation.
- (6) “Immediate supervision” means the supervisor is on the premises and is physically present where the tasks and activities are being performed.
- (7) “Indirect supervision” means the registered nurse is not on the premises but is accessible by two way communication, is able to respond to an inquiry when made, and is readily available for consultation.
- (8) “Nursing home” means a facility licensed under Chapter 400, Part II, F.S.
- (9) “Hospital” means a facility licensed pursuant to Chapter 395, F.S.
- (10) “Delegation” is the transference to a competent individual the authority to perform a selected task or activity in a selected situation by a nurse qualified by licensure and experience to perform the task or activity.

Specific Authority 400.23(3)(c) FS. Law Implemented 400.23(3)(c) FS. History–New 3-26-02.

64B9-16.002 Supervision by Licensed Practical Nurses in Nursing Home Facilities.

- (1) The licensed practical nurse working in a nursing home shall qualify to supervise by meeting all of the following requirements:
 - (a) Completing a minimum thirty (30) hour post-basic, Board approved licensed practical nurse supervisory education course prior to accepting any supervisory assignments. The course may be provided by a Board approved continuing education provider or an approved school of nursing.
 - (b) Demonstrating a work history of no less than six (6) months of full-time clinical nursing experience in a hospital or nursing home.
- (2) In lieu of the thirty (30) hour post-basic nurse supervisory education course referenced above, licensed practical nurses may qualify to supervise if the nurse has successfully completed a supervisory course on a post-graduate level and a provider credits the nurse for such course, providing each component of the course content of paragraphs 64B9-15.003(3)(a)-(m), F.A.C., is tested by and competency demonstrated to the provider.
- (3) There shall be a registered nurse providing supervision of the licensed practical nurse.
- (4) Tasks and activities shall be delegated by the LPN to the CNA or UP based on the following:
 - (a) The task/activity is within the area of responsibility of the nurse delegating the task.
 - (b) The task/activity is within the knowledge, skills, and ability of the nurse delegating the task.

(c) The task/activity is of a routine, repetitive nature and shall not require the CNA or UP to exercise nursing knowledge, judgment, or skill.

(d) The CNA or UP can and will perform the task/activity with the degree of care and skill that would be expected of the nurse.

Specific Authority 400.23(3)(c) FS. Law Implemented 400.23(3)(c) FS. History–New 3-26-02.

64B9-16.003 Competency and Knowledge Requirements Necessary to Qualify the LPN to Supervise in Nursing Home Facilities.

(1) The licensed practical nurse supervisory course must be sponsored by an approved nursing education program or an approved provider of nursing continuing education pursuant to Chapter 64B9-5, F.A.C.

(2) The course instructor must be a currently licensed registered nurse in good standing with this state, have nursing education experience, and have professional nursing experience involving delegation and supervision.

(3) The minimum thirty (30) hour post-basic licensed practical nurse supervisory education course shall include:

(a) An overview of Chapter 464, F.S., the Nurse Practice Act, Sections 456.031, 456.033, F.S., and Chapter 64B9, F.A.C., Rules and Regulations for Nursing,

(b) The scope of practice for the licensed practical nurse is defined in Section 464.003(3)(b), F.S.,

(c) The supervisory role of the licensed practical nurse as defined in Section 400.23(3)(c), F.S., including limits of authority and appropriate documentation in patient records,

(d) Supervisory role transition,

(e) Strategies for directing the practice of others,

(f) Principles of delegation,

(g) Effective communication,

(h) Team building and conflict resolution,

(i) Work performance accountability,

(j) Employee evaluation,

(k) Interpersonal relationship skills,

(l) Assignment development, and

(m) Recognition and resolution of inappropriate delegation.

(4) Nursing homes utilizing licensed practical nurses in a supervisory role shall provide at least sixteen (16) hours supervisory experience with direct supervision by a registered nurse prior to the licensed practical nurse assuming supervisory responsibilities. Documentation by the registered nurse of the licensed practical nurse's supervisory competence shall be maintained in the licensed practical nurse's personnel file.

(5) Once a licensed practical nurse with at least five (5) years of full-time clinical nursing experience completes the sixteen (16) hours of supervisory experience as outlined above in (4), he or she may immediately begin supervisory duties and have until August 31, 2002, to complete the requirements outlined above in (1) and (2).

Specific Authority 400.23(3)(c) FS. Law Implemented 400.23(3)(c) FS. History–New 3-26-02.

64B9-16.004 Delegation of Tasks Prohibited.

The licensed practical nurse, under the direction of the appropriate licensed professional as defined in Section 464.003(3)(b), F.S. shall not delegate:

(1) Any activity that is outside the scope of practice of the LPN; or in which the Nurse Practice Act stipulates that the LPN must have direct supervision of a Registered Nurse in order to perform the procedure.

(2) Those activities for which the licensed practical nurse, certified nursing assistant or UP has not demonstrated competence.

Specific Authority 400.23(3)(c) FS. Law Implemented 400.23(3)(c) FS. History–New 3-26-02.

Rule Chapter 64B9 – An Overview



17

- **3.002 – Exam Qualifications**
 - Move endorsement items to 3.008
 - (1)(d) look at English comp exam text
 - (2) requires arrest records – compare to 3.008
 - (3) docs in foreign language must be accompanied by cert. English translation
- 3.009 – Practice by Endorsement applicants**
 - (2) there is no permit to extend

Rule Chapter 64B9 – An Overview



18

- **5.004 – CE course attendance**
 - (1)(b) no longer conducting audits
 - (3) retention of records in case of audit

5.013 – CE on Laws and Rules

“2015” can now be deleted for this “new” requirement

7.002 – Duplicate License

move fee into fee rule and delete obsolete language about wall certificate (repeal rule)

Rule Chapter 64B9 – An Overview



19

- 8.011 – Reinstatement
 - (1) odd language about reinstating a VR
 - (3) revoking a license for a “definite period of time”
 - (5) look at expanding the list of “reasonable conditions” for use at reinstatement

Rule Chapter 64B9 – An Overview



20

- **15.003 – CNA eligibility**

- Appears to require English comp. demonstration but is unclear

15.007 – CNA training programs

Clean-up language on biennial program renewal

15.009 – Disciplinary guidelines

Conform to RN rule that fines/costs are paid within one year per \$1,000

Statutory Clean Up Recommendations

Nursing Chapter 464, FS

Statute	Language	Recommendation
s. 464.009(1)(c), FS	Applicants who apply under this statute have not taken the NCLEX and have not provided proof of English competency. Employment verifications are difficult to obtain and verify. This section prevents licensure for anyone who has any criminal history. Applicants who apply under this method are primarily from Puerto Rico.	Recommend modifying the language to allow the Board discretion when it comes to criminal history. Recommend requiring applicants who qualify using this method to provide proof of English competency.
s. 464.009(5), FS	This provision allows tolling of an application file. Ch. 456, FS, requires a decision to be made within 15 days of the application being complete.	Recommend removing as it is covered under Ch.456.
s. 464.009, FS	This section provides requirements for endorsement.	Request authorization to compare education credentials (as is found in 464.008) for applicants applying by endorsement.
s. 464.012(1)(b), FS	Specialty board cert; recertification only as CRNA & CNM? Must cert be maintained or only held at initial certification and renewal?	Recommend modifying the language to require specialty board certification for all three types of ARNPs and to require that specialty board certification be maintained as long as licensed as an ARNP.
s. 464.012(3), FS	Requires the Board to refer licensees submitting non-compliant protocols to the Department.	
s. 464.019(5)(b), FS	Requires a Program Director to appear before the Board for failure to submit the annual report timely.	Recommend modifying the language to give the Board direction on what to do when a Program Director does not appear before the Board.
s. 464.019(11), FS	Requires approved RN programs that were approved before July 1, 2014 to become accredited within 5 years.	Recommend modifying the language to give the Board direction on what should happen If an Education program doesn't achieve accreditation within 5 years.

s. 464.0195(3), FS	Requires funds collected over required fees shall revert to the Florida Center for Nursing.	
s. 464.009(3), FS	References a military-connected spouse's official orders and licensure in a Nurse Licensure Compact State.	Recommend deletion. This is covered by 464.009(1)(b).
s. 464.009(4), FS	References criminal background check language.	Recommend deletion. Changes in 456 make this language out of date.
s. 464.015(3), FS	Graduate Nurse – valid until results of first exam?	Recommend amending language to clarify“..pending 1 st exam for which eligible...”

s. 464.203(7), FS	Requires in service hours to be completed in a calendar year.	Recommend tying in-service hours to biennium, not calendar year.
s. 464.204(3), FS	Requires the Board to notify the licensee of the decision on exemption within 30 days of being complete.	Recommend amending the language to allow time for an application to be presented to the Board.
s. 464.2085, FS	References 5 appointed member C.N.A. Council	Recommend abolishment of the Council.
s.464.008(1)(a), FS	Refers to charges for purchasing the exam and per applicant cost	Recommend deleting because there is no per applicant cost. We do not purchase the exam.
s.464.008(1)(b), FS	Refers to criminal background history correspondence check through FDLE.	Recommend removing as it is now covered in 456.
s. 464.012(3), FS	Requires an ARNP protocol to be filed at each renewal – whether or not there have been any changes to it	Limit the requirement to only being filed within 30 days of entering in a supv. relationship or any changes to the protocol

Below are the suggestions for modifying Chapter 435, as it pertains to exemptions. These modifications will aide in ensuring individuals do not experience unnecessary delays or termination of employment in the State of Florida, due to criminal convictions that do not pose a current threat to patient safety

Statute of Limitations:

- Add a 15 year overall Statute of Limitations to the following offenses:

435.04 Level 2 screening standards

- (v) Chapter 796, relating to prostitution.
- (y) Section 806.01, relating to arson.
- (cc) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (p) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- (o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
- (q) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school
- (r) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property
- (w) Section 798.02, relating to lewd and lascivious behavior, **not including a minor**
- (dd) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony
- (mm) Section 843.01, relating to resisting arrest with violence
- (oo) Section 843.12, relating to aiding in an escape.
- (vv) Section 944.40, relating to escape
- (ww) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner

- (xx) Section 944.47, relating to introduction of contraband into a correctional facility

408.809 Background screening; prohibited offenses.

- (e) Section 741.28, relating to domestic violence, **if misdemeanor**
- (h) Section 817.234, relating to false and fraudulent insurance claims
- (g) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- (j) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider
- (l) Section 817.568, relating to criminal use of personal identification information
- (m) Section 817.60, relating to obtaining a credit card through fraudulent means
- (n) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony
- (o) Section 831.01, relating to forgery
- (p) Section 831.02, relating to uttering forged instruments
- (q) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes
- (r) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes
- (u) Section 895.03, relating to racketeering and collection of unlawful debts
- (v) Section 896.101, relating to the Florida Money Laundering Act

Crimes we would like added:

- Hate Crimes
- Felony Public Assistance Fraud

Florida Board of Nursing

DRAFT CONVICTION RECORD GUIDELINES FOR APPLICANTS FOR LICENSURE & EXEMPTION

CATEGORY 1 Misdemeanors/ Municipal Ordinances		i.e.: Petit Theft, Disorderly Conduct, Driving While License Suspended or Revoked (DWLSR), Bad Checks, Municipal Ordinances	
Occurrence	Time Period	Clear?	Application to Board?
One or more times	No time factor	Yes	No
CATEGORY 2 Misdemeanors:		i.e.: Drug Possession, DUI, Domestic Violence, Battery, Assault	
Occurrence	Time Period	Clear?	Application to Board?
One time only	No time factor	Yes	No
More than one time	Less than 2 years	No	Yes
	Over 2 years	Yes	No
CATEGORY 3 Felonies		Other Felony Offenses Not Listed in Category 4, 5,6 or 7 i.e.: Grand Theft/Larceny; Crimes with No Actual Harm, DWLS Habitual, Perjury, Fraud (Not Medicaid/Medicare)	
Occurrence	Time Period	Clear?	Application to Board
One or more times	Less than 2 years	No	Yes
	Over 2 years	Yes	No
CATEGORY 4 Felonies		Violent Crimes with actual harm (excluding charges where the offense resulted in death)	
Occurrence	Time Period	Clear?	Application to Board
One or more times	Less than 15 years	No	Yes
One or more times	Over 15 years	Yes	No

CATEGORY 5 Felonies		Violent Crimes with actual harm, where the offense resulted in a death	
Occurrence One or more times	Time Period	Clear?	Application to Board
	No time factor	No	Yes
CATEGORY 6 Felonies		Sex Crimes, Child/Elder/Spouse Abuse, Hate Crimes, Crimes against pregnant individuals (if person should have known)	
Occurrence One or more times	Time Period	Clear?	Application to Board?
	No time factor	No	Yes
CATEGORY 7		456.0635 Offenses: Ch. 409, Ch. 817, or Ch. 893, F.S. 21 U.S.C ss. 801-970 or 42 U.S.C. ss. 1395-1396 or similar offenses in other states	
Level	Time Period	Clear?	File to Board?
1 st and 2 nd Degree Felony	Over 15 years since completed or been lawfully released from confinement, supervision	Yes	No
	Under 15 years since completed or been lawfully released from confinement, supervision	No	Yes
3 rd Degree Felony	Over 10 years since completed or been lawfully released from confinement, supervision	Yes	No
	Under 10 years since completed or been lawfully released from confinement, supervision	No	Yes
3 rd Degree Felony under Section 893.13(6)(a)	Over 5 years since completed or been lawfully released from confinement, supervision	Yes	No
	Under 5 years since completed or been lawfully released from confinement, supervision	No	Yes

1. For applicants in a pre-trial intervention program (PTI)
 - a. If the offense is not disqualifying, clear it.
2. Applications meeting the following criteria may also be prepared for board review:
 - a. Any applicant whose application is questionable or when a letter of explanation is inconsistent with other facts known by the board staff.
 - b. When criminal court ordered probation is still in effect.
 - i. If the offense is not disqualifying, clear it.



Resource Manual on the
Licensure of Foreign-educated Nurses

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN's membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 21 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

Copyright ©2015 National Council of State Boards of Nursing, Inc. (NCSBN) All rights reserved. This document may not be used, reproduced or disseminated to any third party without written permission from NCSBN.

Table of Contents

Using this Manual	1
Definitions	2
Uniform Licensure Requirements for FENs	3
Graduation from a Comparable Nursing Program.....	4
Successful Completion of the NCLEX-RN® or NCLEX-PN® Exam.....	8
Self-disclosure of Nursing Licensure in Country of Origin	9
Successful Passage of an English Proficiency Exam	10
Self-disclosure of All Misdemeanors, Felonies, and Plea Agreements.....	13
Credentials Evaluations and Fraud Prevention	17
Resources	24
Appendix A: Selected Literature Review	25
Appendix B: Credential Evaluation: Best Practices Worksheet.....	31
Glossary	32
References.....	34

Using this Manual

NCSBN developed the uniform licensure requirements to provide boards of nursing (BONs) with a standardized set of criteria for making licensure decisions in order to assure that all nurses, whether educated domestically or abroad, are safe and qualified to practice.

This manual provides a detailed guide to each of the uniform licensure requirements for foreign-educated nurses (FENs) and additional information that may be useful in specific circumstances. This includes:

- The uniform licensure requirements for FENs;
- Definition of terms;
- Guidelines for selecting a credentials evaluation agency to determine comparability of a foreign program;
- Information on international locations that offer the NCLEX-RN® and NCLEX-PN® Examinations;
- Resources for verifying the licensure status of a FEN in his/her country of origin;
- A comparison of commonly accepted English proficiency examinations;
- Information on criminal background checks (CBC) and the visa process for FENs; and
- Fraud prevention information from both a BON and credentials evaluation agency perspective.

Definitions

1. **Credentials evaluation:** A determination, through review of transcripts and other relevant material, of whether or not an education program is comparable to nursing education in the U.S. The components of a credentials evaluation include nursing education and entry to practice. A significant portion of credentials evaluation is devoted to detecting fraud and ensuring that unqualified people don't practice nursing (Shaffer & Yuen-Heung To Dutka, 2012; Shaffer, Phillips & Tuttas, 2014).
2. **First-level nurse:** A nurse who provides and coordinates patient care after graduating from an approved program of at least two years in length. Regionally, the nurse may be referred to as a professional nurse or a registered nurse (RN).
3. **Foreign-educated nurse** (also referred to as internationally educated nurse): an individual who has completed a nursing education program that is not located within the U.S.
4. **Second-level or enrolled nurse:** A nurse who provides basic nursing care under the direction of a first-level nurse. Regionally, the nurse may be referred to as a practical nurse or a vocational nurse.

Uniform Licensure Requirements for FENs (NCSBN, 2011)

Applicant Responsibility	Board Responsibility
Nursing Education Requirements of International Candidates¹: Registered Nurse (RN) and Licensed Practical/Vocational Nurse (LPN/VN)	
<p>Graduation from a nursing program comparable to a member board approved RN or LPN/VN precicensure program.</p>	<ul style="list-style-type: none"> ▪ Verification by a credentials review agency of graduation from a nursing program comparable to a member board approved RN or LPN/VN precicensure program. ▪ Graduation from a nursing program comparable to a member board approved RN or LPN/VN program. This program should be approved by an accrediting body or other authority whose role it is to approve nursing programs in that country.
NCLEX Requirements	
<p>Successful completion of the NCLEX-RN or NCLEX-PN exam.</p>	<p>Verification that the applicant successfully completed the NCLEX-RN or NCLEX-PN exam².</p>
Additional Requirements for International Candidates	
<ul style="list-style-type: none"> ▪ Self-disclosure of nursing licensure status in country of origin, if applicable. ▪ Successful passage of an English proficiency exam that includes the components of reading, speaking, writing and listening, except for applicants from countries where English is the native language and the nursing program where the applicant attended was taught in English and used English textbooks. 	<ul style="list-style-type: none"> ▪ Verification of nursing licensure status and/or authorization to practice if applicable in country of origin. ▪ Verification of successful passage of an English proficiency exam³ that includes the components of reading, speaking, writing and listening, except for applicants from countries where English is the native language and the nursing program where the applicant attended was taught in English and used English textbooks.
Additional Public Protection Requirements: Criminal Background Checks	
<ul style="list-style-type: none"> ▪ Self-disclosure of all misdemeanors, felonies, and plea agreements (even if adjudication was withheld). ▪ Submit state and federal fingerprint checks. 	<ul style="list-style-type: none"> ▪ Assessment of all misdemeanors, felonies and plea agreements (even if adjudication was withheld) of all individuals applying for licensure on a case-by-case basis to determine board action. ▪ Require psychological evaluation for all individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person. This evaluation should be performed by a qualified expert approved by the board. If the evaluation identifies sexual behaviors of a predatory nature the board of nursing should deny licensure.

Applicant Responsibility	Board Responsibility
Additional Public Protection Requirements: Substance Use Disorders	
Self-disclosure of any substance use disorder in the last five years.	Require a substance use disorder evaluation to verify the applicant is capable of practicing nursing safely.
Additional Public Protection Requirements: Other Licenses, Certifications, Registrations	
Self-disclosure of any actions taken or initiated against a professional or occupational license, registration or certification.	Assessment of any actions taken or initiated against a professional or occupational license, registration or certification and consideration of the individual's ability to practice nursing safely.

1 An individual who has completed a nursing education program that is not located in the United States may be referred to as either a foreign-educated nurse or an internationally educated nurse, depending on the source.

2 Or other exam, as approved by the BON.

3 Approved by the BON.

Graduation from a Comparable Nursing Program

In order to ensure that the education and training of a FEN is comparable to the standards within a specific jurisdiction, an evaluation of the nurse's credentials is required. The majority of BONs utilize a credentials evaluation agency to determine comparability. Whether a BON chooses to conduct their own investigation, or delegate the task to an agency, the investigation must be of sufficiently high quality to ensure that the nurse is safe and competent to practice. The following are some of the best practices utilized by credentials evaluation agencies to ensure a thorough evaluation. BONs wishing to conduct their own investigation should also consider implementing these practices, where applicable. See Appendix B for a quick reference resource on these best practices.

Credentials Evaluation Best Practices

Agency Background

- The agency regularly performs nursing evaluations. Some evaluators specialize in the nursing profession.
- The agency may be a member of an international education organization such as the National Association of Credentials Evaluation Services (NACES) or NAFSA: Association of International Educators. Note that NACES is an association of independent agencies; because of their designation as an issuer of the Federal Healthcare Worker Certificate, the Commission on Graduates of Foreign Nursing Schools (CGFNS) is not eligible to become a member¹.

¹ In 2000, CGFNS acquired the credential evaluation agency International Consultants of Delaware, a charter member of NACES. Although now a subsidiary of CGFNS, International Consultants of Delaware maintains its NACES membership and continues to offer independent credential evaluation services.

- The evaluation staff are highly trained, and work to maintain their competency. Evaluators should be trained in research methods, fraud detection (including electronic methods of fraud detection), familiarity with foreign education systems and information sources, and communication with the applicant and third parties.
- The agency should be willing to provide further assistance to the BON if needed. The evaluator should be able to clearly explain how they determined comparability and provide documentation as needed.

Services

- The agency determines post-secondary education comparability via a course-by-course analysis. The alternative, a document-by-document evaluation, is less reliable when determining comparability.
- The agency reviews secondary education. Though not all BONs require this, it is a worthwhile extra measure.
- The agency evaluates professional licensure. Some agencies focus solely on education comparability.
- The agency may offer in-house translation services.

Investigation

- The agency requires original transcripts, syllabi or course descriptions, diplomas and licenses in their original language; sent directly from the issuing institution, not from the applicant. Requiring this reduces opportunities for tampering and fraud.
- The agency requires all documents not translated in English to be accompanied by an official translation from a certified translator. Translators who are members of the American Translators Association (ATA) are commonly accepted.
- The agency determines, and clearly states in their report, the language of instruction of the coursework.

Credentials Evaluation Report

- The report should clearly state whether or not the applicant's education and licensure is comparable to a first-level (RN) or second-level (LPN/VN) nurse.
- The source of all education and licensure documentation should be clearly noted in the report.
- The report should clearly state the approval and accreditation status of the nursing education program in its country of origin.
- The report should clearly state the language of textbooks and instruction of the nursing education program.

- The report should clearly state that a licensure investigation was performed in the nurse's country of origin.
- The report should disclose any discipline that was noted on the nurse's license, if applicable.
- The agency remains neutral. Although presenting the applicant's education as comparable or noncomparable, the evaluation should leave the course of action up to the board.

Evaluation Report Overview

Though formats may vary from one agency to another, evaluation reports should generally include the same information:

Applicant information. In addition to the applicant's name, the information given may include address, date of birth, country of origin, aliases and Social Security Number (if applicable).

Educational institution and program information. Pertinent details about the institution should be included in the report: the program's approval status, entrance requirements, length, scope and language of instruction. To make informed licensure decisions, it is also helpful for boards to know what the credential will be used for upon program completion.

Applicant's academic information. In addition to the dates of attendance and completion, reports for nurse licensure break down the number of didactic and clinical hours the applicant has achieved in each area of study. Some reports also include the applicant's transcript with grades. Importantly, the report should also give the source of the evaluated documents.

Educational comparability. The report should provide a summary of the level of nursing achieved by the applicant, including any areas where the training may have been deficient.

Evaluation reports are advisory in nature. Ultimately, the decision to license, or not to license, based on the assessment of the evaluators is at the discretion of the BON.

Licensure information. Similar to the treatment of educational information, the report should assess all reported licenses, the scope of practice, the comparability to the U.S. health system, and the source of the documents.

The report should include information on any discipline the applicant has received. If there is no record of discipline, the report should state this as well.

Sample Evaluation Report



ABC Evaluations, Inc.
123 Main Street, Greenville, CO

SAMPLE

Report Prepared For: National Council of State Boards of Nursing

Applican Name: Jane Doe

Date of Birth: January 1, 1970

Other Names: Jane Smith

Country of Study: Philippines

Purpose of Evaluation: Professional Licensure

Name of Institution: University School of Nursing

Approval: Level III Accreditation by the Philippine Accrediting Association of Schools, Colleges and Universities

Program of Study: General Nursing

Requirements for Entry: A general diploma, which shows proficiency in English language and mathematics; an interview and proficiency test are also required for entry.

Length of Study: Three years

Language of Instruction: English, with English textbooks

Gives Access to: Nurse licensure examinations, further nursing education, graduate-level admission

Comparability: ABC Evaluations, Inc. finds the applicant's education to be COMPARABLE to completion of a First Level General (Registered) nursing program in the United States, with the exception of the following:

- 0 hours of clinical or theoretical instruction in Gerontology.
- 0 hours of theoretical instruction in Community Health.

Dates of Attendance: September 2000 – June 2003

Date of Completion: June 2003

Credentials Sent by: University School of Nursing

Subject	Hours of Theory	Hours of Clinical
Adult Medical	100	700
Adult Surgical	50	500
Obstetric	20	250
Pediatric	25	700
Psychiatric/Mental Health	20	250
Gerontology	----	----
Community Health	----	250
Anatomy/Phystology	50	----
Pharmacology	12	----
Nutrition	40	----
Microbiology	4	----
Psychology	12	----

Professional License Number: 12345678

Issuing Institution: Professional Regulation Commission of the Philippines

Credential Sent by: Professional Regulation Commission of the Philippines

Issued: September 1, 2003

Expires: December 31, 2014

Requirements: Completion of a first-level general nursing program and passage of a licensure examination.

Scope of Practice: Collaborate with other health care providers for the curative, preventive, and rehabilitative aspects of care and restoration of health, and administration of written prescription for treatment; provide health education to individuals, families and communities; teach, guide and supervise students in nursing education programs; undertake nursing and health human resource development training and research.

Comparability: First level general (registered) nurse in the United States

Discipline: No disciplinary action has been recorded against this license.

SAMPLE

Successful Completion of the NCLEX-RN® or NCLEX-PN® Exam

The NCLEX-RN and NCLEX-PN examinations are currently offered internationally in the following locations:

- Australia
- Canada (considered international for candidates seeking U.S. licensure)
- England
- Germany
- Hong Kong
- India
- Japan
- Mexico
- Philippines
- Puerto Rico
- Taiwan

In most jurisdictions, successful completion of the NCLEX exam is a requirement for licensure, and all applicants must make arrangements to take the exam, either at one of these locations or in the U.S.

Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 specifies that health care workers must successfully complete an approved qualifying examination as a requirement for immigration. In many countries where the NCLEX is not currently offered locally, visa requirements for first level (RN) nurses may be fulfilled by an alternate examination, the CGFNS Qualifying Exam®. Although this exam is a predictor for passage of the NCLEX-RN and satisfies the immigration requirement, it is not accepted for licensure purposes. Applicants who successfully complete the CGFNS Qualifying Exam® will still be required to successfully complete the NCLEX-RN in jurisdictions that require it.

Self-disclosure of Nursing Licensure in Country of Origin

At present, Illinois is the only state that requires foreign applicants to be licensed before applying for licensure in the U.S. However, it is a best practice to require the FEN to self-disclose any licenses they may have held in their home country, and any discipline that may have been incurred during licensure. While the credentials evaluation report typically covers this, some nations also make licensure information publically available online:

Australia: [Australian Health Practitioner Regulation Agency](#)

Brazil: [Regional Nursing Council of Sao Paolo](#)

Canada:

- Alberta RN: [College & Association of Registered Nurses of Alberta](#)
- Alberta PN: [College of Licensed Practical Nurses of Alberta](#)
- British Columbia RN: [College of Registered Nurses of British Columbia](#)
- British Columbia PN: [College of Licensed Practical Nurses of British Columbia](#)
- Ontario: [College of Nurses of Ontario](#)
- Quebec RN: [Order of Nurses of Quebec](#)
- Quebec PN: [Order of Practical Nurses of Quebec](#)

France: [National Order of Nurses](#)

Hong Kong: [Nursing Council of Hong Kong](#)

Hungary: [Health Authorisation and Administrative Office](#)

Ireland: [Nursing and Midwifery Board of Ireland](#)

Italy: [National Federation of Colleges of Nurses](#)

Mexico: [National Register of Professionals](#)

Philippines: [Professional Regulation Commission](#)

Puerto Rico: [Office of Regulation and Certification of Health Professionals](#)

UK: [Nursing and Midwifery Council](#)

Successful Passage of an English Proficiency Exam

In addition to their educational history, licensing bodies must also evaluate the English proficiency of FENs. Along with native language, country of origin, language of instruction and language of textbooks, the nurse's score on an English proficiency exam is a necessary part of this evaluation. According to the Code of Federal Regulations (CFR), international nurses who have graduated from a college, university, or professional training school located in Australia, Canada (except Quebec), Ireland, New Zealand, the United Kingdom, or the U.S. are exempt from these English language requirements.

Language of Instruction

U.S. Territories. The U.S. territories fall under the exemption within the statute, and therefore nurses educated in the territories are not federally mandated to successfully complete an English proficiency exam. However, states are at liberty to enact their own licensure-by-endorsement regulations. In determining whether or not to require an English proficiency exam for nurses educated in the territories, BONs are encouraged to consider the language of textbooks and instruction utilized in each territory. Nursing courses in American Samoa, Guam, the Northern Mariana Islands and the U.S. Virgin Islands are taught in English. In Puerto Rico¹, although two institutions (InterAmerican University and Metropolitan University) offer nursing programs instructed in English, the language of instruction is generally Spanish.

Canada. Nurses educated in Canada are exempted by the CFR from the English proficiency requirement, except for those educated in Quebec².

Though outnumbered by French-speaking institutions, there are several postsecondary institutions in Quebec that instruct in English. Currently, seven English language institutions in Quebec offer nursing programs. Six of these—Heritage College, Dawson College, Vanier College, John Abbott College, and Champlain Regional College in Lennoxville and St. Lambert—offer a "diplôme d'études collégiales" ("college degree", a two- to three-year program), and one, McGill University, offers a bachelor's in nursing.

McGill University outlines their language policy in their admission materials: the language of instruction is English, though students may complete assignments in either English or French. Medical programs at McGill, however, require students to have a working knowledge of both languages, and certain courses in the nurse practitioner programs are taught only in French.

¹ Puerto Rico is not a NCSBN Member Board.

² Nurses wishing to practice in Quebec must demonstrate French proficiency, and the language of instruction in most programs is French.

English Proficiency Exams and Standard Setting

There are several standardized English language proficiency exams available. The developers of these exams do not provide a formal passing standard, instead allowing individual BONs to set their own passing standards. NCSBN has developed and adopted recommended minimum passing standards for the four English proficiency exams in Table 1.

In order to determine a legally defensible minimum passing standard for each of the four English proficiency exams mentioned below, NCSBN conducted standard-setting exercises for the International English Language Testing System (IELTS) in 2007 (O'Neill, Buckendahl, Plake & Taylor, 2007), Test of English as a Foreign Language (TOEFL) iBT (Internet-based test) in 2008 (Wendt & Woo, 2009), Pearson Test of English (PTE) in 2009 (Woo, Dickison, & de Jong, 2010) and Michigan English Language Assessment Battery (MELAB) in 2013. During each of these standard setting exercises, the following steps were carried out:

1. Determined the number of panel members necessary and selected the panel members based on well-defined criteria.
2. Led the panel through a discussion of English proficiency in relation to providing safe entry-level nursing care.
3. Trained the panel on their role within the standard-setting exercise.
4. Identified the minimum English proficiency skills through panel discussion and consensus.
5. Determined minimum passing standard based on the identified minimum English proficiency skills necessary for safe and effective entry-level practice.

Table 1: Commonly Used English Proficiency Exams and Recommended Passing Standards

Name of Exam	Format	Results	NCSBN Minimum Passing Standard
IELTS Academic	<ul style="list-style-type: none"> ▪ Computer- or paper-based exam that assesses British English, but designed to take into account various regional accents. ▪ The speaking portion is conducted face to face with an examiner. ▪ Note that a general (non-academic) format of IELTS also exists and is not recommended for licensure purposes. 	Band scores, from 1 (no ability) to 9 (full command of language), for each section and averaged for an overall score.	Band score result of 6.5 overall with a minimum of 6.0 in any one module
TOEFL iBT produced by Educational Testing Service (ETS)	<ul style="list-style-type: none"> ▪ Internet-based exam that assesses North American English. ▪ The speaking portion is recorded for later grading by an examiner. 	Score of 0-30 for each of the four content areas with a total possible score of 0-120.	84 with a minimum speaking score of 26
PTE Academic	<ul style="list-style-type: none"> ▪ Computer-based exam that assesses North American English. ▪ The speaking portion is recorded for computerized grading. ▪ Note that a general (non-academic) format of PTE also exists and is not recommended for licensure purposes. 	Overall score of 10-90 is reported based on Communicative Skills (speaking, reading, writing and listening) and Enabling Skills (grammar, fluency, pronunciation, spelling and vocabulary).	55 overall with no subscores lower than 50 in each scored part
MELAB produced by Cambridge Michigan Language Assessments (CaMLA)	<ul style="list-style-type: none"> ▪ Paper-based exam that assesses North American English. ▪ The speaking portion is conducted face to face with an examiner. 	A total score of 0-99 is calculated by averaging the scores of the writing, listening and reading sections. Additionally, a separate speaking score of 1-4 is reported.	81 total score and speaking score of 3

Self-disclosure of All Misdemeanors, Felonies, and Plea Agreements

Although NCSBN recommends biometric-based criminal record checks on all nurse licensure applicants when possible, currently there is not a standardized method to conduct an international CBC. The visa process includes a thorough, name-based and biometric check; however, this check consists only of records within the U.S. There are a few avenues BONs can explore when it comes to reviewing an international applicant:

1. Canadian Jurisdictions

- a. Most registrars' offices in Canada conduct a name-based CBC on applicants. Any investigative or disciplinary information can be shared with U.S. jurisdictions.
- b. There are services in Canada that offer fingerprint-based CBCs for a fee (CSI Investigations). This fee would be passed on to the applicant.

2. Other Jurisdictions

When possible, BONs should work with NCSBN Associate Members to receive information on foreign-educated applicants. If this is not possible, there are fee-for-service companies that will run a name based CBC on applicants.

Additional Information

The Visa Process for FENs

A FEN wishing to immigrate to the U.S. must follow several steps to prepare:

Health care worker certification. Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 requires all foreign health care workers to pass through a comprehensive screening process before being authorized to work in the U.S. For all nurses, CGFNS is the federally authorized issuer of this certification. This certificate serves as proof that the nurse has successfully completed all of the following:

- a. An **educational evaluation** determining the comparability of the program to U.S. programs.
- b. A test of **English language proficiency** (waived for English-speaking countries). CGFNS accepts scores from either TOEFL or IELTS.
- c. A **qualifying exam**, either the NCLEX or the CGFNS Qualifying Exam*.
- d. A licensure evaluation determining unencumbered status of all licenses held in previous countries of residence.

Health Care Worker Certification must be renewed every five years, or until the worker becomes a permanent resident.

*The CGFNS Qualifying Exam, an NCLEX predictor exam, is accepted for immigration purposes only; it is not a substitute for the NCLEX for licensure purposes.

Employee sponsor. An applicant for a visa must have an employer to receive them in the U.S. In many cases, this employment is facilitated through a recruitment agency. The immigrant and sponsor must fill out United States Citizenship and Immigration Service (USCIS) form I-140 at a USCIS service center. A Social Security Number may be applied for at this time, but not before employment is secured.

CGFNS Certification Program (in some states). The CGFNS Certification Program is offered to first level (RN) nurses who are applying for licensure by examination in specific jurisdictions. It serves as proof that the nurse has successfully completed the following:

- a. The **CGFNS Qualifying Exam**, a predictor exam for passage of the NCLEX;
- b. A **Credentials evaluation** including secondary and nursing education, as well as licensure (if applicable); and
- c. A **Test of English Proficiency** (CGFNS accepts scores from either TOEFL or IELTS).

Many states accept the CGFNS Certificate as evidence that the nurse is qualified to test. However, in some states, the CGFNS Certification Program is a requirement for RN licensure by examination for FENs.

The following jurisdictions **require** foreign-educated RNs to complete the CGFNS Certification Program when applying for licensure by examination:

Alabama	Maine	South Dakota
Arkansas	Mississippi	Tennessee
Connecticut	Montana	Utah
Delaware	Nebraska	Virgin Islands
Guam	North Dakota	West Virginia (RN)
Indiana	Pennsylvania	Wisconsin
Louisiana (RN)	Rhode Island	Wyoming

Social Security Numbers (SSNs) and Nurse Licensure

The USCIS requires a U.S. nursing license to obtain a visa, and the Social Security Administration (SSA) requires a visa to obtain a Social Security Number (SSN). Below is the process used by the SSA for non-citizens to apply for a SSN card as part of the immigration process:

1. Non-citizens can apply for their SSN along with their immigrant visa, eliminating the need to visit a social security office.

2. If the immigrant did not apply for an SSN on their visa application, a trip to the social security office is necessary. In this case, the following documents will be required:
 - a. Department of Homeland Security (DHS)-issued immigration documents;
 - b. Documents confirming identity, work status and age; and
 - c. Social Security form SS-5, available [online](#).
3. Once all documents are verified, the SSA mails the SSN card to the U.S. mailing address of the immigrant. SSNs are never issued outside of the U.S.

Legislative requirement. Some jurisdictions have legislative language in place requiring an SSN before a license can be issued. Because a visa, and therefore an SSN, cannot be issued without a nurse license, this presents an impossible situation for FENs desiring licensure in these jurisdictions. The following solutions have been utilized by various boards:

- In some states, their legal counsel has interpreted that an International Tax Identification Number (ITIN) can be used for initial licensure.
- Some BONs issue a letter to applicants to be taken to the social security office, stating that the nurse has completed all requirements and that the statutes require a SSN for licensure.
- Certain states ask applicants without an SSN to fill out an affidavit or a "request for exception" to the SSN requirement.
- In New York, an applicant who does not have an SSN is assigned a random nine-digit number to be the identifier for their licensure records.

The following states or jurisdictions will only accept a U.S. SSN on an application for nurse licensure:

Alabama	Louisiana	Northern Mariana Islands
Arkansas	Maine	Ohio
California	Massachusetts	Oklahoma
Connecticut	Michigan	Oregon
Florida	Minnesota	Rhode Island
Guam	Mississippi	South Dakota
Hawaii	Montana	Utah
Idaho	Nevada	Vermont
Illinois	New Hampshire	West Virginia
Indiana	New Mexico	Wyoming
Kansas	North Carolina	
Kentucky	North Dakota	

International tax identification numbers (ITINs). The Internal Revenue Service (IRS) issues ITINs to individuals required to file an income tax return but who are not eligible for an SSN. The ITIN is a nine-digit number, similar in format to an SSN, but beginning with the number nine (9XX-XX-XXXX). To acquire an ITIN, immigrant workers need to complete the IRS Revised Form W-7, which is available online at www.irs.gov. Documents that prove identity and foreign status such as passports, driver's licenses and birth certificates must be provided.

ITINs are for federal income tax purposes only, and are not valid for employment purposes.

BONs and Fraud Prevention

While credential evaluation agencies have many tools at their disposal to detect invalid credentials, BONs are in a unique position to spot patterns among foreign applicants that may indicate fraudulent activity. Through partnership and frequent communication, BONs and credential evaluation agencies together can protect the public even more effectively. The following are steps BONs can take to halt fraud:

- Take note of sudden or unusual influxes of applicants from a particular country or region.
- Take note of anomalies between documents from the same country, such as two applicants with the same license number, or widely varying curriculums from the same program.
- Check the Falsified Identity Tracking System (FITS) database for information related to the applicant or the program.

If you suspect that an applicant or program may be fraudulent:

- Check with other BONs to determine if they are experiencing similar anomalies.
- Communicate with the credentials evaluation agencies who prepared the evaluation reports. These agencies do not have access to FITS, and may not be aware of the suspected fraud; however, they do have connections to facilitate further investigation.
- Utilize NCBSN resources, such as FITS, to share any uncovered information with other BONs. Suspected fraudulent activity should be shared as well; offenders who come under suspicion in one jurisdiction frequently try again in another.

Credentials Evaluations and Fraud Prevention

The following section, contributed by Emily Tse, director of evaluations at the International Education Research Foundation (IERF), gives an overview of the steps that a credential evaluation agency takes to prevent fraud at each point in the evaluation process.

Presently, more than 230,000 FENs are employed by our hospitals¹. These numbers stress the importance of ensuring that the credentials of our FENs are valid and representative of the training completed abroad, so that a proper assessment can then be made for comparability within the U.S.

Advances made in the internet and printing technology, combined with unstable political or economic climates, increase the risk of fraud. And yet the inverse of this trend can be found where credentials from diploma mills are concerned. As such, it is important to be able to examine the original academic records of the FEN as well as check for the accreditation and legitimacy of the educational institution, as examined in this section.

Are the Documents Official and Valid?

There are a variety of ways documents can be fraudulent. The classic versions involve alterations and fabrications. As an example, training records may start off as authentic. They may have actually belonged to the applicant or to another individual. However, the candidate may have subsequently altered the information on the document, by changing anything from the name and degree or major to the subject titles, credits/hours, and grades. These alterations to existing records are typically made in order to fulfill specific criteria. Required evidence of successful study in designated areas is common when seeking entry into an institution, program or profession. Fabricated documents, in contrast, are academic records that have been created entirely from scratch.

When checking for alterations and fabrications in nursing credentials, evaluation agencies obtain complete official records that certify, at minimum, the name of the qualification, the dates of enrollment, and the subjects studied with the credits or hours. Although the terminology may vary in different parts of the world, this most often comes in the form of a transcript and diploma. Additionally, the records should be in the official language of issue. English translations may be used but should not be solely relied upon. Oftentimes, translations can be interpretive and misleading. For example, in Latin America and the French-speaking world, the terms *Bachiller* and *Baccalauréat*, respectively, refer to a secondary-level high school credential, but are often translated as "bachelor." Additionally, key information, typically in fine print, is often omitted. Such occurrences illustrate the importance of being familiar with the educational systems from which FENs come and these regions' corresponding documentation. In this way, one can develop a sense of what is standard for a country of study and then detect what is substandard and irregular.

The features that are examined can be placed in two categories: (1) the physical features of the documents and (2) the content and information they contain. The physical features can be with regard to the type of paper used, the typography and formatting or layout of information. Oftentimes, fraudulent documents have been uncovered simply on the basis of irregularities found in the size and feel of the paper. For example, 8.5 x 11 paper is not typically used in Europe

¹ Neff, D. F. & Harman, J. (2013). Foreign-Educated Nurses: Effects on Nurse, Quality of Care, and Patient-Safety-Indicator Outcomes. *Journal of Nursing Regulation* 4 (10): 19-24.

(or in most countries outside North America, for that matter). When credentials from this region have been presented in this format, and other such irregularities are found, evaluators follow up by contacting the educational or nursing authorities for verification. Other examples of physical aberrations include the following:

- Erasures
- Color copies and scans presented as original records
- Non-commercial ink quality
- Misalignment of text
- Uncharacteristic typography
- Print type and technology inconsistent with the period of issue (typewriter, dot matrix, laser printing)
- Pixelated logos and seals
- Atypical paper (color, texture, weight, gloss matte finish)
- Uncommon orientation of paper (landscape versus portrait)
- Continuous feed computer paper with missing perforations and holes that lack uniformity
- Missing security features (serial number formats, micro-printing, watermarks, holograms)

Fraudulent records are often created by those who are unfamiliar with the purported educational institution and their programs of study. For this reason, clues can also be found in the information contained on the training records. With some attentiveness, evaluators can discover details on the credentials that do not match up with the country's educational system (or with the biographical data of the applicant). For instance, transcripts may be submitted showing letter grades commonly found in the U.S. educational system. However, the format may be rare and atypical for the supposed country of study. To illustrate, in most French-based systems, the grading scale is out of 20, whereas in many Russian-based systems, the grading scheme is based on a 5-point scale, oftentimes expressed in terms of excellent, good, satisfactory, pass, etc.². Common examples of inconsistencies found on fraudulent records include:

- Dates of study incongruous with the age of the applicant
- Dates of study that do not match the country's educational system (revolutions, educational reforms)
- Overall average inconsistent with the pattern of individual subject entries and grades
- Atypical grading format
- Nonexistent degrees & majors
- Uncommon language of issue (does not match language of instruction or country's official language(s))
- Inconsistencies in the information contained among transcripts, diplomas and application

² Unless these countries are making use of the European Credit Transfer System (ECTS), which has passing grades from A – E.

Figure 2: Confirmed fraudulent transcript for a Bachelor of Science in Community Health Nursing



TRANSCRIPT OF ACADEMIC RECORD

THE NAME OF THE UNIVERSITY IS PRINTED IN SMALL BLUE TYPE A BLACK AND WHITE DOCUMENT IS NOT OFFICIAL

NAME: _____ STUDENT NUMBER: _____
 DATE OF BIRTH: _____ SEX: Female Date Printed: 18 DEC 2010
 DEGREE AWARDED: B.Sc. COMMUNITY HEALTH NURSING (UPPER DIVISION) Date of Award: June, 2010

FIRST YEAR: 2006/2007 B.Sc. COMMUNITY HEALTH NURSING

CODE	COURSE TITLE	CREDIT	GRADE	GPT
NURS 101	HUMAN BIOLOGY I (ANATOMY I)	2	B+	7.00
NURS 103	HUMAN BIOLOGY II (PHYSIOLOGY I)	2	B	6.00
NURS 105	INTRODUCTION TO COMMUNITY HEALTH	3	A-	11.25
NURS 107	INTRODUCTORY PHYSICS	2	B+	7.00
NURS 109	MENTAL HEALTH	3	B	9.00
SOCI 105	PRINCIPLES OF SOCIAL ORGANIZATION	3	A-	11.25
LANG 111	ACADEMIC WRITING I	2	B+	7.00
PSYC 101	ELEMENTS OF PSYCHOLOGY	2	B+	7.00

SECOND SEMESTER B.Sc. OCT:19 OCT:19 GPA: 3.43 CGPA: 3.43

CODE	COURSE TITLE	CREDIT	GRADE	GPT
NURS 102	HUMAN BIOLOGY III (ANATOMY II)	2	B+	7.00
NURS 104	HUMAN BIOLOGY IV (PHYSIOLOGY II)	2	B-	6.00
NURS 106	HISTORICAL PERSPECTIVES OF NURSING	2	B+	7.00
NURS 108	INTRODUCTORY CHEMISTRY	2	B+	7.00
NURS 114	NURSING PRACTICAL I	3	A-	11.25
SOCI 107	DIVERSITY OF PEOPLE AND CULTURES	3	B+	10.50
PSYC 102	PSYCHOLOGY FOR EVERYDAY LIVING	3	B+	10.50
LANG 112	ACADEMIC WRITING II	2	B	6.00

SECOND YEAR: 2007/2008 B.Sc. COMMUNITY HEALTH NURSING

CODE	COURSE TITLE	CREDIT	GRADE	GPT
NURS 211	FAMILY HEALTH CRISIS INTERVENTION I	3	B+	10.50
NURS 213	FAMILY HEALTH CRISIS PRACTICAL I	1	B	3.00
NURS 215	COMMUNITY HEALTH NURSING I	2	A-	7.50
SOCI 201	BASIC CONCEPTS IN SOCIOLOGY	3	B+	10.50
PSYC 201	INTRODUCTION TO GENERAL PSYCHOLOGY	3	B+	10.50
ADMN 201	PRINCIPLES OF MANAGEMENT	3	B	9.00
NUTR 201	INTRODUCTORY NUTRITION I	1	A-	3.75
MATH 200	BASIC STATISTICS	2	B+	7.00

SECOND SEMESTER B.Sc. OCT:14 OCT:14 GPA: 3.43 CGPA: 3.44

CODE	COURSE TITLE	CREDIT	GRADE	GPT
NURS 212	FAMILY HEALTH CRISIS INTERVENTION II	3	B+	10.50
NURS 214	FAMILY HEALTH CRISIS PRACTICAL II	1	B	3.00
NURS 216	THEORETICAL FOUNDATIONS OF NURSING	2	B+	7.00
NURS 218	COMMUNITY HEALTH NURSING II	2	A-	7.50
NURS 222	HUMAN BIOLOGY V (MICROBIOLOGY)	3	A-	11.25
NURS 224	NURSING PRACTICAL II	3	B+	10.50
SOCI 202	TRADITIONAL GHANAIAN SOCIAL INSTITUTION	3	A-	11.25
NUTR 202	INTRODUCTORY NUTRITION II	1	B+	3.50
PSYC 202	THEORIES OF PSYCHOLOGY	3	B+	10.50

SECOND SEMESTER B.Sc. OCT:77 OCT:77 GPA: 3.57 CGPA: 3.47

Page Number 1 of 2

- A. The seal should be golden in hue and not yellow, as it appears here.
- B. The Bachelor of Science in Community Health Nursing does not exist at this university.
- C. The transcript is printed on tinted, textured resume-type paper. Instead, the paper should be white and smooth in feel.

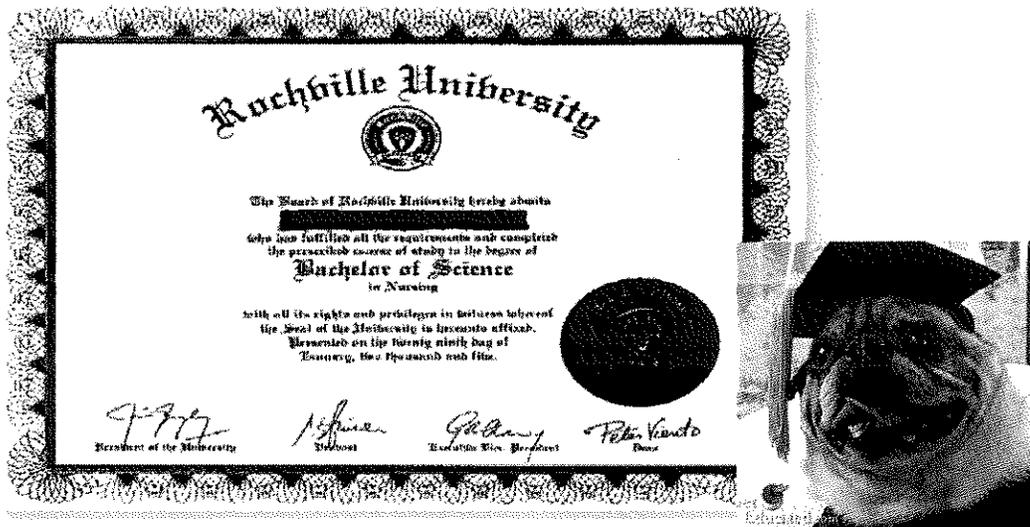
It is essential to bear in mind, however, that observance of any of the characteristics listed above is not an automatic indication that an applicant's credentials are fraudulent. Yet, they are possible clues and a combination of them would warrant sufficient concern. When this happens, evaluators should contact the relevant educational or nursing authorities for verification.

Is the Institution of Study Recognized?

In addition to checking if the records are valid, it is also crucial to confirm that the studies they represent are valid as well. This piece is in large part tied to the status of the school and whether it is recognized in the host country. In particular, one should check that the institution is approved and authorized to provide (nursing) education in that country and that the resulting credentials qualify holders to practice as nurses there. Depending on the country of study, the recognizing authority may be the Ministry of Education, the Nursing Council, the Ministry of Health or equivalent.

Diploma mills often cause confusion as a result of their vague accreditation status. They also confuse valid avenues of nontraditional education and alternative means of earning credit. For instance, one can earn credit by examination (e.g., CLEP), independent study, online programs and work experience/internships. While credit may be given for work experience, an entire degree cannot be. The premise of diploma mills is that they award degrees based on one's life experience, so usually no coursework is required. As such, diploma mills are also a form of fraud, as their qualifications do not represent formal academic study. Unfortunately, degree mills persist because the Internet and an easy electronic banking system have provided a way to remain anonymous and advertise to millions of people at very little cost.

Figure 3: Bachelor of Science in Nursing from Rochville University, a Diploma Mill³



Chester the Dog, who received an MBA from the same institution.

³ Image of Chester, the Dog taken from "Dog Gets Online MBA" at <http://www.geteducated.com/news-releases/288-sept-23-2009-dog-gets-online-mba>

Diploma mills also further confound the issue by making use of accreditation mills, that is, claiming recognition by entities that do not have the authority to do so, unbeknownst to the public. In Figure 3, we find a Bachelor of Science in Nursing from Rochville University, whose website claims accreditation by the Board of Online Universities Accreditation (BOUA) as well as the Universal Council for Online Education Accreditation (UCOEA). However, these are not recognized accrediting bodies in any of the countries where it is reportedly located, such as Pakistan and the U. S. In particular, the BOUA and UCOEA are not approved by the Council for Higher Education Accreditation (CHEA) or the United States Department of Education.

Further research will also reveal that Rochville University awarded a degree to Chester Ludlow, a dog from Vermont. After his resume was sent in with a \$499 check, Chester received an MBA a week later, with a GPA of 3.19. Fortunately, one can consult a number of lists on diploma mills and institutions with dubious recognition. While there is no one exhaustive resource, one such listing can be found [online](#) from the Texas Higher Education Coordinating Board.

Gray Areas

Regrettably, there are also credentials that are not always straightforward to evaluate. This occurs when information is sparse, when there is unreliable or conflicting information⁴, and when the originating country has a limited or nonexistent regulatory process. This is found to be the case for certain nursing qualifications from Jamaica, Haiti and the Philippines. Caution is recommended when reviewing credentials in instances such as these.

The Nursing Council of Jamaica (NCJ) is the regulatory body responsible for overseeing the training and practice of nurses and enrolled assistant nurses there. The Council also administers the examinations required for registration. However, there are a number of programs in Jamaica that produce practical nurses. The training and work of practical nurses, which are separate from enrolled assistant nurses, are not regulated by the Nursing Council of Jamaica⁵.

A similar situation can also be found in Haiti. The Ministère de la Santé Publique et. de la Population (Ministry of Public Health and Population, MSPP) oversees the training and practice of nurses and assistant nurses, referred to infirmières and infirmières auxiliaires, respectively. However, there are also a variety of programs in Haiti that produce “registered nurses” and “practical nurses” that do not operate under the oversight of the MSPP.

The Philippines, which sends a large amount of health care professionals to the U.S., also claims a substantial number of practical nursing programs. While many are registered with the Technical Education and Skills Development Authority (TESDA), the graduates are not subject to a separate licensure process under the Professional Regulation Commission, unlike the general nurses who wish to practice there. Many of these programs are designed specifically to prepare practical nurses for the U.S., touting the preparedness of their students for the NCLEX examinations. The limited oversight and regulation of these programs have raised concerns.

4 Examples include receiving forged letters from the Ministry of Health.

5 The NCJ maintains a list of recognized schools for each nursing level on its website at <http://www.nursingcouncil.org.jm/>.

6 The MSPP maintains a list of recognized schools, also for each nursing level, on its website at <http://www.mspp.gouv.ht/site/downloads/Liste%20Ecoles%20de%20Formation%20en%20Sante%20reconnues%20par%20le%20MSPP%2011%20Mars%202014.pdf>.

Figure 4: Practical Nursing Certificate from JLF University Allied Health College, which was prosecuted in the state of Florida in 2011



Figure 4 above shows a practical nursing certificate from Allied Health College at JLF University. JLF University, which has affiliated locations in Florida, Haiti and Jamaica, was sued by Florida Attorney General Pam Bondi for defrauding students in 2011. The following year, the university and its affiliates were required to pay \$469,000 in restitution and an additional \$67,000 in civil penalties⁷. The institution's website and the transcript for the above qualification together claim accreditation by Accrediting Commission International (ACI), the Association of Distance Learning Programs (ADLP), and the United States Distance Learning Association (USDLA). However, all three entities are accreditation mills.

Another pesky area in fraud, of course, involves imposters and inside jobs. While these are more difficult to detect, inconsistencies again can give them away. People can take great lengths to commit fraud, such as having impersonators of courier services like DHL deliver documents supposedly sent from the institution of study. Luckily, couriers are generally charged with the same daily route. As such, evaluators can make enquiries if there is someone unfamiliar delivering a package and if the airway bill and tracking number do not quite match the standard format of the courier service.

Nursing school officials are also a target of impersonators. In 2009, IERF purportedly received nursing qualifications from Western Hills School of Nursing in Ghana. Seeking clarification regarding its program of study, the evaluators had been in email communication with the head of the school, who was using a Yahoo email account at the time. When the school continued to readjust the transcripts to suit the requirements, grave concerns were raised. With the

⁷ Nash, B. et al (2012). "State AGs in the News" <http://www.stateagmonitor.com/2012/08/02/state-ag-in-the-news-46/>

assistance of an EducationUSA advisor⁸ and subsequently Ghana's National Accreditation Board, it was determined that the transcripts were faked by someone posing as the principal in the email communications. There are many educational institutions abroad that make use of generic, public email accounts rather than an institutional ".edu" email account. However, this episode demonstrates that caution is needed and that the email addresses, if from public accounts, should be verified, such as on a directory or school website.

Other patterns to be mindful of are that fraudulent applications frequently come in batches from the same school and from candidates who are not native to the country of study. As an example, 12 applications were received by IERF in the Western Hills School of Nursing case and 18 were received from JLF University Allied Health College within the same time period. Additionally, most of the applicants were not originally from Ghana and Jamaica/Haiti, respectively. All these cases were subsequently withdrawn and notices were sent to the state licensing boards.

Next Steps

It is not the intention of this section to create paranoia and impractical, stringent requirements within the licensure process. However, it is hoped that it does showcase how critical it is for agencies to establish a careful review process. One should never rely on English translations alone or on photocopies of training records. Additionally, where applicable, boards should work closely with credentials evaluation agencies, particularly to ensure that any state-specific requirements are clear.

Lastly, it is important to share information and alert one another when fraud has been found. Regrettably, many applicants with fraudulent credentials "shop" and move around, hoping that if they are caught in one state, they would not be in another. The easiest way is to report the details on FITS (Falsified Identity Tracking System), which can easily be accessed after signing in on the NCSBN website.

⁸ Under the jurisdiction of the US Department of State, there are EducationUSA offices located in 170 countries around the world, assisting the students there with the admissions and enrollment process in the US

Resources

- National Association of Credential Evaluation Services (NACES): www.naces.org
- NAFSA: Association of International Educators: www.nafsa.org
- International English Language Testing System (IELTS): www.ielts.org.
- Test of English as a Foreign Language (TOEFL): www.ets.org.
- Pearson Test of English (PTE): www.pearsonpte.com.
- Michigan English Language Assessment Battery (MELAB): www.cambridgemichigan.org/melab

Appendix A

Selected Literature Review

As Congress contemplates immigration reform, the current limits to the number of visas granted to immigrants could increase, thus opening the pathway for thousands of FENs to enter the U.S. Concurrently, unemployment rates are dropping and nursing shortages are predicted to return (Pittman, Davis, Shaffer, Herrera & Bennett, 2014). Pittman et al. (2014) approximate that 13,000 nurses from India and 35,500 nurses from the Philippines have contracts with U.S. recruiters and are waiting in the pipeline for visas. Nurse regulators should understand the context of international nursing education, practice and licensure, as well as the challenges that FENs face when they come to, and practice in, the U.S.

Education

Nursing education worldwide. Some of the differences globally include:

- In the Philippines, while their programs lead to a baccalaureate degree, their primary and secondary schools only account for 10 years of education, compared to 12 years in the U.S. However, that standard is generally accepted as comparable in the U.S. (Shaffer & To Dutka, 2012).
- India offers diploma or baccalaureate degrees after 12 years of primary and secondary education (Shaffer & To Dutka, 2012).
- China has three types of programs, which include the mid-associate degree, the associate degree and the bachelor's degree. Most nurses in China graduate from the mid-associate degree programs, which admit students after nine years of primary and secondary education (Shaffer & To Dutka, 2012).
- In Mexico many nurses receive their education during their first 12 years of primary and secondary education, though recent changes have been made so that nursing is now at the postsecondary level (Shaffer & To Dutka, 2012).
- There are five public and five private nursing programs in Haiti at the three-year diploma level, with one program at the four-year baccalaureate level. Of note to regulators, Haiti has two official languages, Creole and French, and French is the language of education (Garfield & Berryman, 2012; Lev, Lindgren, Pearson & Alcindor, 2012).
- The Philippines, Mexico and Russia all offer programs that enable physicians to become nurses. They allow the physicians to reorient their medical education from cure to a more holistic approach (Shaffer & To Dutka, 2012).
- In the U.K., nursing education programs are comprised of a 12-month or 18-month Common Foundation Programme (CFP), followed by a two-year Branch Programme where the students choose either adult nursing, mental health nursing, children's nursing or learning disability nursing (Shaffer & To Dutka, 2012).

The nursing curriculum can vary globally as well. Shaffer and To Dutka (2012) report that often psychiatric/mental health nursing is underrepresented in certain countries, such as the Eastern European countries. Similarly, the general education courses are sometimes areas of deficiency. Faculty requirements in the U.S. also tend to be more rigorous than they are worldwide.

Canada has a similar process of voluntary national nursing accreditation to that in the U.S. In Canada the Canadian Association of Schools of Nursing establishes accreditation of nursing programs, whereas in the U.S. it is the Commission on Collegiate Nursing Education (baccalaureate and higher programs only) or the Accrediting Commission for Education in Nursing (all nursing programs). However, most countries work with governmental approval processes to maintain quality control of nursing programs. Some examples of these authorities are:

- Philippines – the Commission on Higher Education is the authority for baccalaureate and higher education maintains quality control of baccalaureate and higher programs, while the Technical Education and Skills Development Authority has authority over programs below the level of the baccalaureate degree (Shaffer & To Dutka, 2012).
- China – The Ministry of Education is responsible for quality control of nursing programs (Shaffer & To Dutka, 2012).
- India –The Indian Nursing Council establishes accreditation of nursing programs (Shaffer & To Dutka, 2012).

Additionally, some countries require a licensure exam, while others don't. For example, Nigeria and China require graduates to pass a national licensure exam, though Vietnam does not (Shaffer & To Dutka, 2012). Of course all FENs must pass the NCLEX before they can be licensed in the U.S.

Global Initiatives in U.S. Nursing Education. Nardi & Gyurko (2013) studied the global faculty shortage by conducting a systematic review where they examined solutions to the shortage. They reviewed published documents, white papers and position statements, identifying 181 recommendations in 62 publications. The following were the eight top recommendations for nursing, worldwide, to collaborate on:

1. Centralize data recording and strategy management;
2. Educational paradigm change;
3. International cooperative policies and programs;
4. Removal of barriers to advanced practice;
5. Stabilize funding of all educational programs;
6. Managed migration;
7. Improved nursing scholarship; and
8. Competitive faculty salaries.

The authors emphasize that when managing migration, the U.S. and U.K. must follow ethical recruiting practices and not contribute to the brain drain and human capital waste that can occur in countries of export. They also stress the importance of collaborating globally on projects to increase the numbers of qualified nursing faculty worldwide.

Integration of FENs into the U.S. Workforce

Much has been written about the challenges, and solutions, of integrating FENs into the U.S. workforce (Kawi & Xu, 2009; Shaffer & To Dutka, 2013; Smith & Ho, 2014; Wolcott, Llamado & Mace, 2013). Kawi & Xu (2009) conducted an integrative review of the facilitators and barriers that FENs face, reviewing 29 studies from Australia, Canada, Iceland, U.K. and U.S. The major barriers faced and facilitators identified were:

Barriers	Facilitators
Language and communication difficulties	Positive work ethic
Differences in culture-based lifeways	Persistence
Lack of support	Psychosocial and logistical support
Inadequate orientation	Learning to be assertive
Differences in nursing practice	Continuous learning
Inequality	

Communication challenges. Across the literature, communication and language inadequacies were the number one challenge for FENs (Kawi & Xu, 2009; Smith & Ho, 2014; Wolcott et al., 2013). This is a major concern for nurse regulators because communication barriers are linked to practice errors (Pham et al., 2012). Differences in pronunciations, terminology and accents lead to misunderstanding across the health care team as well as with patients. Further, the sociocultural aspects of communication, such as jokes, sarcasm, euphemisms and nonverbal communication were also misinterpreted (Kawi & Xu, 2009).

Wolcott, Llamado & Mace (2013) conducted a pilot study in northern California, using a qualitative grounded theory approach, describing the integration of FENs into the workplace, as well as the perceptions of their managers and the educators working with them. A key theme identified in their study was communication challenges. The FENs stated that “conversational English” was not the same as “speaking professionally.” Even when the FENs considered themselves fluent in English prior to their arrival, they reported challenges with the “style of communication.” Strategies that helped them included practice talking on the telephone, or Learning Situation, Background, Assessment, Recommendation (SBAR) techniques. The educators also recommended accent reduction classes for the FENs. One theme that surprised the researchers was that the educators and managers reported that, when the American staff was unprepared for the arrival of the FENs, they often felt resentful and that they had to perform at a higher level for fear of losing their jobs. Interestingly, a “reverse cultural discrimination” was seen when the proportion of FENs dominated a unit.

Lev et al. (2013) write more specifically about challenges encountered by Haitian nurses because they had no experiences with the concepts certain words represent. For example, Haitian nurses had a hard time comprehending words such as: *homelessness, shortage, threatened, empowered, documentation, and references*. These authors were surprised by how many cultural implications appeared in nursing textbooks.

Transition to practice programs. The literature also emphasizes the importance of implementing effective transition to practice programs to integrate them into the workforce (Smith & Ho, 2014; Xu, 2012; Xu, 2010). Indeed, Xu (2010) writes persuasively that transition to practice with FENs is a regulatory issue. Xu (2010) states that FENs in the U.S. come from as many as 83 countries, and yet nursing education, regulation and practice around the world is highly variable.

Related to education, Xu (2010) writes that in many developing countries the medical model still dominates the nursing curriculum. Further, clinical experiences vary widely, with few hands-on experiences until the last year. Mental health clinical experiences are often limited to observational experiences. The teaching methods often rely on rote learning, rather than encouraging critical thinking or interprofessional collaboration. The regulatory mechanisms also differ across the world (Xu, 2010), and in some countries the regulatory standards can be susceptible to bribery and political influences. Standards of nursing practice also vary widely worldwide, particularly related to scope and standards of practice, legal implications, professional autonomy, technology and interprofessional relationships (Xu, 2010).

Because of these differences, Xu (2010) advocates for an evidence-based regulatory model for transitioning FENs to practice. Xu (2010) proposes the following to be included in this model:

- Language and communication skills;
- Clinical knowledge and skills;
- Interpersonal skills and dynamics;
- Agency policies and procedures;
- Nursing and health care systems in comparative perspectives; and
- Comparison of culture-based values and beliefs

In a later article, Xu (2012) reviews the transition programs for FENs in the U.K., Australia and Canada, and then identifies the similarities. First, he points out the regulatory nature of these programs as a way of assuring the competency of FENs. Second the assessments of the FENs are competency-based, thus promoting objectivity, rigor and accountability to the public. Third, the programs are all evidence-based. Lastly, the structure of the program consists of inter-related didactic and clinical components, requiring collaboration between education and practice.

Smith & Ho (2014) describe a successful nurse residency program that they developed for FENs, though they and Xu (2012) acknowledge that more research is needed in this area. Some of the critical components of Smith & Ho's (2014) FEN transition program (2014):

- One-year residency program, based on new graduate program.
- Two weeks of classroom instruction, followed by transitioning to their units and being paired with preceptors.
- Four to five months of being followed by the clinical nurse specialist to evaluate progress and address needs.
- Bi-monthly, eight-hour staff for education and sharing experiences; some topics discussed included assertiveness training, coping with change, emotional IQ, eating health in the U.S., financial planning.
- A buddy system was provided for additional support to guide them in grocery shopping, going to church, shopping and inviting them to social activities.

Recruitment

There is a concern in the literature about unfair recruiting practices and discrimination of FENs (Nardi & Gyurko, 2013; Pittman, Herrera, Spetz & Davis, 2012; Pittman, Folsom & Bass, 2010; Pittman et al., 2014). Pittman et al. (2010) reviewed the characteristics of recruiting companies, finding that the founders are generally foreign-born Americans, U.S. nurse executives, individuals who had previously recruited other professionals (such as airplane pilots) and domestic staffing agencies that have expanded their business. The business models of the agencies vary as well, and they include three major categories. See below for the models and characteristics (Pittman et al., 2010):

Model	Characteristics
Direct Model	Health care organizations recruit FENs themselves; costs range from \$5,000-\$12,000 per nurse; once placed, the FEN is on contract to the employer.
Placement Model	Health care institutions contract with vendors to recruit nurses; negotiated fee of \$15,000-\$20,000 per nurse.
Staffing Model (sometimes called "lease model")	The staffing agency performs most of the recruitment and immigration functions, though sometimes will contract with a vendor. Agencies charge \$60-\$80 per hour, but the FEN receives \$25-\$35 per hour. Potential annual profits are estimated at \$50,000-\$55,000 per FEN.

Of the 273 active recruitment firms that Pittman et al. (2010) found on the Internet, more than half used the placement model. Given the profitability of the staffing model (estimates are that it is

four times more lucrative than the placement model), many placement companies are working toward becoming staffing companies. However, the staffing model often delays integration of the FENs. Generally, employers and FENs prefer the placement model. The FENs feel as though they are treated more like American nurses in this model, and the CNOs can invest in training and integration from the outset (Pittman et al., 2010).

Pittman et al. (2012) reports that, if FENs severed their contracts before the 18- to 36-month completion period, sometimes they were subject to breach of contract penalties of up to \$35,000. Further, some FENs reported never receiving copies of their contracts, not understanding the contracts and finding that the contracts had been modified without their knowledge. Therefore, a group of stakeholders developed recruiter standards, called the *Voluntary Code of Ethical Conduct for the Recruitment of Foreign-Educated Health Professionals to the United States* (Code). This Code calls for (Pittman et al., 2012):

1. Respect of the migrants;
2. Support of their clinical and cultural integration; and
3. Avoid harm to the source countries' health systems.

A list of certified recruiters and the certification process can be viewed [online](#). NCSBN and a number of other organizations have endorsed the code for ethical recruitment standards.

In a reanalysis of 2008 survey data, Pittman et al. (2014), finding some concerning results. Forty percent of the FENs perceived that their wages, benefits and assignments were inferior to their American colleagues. Furthermore, there were strong associations between the country of education and the reported salary inequities. Wages were almost 14 percent higher for FENs from high-income countries. Yet employment-based visas require that an employer pay a foreign-born worker the prevailing wage for the locality where he or she works. These researchers further found that more than half the FENs reported inadequate orientations, again supporting the need for transition programs for FENs.

Appendix B

Credential Evaluation: Best Practices Worksheet

Agency Background:

- ___ Frequency that the agency performs nursing evaluations: _____
- ___ Membership in organizations: _____
- ___ Evaluators work to maintain competency
- ___ What support does the agency offer to BONs? _____

Services:

- ___ Performs course-by-course analyses
- ___ Reviews secondary education
- ___ Evaluates and verifies licensure as well as education
- ___ Offers in-house translation services? (Yes or No)

Investigation:

- ___ Original documents acquired directly from institution
- ___ Certified translation required for documents in original language
- ___ Determines and communicates the program's language of instruction

Report:

- ___ Report states the comparability of the nurse's education
- ___ Report notes the sources of all credentials
- ___ Approval/accreditation status of nursing program is reported
- ___ Language of instruction and textbooks is reported
- ___ Results of licensure investigation are reported
- ___ Report discloses any discipline on the nurse's license
- ___ Report does not recommend a course of action

Glossary

ATA: American Translators Association

BON: Board of nursing

CBC: Criminal background check

CGFNS: Commission on Graduates of Foreign Nursing Schools; a foreign credential evaluation agency authorized by the federal government to issue foreign health worker certificates required for immigration; the organization also offers an NCLEX predictor exam, the CGFNS Qualifying Exam, in a number of international locations.

Credentials Evaluation: A determination, through review of transcripts and other relevant material, whether an education program is comparable to nursing education in the U.S. The components of a credentials evaluation include nursing education, entry to practice and English language proficiency. A significant portion of credentials evaluation is devoted to detecting fraud and ensuring that unqualified people don't practice nursing (Shaffer & Yuen-Heung To Dutka, 2012; Shaffer, Phillips & Tuttas, 2014).

DHS: Department of Homeland Security

FEN: Foreign-educated nurse

First-level nurse: A nurse who provides and coordinates patient care after graduating from an approved program of at least two years in length. Regionally, they may be referred to as a professional nurse or registered nurse.

FITS: Falsified Identity Tracking System; NCSBN's tool for tracking individuals who fraudulently present themselves as nurses and/or fraudulent nursing programs.

Foreign-educated Nurse (also referred to as internationally educated nurse): an individual who has completed a nursing education program that is not located within the U.S.

IELTS: International English Language Testing System; a computer- or paper-based test of English proficiency, focusing on British English but taking into account various regional accents.

ITIN: International Tax Identification Number; A nine-digit number, similar in format to a Social Security Number (SSN) but beginning with the number 9, which the Internal Revenue Service (IRS) issues to individuals required to file an income tax return but who are not eligible for a SSN. ITINs are for federal income tax purposes only and are not valid for employment purposes.

MELAB: Michigan English Language Assessment Battery; a paper-based test assessing North American English proficiency.

NACES: National Association of Credential Evaluation Services; an association of independent credential evaluation agencies that adhere to a published set of ethical standards.

NAFSA: Association of International Educators—previously, National Association of Foreign Student Advisers; a membership organization for professionals involved in or associated with international education.

NCSBN: National Council of State Boards of Nursing

PTE: Pearson Test of English; a computer-based test assessing North American English proficiency.

Second-level or enrolled nurse: A nurse who provides basic nursing care under the direction of a first-level nurse. Regionally, they may be referred to as a practical nurse or a vocational nurse.

SSA: Social Security Administration

SSN: Social Security Number

TOEFL iBT: Test of English as a Foreign Language (internet-based test); an internet-based test assessing North American English proficiency.

USCIS: United States Citizenship and Immigration Service

References

- Budden, J. S., Zhong, E. H., Molton, P., & Cimiotti, J. P. (2013). The National Council of State Boards of Nursing and the Forum of State Nursing Workforce Centers 2013 National Workforce Survey of Registered Nurses. *Journal of Nursing Regulation* 4(2 Suppl).
- Certificates for foreign health care workers. Title 8 Code of Federal Regulations, Part 212.15 (g)(2) (ii). 2003 ed. Retrieved from: <http://www.gpo.gov/fdsys/pkg/CFR-2012-title8-vol1/pdf/CFR-2012-title8-vol1-part212.pdf>
- Garfield, R.M. & Berryman, E. (2012). Nursing and nursing education in Haiti. *Nursing Outlook*, 60(1), 16-20.
- Kawi, J. & Xu, Y. (2009). Facilitators and barriers to adjustment of international nurses: An integrative review. *International Nursing Review*, 56, 174-183.
- Lev, E.L., Lindgren, T.G., Pearson, G.A. & Alcindor, H. (2013). Evolution of a nursing education program delivered to baccalaureate-prepared Haitian nurses. *Nurse Educator*, 38(4), 169-172.
- Nardi, D.A. & Gyurko, C.C. (2013). The global nursing faculty shortage: Status and solutions for change. *Journal of Nursing Scholarship*, 45(3), 317-326.
- National Council of State Boards of Nursing. (2011). The 2011 uniform licensure requirements. Retrieved from: https://www.ncsbn.org/12_ULR_table_adopted.pdf
- National Council of State Boards of Nursing. (2010). *Setting an English language proficiency passing standard for entry-level nursing practice using the Pearson Test of English Academic*. Chicago: Author. Retrieved from: https://www.ncsbn.org/NCLEX_technicalbrief_PTE_2010.pdf.
- Neff, D.F., Cimiotti, J.P., Heusinger, A.H. & Aiken, L.H. (2011). Nurse reports from the frontlines: Analysis of a statewide survey. *Nursing Forum*, 46(1), 4-10).
- Neff, D.F., Cimiotti, J., Sloane, D.M. & Aiken, L.H. (2013). Utilization of non-US educated nurses in US hospitals: Implications for hospital mortality. *International Journal of Quality in Health Care*, 25(4), 366-372.
- Neff, D. F. & Harman, J. Foreign-educated nurses: Effects on nurse, quality of care, and patient-safety-indicator outcomes. (2013). *Journal of Nursing Regulation*, 4(1), 19-24.
- O'Neill, T. R., Buckendahl, C. W., Plake, B. S. & Taylor, L. (2007). Recommending a nursing-specific passing standard for the IELTS examination. *Language Assessment Quarterly*, 4(4), 295-317.
- Pham, J.C., Aswani, M.S., Rosen, M., Lee, H., Huddle, M., Weeks, K. & Pronovost, P.J. (2012). Reducing medical errors and adverse events. *Annual Review of Medicine*, 63, 447-463.
- Pittman, P., Davis, C., Shaffer, F., Herrera, C. & Bennett, C. (2014). Perceptions of employment-based discrimination among newly arrived foreign-educated nurses. *AJN*, 114(1), ajnonline.com.

- Pittman, P.M., Folsom, A.J. & Bass, E. (2010). U.S.-based recruitment of foreign-educated nurses: Implications of an emerging industry. *AJN*, 110(6), ajnonline.com.
- Pittman, P., Herrera, C., Spetz, J. & Davis, C.R. (2012). Immigration and contract problems experienced by foreign-educated nurses. *Medical Care Research and Review*, 69(3), 351-364.
- Shaffer, F.A., Phillips, J. & Tuttas, C. (2014). Document forensics: Evaluating and verifying nurse credentials. *Journal of Nursing Regulation*, 5(2), 34-38.
- Shaffer, F.A. & To Dutka, J. (2013). Global mobility for internationally educated nurses: Challenges and regulatory implications. *Journal of Nursing Regulation*, 4(3), 11-16.
- Shaffer, F.A., To Dutka, Julia Yuen-Heung. (2012). Perspectives on credential evaluation: Future trends and regulatory implications. *Journal of Nursing Regulation*, 3(1), 26-31.
- Smith, C.D. & Ho, J.O. (2014). How to positively integrate internationally. *Nursing Management*, June, 30-36
- Wendt, A., Woo, A., & Kenny, L. (2009). Setting a passing standard for English proficiency on the internet-based test of English as a foreign language. *JONA's Healthcare Law, Ethics and Regulation*, 11(3), 85-90.
- Wolcott, K., Llamado, S. & Mace, D. (2013). Integration of internationally educated nurses into the U.S. workforce. *Journal for Nurses in Professional Development*, 29(5), 263-268.
- Woo, A., Dickison, P., & deJong, J. (2010). Setting an English Language Proficiency Passing Standard for Entry-Level Nursing Practice Using the Pearson Test of English Academic. *Director*, 5, 1.
- Xu, Y. (2010). Is transition of internationally educated nurses a regulatory issue? *Policy, Politics & Nursing Practice*, 11(1), 62-70.
- Xu, Y. (2012). Transition programs for internationally educated nurses: What can the United States learn from the United Kingdom, Australia, and Canada? *Nursing Economics*, 30(4), 215-223



NCSBN

National Council of State Boards of Nursing

111 E. Wacker Drive, Ste. 2900, Chicago, IL 60601

312.525.3600 | www.ncsbn.org

03/15