

DEPARTMENT OF REGULATORY AGENCIES

Board of Nursing

NURSING

3 CCR 716-1

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

CHAPTER I RULES AND REGULATIONS FOR THE LICENSURE OF PRACTICAL AND PROFESSIONAL NURSES

BASIS: The authority for the promulgation of these rules and regulations by the State Board of Nursing is set forth in sections 12-38-108(1)(j), 12-38-108(1)(b)(c); 12-38-110; 12-38-111; and 12-38-112, C.R.S.

PURPOSE: To specify requirements for obtaining and maintaining professional and practical nursing licensure.

1. DEFINITIONS: For the purposes of these Chapter I Rules, the following terms have the indicated meaning:

- 1.1 Applicant: Any individual seeking a license to practice as a professional or practical nurse in the state of Colorado.
- 1.2 Approved Nursing Education Program (Approved Professional Nursing Education Program/Approved Practical Nursing Education Program): A course of study which implements the basic practical or professional nursing curriculum prescribed and approved by the Board.
- 1.3 Board: The State Board of Nursing.
- 1.4 Clinical Supervision: The on-site guidance, direction and review by a professional nurse designated as an instructor/preceptor of the nursing care provided by a holder of a special permit pursuant to Section 6 of these Chapter I Rules. This supervision includes evaluating the competency of the individual nurse and assigning nursing responsibilities for patient care appropriately.
- 1.5 Executive Officer: The executive administrator appointed by the director of the division of registrations pursuant to section 12-38-107, C.R.S. The Executive Officer has been delegated authority to administer examinations, issue licenses by endorsement and examination, renew licenses, and issue temporary licenses and permits to qualified Applicants.
- 1.6 Graduate: An individual who has successfully completed the requirements for a degree, diploma, or certificate from an Approved Nursing Education Program.
- 1.7 Licensee: An individual licensed to practice as a professional or practical nurse by the Board.
- 1.8 NCLEX: The National Council Licensure Examination maintained, owned, and created by the National Council of State Boards of Nursing.
- 1.9 Nontraditional Nursing Education Program: A program with curricula that does not include a faculty supervised teaching/learning component in clinical settings taught concurrently with theoretical content.

2. REQUIREMENTS FOR ALL APPLICANTS

- 2.1 Submit application on Board approved form.
- 2.2 Pay application fee.
- 2.3 Submit proof of successful completion of an Approved Nursing Education Program, as set forth in section 4 below.

2.4 Submit proof of having passed:

- A. The NCLEX examination for professional or practical nurses; OR
- B. The State Board Test Pool Examination for Professional Nurses given between 1951 and 1982/1983; OR
- C. The State Board Test Pool Examination for Practical Nurses given between 1952 and 1982/1983; OR
- D. A state licensing examination for professional nurses given prior to 1951 or a state licensing examination for practical nurses given prior to 1952.

Note: In the event that Applicant examination responses are lost or destroyed through circumstances beyond the control of the Board, the Applicant will be required to retake the NCLEX in order to meet requirements for licensure.

2.5 Attest that:

- A. Applicant has not committed any of the acts which would be grounds for discipline under section 12-38-117, C.R.S.; and
- B. Within the twelve month period immediately preceding the date of application, the Applicant has not been addicted to or a regular user without a prescription of any controlled substance or habitually intemperate in the use of intoxicating liquor; and
- C. Applicant does not have an encumbered or restricted license in another state or territory of the United States or foreign country.

3. LICENSURE BY EXAMINATION

3.1 Graduates of a Colorado Approved Professional Nursing Education Program are eligible to take the NCLEX examination for professional or practical nursing provided that:

- A. Official school transcripts reflecting completion of institutional requirements for the degree/diploma and the date of completion are provided to the Board in a secure manner;
- B. All other requirements of state law and these Chapter I Rules are met.

3.2 Graduates of a Colorado Approved Practical Nursing Education Program are eligible to take the NCLEX examination for practical nursing provided that:

- A. Official school transcripts reflecting completion of institutional requirements for the degree/diploma and the date of completion are provided to the Board in a secure manner;
- B. All other requirements of state law and these Chapter I Rules are met.

3.3 Graduates of a nursing education program approved by a Board of nursing in another state or territory of the United States are eligible to take the NCLEX examination for professional or practical nursing provided that:

- A. The nursing program meets the minimum standards of a Colorado Approved Nursing Education Program at the time of the Applicant's graduation;
- B. Official school transcripts reflecting completion of institutional requirements for the degree/diploma and the date of completion are provided to the Board in a secure manner; and
- C. All other requirements of state law and these Chapter I Rules are met.

3.4 Graduates of a Nontraditional Nursing Education Program that meets the requirements of subsection 3.3, above, are eligible to take the professional nursing NCLEX examination provided that the following conditions are met:

- A. The Applicant is able to demonstrate satisfactory completion of 750 hours of supervised clinical experience in the role of a professional nurse; OR
- B. The Applicant has an active license to practice as a practical nurse in any state and is able to demonstrate satisfactory completion of 350 hours of supervised clinical experience in the role of a professional nurse.
- C. The required elements for satisfactory completion of the supervised clinical experience are as follows:
 - 1. Acceptable clinical sites – Acceptable clinical sites include acute care or subacute care settings or skilled nursing facilities, or other sites as approved by the Board.
 - 2. Clinical Supervision may be provided either in a traditional format with one instructor directly overseeing a group of students or as a preceptorship experience where a direct on-going 1:1 relationship is established.
 - 3. Qualifications of instructor/preceptor – The instructor/preceptor must be a Colorado licensed professional nurse educated at or above the level of the Applicant with at least two years of experience in a practice setting and no history of public disciplinary actions of probation, suspension or revocation. The Applicant must provide documentation that the instructor/preceptor meets these requirements when he/she applies for licensure and must also provide a written agreement between the Applicant, the preceptor, the faculty, and the facility where the Clinical Supervision will occur.
 - 4. Required components of the supervised clinical experience include:
 - a. delegation and supervision;
 - b. clinical decision making and critical thinking;
 - c. patient assessment as part of the nursing process; and
 - d. interdisciplinary collaboration and evaluation of care evidenced in caring for multiple patients with both predictable and unpredictable outcomes across the variety of learning options appropriate for contemporary nursing.

- e. A checklist, provided by the Board, must be completed by the instructor/preceptor, establishing the Applicant's satisfactory completion of the required components. A student permit may be issued for a period of twelve consecutive months, within which the Applicant shall complete his or her supervised clinical experience.

3.5 Graduates of Nontraditional Nursing Education programs that meet the requirements of subsection 3.2, above, are eligible to take the practical nursing NCLEX examination provided that the following conditions are met:

- A. The Applicant is able to demonstrate satisfactory completion of 400 hours of supervised clinical experience in the role of a practical nurse.
- B. The required elements for satisfactory completion of the supervised clinical experience are as follows:
 - 1. Acceptable clinical sites – Acceptable clinical sites include acute care or subacute care settings or skilled nursing facilities, or other sites as approved by the Board.
 - 2. Clinical Supervision may be provided either in a traditional format with one instructor directly overseeing a group of students or as a preceptorship experience where a direct on-going 1:1 relationship is established.
 - 3. Qualifications of instructor/preceptor – The instructor/preceptor must be a Colorado licensed nurse educated at or above the level of the Applicant with at least two years of experience in a practice setting and no history of public disciplinary actions of probation, suspension or revocation. The Applicant must provide documentation that the instructor/preceptor meets these requirements when he/she applies for licensure and must also provide a written agreement between the Applicant, the preceptor, the faculty, and the facility where the Clinical Supervision will occur.
 - 4. Required components of the supervised clinical experience include practice in caring for stable patients with predictable outcomes across the variety of learning options appropriate for contemporary nursing. A checklist, provided by the Board, must be completed by the instructor/preceptor, establishing the Applicant's satisfactory completion of the required components.

3.6 Graduates of foreign nursing education programs who are not instructed in English are eligible to take the NCLEX examination only after a Board review of nursing education credentials as evaluated by a Board-recognized educational credentialing agency. If deficiencies are identified, the foreign Graduate may be required to cure them by successfully completing additional coursework from an Approved Nursing Education Program. An Applicant educated in a non-English speaking country or non-English speaking institution, or an Applicant who is not educated in English, must submit proof of demonstrating English proficiency as outlined by Board policy.

3.7 Applicants, other than Applicants of foreign nursing education programs, shall provide official school transcripts that are delivered to the Board in a secure manner. Applicants of foreign nursing education programs shall provide official school transcripts to a Board-recognized educational credentialing agency, which shall, in turn, provide the transcripts and a report directly to the Board.

3.8 Notwithstanding the requirements of sections 3.3 and 3.4 of these Chapter I Rules, Graduates of a Nontraditional Nursing Education Program that were enrolled in the program on or before January 1, 2006 are deemed to be Graduates of an Approved Nursing Education Program and are eligible

to take the NCLEX pursuant to section 3.1, above.

A. Within thirty days of the effective date of this Rule, each Nontraditional Nursing Education Program shall submit to the Board a list of students enrolled in such program on or before January 1, 2006. Graduates of a Nontraditional Nursing Education Program appearing on the enrollment list provided by the program are presumed to meet the enrollment requirements of these Chapter I Rules.

B. Graduates of a Nontraditional Nursing Education Program not appearing on the enrollment list provided by the program must establish, to the Board's satisfaction, that they were enrolled in the program on or before January 1, 2006. If the Graduate is unable to establish such enrollment, the Graduate must comply with sections 3.3 or 3.4, above.

3.9 Applicants may be approved to take the NCLEX a maximum of three (3) times within three (3) years of the date the Applicant first took the NCLEX in any state, territory or foreign country. The three (3) NCLEX attempts include all unsuccessful attempts to pass the NCLEX in any state, territory or foreign country.

A. Any Applicant who is unsuccessful in the first three (3) attempts of taking the NCLEX must complete the didactic portion of an approved refresher course within one (1) year of the last unsuccessful attempt of taking the NCLEX before reapplying for Colorado licensure. Upon receipt of a new application and a certificate of successful completion of the didactic requirements, the Applicant may be eligible to take the NCLEX one (1) additional time within one year of the new complete application. This provision does not supersede the requirements of Section 8.1 of these rules.

B. Any Applicant who is unsuccessful in passing the NCLEX within three (3) years of the date the Applicant first took the NCLEX in any state, territory or foreign country must complete the didactic portion of an approved refresher course.

C. Any Applicant who does not pass the NCLEX as set forth in these rules or in the time frame set forth in these rules, may petition the Board for a waiver of these requirements. Any such waiver shall be based on the circumstances related to the Applicant's situation. It is anticipated that such waivers would be rare. The decision to grant or deny such waiver shall be at the sole discretion of the Board.

4. LICENSURE BY ENDORSEMENT

4.1 Applicants licensed to practice professional or practical nursing in another state or territory of the United States shall be eligible for licensure by endorsement in Colorado if the Applicant has met the requirements of Section 2 of these Chapter I Rules, and:

A. The Applicant holds an active license in another state or territory of the United States, and the Applicant graduated from a traditional nursing education program or a recognized military education program approved by a Board of nursing in a state or territory of the United States; OR

B. The registered nurse Applicant graduated from a Nontraditional Nursing Education Program and has worked a minimum of 2,000 hours as a professional nurse; OR

C. The practical nurse Applicant graduated from a Nontraditional Nursing Education Program and has worked a minimum of 2,000 hours as a practical nurse; OR

D. The Applicant has been previously licensed in another state or territory of the United States and has provided evidence of compliance with the Board's continuing competency

requirements.

4.2 A. A temporary license may be granted for endorsement Applicants if the Applicant has met the requirements of Section 4.1 of these Chapter I Rules.

B. A temporary license to practice professional or practical nursing expires upon the Board's approval or denial of the application or four months from the date of issue, whichever occurs first.

5. SPECIAL PERMITS

5.1 Permits may be granted, in the Board's discretion, to individuals possessing active and unrestricted licenses to practice professional or practical nursing in other states or territories of the United States, to allow for occasional nursing practice which is patient or procedure specific. However, if such nurse has any established or regularly used healthcare agency connections in this state for the provision of such services, the nurse shall possess a license to practice nursing in Colorado.

5.2 Nurses possessing a license in a state that is party to the nurse licensure compact pursuant to section 24-60-3201, C.R.S., are not required to obtain a special practice permit for occasional nursing practice in Colorado.

5.3 Permits shall be limited to the practice performed as part of an education program or occasional nursing practice.

5.4 All individuals seeking a permit must submit an application on a Board approved form.

5.5 A permit may be granted if the individual holds an active, unencumbered and unrestricted license in another state or territory of the United States. If the individual is foreign trained, the individual must meet the requirements of 3.5, above.

5.6 A permit may be granted only if:

A. The Applicant has not committed any of the acts which would be grounds for discipline under section 12-38-117, C.R.S., and

B. Within the twelve month period immediately preceding the date of application, the Applicant has not been addicted to or a regular user without a prescription of any controlled substance or habitually intemperate in the use of intoxicating liquor.

6. STUDENT PERMITS

Student permits are intended for students in Nontraditional Nursing Education Programs who must obtain in-state clinical training and experience.

6.1 Eligibility.

A. An individual who is a Graduate of a Nontraditional Nursing Education Program is eligible for a student permit if:

1. The program is physically located in another state or territory of the United States; and

2. The program is organized within a post-secondary institution approved or certified by the other state or territory; and

3. The program is approved by the Board of nursing of the other state or territory.

- B. A student permit is not required for persons actively enrolled in an Approved Nursing Education Program in Colorado and who participate in clinical training in clinical settings as defined in the Board of Nursing Rules and Regulations, Chapter II, Section 1.12, Rules and Regulations for Approval of Nursing Education Programs.

6.2 Limitations of student permits.

- A. Individuals practicing under a student permit are subject to the requirements of the Rules of the Board.
- B. Student permit holders may not supervise Licensees or other permit holders.
- C. Individuals practicing under a student permit are responsible for arranging and obtaining their own clinical hours.
- D. Individuals practicing under a student permit may not exceed the terms of the permit.
- E. A student permit may be issued, for a period of twelve consecutive months.

7. CHANGE OF NAME AND ADDRESS

- 7.1 The Licensee shall supply to the Board legal evidence of a name change within 30 days of the effective date of the name change.
- 7.2 The Licensee shall notify the Board within 30 days of any change of address. This notification may be submitted in writing or via the Board's on-line system.
 - A. Any notification by the Board to Licensees required or permitted under the Nurse Practice Act or the Colorado Administrative Procedure Act shall be addressed to the last address provided in writing to the Board by the Licensee and any such mailing shall be deemed proper service on said Licensee.

8. INCOMPLETE APPLICATIONS

- 8.1 An Applicant for licensure who does not complete the application process within one year of the date of receipt of the original application shall begin the application process again, including payment of the application fee and submission of supporting documentation.

9. RETIRED VOLUNTEER NURSE LICENSURE

- 9.1 Applicants for Retired Volunteer Licensure must meet all requirements of section 12-38-112.5, C.R.S.

Adopted: July 30, 2008

Effective: October, 1, 2008

CHAPTER II — RULES AND REGULATIONS FOR APPROVAL OF NURSING EDUCATION PROGRAMS

Purpose: To specify procedures and criteria relating to the requirements for, approval of and withdrawal of approval of Nursing Education Programs.

SECTION 1. DEFINITIONS

- 1.1 Advisory Committee: A committee formed by the Nursing Education Program during Phase II of the

Approval Process to represent the interests of students, the Governing Body, potential nursing employers and other community members affected by the Nursing Education Program.

1.2 Approval: Official recognition granted by the Board to Nursing Education Programs that meet certain established standards and requirements under the Nurse Practice Act and the Board's Rules and Regulations, as follows:

A. Interim Approval: Recognition by the Board during the Approval Process that a Nursing Education Program may admit students and implement the program, pending Full Approval.

B. Full Approval: Recognition by the Board that a Nursing Education Program has completed the Approval Process and meets the standards and requirements under the Nurse Practice Act and the Board's Rules and Regulations. A Nursing Education Program with Full Approval is the equivalent of an "approved education program" pursuant to §12-38-103(2), C.R.S.

C. Conditional Approval: Approval granted with conditions or provisions to a Nursing Education Program that was previously granted Full Approval, but does not currently meet all standards and requirements for Full Approval.

1.3 Approval Process: Board process consisting of four (4) specified phases of development of a Nursing Education Program as set forth in these Chapter II Rules and Regulations.

1.4 Board: The Colorado Board of Nursing.

1.5 Clinical Experience: Faculty planned, guided, and supervised learning activities designed to assist students to meet the course objectives in a clinical setting. Clinical Experience is obtained concurrently with theory and applies nursing knowledge and skills in the direct care of patients or clients. Requires direct supervision by Faculty, associate nursing instructional personnel (ANIP) or a Preceptor who is physically present or immediately accessible. Must be completed prior to graduation.

1.6 Clinical Laboratory: Laboratory setting for practice of specific basic clinical skills.

1.7 Clinical Precepted Experience: Faculty planned, guided, and Preceptor-supervised learning activities occurring after a student has received the theory and clinical experience that is necessary to provide safe care.

1.8 Clinical Setting: The place where Faculty and students, via a written agreement, have access to patients/clients for the purpose of providing nursing practice experience for students. Students and Clinical Faculty do not assume full responsibility for patient care.

1.9 Clinical Simulation Laboratory: A care setting utilizing human simulation experience to create realistic, life-like scenarios where students engage in the practice of nursing skills and theory application under the direction of licensed nursing Faculty.

1.10 Curriculum: All courses required for completion of an approved Nursing Education Program.

1.11 Director of Nursing Education Program (DNEP): A registered nurse employed by a Nursing Education Program and granted the necessary authority by the program's Governing Body to administer the Nursing Education Program.

1.12 Faculty: Individuals meeting the requirements of the Board's Rules and Regulations, designated by the Governing Body as having ongoing responsibility for curriculum development and planning,

teaching, guiding, monitoring, and evaluating student learning in the classroom and practice setting. Faculty also includes the following:

- A. Clinical Faculty: Individuals meeting the requirements of the Board's Rules and Regulations and having ongoing responsibility for evaluating student learning in the practice setting. The Clinical Faculty assumes joint responsibility with the teaching Faculty in guiding student learning. The Clinical Faculty to student ratio shall not be more than 1:10.
- B. Associate Nursing Instructional Personnel (ANIP): Licensed nurses working under the direction and supervision of nursing Faculty, who assist students in laboratory and/or clinical settings and environments to meet specific nursing goals. The ANIP to student ratio shall not be more than 1:10.
- C. Preceptor: A licensed nurse at or above the level of licensure the student is seeking, employed by a clinical setting, who assumes joint teaching responsibility with a Faculty member when a Clinical Faculty is not present at the setting. The Preceptor and student assume a 1:1 relationship.

1.13 Governing Body: The institution or organization that offers a Nursing Education Program.

1.14 Nursing Education Program: A basic course of study preparing persons for initial licensure as registered or practical nurses. Some Nursing Education Programs may offer more than one type of nursing certification or degree under the same Governing Body.

1.15 Site Visit: The Board's or Board's staff's collection and analysis of information to assess compliance with the Nurse Practice Act and the Board's Rules and Regulations. Information may be collected by several methods, including, but not limited to: review of written reports and materials, on-site observations, interviews, or conferences; which are summarized in a written report to the Board.

SECTION 2. PURPOSES OF NURSING EDUCATION PROGRAM APPROVAL

2.1 To promote and regulate educational processes that prepare graduates for safe and effective nursing practice.

2.2 To provide eligibility for admission to the licensing examination for nurses.

2.3 To provide criteria for the development and Approval of new and established Nursing Education Programs.

2.4 To provide procedures for the withdrawal of Nursing Education Program Approval.

2.5 To facilitate interstate endorsement of graduates of Board-approved programs.

SECTION 3. REQUIREMENTS FOR NURSING EDUCATION PROGRAMS

3.1 All Nursing Education Programs must be located in or otherwise accredited as a post-secondary educational institution with state approval to grant the appropriate degree or certificate.

3.2 All Nursing Education Programs that have received Full Approval by January 1, 2006, must be accredited by a national nursing accrediting body approved by the United States Department of Education by January 1, 2010, or must have achieved candidacy status leading to such accreditation and demonstrated satisfactory progression toward obtaining such accreditation. Those Nursing Education Programs that receive Full Approval after January 1, 2006, must provide evidence of national accreditation within four (4) years of receiving Full Approval by the

Board.

- 3.3 The organization, administration and implementation of the Nursing Education Program must be consistent and compliant with the Nurse Practice Act, the Board's Rules and Regulations, and all other state or federal regulations. A Nursing Education Program's organization and administration must secure, maintain, and be able to document the existence of:
- A. A Governing Body, with post-secondary accreditation from an accrediting body approved by the United States Department of Education, that has the legal authority to conduct the Nursing Education Program, determine general policy, and assure adequate financial support.
 - B. Financial support and resources sufficient to meet the goals of the Nursing Education Program. Resources include, but are not limited to, financial, educational facilities, equipment, learning aids, and qualified administrative, instructional and support personnel.
 - C. An organizational chart for the Nursing Education Program demonstrating the relationship of the program to the Governing Body administration and clearly delineating the lines of authority, responsibility, channels of communication and internal organization.
 - D. A DNEP appointed and accountable for the administration, planning, implementation and evaluation of the Nursing Education Program, and granted institutional authority to meet the requirements of the Nurse Practice Act, the Board's Rules and Regulations, and all other state or federal regulations. The qualifications and responsibilities of the DNEP shall be defined in writing by the Governing Body and submitted to the Board.
 - E. A formal plan for orientation of the DNEP and Faculty, which includes but is not limited to a Faculty handbook and other policies necessary for the effective communication of the Nursing Education Program curriculum.
 - F. Statements of philosophy, purpose, and measurable objectives for Board Approval, established and periodically reviewed by the Nursing Education Program in conjunction with the Governing Body.
 - G. Standards for recruitment, advertising, and refunding tuition and fees, which must be consistent with generally accepted standards and applied by the Governing Body.
 - H. Teaching and learning environment conducive to student academic achievement.
 - I. Student policies that are accurate, accessible to the public, non-discriminatory and consistently applied.
 - J. Current, accurate, clear and consistent information about the Nursing Education Program available to the general public, prospective students, current students, employers and other interested parties.
 - K. Student access to support services administered by qualified individuals, including, but not limited to: access to health care, counseling and intervention for disabilities, academic achievement strategies, career placement and financial aid.
 - L. Records of all written complaints about the Nursing Education Program and how the program addressed each complaint, which must be available for public and Board review.
- 3.4 Faculty composition of the Nursing Education Program must be as follows:

- A. The number of Faculty shall be sufficient to prepare the students to achieve the objectives of the Nursing Education Program and to insure patient/client safety.
 - 1. The ratio of Clinical Faculty to student must be 1:10 or less.
 - 2. The ratio of ANIP to student must be 1:10 or less.
 - 3. The ratio of Preceptor to student must be 1:1.
- B. There must be a minimum of two (2) full-time Faculty for a Nursing Education Program, one of whom may be the DNEP.
- C. There must be a minimum of one (1) full-time nursing Faculty to every four (4) part-time nursing Faculty and/or ANIP for the Nursing Education Program.
- D. For professional Nursing Education Programs, two-thirds of the Faculty, excluding Preceptors, must have a graduate degree in nursing.
- E. For practical Nursing Education Programs, two-thirds of the Faculty, excluding Preceptors, must have a bachelor's degree in nursing.

3.5 DNEPs must possess the following qualifications:

- A. An active license in good standing to practice as a registered nurse in Colorado. Effective July 1, 2007, an active license in good standing includes registered nurses practicing pursuant to the terms and conditions of the nurse licensure compact and the requirements set forth in §12-38-108(4), C.R.S.
- B. Documented knowledge and skills related to teaching adults, teaching methodology, curriculum development, and curriculum evaluation.
- C. Two (2) years of full-time, or equivalent, clinical experience as a practicing registered nurse.
- D. Two (2) years of full-time, or equivalent, experience in teaching in an approved Nursing Education Program. Such experience must be at or above the level of the Nursing Education Program the individual will be directing.
- E. To direct a practical Nursing Education Program, a minimum of a bachelor's degree in nursing.
- F. To direct a professional Nursing Education Program, a minimum of a graduate degree in nursing.

3.6 DNEP responsibilities shall include:

- A. Insuring and documenting the Nursing Education Program's compliance with the Nurse Practice Act, the Board's Rules and Regulations, and all other state or federal regulations.
- B. Providing a current written job description to the Board for all Faculty positions.
- C. Developing and maintaining the relationship between the Nursing Education Program and the Governing Body, including but not limited to acting as liaison with other programs within the Governing Body and with other Nursing Education Programs.

- D. Demonstrating leadership within the Faculty for the development, implementation and evaluation of the curriculum and other Nursing Education Program components.
- E. Participating in the budget planning process for and administering the Nursing Education Program budget.
- F. Recruiting and selecting Faculty for employment, designing and monitoring development plans for Faculty, conducting performance reviews of Faculty, and participating in Faculty promotion and retention.
- G. Developing and coordinating the use of educational facilities and clinical resources.
- H. Identifying and advocating for services needed by students in the Nursing Education Program.
- I. Acting as liaison with the Board.
- J. Developing and maintaining ongoing relationships within the community, including fostering the Nursing Education Program's responsiveness to community/employer needs.
- K. Participating in activities that facilitate the DNEP's professional expertise in the areas of administration, teaching and maintenance of nursing competence.
- L. Determining the need for additional Faculty release time for administrative duties.
- M. The Board recognizes that the foregoing responsibilities may be delegated to other persons. However, the DNEP is responsible to the Board for assuring compliance with these requirements.

3.7 The amount of time that the DNEP is released from teaching responsibilities for nursing administrative duties must be adequate to meet the needs of the Nursing Education Program and students. The minimum amount of release time allowed for administrative responsibilities shall be:

- A. Sixty percent (60%) in a Nursing Education Program with sixty (60) or fewer nursing students.
- B. One percent (1%) per nursing student in a Nursing Education Program with more than sixty (60) nursing students.
- C. Other related duties may necessitate additional release time.

3.8 Nursing Faculty must possess the following qualifications:

- A. An active license in good standing to practice as a registered nurse in Colorado. Effective July 1, 2007, an active license in good standing includes registered nurses practicing pursuant to the terms and conditions of the nurse licensure compact and the requirements set forth in §12-38-108(4), C.R.S.
- B. Two (2) years of full-time, or equivalent, professional nursing clinical experience.
- C.1. Documented knowledge and skills related to the teaching of adults, teaching methodology, curriculum development and evaluation; or
 - 2. A written plan, submitted to the Board, for obtaining such knowledge and skills. Acquisition of these skills must begin no later than during the first year of teaching.

- D. For practical Nursing Education Programs, two-thirds of the Faculty, excluding Preceptors, must have a bachelor's degree in nursing.
- E. For professional Nursing Education Programs, two-thirds of the Faculty, excluding Preceptors, must have a graduate degree in nursing, or demonstrate compliance with the following:
 - 1. If the individual has a graduate degree in a field other than nursing, he or she must have a bachelor's degree in nursing and demonstrate evidence that the graduate degree is in a field relevant to the area(s) of responsibility.
 - 2. If the individual has only a bachelor's degree in nursing, he or she must submit to the Board a written plan demonstrating ongoing progression in obtaining a graduate degree in nursing.

3.9 Responsibilities of nursing Faculty will include but not be limited to:

- A. Developing, implementing, evaluating and updating the purpose, philosophy, objectives and organizational framework of the Nursing Education Program.
- B. Designing, implementing and evaluating the curriculum using a written plan.
- C. Developing, evaluating and revising student admission, progression, retention and graduation policies within the policies of the Governing Body.
- D. Participating in academic advising and guidance of students.
- E. Planning and providing theoretical instruction and clinical or laboratory experiences that reflect an understanding of the philosophy, objectives and curriculum of the Nursing Education Program.
- F. Planning, monitoring and evaluating the instruction provided by ANIP.
- G. Evaluating student achievement of curricular objectives/outcomes related to nursing knowledge and practice.
- H. Faculty assignments shall allow adequate administrative time for classroom, laboratory and clinical preparation.

3.10 Clinical Faculty must possess the following qualifications:

- A. An active license in good standing to practice as a registered nurse in Colorado. Effective July 1, 2007, an active license in good standing includes registered nurses practicing pursuant to the terms and conditions of the nurse licensure compact and the requirements set forth in §12-38-108(4), C.R.S.
- B. Documented experience in the area of instruction.
- C. Clinical Faculty in a practical Nursing Education Program must have a minimum of a bachelor's degree in nursing or a written plan demonstrating ongoing progression in obtaining a bachelor's degree in nursing.
- D. Clinical Faculty in a professional Nursing Education Program must have a minimum of a graduate degree in nursing, or demonstrate compliance with the following:
 - 1. If the individual has a graduate degree in a field other than nursing, he or she must

have a bachelor's degree in nursing and demonstrate evidence that the graduate degree is in a field relevant to the area(s) of responsibility.

2. If the individual has only a bachelor's degree in nursing, he or she must submit to the Board a written plan demonstrating ongoing progression in obtaining a graduate degree in nursing.

3.11 Associate Nursing Instructional Personnel (ANIP) must possess the following qualifications:

A. For ANIP in a Clinical Simulation Laboratory or other simulated patient care environment and accountable for meeting assistive instructional responsibilities under the on-site supervision of nursing Faculty:

1. In a practical Nursing Education Program, an active license in good standing to practice as a practical or registered nurse in Colorado. Effective July 1, 2007, an active license in good standing includes practical or registered nurses practicing pursuant to the terms and conditions of the nurse licensure compact and the requirements set forth in §12-38-108(4), C.R.S.
2. In a professional Nursing Education Program, an active license in good standing to practice as a registered nurse in Colorado. Effective July 1, 2007, an active license in good standing includes registered nurses practicing pursuant to the terms and conditions of the nurse licensure compact and the requirements set forth in §12-38-108(4), C.R.S.

3. A minimum of one (1) year of clinical experience relevant to the area(s) of responsibility.

B. For ANIP in an actual patient/client environment and accountable for assistive instructional responsibilities under the supervision of nursing Faculty:

1. An active license in good standing to practice as a registered nurse in Colorado. Effective July 1, 2007, an active license in good standing includes registered nurses practicing pursuant to the terms and conditions of the nurse licensure compact and the requirements set forth in §12-38-108(4), C.R.S.
2. A minimum of two (2) years of full-time, or equivalent, professional nursing practice.
3. A minimum of one (1) year of clinical experience relevant to the area(s) of responsibility.

3.12 Preceptors must possess the following qualifications:

A. Hold an active Colorado license in good standing to practice as a licensed nurse at or above the level of the Nursing Education Program. Effective July 1, 2007, an active Colorado license in good standing includes practical or registered nurses practicing pursuant to the terms and conditions of the nurse licensure compact and the requirements set forth in §12-38-108(4), C.R.S.

B. Have a minimum of one (1) year of clinical experience relevant to the area(s) of responsibility.

3.13 Curriculum for a Nursing Education Program must include the following components:

A. The curriculum for the Nursing Education Program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level of nursing practice of

the Nursing Education Program. For professional and practical Nursing Education Programs, this includes skills in intravenous therapy, and theory and clinical experience in the four (4) recognized specialty areas of pediatrics, obstetrics, psychiatric, and medical-surgical nursing.

B. Theory and concurrent Clinical Experience shall provide the students the opportunity to acquire and demonstrate the knowledge, skills and competencies for safe and effective nursing practice.

C. The curriculum must:

1. Reflect consistency between the organizing framework, objectives, curriculum design, course progression, and learning outcomes of the Nursing Education Program.
2. Be organized and sequenced logically to facilitate learning.
3. Facilitate articulation between in-state Nursing Education Programs.
4. Provide Clinical Experience to prepare the student for the safe practice of nursing. This Clinical Experience must be concurrent with theory and include:
 - a. For practical Nursing Education Programs, a minimum of four hundred (400) clinical hours of which at least eighty-five percent (85%) must be concurrent Clinical Experience.
 - b. For professional Nursing Education Programs, a minimum of seven hundred fifty (750) clinical hours of which at least eighty-five percent (85%) must be concurrent Clinical Experience.
 - c. In any one clinical course, no more than fifteen percent (15%) of clinical hours can be delivered utilizing Clinical Laboratory and/or clinical simulation.
5. Provide theoretical instruction to prepare the student for the safe practice of nursing. This theoretical instruction must include:
 - a. For practical nursing programs, a minimum of three hundred (300) theory hours.
 - b. For professional nursing programs, a minimum of four hundred fifty (450) theory hours.
6. Practical Nursing Education Programs must include didactic instruction in nursing and clinical practice caring for stable patients with predictable outcomes.
7. Professional Nursing Education Programs must include didactic instruction in nursing and clinical practice caring for multiple patients with both predictable and unpredictable outcomes.
8. Utilize a variety of teaching/learning strategies.
9. Contain written outlines for each course.
10. Include written statements of specific, measurable theoretical and clinical outcomes/competencies for each course.

11. Be planned, implemented and evaluated by the Faculty with provision for student input.
12. Include regular review of the rigor, currency, and cohesiveness of nursing curriculum by Faculty.
13. Include courses appropriate for the level of nursing practice of the Nursing Education Program, including, but not limited to:
 - a. Curriculum developed by nursing Faculty that flows from the nursing education unit philosophy/mission through an organizing framework into a logical progression of course outcomes and learning activities to achieve desired program objectives/outcomes.
 - b. Curriculum that provides a biological, physical, social, and behavioral sciences foundation for safe and effective nursing practice.
 - c. Curriculum that provides for critical thinking, clinical decision making, professional ethics, values, accountability, and interdisciplinary collaboration.
 - d. Curriculum with didactic content and Faculty supervised concurrent Clinical Experience in the promotion, prevention, restoration and maintenance of health in patients/clients across the life span and in a variety of types of healthcare settings.
 - e. Curriculum encompassing nursing regulation, professional standards, legal and ethical issues, nursing history and trends in nursing informatics.

D. The Nursing Education Program, by design and as implemented, shall include:

1. Learning strategies that promote the development of safe clinical practice and leadership and management skills consistent with the level of licensure.
2. Learning experiences and methods of instruction consistent with the written curriculum plan.
3. Practice learning environments that are selected and maintained by Faculty and that provide opportunities for the variety of learning options appropriate for contemporary nursing.

3.14 Evaluation plans for a Nursing Education Program must be ongoing, reflect input from students and the community, and evidence relevant decision-making. The Nursing Education Program must have a written systematic plan for evaluation of:

- A. Organization and administration of the Nursing Education Program;
- B. Organizing framework;
- C. DNEP performance;
- D. Faculty performance;
- E. Curriculum objectives and outcomes;

- F. Adherence to program requirements; and
 - G. Measurement of program outcomes, including performance of graduates.
- 3.15 Records and reports for a Nursing Education Program shall be maintained and submitted as follows:
- A. The Nursing Education Program must provide for a system of permanent records and reports essential to the operation of the Nursing Education Program, including:
 - 1. Current and final official records for students;
 - 2. Current records of Nursing Education Program activities such as minutes and reports; and
 - 3. Faculty records that demonstrate compliance with Faculty qualification requirements under this Section 3 of these Chapter II Rules and Regulations.
 - B. The Nursing Education Program must submit an annual report to the Board on a Board-authorized form.
 - C. In the event that student admissions are increased by twenty-five percent (25%) or more, the Nursing Education Program must submit a report to the Board that substantiates the availability of appropriate clinical experiences to meet the increased enrollment.
 - D. The Nursing Education Program must submit documentation supporting the plan for utilizing a Clinical Laboratory and/or Clinical Simulation Laboratory, if these experiences will deliver any part of the required minimum number of clinical hours.
 - E. Three (3) weeks prior to all scheduled Site Visits, the DNEP shall submit a self-study report to the Board. If nationally accredited, the Nursing Education Program must submit the self-study reports prepared for the national accreditation Site Visit.
 - F. The Nursing Education Program shall submit copies of all progress reports required by the national accrediting agency.
 - G. Any other reports as may be determined by the Board.
- 3.16 The Board may limit the number of students admitted to a Nursing Education Program. In making this determination, the Board may consider factors, including, but not limited to: the number of qualified Faculty, adequate educational facilities and resources, and the availability of relevant clinical learning experiences.

SECTION 4. ESTABLISHING A NURSING EDUCATION PROGRAM (PHASES I THROUGH III)

- 4.1 All educational institutions intending to establish a Nursing Education Program in Colorado must comply with the Nurse Practice Act, the Board's Rules and Regulations, and all other state or federal regulations for establishing a Nursing Education Program. New Nursing Education Programs must apply for candidacy status leading to accreditation by a regional accrediting body and a national nursing accrediting body approved by the United States Department of Education as soon as allowed by the accrediting bodies.
- 4.2 **Phase I of the Approval Process** : Initiating a Nursing Education Program. The Governing Body wishing to establish a Nursing Education Program must comply with the following requirements:

- A. The Governing Body must inform the Board of its intent to establish a Nursing Education Program and submit documentation of intent.
- B. The documentation of intent to establish a program shall include the following information:
 - 1. Name, address and current accreditation(s) of the Governing Body.
 - 2. Philosophy and mission of the Governing Body.
 - 3. Relationship of the proposed Nursing Education Program to the Governing Body.
 - 4. Type of proposed Nursing Education Program.
 - 5. Rationale for establishing the Nursing Education Program.
 - 6. Timetable for development and implementation of the Nursing Education Program.
 - 7. Evidence of adequate financial support and resources for the planning, implementation and continuation of the Nursing Education Program.
 - 8. Budget for DNEP, Faculty and support positions.
 - 9. Availability of adequate academic facilities. At a minimum, such facilities need to include space for classroom instruction, academic advising and clinical and/or Clinical Simulation Laboratory and library resources.
 - 10. Description of impact of proposed Nursing Education Program on existing Nursing Education Programs, including utilization of clinical sites.
 - 11. Perceived problems in planning, implementing and continuing the Nursing Education Program.
 - 12. Proposed job description and qualifications of the DNEP.
 - 13. Any additional information requested by the Board.
 - 14. Signature of the Governing Body officers.
- C. The Governing Body shall submit to the Board the results of a current feasibility study that includes objective data regarding the following:
 - 1. Documented need for the Nursing Education Program, including evidence of potential employment opportunities and nursing manpower needs in the geographic area served.
 - 2. Ability to hire a qualified DNEP, Faculty and support staff.
 - 3. Qualifications of and the number of persons in the potential student pool.
 - 4. Availability of relevant clinical opportunities. The Nursing Education Program must submit a signed commitment from each clinical entity, which includes the type(s) of learning opportunities, average daily census, maximum number of nursing students that can be accommodated, and any limitations or restrictions imposed by the clinical entity.

- D. The Board shall review the submitted documentation of intent at the next regularly-scheduled Full Board meeting and respond in writing within two (2) weeks of such meeting.
- E. If the Board determines that the Nursing Education Program has successfully met the requirements of this Section 4.2 of these Chapter II Rules and Regulations, the Board shall grant Phase I recognition and advise the Governing Body, in writing, that it has permission to proceed with further program development.
- F. If the Board determines that the Nursing Education Program has not successfully met the requirements of this Section 4.2 of these Chapter II Rules and Regulations, the Board shall advise the Governing Body, in writing, of the specific deficiencies.

4.3 Phase II of the Approval Process : Program development phase. Upon receipt of written verification of Phase I recognition from the Board, the Nursing Education Program enters Phase II, or the program development phase, of the Approval Process.

- A. At the beginning of Phase II, the Governing Body shall employ a qualified DNEP.
- B. The DNEP shall:
 - 1. Assemble an Advisory Committee.
 - 2. With the advice and counsel of the Advisory Committee, provide for the development of a Nursing Education Program that meets the requirements of these Chapter II Rules and Regulations.
 - 3. Prepare a written report for Board consideration that evidences the following:
 - a. Manner and extent of utilization of the Advisory Committee.
 - b. Demonstration of support and approval of the Governing Body.
 - c. Compliance with all requirements of Section 3 of these Chapter II Rules and Regulations, including but not limited to a fully-developed curriculum as outlined in Section 3.13 of these Chapter II Rules and Regulations.
 - d. Description of approaches to perceived problems in planning, implementing and continuing the Nursing Education Program.
 - e. Newly identified problems perceived in the implementation and continuation of the Nursing Education Program.
- C. The Board will review the required documentation to determine if all requirements are met.
- D. If the Board determines that the Nursing Education Program has successfully met the requirements of this Section 4.3 of these Chapter II Rules and Regulations, the Board shall grant Interim Approval and authorize the Program to begin Phase III of the Approval Process. The Board shall advise the Governing Body, in writing, that it has permission to admit students and implement the Nursing Education Program as set forth in Section 4.4 of these Chapter II Rules and Regulations.
- E. If the Board determines that the Nursing Education Program has not successfully met the requirements of this Section 4.3 of these Chapter II Rules and Regulations, the Board shall advise the Governing Body, in writing, as to what specific requirements have not been met. The Nursing Education Program may revise the written report and request

reconsideration for Interim Approval within no more than one (1) year from the date the Board advises the Nursing Education Program that all requirements for Interim Approval have not been met. During the period in which the Nursing Education Program is attempting to meet such requirements, the Board may require additional written reports, in its discretion.

4.4 Nursing Education Programs with Interim Approval in **Phase III of the Approval Process** . Upon receipt of written verification of Interim Approval, the Nursing Education Program enters Phase III of the Approval Process.

- A. The Nursing Education Program with Interim Approval shall submit semiannual reports to the Board regarding the progress and problems of program implementation and initial implementation of a systematic evaluation plan.
- B. The Board may review the semiannual reports and may require additional information.
- C. Written and published admission policies of the Nursing Education Program with Interim Approval must be consistent with the policies of the Governing Body and meet generally accepted education standards.
- D. The Board shall conduct a Site Visit within ninety (90) days of admission of students to the Nursing Education Program.
- E. Within thirty (30) days of the Site Visit, a written report of the Site Visit shall be submitted to the Nursing Education Program for comment. Such comments shall be submitted by the Nursing Education Program within thirty (30) days of the date of the report. The Site Visit Report and comments will be presented to the Board at the next regularly-scheduled Full Board meeting.
- F. Within three (3) months of graduation of the initial class, the Nursing Education Program shall submit data and analyses obtained through the Nursing Education Program evaluation process.
- G. At a time not to exceed one (1) year following the graduation date of the initial class, the Nursing Education Program must request Full Approval. The Nursing Education Program must submit a self-study of program components and outcomes.
- H. Students admitted to a program with Interim Approval shall be permitted to take the licensing examination at the appropriate time, provided the Nursing Education Program continues to maintain Interim Approval.
- I. The NCLEX pass rate for Nursing Education Programs for first-time writers must be at or above 75% in order to obtain Full Approval.
- J. The Board may withdraw Interim Approval when a Nursing Education Program fails to maintain the Nursing Education Program as approved or fails to qualify for Full Approval within one (1) year following the graduation date of the initial class. The Board shall advise the Governing Body, in writing, of specific deficiencies.
- K. If the Board determines that the Nursing Education Program has successfully met the requirements of this Section 4.4 of these Chapter II Rules and Regulations, the Board shall advise the Governing Body, in writing, that the Nursing Education Program is granted Full Approval.

SECTION 5. FULL APPROVAL OF A NURSING EDUCATION PROGRAM (PHASE IV)

- 5.1 Nursing Education Programs with Full Approval shall be reviewed by the Board once every five (5) years.
- 5.2 Site Visits to maintain Full Approval may be conducted by the Board at any time.
- 5.3 Nursing Education Programs fully accredited by a national nursing accrediting body will have Site Visits in conjunction with the national nursing accrediting body, unless the Board deems a separate Site Visit necessary to assure public protection.
- 5.4 Within thirty (30) days of the Site Visit, a written report of the Site Visit shall be submitted to the Nursing Education Program for comment. Such comments shall be submitted by the Nursing Education Program within thirty (30) days of the date of the report. The Site Visit report and comments will be presented to the Board at the next regularly-scheduled Full Board meeting for which the comments were timely submitted in advance of the external agenda deadline.
- 5.5 If the Board determines that all requirements of this subsection 5 of these Chapter II Rules and Regulations have not been met, the Board may, in its discretion, initiate the process of withdrawal of Full Approval, or allow the Nursing Education Program to continue for a specified period of time not to exceed one (1) year.

SECTION 6. WITHDRAWAL OF FULL APPROVAL OF A NURSING EDUCATION PROGRAM

- 6.1 After consideration of available information, the Board may determine that a Nursing Education Program's Full Approval should be completely withdrawn and the Nursing Education Program closed, or that the Nursing Education Program should be placed on Conditional Approval, for any of the following reasons:
- A. The Nursing Education Program does not meet or comply with all the provisions contained in the Nurse Practice Act, the Board's Rules and Regulations, or other state or federal laws or regulations.
 - B. The Nursing Education Program has been denied, had withdrawn, or had a change of program accreditation by a:
 - 1. National nursing accrediting body approved by the United States Department of Education;
 - 2. Regional accreditation agency; or
 - 3. State accreditation agency.
 - C. The Nursing Education Program has provided to the Board misleading, inaccurate, or falsified information to obtain or maintain Full Approval.
 - D. The Nursing Education Program has a NCLEX pass rate average which falls below seventy-five percent (75%) for eight (8) consecutive quarters. The NCLEX pass rate for Nursing Education Programs for first-time writers must be at or above 75%.
- 6.2 Following a decision to place a Nursing Education Program on Conditional Approval or otherwise withdraw Full Approval, the Board shall notify the Governing Body, in writing, of specific deficiencies.
- 6.3 The Nursing Education Program shall have thirty (30) days from the receipt of the notice of deficiency referenced in Subsection 6.2 to provide written documentation that the deficiencies have been corrected or to provide a written plan of correction.

- 6.4 The Board may then refer the matter to the Office of the Attorney General for institution of formal proceedings in accordance with the Administrative Procedure Act and the Nurse Practice Act. The matter shall be governed by Section 8 of these Chapter II Rules and Regulations.
- 6.5 A Nursing Education Program with Conditional Approval must submit status reports, on a schedule determined by the Board, concerning correction of the identified deficiencies.
- 6.6 If the Board finds that a Nursing Education Program with Conditional Approval has not corrected the deficiencies or met the required conditions within the time period established by the Board, the Board may withdraw Conditional Approval and close the Nursing Education Program.
- 6.7 If the Board withdraws Conditional Approval and closes the Nursing Education Program, the Board shall notify the Governing Body and the DNEP in writing of the grounds for closure.

SECTION 7. RESTORING FULL APPROVAL TO A NURSING EDUCATION PROGRAM

- 7.1 After demonstrating compliance with the Nurse Practice Act, the Board's Rules and Regulations, and all other state or federal regulations, a Nursing Education Program with Conditional Approval may petition the Board in writing for restoring Full Approval.
- 7.2 The decision to restore Full Approval rests solely with the Board.
- 7.3 If the Board does not restore Full Approval, the Nursing Education Program may petition the Board for an extension of Conditional Approval not to exceed one (1) year. As part of its petition, the Nursing Education Program must submit a corrective action plan that includes a time table to correct the identified deficiencies.

SECTION 8. DENIAL OR WITHDRAWAL OF APPROVAL OR RECOGNITION OF A NURSING EDUCATION PROGRAM

- 8.1 Until a Nursing Education Program obtains Full Approval, it shall be treated as an applicant for purposes of the Administrative Procedure Act and Nurse Practice Act, and any request for a hearing contesting the Board's denial or withdrawal of Phase I, Phase II or Phase III recognition of the Approval Process shall be governed by §24-4-104(9), C.R.S.
- 8.2 A Nursing Education Program with Full or Conditional Approval shall be treated as a licensee pursuant to the Administrative Procedure Act.
- 8.3 The Board may withdraw a Nursing Education Program's Full Approval or Conditional Approval prior to hearing if the Board, after full investigation, determines that it has objective and reasonable grounds to believe and finds that the Nursing Education Program has been guilty of deliberate and willful violation or that the public health, safety, or welfare imperatively requires emergency action, and incorporates the findings in a written notice to the Nursing Education Program. Full investigation means a reasonable ascertainment of the underlying facts on which the Board's action is based.
- 8.4 The Nursing Education Program must timely inform its enrolled students and all students applying to the Nursing Education Program of any change in the program's Approval status within two (2) weeks of the date of the Board's notification to the Nursing Education Program of the change in status. The Nursing Education Program's notification must, to the extent possible, include notification of whether such students or prospective students will be eligible to take the licensure examination.

SECTION 9. VOLUNTARY NURSING EDUCATION PROGRAM CLOSURES

9.1 Nursing Education Programs desiring to close shall notify the Board, in writing, at least six (6) months prior to the date of closing.

9.2 As part of the notification of closure required in section 9.1, the Nursing Education Program shall submit a plan assuring for a smooth transition and the equitable treatment of students affected by the program closure.

SECTION 10. CHANGE OF GOVERNING BODY OR DNEP

10.1 When the Governing Body or DNEP of a Nursing Education Program changes, the new Governing Body or DNEP shall notify the Board within thirty (30) days and comply or maintain compliance with the Nurse Practice Act, the Board's Rules and Regulations, and all other state or federal regulations.

SECTION 11. WAIVER OF PROVISIONS OF THESE CHAPTER II RULES AND REGULATIONS

11.1 Upon a showing of good cause, the Board may waive any of the requirements in these Chapter II Rules and Regulations. A request for waiver shall be submitted in writing and describe the circumstances relating to the particular request. The decision to grant or deny such a waiver shall be at the sole discretion of the Board. All waivers shall be limited to the terms and conditions provided by the Board. No waiver shall be granted if in conflict with applicable state or federal law. Upon receipt of the written waiver request, the matter will be considered at the next regularly-scheduled Full Board meeting for which the written waiver request was timely submitted in advance of the external agenda deadline.

11.2 The Board shall grant waivers sparingly, and only where it finds circumstances require a waiver. It is anticipated that such waivers would be rare.

Adopted January 24, 2007 Effective April 2, 2007

CHAPTER V - RULES AND REGULATIONS FOR LICENSURE OF PSYCHIATRIC TECHNICIANS

General Authority C.R.S 12-38-108(1)(k)

1. Statement of Basis and Purpose.

The rules in Chapter V are adopted pursuant to authority granted the Colorado State Board of Nursing pursuant to C.R.S., 12-38-108(1)(k) in order to specify procedures used in obtaining and maintaining psychiatric technician licensure.

2. LICENSURE BY EXAMINATION

2.1 The Colorado State Board of Nursing (herein after referred to as the Board) shall determine the licensing examination for psychiatric technicians.

2.2 Any needed contract for the use of the examination shall be negotiated and approved by the Executive Officer or designee in the absence of the Executive Officer.

2.3 The examination shall be administered by the Board at least annually and notification of the examination and filing procedures shall be sent to all state accredited programs preparing psychiatric technicians.

2.4 In the event that candidate examination answer sheets are lost or destroyed through circumstances beyond the control of the Board, the candidate will be required to rewrite the examination in order to meet requirements for licensure.

- 2.5 Candidates shall be informed in writing regarding examination performance.
- 2.6 The Board shall release examination performance reports only upon written authorization from the candidate or licensee.
- 2.7 Candidates who have completed Board accredited psychiatric technician programs shall be eligible to take the examination.
- 2.8 Candidates who have completed Board approved or accredited programs outside Colorado shall be eligible to take the Colorado examination provided:
- A. The psychiatric technician program meets substantially the same educational requirements as Colorado programs.
 - B. Section 2.9 (A), (B), (C), (E), and (F) have been met.
- 2.9 Requirements to be completed for licensure by examination:
- A. Submission of application on current Board approved form.
 - B. Payment of application fee.
 - C. Verification of completion of an approved psychiatric technician program.
 - D. Successful completion of the licensing examination.
 - E. Verification of high school graduation or equivalent.
 - F. Statutory requirements otherwise met.
- 2.10 Examination failures:
- A. Candidates may repeat the test when a regularly scheduled examination is administered.
 - B. An application for re-examination shall be filed prior to the deadline date established for any scheduled examination.

3. LICENSURE BY ENDORSEMENT

- 3.1 Only applicants licensed or otherwise registered in another state or territory of the United States shall be eligible for licensure by endorsement in Colorado, providing the requirements in the other jurisdiction are substantially equal to those in Colorado at the time of the applicant's graduation, but in no event shall the applicant be required to meet qualifications higher than those in force in this state at the time of his application for license in this state.
- 3.2 Requirements to be completed for licensure by endorsement:
- A. Submission of application on current Board approved form.
 - B. Payment of application fee.
 - C. Holds current licensure or registration in a state or territory of the United States.
 - D. Successful completion of a state approved psychiatric technician licensure or registration examination.

- E. Statutory requirements otherwise met.

4. GENERAL RULES RELATING TO LICENSES

The Executive Officer of the Board has been delegated authority to administer examinations, issue licenses by endorsement and examination, renew licenses, and issue temporary licenses and permits to qualified applicants during the period between meetings.

4.1 Biennial renewal of license:

- A. All psychiatric technician licenses shall expire on March 30 of every odd numbered year, and shall be subject to renewal for each two year period thereafter.
- B. An application for psychiatric technician renewal will be mailed at least two months before March 30th of the year in which the license expires and such application shall be completed and returned by March 30 of that year with the renewal fee.
- C. Psychiatric technician renewal applications postmarked April 1st or after shall be assessed an additional penalty fee.
- D. The licensee's canceled check or a receipt from the Board shall be considered as proof of renewal until the renewed license is received.
- E. Separate checks or money orders are required for each renewal application.

4.2 Change of name and address:

- A. The licensee shall supply legal evidence of name change by court record or marriage certificate in order for such change to be made on Board records.
- B. Notice of change of address shall be submitted in writing to the Board of Nursing by the licensee within 30 days of such change.
- C. Any notification by the Board to licensees required or permitted under the Nurse Practice Act or the Administrative Procedure Act shall be addressed to the last address provided to the Board by the licensee and any such mailing shall be deemed proper service on said licensee.

4.3 Incomplete applications:

- A. An applicant for a license by examination who does not complete the licensing process within one year of the date of the original application shall complete the application process again including payment of the application fee.
- B. An applicant for a license by endorsement who does not complete the licensing process within one year shall complete the application process again including payment of the application fee.

4.4 Inactive status:

- A. Licensees may apply for inactive status if not practicing as a psychiatric technician.
- B. After a five (5) year period in inactive status, the license may be renewed only by complying with provisions of licensure by examination as found in section 2.

5. FEES

5.1. All fees shall be subject to change each July 1st.

5.2 Fees shall be established for:

- A. Licensure applications.
- B. Renewal of licenses.
- C. Duplicate licenses.
- D. Reexamination applications.
- E. Reinstatement.
- F. Multiple copies of statute, rules and regulations.
- G. Out of state verification.
- H. Other categories as may be deemed necessary.

CHAPTER VI - RULES AND REGULATIONS FOR ACCREDITATION OF PSYCHIATRIC TECHNICIAN PROGRAMS

General authority C.R.S. 12-38-108 (1)(k)

Specific Authority C.R.S. 12-38-108(1)(k)(II, III, and IV)

Purpose: To specify procedures and criteria relating to the approval of psychiatric technician training programs.

1. DEFINITIONS

Accreditation: Recognition that a psychiatric technician program (hereinafter referred to as program) is meeting the standards as established by the Board.

2. PURPOSE OF ACCREDITATION

To establish eligibility of graduates of approved programs to apply for licensure.

3. INITIAL PROCEDURES FOR ACCREDITATION

Phase I, Application Approval

3.1 The governing body establishing a new psychiatric technician program shall inform the Board in writing before initiation and such program shall have the approval of the Board.

3.2 An application shall be submitted on forms provided by the Board with the following information:

- A. Description of the program to be established and an operational plan of how the body will develop a program which meets the standards for approval set forth in this Chapter,
- B. Organizational structure,

- C. Financial resources,
- D. Ability of the geographic community to support adequately the program in relation to:
 - 1. Potential students
 - 2. Student support services,
 - 3. Faculty,
 - 4. Written commitment of clinical resources and,
 - 5. Physical facilities.
 - 6. Number of patient populations with a variety of nursing needs.
- E. Accreditation of the university, college, vocational technical school or institution by the appropriate national or regional accrediting agency.
- F. Philosophy and purposes of the university, college, vocational technical school or institution.
- G. Tentative time table for initiating the program.
- H. Signatures of appropriate administrative officers.

- 3.3 The Board shall review the application within 90 days and may direct that a site visit occur before approval of the application. Such visit shall occur within a reasonable period of time after the Board directs a site visit.
- 3.4 A written report of the site visit shall be submitted to the Board and the appropriate administrative officers within a reasonable amount of time, not to exceed 60 days unless extended by the Board.
- 3.5 The Board shall advise the governing body concerning approval or disapproval of the application within 30 days of the Board's review. The Board shall specify the grounds for disapproval.
- 3.6 In the event of disapproval of the application, the Board shall grant a hearing, if requested, pursuant to the Nurse Practice Act and the Administrative Procedures Act.

Phase II, Interim Accreditation

- 3.7 The governing body shall secure a Director, with qualifications set forth in section 4.4 b (3) of this section, for the psychiatric technician program. The Director shall be responsible for providing compliance with this Chapter.
- 3.8 The Director shall prepare a written report for the Board showing evidence of meeting the requirements of 4.2.
- 3.9 The Board shall determine whether the program is prepared to admit students and if so, grant interim accreditation. If not, the Board shall specify the grounds for disapproval and the program can request a hearing pursuant to the Nurse Practice Act and the Administrative Procedures Act.

Phase III, Full Accreditation

- 3.10 The Director shall:

- A. Insure the program is developed according to the rules and regulations for accreditation of this chapter.
 - B. Provide written progress reports as requested by the Board.
- 3.12 Prior to graduation of the first class, a report by the program shall be submitted to the Board addressing criteria as outlined in section 4 and a survey visit shall be made by site visitor(s) designated by the Board on a time frame established by the Board for consideration of accreditation of the program.
- A. Notice of the Board's action to approve or disapprove shall be sent in writing to the administrative officer and the Director of the program within fourteen days of the Board's decision. If a program is disapproved, the Board shall provide with specificity the grounds for such.
 - B. In the event of disapproval of the application, the Board shall grant a hearing, if requested, pursuant to the Nurse Practice Act and the Administrative Procedures Act.

4. STANDARDS FOR ACCREDITING A PSYCHIATRIC TECHNICIAN PROGRAM

All psychiatric technician education programs must conform with generally accepted psychiatric technician nursing education standards.

4.1 Philosophy, purposes and objectives:

- A. The faculty develops, approves, and periodically evaluates the philosophy, purposes and objectives of the psychiatric technician program. Such statements shall express the educational principles of the program and include a description of the graduate.
- B. The statements of philosophy, purposes and objectives shall be utilized in planning, implementing and evaluating the total program.

4.2 Organization and administration:

- A. There shall be a governing body which has the legal authority to conduct the psychiatric technician program, determine general policy and provide financial support for such program.
- B. The governing body shall have in place policies regarding refunds of fees and tuition, and ethical standards for recruitment and advertising.
- C. There shall be an organizational plan which demonstrates and describes the relationship of the psychiatric technician program to the governing body and the internal organization of the program.
- D. There shall be a qualified Director with the authority, in accordance with the policies of the governing body, to:
 - 1. Prepare and administer a financial plan.
 - 2. Develop, implement and evaluate the psychiatric technician program.
 - 3. Arrange for educational facilities, clinical resources, and student services.
 - 4. Arrange for qualified faculty.

5. Plan for learning experiences with a variety of patient needs and obtain written agreements with the providers of clinical resources.
 6. Develop policies relating to admission, retention, progression, reentry and graduation of students.
 7. Provide for a system of permanent records and reports essential to the operation of the psychiatric technician program which shall include:
 - (a) Current and final official records for students.
 - (b) Current records of program activities such as minutes and reports.
 - (c) Faculty records which demonstrate compliance with faculty requirements as delineated in section 4.4.
 - (d) Annual report due on a schedule determined by the Board to be submitted to the Board (form furnished by the Board office) shall include, at a minimum:
 - (1) Developments in the psychiatric technician program;
 - (2) Student policies, including student health;
 - (3) Current problems and recommendations;
 - (4) Curriculum plan;
 - (5) Clinical resources including confirmation of adequate patient populations;
 - (6) Faculty list for the year including qualifications and area of responsibility;
 - (7) Listing of hours of instruction;
 - (8) School catalog;
 - (9) Audited financial report of the governing institution including statement of income and expenditures. This needs to be submitted only every two years on a schedule determined by the Board; and
 - (10) Proposals and plans for future development including either increases or decreases of 25% or greater in student numbers admitted, types of students, admission times and progression options.
 - (e) Biannual report including, but not limited to numbers of student admissions, graduations and faculty list.
- E. The amount of time allocated the Director for psychiatric technician administrative duties for one campus shall be related to the number of students enrolled in the psychiatric technician program at that campus. The Director may delegate administrative duties and reflect appropriate release time for the delegated activities.

1. In a program with no more than 50 students, there shall be allotted a minimum of 25% of an FTE for administration.
 2. In a program with at least 51 students but no more than 110 students, there shall be allotted a minimum of 50% of an FTE to administration.
 3. In a program with at least 111 students but no more than 180 students, there shall be allotted a minimum of 75% of an FTE to administration.
 4. In a program with at least 181 students, there shall be at least the equivalent of a full FTE position devoted to administration.
- F. Personnel policies for the faculty of the psychiatric technician program shall be consistent with the faculty policies for the controlling body.
- G. There shall be a plan for an ongoing systematic evaluation of all aspects of the psychiatric technician program with evidence of implementation which includes student and community input.
- H. Written student policies shall be developed and made available to all students including, but not limited to, admission, progression and graduation requirements. These policies shall be consistent with those of the governing body. The school shall have a written policy regarding the dismissal of students for scholastic or other reasons and potential reentry. The program shall adhere to its set policies or have a rationale for exceptions.

4.3 Curriculum

- A. The curriculum shall be developed, implemented, controlled and evaluated by the faculty within the framework of the philosophy, purposes and objectives of the psychiatric technician program and policies of the governing body.
- B. The program outcomes shall identify the expectations for the students who complete the program and are used to:
- 1 Develop, organize, implement, evaluate and revise the curriculum.
 - 2 Identify objectives for courses.
 - 3 Select content related to the care of individuals experiencing mental and/or developmental disabilities. Program outcomes shall reflect the current scope of practice and, at a minimum, shall include 200 clock hours of theory and 200 clock hours of clinical practice. A psychiatric technician curriculum shall include, but not be limited to:
 - (a) Nursing principles, which shall include, but not be limited to, learning experiences to develop:
 - (I) An understanding of the principles of mental and physical health and the maintenance of health;
 - (II) A knowledge of health services, community resources and the role of the psychiatric technician in these health services. The ability to perform the following functions as required:
 - (a) Activities concerned with daily hygiene;

- (b) Activities concerned with prescribed therapeutic measures with an understanding of basic principles; and
 - (c) Observing the appearance and behavior of patients and reporting to appropriate persons.
- (III) Ability to work with licensed physicians, professional nurses, dentists, and other treatment personnel in assisting with nursing situations;
- (b) For psychiatric technicians working with the mentally ill, the curriculum shall include, but not be limited to, fundamentals of psychiatric and mental health nursing with learning experiences planned to develop the following:
 - (I) The knowledge, skills and attitudes necessary to function adequately as a contributing member of the psychiatric team;
 - (II) Understanding of self and patient relationship;
 - (III) Principles of psychiatric nursing including social and cultural studies, rehabilitation and special therapies.
- (c) For psychiatric technicians working with the developmentally disabled, the curriculum shall include, but not be limited to:
 - (I) Mental retardation theory and practice;
 - (II) Human development; and
 - (III) Behavior management.
- 4 The number of faculty shall be determined by size of enrollment, number of classes admitted per year, number of agencies utilized for clinical instruction and methods of instruction.
- 5 Faculty-student ratio for clinical instruction should not exceed a 1:10 ratio.
- C. The implementation of the curriculum shall include:
 - 1 Development of outlines that identify essential aspects of each course.
 - 2 Utilization of a variety of teaching methods.
 - 3 Development and maintenance of an environment consistent with the philosophy and purposes of the program.
 - 4 Facility and resource coordination.
- D. The organizational plan of the curriculum shall provide for time periods (terms, semesters, quarters) and identified sequencing of courses.
- E. Evaluation of the curriculum shall include a plan for ongoing systematic assessment of student achievement.

4.4 Faculty

- A. Only qualified nurse faculty shall teach basic nursing concepts.
- B. All nursing faculty shall:
 - 1 Hold a current license in good standing to practice as a Registered Nurse in Colorado.
 - 2 Have a minimum of one year of experience as a Registered Nurse in psychiatric nursing if teaching in a program preparing technicians to care for the mentally ill or in nursing care of the developmentally disabled if teaching in a program preparing technicians to care for the developmentally disabled.
 - 3 The Director of the psychiatric technician program, in addition to 4.4, shall have:
 - (a) A minimum of a baccalaureate degree in nursing.
 - (b) One years' teaching experience in a health related program.
- C. Non-nurse faculty shall have appropriate academic and professional preparation and experience in their field of teaching.

4.5 Resources and facilities:

- A. The Director shall be responsible for recommending and/or obtaining resources and facilities in accord with the program's philosophy and objectives as well as the policies of the governing body.
 - 1 Including:
 - (a) Classrooms, laboratories, conference rooms, and equipment for utilizing a variety of teaching methods.
 - (b) Library resources.
 - (c) Health care facilities sufficient to achieve the objectives of the program, with consideration given to:
 - (1) Quality of nursing service, including organization and nursing care.
 - (2) Administrative support.
 - (3) Number of programs and students using the facility.
 - (4) Daily average census.
 - (5) Licensure or accreditation by the appropriate authorities.

4.6 A program must demonstrate that no more than three successive classes have a passage rate of below 75% on the state licensure examination.

5. CONTINUED ACCREDITATION

5.1 Regular periodic surveys for continued accreditation may be conducted by the Board on a date

mutually acceptable to the Board and the program.

- 5.2 Accreditation of a program shall be continued by the Board provided the standards of the Board are met as set forth in this Chapter.
- 5.3 The Board's action regarding program review shall be sent to the governing body and the Director of the program with recommendations, if indicated.
- 5.4 The school may be visited at times other than the regularly scheduled survey visit, if deemed necessary by the Board.
- 5.5 Major program revisions shall be reported to the Board for approval Major program revision shall be defined to include, but not be limited to:
 - A. Major changes in program goals,
 - B. The number of hours required for successful completion of the program,
 - C. Change in required clinical practice hours.
 - D. Either an increase or decrease of 25% or greater in student numbers admitted, types of students, admission times and progression options.

6. WITHDRAWAL OF ACCREDITATION

- 6.1 The governing body and the Director of the program shall be notified in writing if the requirements of the statute and the standards set forth in this chapter are not fulfilled. Deficiencies shall be specified in the written communication.
- 6.2 The program shall have 30 days from the date of the letter to respond to deficiencies. Such response would be reviewed by the Board and a determination made to continue accreditation or withdraw accreditation.
- 6.3 The governing body and the Director shall be advised that requirements must be met within a year from the date of service of the notice of deficiencies at which time another survey visit shall be made to confirm the corrections or remaining deficiencies.
- 6.4 Conditional accreditation shall be given for the year to allow the identified deficiencies to be corrected.
- 6.5 Status reports regarding progress in meeting the identified deficiencies shall be submitted to the Board at each regularly scheduled Board meeting during the year of conditional accreditation.
- 6.6 At any time during the year, the program Director may request restoration to full accreditation if the program demonstrates correction of the deficiencies. The decision to restore full accreditation rests solely with the Board. If full accreditation is not restored, the original time period for conditional approval is still retained.
- 6.7 At any time during conditional approval, the Board staff shall be available for consultation with the program.
- 6.8 All students enrolled during the conditional accreditation must be informed in writing by the school that they shall not be eligible to take the licensure examination if the program loses its accreditation.

- 6.9 Accreditation of the program shall be withdrawn by the Board if the identified deficiencies are not corrected as confirmed on a survey visit within the one year period.
- 6.10 The program may appeal the decision to withdraw accreditation by requesting a hearing within 60 days of service of the notice to withdraw.
- 6.11 Such a hearing shall be heard before the Board subject to the provisions of the Administrative Procedures Act and the Nurse Practice Act regarding the conducting of hearings.

7. CLOSING OF PROGRAMS

- 7.1 Programs desiring to close shall notify the Board of such intention.
- 7.2 If the program is closed, the controlling agency shall be responsible for the permanent safekeeping of the student transcripts.

8. CHANGE OF CONTROL

- 8.1 When a program changes administrative control, the new authority shall notify the Board.

CHAPTER VII INITIAL DECISIONS AND RELATED MATTERS

BASIS: The authority for the promulgation of these rules and regulations by the State Board of Nursing is set forth in sections 12-38-108(1)(j) and 12-38-116.5(1)(c)(d), C.R.S.

PURPOSE: The purpose of these rules and regulations is to set forth the procedures surrounding the filing of exceptions and review of initial decisions pursuant to sections 24-4-105(14) and (15), C.R.S.

1. WRITTEN FORM, SERVICE, AND FILING REQUIREMENTS

- 1.1 All Designations of Record, Requests, Exceptions, and Responsive Pleadings ("Pleadings") must be in written form, with a certificate of service to the Board and the opposing party.
- 1.2 All Pleadings must be filed with the Board by 5:00 P.M. on the date the filing is due. These rules do not provide for any additional time for service by mail.
- 1.3 All Pleadings must be served on the opposing party by mail or by hand delivery on the date on which the Pleading is filed with the Board.
- 1.4 All Pleadings must be filed with the Board and not with the Office of Administrative Courts. Any Pleadings filed in error with the Office of Administrative Courts will not be considered.

2. AUTHORITY TO REVIEW

- 2.1 Through this Rule, the Board [or Hearings Panel] initiates a review of an initial decision on its own motion pursuant to §24-4-105(14)(a)(II) and (b)(III), C.R.S. without requiring a vote for each case.
- 2.2 This option to review shall apply regardless of whether a party files exceptions to the initial decision.

3. DESIGNATION OF RECORD AND TRANSCRIPTS

- 3.1 Any party seeking to reverse or modify the initial decision of the administrative law judge shall
- A. File with the Board a designation of the relevant parts of the record for review ("Designation of

Record"). Designations of Record must be filed with the Board within twenty days of the date on which the Board mails the initial decision to the parties' address of record with the Board.

3.2 Even if no party files a Designation of Record, the record shall include the following:

- A. All pleadings;
- B. All applications presented or considered during the hearing;
- C. All documentary or other exhibits admitted into evidence;
- D. All documentary or other exhibits presented or considered during the hearing;
- E. All matters officially noticed;
- F. Any findings of fact and conclusions of law proposed by any party; and
- G. Any written brief filed.

4. TRANSCRIPTS

4.1 Transcripts will not be deemed as part of a Designation of Record unless specifically identified and ordered. Should a party wish to designate a transcript or portion thereof, the following procedures will apply:

- A. The Designation of Record must identify with specificity the transcript or portion thereof to be transcribed. For example, a party may designate the entire transcript, or may identify witness(es) whose testimony is to be transcribed, the legal ruling or argument to be transcribed, or other information necessary to identify a portion of the transcript.
- B. Any party who includes a transcript or a portion thereof as part of the Designation of Record must order the transcript or relevant portions thereof within twenty days of date on which the Board mails the initial decision to the parties.
- C. When ordering the transcript, the party shall request the court reporter to prepare the transcript within thirty days. The ordering party shall timely pay the necessary fees to obtain and file with the Board (within thirty days after the Board mails the initial decision to the parties) an original transcription and one copy.
- D. If a party designates a portion of the transcript, the opposing party may also file a Supplemental Designation of Record, in which the opposing party may designate additional portions of the transcript. This Supplemental Designation of Record must be filed with the Board within ten days after the date on which the original Designation of Record was due.
- E. An opposing party filing a Supplemental Designation of Record must order and pay for such supplemental transcript. An opposing party must also file with the Board the supplemental transcript and one copy of the transcript within thirty days of filing the Supplemental Designation of the Record.
- G. Transcripts that are ordered by either party and not filed with the Board in a timely manner due to non-payment, insufficient payment of transcription fees or any other reason will not be considered by the Board.

5. FILING OF EXCEPTIONS AND RESPONSIVE PLEADINGS

5.1 Any party wishing to file exceptions shall adhere to the following timelines:

A. If no transcripts are ordered, exceptions are due within thirty days from the date on which the Board mails the initial decision to the parties. Both parties' exceptions are due on the same date.

B. If transcripts are ordered by either party, the following procedure shall apply:

Upon receipt of transcripts identified in all Designations of Record, the Board shall mail notification to the parties stating that the transcripts have been received by the Board.

Exceptions are due within thirty days from the date on which such notification is mailed. Both parties' exceptions are due on the same date.

5.2 Either party may file a responsive pleading to the other party's exceptions. All responsive pleadings shall be filed within 12 days of the date on which the exceptions are filed or are due with the Board, whichever occurs first. No other pleadings will be considered except for good cause shown.

5.3 The Board [or Hearings Panel] may in its sole discretion grant an extension of time to file exceptions or responsive pleadings, or may delegate the discretion to grant such an extension of time to the Board's Program Director.

6. REQUEST FOR ORAL ARGUMENT

6.1 All requests for oral argument must be in writing and filed by the deadline for responsive pleadings. Requests filed after this time will not be considered.

6.2 It is within the sole discretion of the Board to grant or deny a request for oral argument. If oral argument is granted, both parties shall have the opportunity to participate.

6.3 Each side shall be permitted five minutes for oral argument, unless such time is extended by the Board or Hearings Panel.

Adopted: July 30, 2008

Effective: October 1, 2008

CHAPTER VIII – DECLARATORY ORDERS

General Authority C.R.S. 24-4-105(11)

1 . STATEMENT OF BASIS AND PURPOSE

These rules are adopted pursuant to C.R.S. 24-4-105(11) in order to provide for a procedure for entertaining requests for declaratory orders to terminate controversies or to remove uncertainties with regard to the applicability of statutory provisions or rules or orders of the Nursing Board to persons defined in the rules.

2. Any person may petition the Board for a declaratory order to terminate controversies or to remove uncertainties as to the applicability to the petitioner of any statutory provision or of any rule or order to the Board.

3. The Board will determine, in its discretion and without notice to petitioner, whether to rule upon any such petition. If the Board determines that it will not rule upon such a petition, the Board shall promptly notify the petitioner of its action and state the reasons for such decision. Any of the following grounds, among others, may be sufficient reason to refuse to entertain a petition:
 - 3.1 Failure to comply with Rule 3 of this chapter.
 - 3.2 A ruling on the petition will not terminate the controversy nor remove uncertainties as to the applicability to petitioner of any statutory provision or rule or order of the Board.
 - 3.3 The petition involves any subject, question or issue which is the subject of, or is involved in, a matter (including a hearing, investigation or complaint) currently pending before the Board, particularly, but not limited to, any such matter directly involving the petitioner.
 - 3.4 The petition seeks a ruling on a moot or hypothetical question, or will result in an advisory ruling or opinion, having no direct applicability to petitioner.
 - 3.5 Petitioner has some other adequate legal remedy, other than an action for declaratory relief pursuant to C.R.C.P. 57, which will terminate the controversy or remove any uncertainty concerning applicability of the statute, rule or order in question.
4. Any petition filed pursuant to this rule shall set forth the following:
 - 4.1 The name and address of the petitioner; whether the petitioner is licensed by the Board as an R.N. or L.P.N. or L.P.T., or employs such licensees.
 - 4.2 The statute, rule or order to which the petition relates.
 - 4.3 A concise statement of all of the facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule or order in question applies or potentially applies to the petitioner. Petitioner may also include a concise statement of the legal authorities upon which petitioner relies.
 - 4.4 A concise statement of the specific declaratory order sought by petitioner.
5. If the Board determines that it will rule on the petition, the following procedures shall apply:
 - 5.1 The Board may rule upon the petition without holding an evidentiary hearing. In such a case:
 - A. Any ruling of the Board will apply only to the extent of the facts presented in the petition and in any clarifying information submitted in writing to the Board.
 - B. The Board may order the petitioner to file a written clarification of factual matters, a written brief, memorandum or statement of position.
 - C. The Board may set the petition, upon due notice to petitioner, for a non-evidentiary hearing.
 - D. The Board may dispose of the petition on the sole basis of the matters set forth in the petition.
 - E. The Board may take administrative notice of commonly known facts within its expertise or contained in its records and consider such facts in its disposition of the petition.

F. If the Board rules upon the petition without a hearing, it shall promptly notify the petitioner of its decision.

5.2 The Board may, in its discretion, set the petition for an evidentiary hearing, conducted in conformance with C.R.S. 24-4-105, upon due notice to petitioner, for the purpose of obtaining additional facts of information or to determine the truth of any facts set forth in the petition. The notice to the petitioner setting such hearing shall set forth, to the extent known, the factual or other matters into which the Board intends to inquire. For the purpose of such a hearing, the petitioner shall have the burden of proving all of the facts stated in the petition, all of the facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule or order in question applies or potentially applies to the petitioner and any other facts the petitioner desires to consider.

6. The parties to any proceeding pursuant to this rule shall be the Board and the petitioner. Any other person may seek leave of the Board to intervene will be granted at the sole discretion of the Board. A petition to intervene shall set forth the same matters as required by Rule 3 of this chapter. Any reference to a "petitioner" in this rule also refers to any person who has been granted leave to intervene by the Board.

CHAPTER IX RULES AND REGULATIONS FOR THE LICENSED PRACTICAL NURSE IN RELATION TO IV AUTHORITY

1. STATEMENT AND BASIS OF PURPOSE

The rules contained in this Chapter IX are adopted pursuant to authority granted the Board by C.R.S. 12-38-101 et seq., as amended, and specifically pursuant to authority granted in C.R.S. 12-38-108(1)(d) as amended. These rules are adopted to set forth the guidelines for the Licensed Practical Nurse (LPN) related to his/her role in intravenous therapy. The patient care responsibilities of LPNs should be within the parameters of their educational preparation and their demonstrated abilities. Therefore, LPNs and their supervisors have a joint responsibility to assure that LPNs practice within the scope of their educational basis and demonstrated abilities.

Historical Note: Prior to January 1, 2006, Chapter IX rules required LPNs in Colorado to obtain separate IV certification, which was then attached to their licenses. LPNs were granted either an IV or IV-2 certification status after completion of a Board-approved IV course. IV-2 status included education in central line IV therapy. LPNs without IV-2 status, as of January 1, 2006, were ruled to no longer have IV certification. LPNs without IV-2 status, including any LPN/LVN endorsing into Colorado from another jurisdiction, must bear the responsibility, with their employer, of acquiring the necessary education, training and experience to safely perform within the IV scope of practice pursuant to section 3 of these rules. The approval process for IV therapy and venous blood sampling authority contained in these rules replaces the previously applicable bi-level certification.

2. DEFINITIONS

For the purposes of Chapter IX of these rules, the following terms have the indicated meaning:

2.1 "Adult Client" is an individual whose chronological age is 13 years or older.

2.2 "Approved IV Therapy Course/Program" is an IV Therapy Course/Program, as defined in 2.6, and accepted by the Board, that includes theory/lab and clinical practice related to the knowledge, skills and ability to perform IV therapy and venous blood sampling and also meets the standards set in Section 6 of this Chapter.

2.3 "Board" is the State Board of Nursing.

- 2.4 "Intravenous fluids" means fluids containing one or more of the following elements: dextrose 5%; normal saline; lactated ringers; sodium chloride 0.45%; sodium chloride 0.2%.
- 2.5 "IV Authority" refers to Board granted permission to practice IV therapy and venous blood sampling.
- 2.6 "IV Therapy Course/Program" prepares the LPN to perform IV therapy and venous blood sampling, utilizing venous access devices as defined in 2.11 on the Adult Client within the scope of practice as defined in Section 3.
- 2.7 "Peripheral Catheter" includes:
- A. The peripheral short catheter; a venous access device less than 3 inches (7.5 cm) in length.
 - B. A peripheral midline catheter; a peripherally inserted catheter whose tip terminates no further than the axilla and is between 3 inches and 8 inches (7.5 cm and 20 cm) in length.
- 2.8 "Preceptor" is a licensed professional or a licensed practical nurse with IV Authority, employed by a healthcare agency, who assumes joint teaching responsibility with the clinical instructor when the instructor is not present in the setting.
- 2.9 "Premixed" means IV solution prepared and labeled by a pharmacist or manufacturer. Manufacturer prepared solutions include those closed systems requiring activation to administer.
- 2.10 "Supervision" means a registered nurse, physician, dentist, or podiatrist is physically present or accessible by some form of telecommunication.
- 2.11 Types of "Venous Access Devices":
- A. Peripheral catheters
 - 1. "Peripheral short catheter" is a venous access device less than 3 inches (7.5 cm) in length.
 - 2. "Peripheral midline catheter" means a peripherally inserted catheter whose tip terminates no further than the axilla and is between 3 inches and 8 inches (7.5 cm and 20 cm) in length.
 - B. Central catheters
 - 1. "PICC (peripherally inserted central catheter)" means an IV catheter whose tip terminates in the vena cava and is confirmed by chest x-ray.
 - 2. "Central catheter" means an IV catheter whose tip terminates in the vena cava and may be either tunneled, implanted, or percutaneously inserted and is confirmed by chest x-ray.

3. SCOPE OF PRACTICE OF THE LICENSED PRACTICAL NURSE WITH IV AUTHORITY

- 3.1 A licensed practical nurse with IV Authority may perform the following procedures under the Supervision of a registered nurse, physician, dentist, or podiatrist:
- A. Observe and monitor the Adult Client receiving intravenous fluid therapy;
 - B. Calculate and observe flow rate of intravenous infusions;

- C. Stop the flow of intravenous infusions
- D. Remove peripheral short catheter for Adult Clients;
- E. Report and document observations and procedures relating to intravenous infusion and insertion sites.
- F. Utilize peripheral veins for intravenous access with a peripheral short catheter.
- G. Perform blood sampling from a venous access device using a syringe or vacutainer device.
- H. Administer the following:
 - 1. Intravenous fluids through venous access devices.
 - 2. Pre-mixed intravenous fluids containing electrolytes and vitamins.
 - 3. Pre-mixed antibiotic solutions via venous access devices delivered per labeled instructions.
 - 4. The first dose of IV antibiotic therapy under the observation of a registered nurse, physician, podiatrist, or dentist who is present in the same patient care area.
- I. Regulate the prescribed flow rate of the intravenous fluids.
- J. Monitor the systemic effects of intravenous therapy.
- K. Flush venous access devices designed to maintain venous patency with normal saline or a sub-therapeutic dosage of heparin.
- L. Change dressings and/or caps to venous access devices.
- M. Switch from continuous infusion of IV fluid to heparin/saline lock.

4. OUTSIDE THE SCOPE OF IV AUTHORITY:

- 4.1 A licensed practical nurse with IV Authority may **not** perform any of the following procedures – with or without the direction of a registered nurse, physician, dentist, or podiatrist--, as they are outside the LPN's scope of practice:
 - A. Administration of IV medications except as allowed in Section 3.1.H.
 - B. Access or deaccess implanted central venous access ports.
 - C. Insertion of a PICC line or a peripheral midline catheter.
 - D. Repair of venous access devices.
 - E. Remove a central venous access catheter.

5. REQUIREMENTS FOR OBTAINING IV AUTHORITY

- 5.1 Successful completion of an Approved IV Therapy Course/Program is required if:
 - A. The LPN's IV Authority was removed on January 1, 2006, or;

- B. The LPN had not received IV Authority prior to January 1, 2006 or;
- C. The LPN's basic practical nursing program did not include an Approved IV Therapy Course/Program.

5.2 Upon the successful completion of an Approved IV Therapy Course/Program, the applicant must:

- A. Possess an active, unencumbered Colorado or multi-state practical nurse license.
- B. Submit an IV Authority application on a current Board approved form, and pay the applicable fee.
- C. Verify completion of an Approved IV Therapy Course/Program through a Board approved competency checklist.

5.3 Endorsement of IV Authority from other U.S. state or U.S. territories must:

- A. Possess an active, unencumbered Colorado or multi-state practical nurse license.
- B. Upon endorsement for licensure, submit an IV Authority application on a current Board approved form, and pay the applicable fee.
- C. Submit proof of completion of an Approved IV Therapy Course/Program.

6. STANDARDS FOR IV THERAPY/VENOUS BLOOD SAMPLING COURSES

6.1 Curriculum for IV Therapy Course/Program shall:

- A. Provide adequate theory and supervised clinical practice in IV therapy related to the Adult Client necessary for the performance of nursing functions as outlined in Section 3.
- B. Provide the following content:
 - 1. Legal implications and scope of practice.
 - 2. Role of the licensed practical nurse in intravenous therapy.
 - 3. Related anatomy and physiology including the physiology of aging and site selection.
 - 4. Fluids and electrolytes.
 - 5. Commonly used IV fluids.
 - 6. Hazards and complications of IV therapy, local and systemic.
 - 7. Psychological aspects of venipuncture.
 - 8. Infection control measures.
 - 9. Identifying types of venous access devices.
 - 10. Monitoring venous access devices.
 - 11. Dressing and cap changes.

12. Initiating, monitoring, regulating, replacing, and discontinuing IV fluids.
13. Use of appropriate equipment including IV pumps.
14. Drug incompatibilities.
15. Administration of pre-mixed vitamins and electrolytes.
16. Pharmacology of heparin and antibiotics.
17. Administration of pre-mixed IV antibiotics.
18. Flushing of venous access devices designed to maintain venous patency.
19. Collection of venous blood specimens for tests and use of appropriate equipment for same.
20. Nursing care, intervention, reporting and documentation related to intravenous therapy/venous blood sampling.

C. Each student shall complete clinical practice or simulated clinical practice related to:

1. Peripheral short catheter insertion on Adult Clients.
2. Initiation and monitoring of IV fluid administration on Adult Clients through venous access devices.
3. Flushes into venous access devices designed to maintain venous patency for Adult Clients.
4. Administration of pre-mixed antibiotics via venous access device to Adult Clients.
5. Utilization of IV pumps.
6. Peripheral venous blood sampling on Adult Clients.
7. Discontinuation of peripheral short devices.
8. Documentation of nursing actions and observations.
9. Sterile dressing change on central venous access devices.
10. Blood collection from a central venous access device.

D. At the discretion of the instructor, students may challenge content and/or skills with validation of previous IV therapy education.

E. All Approved IV Therapy Courses/Programs shall submit an annual report on a Board approved form to demonstrate compliance with Chapter IX rules. Failure to submit an annual report may result in withdrawal of Board approval.

7. WITHDRAWAL OF IV AUTHORITY

7.1 The Board may withdraw IV Authority if the Board has reasonable cause to believe that the nurse no longer meets the requirements for IV Authority as set forth in Section 5 of this Chapter, or the

Board has reasonable cause to believe that the nurse is unable to practice IV Authority with reasonable skill and safety.

Adopted October 24, 2007

Effective December 31, 2007

CHAPTER X - RULES AND REGULATIONS FOR CERTIFICATION AS A NURSE AIDE

General Authority - C.R.S. 12-38-108(1)(j) and C.R.S. 12-38.1-103(3)

Specific Authority - C.R.S. 12-38-108(1)(l)(A) and C.R.S. 12-38.1-103, 104, 105, 106, and 107.

1. STATEMENT OF BASIS AND PURPOSE

The rules are adopted to specify procedures used in obtaining and maintaining nurse aide certification. Immediate adoption of these temporary rules is imperatively necessary to comply with the enactment of SB 05-155, which goes into effect on August 8, 2005.

2. DEFINITIONS

- 2.1 "Board" is the Colorado State Board of Nursing
- 2.2 "Nurse aide training program" is a course of study which is approved by the Colorado State Board of Nursing or the appropriate authority in another state or territory of the United States which meets the requirements of the Omnibus Budget Reconciliation Act of 1987.
- 2.3 "Competency evaluation" is the evaluation instrument approved by the Board consisting of two components, the written and manual skills evaluation.
- 2.4 "Executive Officer" is the chief officer employed pursuant to C.R.S. 12-38-107. The executive officer has been delegated authority to administer examinations, issue certificates by endorsement and examination, and to renew certificates.
- 2.5 "Endorsement" is the process of obtaining certification as a nurse aide by the Board upon the Board's determination that the applicant is certified to practice as a nurse aide by another state or territory of the United States with requirements that are essentially similar to the requirements of Colorado.

3. CERTIFICATION BY EXAMINATION

- 3.1 The Board shall review and may accept a competency evaluation for nurse aides.
- 3.2 The contract for the use of the competency evaluation shall be negotiated and approved by the executive officer or designee in the absence of the executive officer.
- 3.3 The competency evaluation shall be administered at least quarterly. Notification of any applicable administration dates, deadlines, and sites shall be sent to all active approved nurse aide training programs in the state.
- 3.4 In the event that applicant examination materials are lost or destroyed through circumstances beyond the control of the Board, the applicant will be required to retake the competency evaluation(s) in order to meet requirements for certification.
- 3.5 Applicants shall be informed in writing regarding their performance.

3.6 The Board shall release performance information only with written authorization from the applicant or nurse aide.

3.7 Verified graduates from state-approved nurse aide training programs shall be eligible to take the competency evaluation, subject to Section 3.10.

A. At the discretion of the training program, individuals may be allowed to show that they have equivalent training and via testing and demonstration of competency, to challenge the nurse aide training program curriculum content prior to taking the competency evaluation.

B. When an individual exercises the challenge option, he or she must provide evidence to the training program of having received equivalent training.

3.8 Practical and professional nursing education programs and psychiatric technician training programs in the U. S. and its territories shall be deemed to be approved nurse aide training programs provided the program has been approved by the appropriate agency of the state/territory in which the program is located. Individuals shall be eligible to take the competency evaluation provided the requirements of 3.10 are met and they have successfully met one of the following:

A. At least five semester credit hours, or their equivalent, of nursing courses which have included the content required under Chapter XI "Rules and Regulations for Approval of Nurse Aide Training Programs" .

B. At least five semester credit hours of a psychiatric technician training program specializing in the mentally ill which have included the content required under Chapter XI "Rules and Regulations for Approval of Nurse Aide Training Programs".

C. The psychiatric technician training program specializing in the developmentally disabled.

3.9 Practical and professional nursing education programs located outside the U.S. and its territories shall be deemed to be approved nurse aide training programs and their graduates shall be eligible to take the competency evaluation provided:

A. Credentials of education are translated into English.

B. Section 3.8 B is met.

C. Section 3.10 is met.

3.10 Requirements to be completed for certification by examination:

A. Submission of application on current Board approved form.

B. Payment of application fee, if required.

C. Verification of educational credentials. Any individual who has an active or lapsed nursing or psychiatric technician license in good standing, need not provide transcripts.

D. Has otherwise met state and federal requirements.

3.11 Competency evaluation failures

A. The applicant must pass both components of the competency evaluation within 2 years of receipt of the certification application.

- B. If an applicant fails any component of the competency evaluation three times, he/she is not eligible to apply for nurse aide certification or take the competency evaluation at any time in the future without repeating a nurse aide training program.

4. CERTIFICATION BY ENDORSEMENT

- 4.1 Nurse aides from another state or territory of the U.S. shall be eligible for certification by endorsement in Colorado providing said nurse aide has met each of the following requirements:
 - A. Submission of application on current Board approved form.
 - B. Payment of application fee, if required.
 - C. Is listed in good standing on the nurse aide registry and is able to currently practice in another state or U.S. territory which meets all relevant federal requirements for long term care.
 - D. Has otherwise met state and federal requirements.

5. REQUIREMENTS FOR RENEWAL AND REINSTATEMENT

- 5.1 Certificates shall be subject to renewal as determined by the Board.
 - A. The certificate is renewed when the nurse aide maintains continued certification prior to the expiration date of the certificate.
 - 1. Nurse aide certificate renewal applications postmarked after the certificate's expiration date may be assessed an additional penalty fee.
 - 2. The certificate holder's canceled check or a receipt from the Board shall be considered as proof of renewal until the renewed certificate is received.
 - 3. Separate payments are required for each renewal application.
 - B. A certificate which is not renewed by the nurse aide will be subject to reinstatement requirements.
- 5.2 A nurse aide must verify that she/he has performed nursing care activities for a minimum of 8 hours for pay during the previous 24 months from the renewal or reinstatement application date.
- 5.3 The nurse aide's signature on the application verifies the 8 hours worked
- 5.4 If the nurse aide has performed nursing care activities described in section 5.2 above:
 - A. To renew the certificate the nurse aide must submit:
 - 1. A Board approved renewal application signed by the nurse aide.
 - 2. Payment of required fee.
 - B. To reinstate the certificate the nurse aide must submit:
 - 1. A Board approved reinstatement application signed by the nurse aide.
 - 2. Payment of required fee.

5.5 If the nurse aide has not performed nursing care activities described in section 5.2 above:

A. To renew the certificate the nurse aide must submit:

1. A Board approved renewal application.
2. Payment of the required fee.
3. Evidence that the nurse aide has passed the Board's competency evaluation within the past 24 months.

B. To reinstate the certificate the nurse aide must submit:

1. A Board approved reinstatement application.
2. Payment of the required fee.
3. Evidence that the nurse aide has passed the Board's competency evaluation within the past 24 months.

6. GENERAL RULES RELATING TO CERTIFICATES

6.1 The nurse aide is responsible to maintain his/her own documentation of skills, education and test results.

6.2 Incomplete Applications:

A. Application for certification by examination:

1. Failure to submit all requirements as outlined in section 3.11 will be considered an incomplete application.
2. The Board shall purge all documentation 1 year after the date of application.

B. Application for certification by endorsement:

1. Failure to submit all requirements as outlined in section 4 will be considered an incomplete application. The applicant has 1 year from the initial date of application to submit all the required documentation.

6.3 Name and address changes:

- A. The nurse aide shall supply legal evidence of name change by court record, marriage certificate, divorce decree or passport in order for such change to be made on Board records.
- B. Notice of change of address shall be submitted in writing to the Board by the nurse aide within 30 days of such change.
- C. Any notification by the Board to nurse aides required or permitted under the Nurse Aide Practice Act or the Colorado Administrative Procedures Act shall be addressed to the most recent address provided in writing to the Board by the nurse aide and any such mailing shall be deemed proper service on said nurse aide.

Adopted September 14, 2005. Effective November 1, 2005

CHAPTER XI RULES AND REGULATIONS FOR APPROVAL OF NURSE AIDE TRAINING PROGRAMS

General Authority C.R.S. 12-38.1-103(3)

Specific Authority C.R.S. 12-38.1-108

1. STATEMENT OF BASIS AND PURPOSE

These rules are adopted to specify procedures relevant to the approval of Nurse Aide Training Programs whose graduates shall be eligible to take the competency evaluation.

2. DEFINITIONS

- 2.1 Approval: Recognition that a Nurse Aide Training Program (herein after referred to as “program”) meets the standards established by the Board.
- 2.2 Board: The State Board of Nursing.
- 2.3 Client: The individual receiving nursing care.
- 2.4 Clinical: The setting in which students, under the direct supervision of qualified instructors, apply basic nursing knowledge and skills in the direct care of Clients.
- 2.5 Competency evaluation: The examination approved by the Board consisting of two components, the written and the manual skills evaluations.
- 2.6 Curriculum: All the content required for completion of an approved Nurse Aide Training Program.
- 2.7 Laboratory: A simulated care setting where students practice nursing skills and theory application under the direction of qualified instructors.
- 2.8 Nurse Aide Training Program: A course of study that is approved by the Board or the appropriate authority in another state or territory of the United States that also meets the requirements of the Omnibus Budget Reconciliation Act of 1987.
- 2.9 Pre-clinical: The first portion of the approved program that occurs prior to any direct contact with a Client that must be no less than 16 hours and must include, but not be limited to, the areas addressed in Section 5.2A1(a) of this Chapter.

3. INITIAL PROCEDURES FOR APPROVAL

- 3.1 Any institution, facility, agency, home health agency, or individual desiring approval of a Nurse Aide Training Program:
 - A. Must submit written application for such program upon forms provided by the Board.
 - B. Must designate a program coordinator who will be responsible for compliance with this Chapter.
 - C. May make inquiries of the Board or the Board’s designee, for the purpose of clarifying the requirements of the rules and regulations for program approval.
- 3.2 The Board or the Board’s designee is responsible for:

- A. Providing program application forms upon request.
 - B. Reviewing program applications within 90 days of the date of receipt of the application and advising the applicant whether or not the program has met applicable standards.
 - C. Requesting any needed additional information from the applicant.
 - D. Conducting survey visit to determine if all applicable standards have been met.
- 3.3 Interim approval to admit students may be granted after the Board, or the Board's designee, determines the program to be in substantial compliance with all applicable rules and regulations.
- 3.4 Upon receiving the results of the initial survey visit and final review, the Board may grant full approval.
- 3.5 If approval is denied, the program shall be notified by mail of the deficiencies of the program. Students graduating from a denied program shall not be eligible to take the competency evaluation.
- 3.6 A Medicare/Medicaid-certified facility submitting an application must not have been either terminated from participating in Medicare/Medicaid or have been subject to penalties that would bar it, by federal regulation, from offering a nurse aide training and competency evaluation program within the two years preceding the submission of the application.

4. CRITERIA FOR EVALUATING A PROGRAM

4.1 Program Organization and Administration:

- A. There shall be a governing body that has the authority to conduct the program, determine general policy and provide adequate financial support.
- B. There shall be an organizational plan that demonstrates and describes the relationship of the program to the governing body.
- C. There shall be a qualified program coordinator with the delegated authority and responsibility to administer the program in accordance with the policies of the governing body and in relation to:
 - 1. Assisting with the development of the budget.
 - 2. Initial and ongoing development, implementation and evaluation of the program.
 - 3. Securing and supervising the appropriate number of qualified instructors including RN, LPN, and ancillary instructors who deliver classroom, laboratory, and clinical instruction to students.
 - 4. Securing appropriate classroom and clinical facilities, which can be located separately.
 - 5. Ensuring an orientation of the students to each clinical facility. Such orientation may not be included as part of the minimum 75 hour training program.
 - 6. Assuring that each student is clearly identified as a student in a manner easily recognizable to Clients, family members, visitors and staff.
 - 7. Planning for classroom, laboratory and clinical learning experiences.

8. Securing written agreements between the administration of the program and outside providers of clinical resources.
9. Reporting to the Board, by means established by the Board, the names of all individuals who have satisfactorily completed the training program within 30 days of program completion.
10. Providing for the safe keeping of a system of permanent records and reports essential to the operation of the program for a minimum of two years, which shall include, but not be limited to, the following:
 - a. A skills checklist that demonstrates satisfactory performance of all required skills for each student.
 - b. Student records such as attendance, test scores, etc.
 - c. Instructor records such as license, ~~resume~~, and training.
 - d. Annual report to be submitted to the Board on the form furnished by the Board.
11. Developing written policies for admission to, dismissal from, and completion of the program.
12. Providing for a systematic plan to evaluate the program.

D. There shall be sufficient program instructors to provide effective assistance and supervision to students.

4.2 The program shall comply with all applicable state and federal requirements including those in this Chapter.

4.3 The program must ensure that:

- A. Students do not perform any services for which they have not been trained and been found proficient by the instructor; and
- B. Students who are providing services to Clients are under the general supervision of a licensed professional nurse.

4.4 Pursuant to section 483.152(c) of the Federal Rules and Regulations related to Nurse Aide Training and Competency Evaluation Programs (NATCEP), a long-term care facility ("facility") that receives Medicare or Medicaid funds:

- A. Is prohibited from charging nurse aides that it employs, or to whom it offers employment, for any portion of the NATCEP (including any fees for textbooks or other required course materials).
- B. Must reimburse a nurse aide who pays for a NATCEP and becomes employed by the facility within 12 months of date of certification, prorated for the portion of the 12-month period that the individual was employed by the facility.

5. CURRICULUM

5.1 The curriculum shall be developed, implemented, managed and evaluated by the coordinator and the

instructors.

5.2 The curriculum shall provide:

A. A minimum of 75 hours of instruction to include no less than 16 hours of classroom instruction and no less than 16 hours of clinical instruction under the direct supervision of an RN or LPN.

1. At least the first 16 hours of the required 75 hours shall be considered pre-clinical as defined in Section 2.9 of this Chapter.

a. The content of the pre-clinical portion of the program must include the following:

1. Communications and interpersonal skills;
2. Infection control;
3. Safety/emergency procedures including the Heimlich maneuver;
4. Promoting Clients' independence;
5. Respecting Clients' rights.

B. Terminal competencies expected of the student, including but not limited to:

1. Forming relationships, communicating and interacting competently on a one-to-one basis with Clients.
2. Demonstrating sensitivity to Clients' emotional, social, and mental health needs through skillful, directed interactions.
3. Assisting Clients in attaining and maintaining independence.
4. Exhibiting behavior in support and promotion of Clients' rights.
5. Demonstrating observational and documentation skills needed in the assessment of Clients' health, physical condition and well-being.
6. Demonstrating an awareness of the Colorado Nurse Aide Practice Act.

C. A list of the skills expected to be learned by the student.

D. Classroom and clinical instruction relevant to the facility's specific population.

5.3 The curriculum shall include classroom/laboratory instruction and clinical practice in:

A. Basic nursing skills including, but not limited to:

1. Caring for Clients when death is imminent;
2. Taking and recording vital signs;
3. Measuring and recording height and weight;

4. Caring for the Clients' environment;
5. Measuring and recording intake and output;
6. Recognizing and reporting abnormal signs and symptoms of common conditions related to all systems of the body and recognizing the importance of reporting such changes to a supervisor.

B. Personal care skills, including but not limited to:

1. Bathing;
2. Grooming, including mouth care;
3. Dressing;
4. Toileting;
5. Assisting with eating and hydration;
6. Proper feeding techniques;
7. Skin-care;
8. Transferring, positioning, and turning.

C. Skills that meet the psychosocial and mental health needs of Clients by:

1. Modifying aide's own behavior in response to Client behavior;
2. Recognizing developmental tasks associated with the aging process;
3. Responding appropriately to Client behavior;
4. Allowing Client to make personal choices, providing and reinforcing other behavior consistent with the Client's dignity;
5. Recognizing available resources, including family, for Client support.

D. Care of cognitively impaired Clients, including but not limited to:

1. Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others);
2. Communicating with cognitively impaired Clients;
3. Understanding the behavior of cognitively impaired Clients;
4. Appropriate responses to the behavior of cognitively impaired Clients;
5. Methods of reducing the effects of cognitive impairments.

E. Basic restorative services, including but not limited to:

1. Training the Client in self-care according to the Client's abilities;

2. Using assistive devices for transferring, ambulation, eating and dressing;
3. Maintaining range of motion;
4. Proper turning and positioning in bed and chair;
5. Bowel and bladder training;
6. Caring for and using prosthetic and orthotic devices;
7. Promoting Clients' physical ability to function independently.

F. Knowledge and skills that promote Clients' rights by:

1. Providing privacy and maintaining confidentiality;
2. Promoting the Clients' right to make personal choices to accommodate their needs;
3. Giving assistance in resolving grievances and disputes;
4. Providing needed assistance in getting to and participating in Client and family groups and other activities;
5. Caring for and maintaining security of Clients' possessions;
6. Promoting and maintaining the Client's right to be free from abuse, mistreatment, and neglect;
7. Reporting any suspicion of abuse, mistreatment, and neglect immediately;
8. Using appropriate interventions to minimize the need for physical and chemical restraints in accordance with the current professional standards.

6. INSTRUCTORS

- 6.1 The instructors shall include a minimum of one Registered Nurse who must be the program coordinator.
- 6.2 If the program admits more than 10 students, the ratio of instructors to students in a laboratory or clinical setting shall not exceed 1:10.
- 6.3 In a long-term care facility based program, the Director of Nursing may be the program coordinator, but not the primary instructor.
- 6.4 Other persons, including Clients, experienced aides, and ombudsmen, may be utilized as needed to meet planned objectives.
- 6.5 Instructor qualifications:
 - A. The program coordinator shall:
 1. Hold an active professional nursing license in good standing.
 2. Have at least two (2) years of nursing experience in caring for the elderly and/or the chronically ill of any age of which at least one (1) year must be in the provision of

services in a long-term care facility.

3. Have completed a course in teaching adults (e.g., Train the Trainer) or have documented experience in teaching adults or have one (1) year experience in managing nurse aides.

B. The primary instructor shall:

1. Hold an active professional nursing license in good standing or an active practical nursing license in good standing.
2. Have at least one (1) year of nursing experience in caring for the elderly and/or the chronically ill of any age.
3. Have completed a course in teaching adults (e.g., Train the Trainer) or have documented experience in teaching adults or have one (1) year experience in managing nurse aides.

C. Instructors from ancillary disciplines shall:

1. Have a minimum of one (1) year of current experience in their field.
2. Where applicable, be licensed, registered or certified in good standing in their field.

7. EDUCATIONAL FACILITIES

- 7.1 Classrooms, laboratories and offices shall be adequate in size, number and type.
- 7.2 Classrooms and laboratories shall be in a clean and safe condition, at a comfortable temperature and with adequate lighting.
- 7.3 Instructional materials shall be provided and be available to students and instructors.
- 7.4 Equipment must be kept clean and in good working order.
- 7.5 Supplies and equipment must be sufficient in number to meet the learning needs of the students enrolled in the program.

8. CLINICAL RESOURCES

- 8.1 Facilities selected for clinical experience shall provide for learning experiences in the care of the elderly and/or chronically ill of any age.
- 8.2 Other considerations in the evaluation of a facility as a clinical setting for students are:
 - A. Currently in compliance with federal regulation governing nursing facilities and services.
 - B. Amount and type of administrative support.
 - C. Numbers and types of other programs and students using the facility.
 - D. Average daily census.
- 8.3 Such facilities must not have been terminated from the Medicare/Medicaid programs during the past two years or have been the subject to penalties that would bar them, by federal regulation, from

offering a nurse aide training and competency evaluation program.

8.4 Those agencies requiring licensure shall be licensed in accordance with state and federal regulations.

9. CONTINUING APPROVAL

9.1 The Board will evaluate annual reports from the program.

9.2 In all reviews other than the initial application review, the Board or the Board's designee will conduct an onsite survey of the program. At minimum, all programs will receive an onsite survey every two years. All surveys will evaluate compliance with the requirements as set forth in federal regulation and this chapter. All surveys, as one part of the program review, may also utilize:

- A. The quality of care provided by individual nurse aides that are monitored during a licensure and/or certification survey.
- B. Record of complaints received about the program.
- C. Nurse Aide Competency Evaluation Program pass rates.

9.3 A report of the Board's survey findings will be sent to the program coordinator with the requirements for the correction of any deficiencies identified during the survey.

9.4 Approval of the program will be continued by the Board, provided that the requirements of the Board and state and federal regulations are met.

9.5 The program may be visited at times other than the regularly scheduled survey visit, if deemed necessary by the Board or the Board's designee.

9.6 Programs may make inquiries of the Board or the Board designee's, for the purpose of clarifying the requirements of the rules and regulations when program revisions are being considered.

9.7 Significant changes in the program shall be reported to the Board prior to implementation. Significant changes shall be defined to include, but not be limited to, changes in:

- A. Program coordinator or primary instructor.
- B. Terminal competencies.
- C. The number of hours of instruction required for successful completion of the program.
- D. The order and/or composition of curriculum content.
- E. Status of the program (e.g., inactive, closing).
- F. The provision for permanent safekeeping of student and program records if the program is closing.
- G. Clinical site(s).
- H. Program contact information.

9.8 Any change in the governing body must be reported to the Board prior to the change's implementation and may necessitate an onsite survey visit.

10. WITHDRAWAL OF APPROVAL

10.1 The Board must withdraw approval of a Nurse Aide Training Program when:

- A. Notified that the Medicare certified long term care facility conducting the program has lost its privilege to conduct the program resulting from federal regulation.
- B. The program refuses to permit unannounced visits by the Board or the Board's designee.

10.2 The Board may withdraw approval of a Nurse Aide Training Program when:

- A. The Board determines that the program is non-compliant with federal and state regulations after evaluating the program's response to the Board's request for documentation/proof of compliance; or
- B. If the Nurse Aide Training Program is unable to maintain an acceptable average Nurse Aide Competency Evaluation Program pass rate as determined by Board Policy.

10.3 The Board must notify the program in writing, indicating the reason(s) for withdrawal of approval of the program.

10.4 Students who have started a program from which approval has been withdrawn must be allowed to complete the course and take the competency evaluation.

11. INACTIVE PROGRAMS

11.1 A program may be deemed to be inactive when:

- A. No trainees have been admitted or are not expected to be admitted for a period of twelve months; or
- B. A program is determined to have ceased operation, as evidenced by lack of current contact information for the program, its governing body or instructors.

11.2 In order to reactivate a program's approval status the program coordinator shall submit the following information to the Board:

- A. Names and qualifications of instructors, if anything has changed since the program became inactive.
- B. Curriculum changes to be implemented, if any.
- C. Clinical resources to be utilized.
- D. Date of student admission.

Adopted: October 24, 2007

Effective: December 31, 2007

CHAPTER XII – REPEALED EFF. 06/01/2008

CHAPTER XIII - RULES AND REGULATIONS REGARDING THE DELEGATION OF NURSING TASKS

1. STATEMENT AND BASIS OF PURPOSE

The rules contained in this Chapter are adopted pursuant to authority granted the Board by C.R.S. 12-37-108(1)(j), and specifically pursuant to authority granted in C.R.S. 12-38-132(6). The purpose of these rules is to specify procedures and criteria regarding the delegation of nursing tasks.

2. The professional nurse is responsible for and accountable to each consumer of nursing care for the quality of nursing care he or she provides either directly or through the delegated care provided by others. Supervision of personnel associated with nursing tasks is included in the legal definition of the practice of professional nursing.

3. **DEFINITIONS:** For the purposes of these Chapter XIII rules, the following terms have the indicated meaning.

3.1 "Board" means the State Board of Nursing.

3.2 "Client" means the recipient of nursing care.

3.3 "Delegatee" means an individual receiving the Delegation who acts in a complementary role to the professional nurse, who has been trained appropriately for the task delegated, and whom the professional nurse authorizes to perform a task that the individual is not otherwise authorized to perform.

3.4 "Delegation" means the assignment to a competent individual the authority to perform in a selected situation a selected nursing task included in the practice of professional nursing as defined in section 12-38-103(10).

3.5 "Delegator" means the professional nurse making the Delegation; the Delegator must hold a current, active license.

3.6 Individualized Healthcare Plan ("IHP") means a plan for a specific Client that is developed by a professional nurse employed or contracted by the Client's School or Licensed Child Care Facility, in conjunction with the Client and parent or guardian and, if applicable, based on the Client's Practitioner's orders for the administration of Medications and/or treatments for the Client.

3.7 "Licensed Child Care Facility" means any facility licensed as a family child care home or child care center as defined in C.R.S. 26-6-102.

3.8 "Medication" means any prescription or nonprescription drug as defined in C.R.S. 12-22-102.

3.9 "Practitioner" means a person authorized by law to prescribe treatment, Medication or medical devices and acting within the scope of such authority.

3.10 "School" means any institution of primary or secondary education, including preschool and kindergarten.

3.11 "Supervision" means the provision of guidance and review by a qualified professional nurse for the accomplishment of a nursing task or activity, with initial direction of the task, periodic inspection of the actual act of accomplishing the task or activity, and evaluation of the outcome.

4. CRITERIA FOR DELEGATION

4.1 Any nursing task delegated by the professional nurse shall be:

- A. Within the area of responsibility of the nurse delegating the task;
- B. Within the knowledge, skills and ability of the nurse delegating the task;
- C. Of a routine, repetitive nature and shall not require the Delegatee to exercise nursing judgment or intervention;
- D. A task that a reasonable and prudent nurse would find to be within generally accepted nursing practice;
- E. An act consistent with the health and safety of the Client; and
- F. Limited to a specific Delegatee, for a specific Client, and within a specific time frame, except for Delegation in Schools as described in Section 7 of this Chapter, or Delegation in a Licensed Child Care Facility as described in Section 9 of this Chapter.

4.2 The Delegatee shall not further delegate to another individual the tasks delegated by the professional nurse.

4.3 The delegated task may not be expanded without the expressed permission of the Delegator.

4.4 The Delegator shall assure that the Delegatee can and will perform the task with the degree of care and skill that would be expected of the professional nurse.

5. RESPONSIBILITY OF THE DELEGATOR

5.1 The decision to delegate shall be based on the Delegator's assessments of the following:

- A. The Client's nursing care needs including, but not limited to, complexity and frequency of the nursing care, stability of the Client, and degree of immediate risk to the Client if the task is not carried out;
- B. The Delegatee's knowledge, skills and abilities after training has been provided;
- C. The nature of the task being delegated including, but not limited to, degree of invasiveness, irreversibility, predictability of outcome, and potential for harm;
- D. The availability and accessibility of resources, including but not limited to, appropriate equipment, adequate supplies and appropriate other health care personnel to meet the Client's nursing care needs; and
- E. The availability of adequate Supervision of the Delegatee.

5.2 The Delegator shall:

- A. Explain the Delegation to the Delegatee and that the delegated task is limited to the identified Client within the identified time frame;
- B. As appropriate, either instruct the Delegatee in the delegated task and verify the Delegatee's competency to perform the delegated nursing task, or verify the Delegatee's competence to perform the delegated nursing task;

- C. Provide instruction on how to intervene in any foreseeable risks that may be associated with the delegated task;
- D. Provide appropriate and adequate Supervision to the Delegatee to the degree determined by the Delegator, based on an evaluation of all factors indicated in Section 5.1; and
- E. If the delegated task is to be performed more than once, develop and employ a system for ongoing monitoring of the Delegatee.

5.3 The Delegator, on an ongoing basis, shall evaluate the following:

- A. The degree to which nursing care needs of the Client are being met;
- B. The performance by the Delegatee of the delegated task;
- C. The need for further instruction; and
- D. The need to continue or withdraw the Delegation.

5.4 Documentation of the Delegation by the Delegator in the Client record shall adhere to generally accepted standards and minimally include, but not be limited to, the following:

- A. Assessment of the Client;
- B. Identification of the task delegated, the Delegatee, the Delegator, time delegated, and time frame for which the Delegation is effective;
- C. Direction for documentation by the Delegatee that the task or procedure was performed and the Client's response, if appropriate; and
- D. Periodic evaluation of the Client's response to the performed delegated task.

6. STANDARDS FOR THE ACCOUNTABILITY OF THE DELEGATOR

- 6.1 The Delegator shall adhere to the provisions of the Nurse Practice Act and the rules and regulations of the Board.
- 6.2 The Delegator is accountable for the decision to delegate and the assessments indicated in 5.1.
- 6.3 The Delegator is accountable for monitoring, outcome evaluation, and follow-up of each Delegation.
- 6.4 The Delegator is accountable for the act of delegating and supervising.

7. DELEGATION OF THE ADMINISTRATION OF ORAL, TOPICAL AND INHALED MEDICATIONS IN SCHOOLS

- 7.1 A professional nurse employed or contracted by a School may delegate the administration of oral, topical (including eye and ear drops) and inhaled Medications to a specific Delegatee(s) for the population of a School, within a specific time frame not to exceed one school year.
- 7.2 A professional nurse employed by or contracted by a school district may delegate to one or

more specific Delegatee(s) who have successfully completed appropriate training the administration of emergency medications, prepackaged in unit dose preparations, including but not limited to injectable epinephrine, where there is an emergency need for such treatment. The professional nurse must provide to the Delegatee a specific written protocol for each Client as determined in the IHP.

7.3 The Delegator shall not delegate the administration of Medications in Schools to any Client where the route of medication administration is not included in 7.1 or 7.2.

7.4 The Delegator shall not delegate the administration of Medications in Schools where the administration requires the Delegatee to exercise the judgment required of a professional nurse.

7.5 Medication administration must occur within the context of generally accepted standards, including authorization by an individual authorized by statute to prescribe; appropriate storage of Medications; administration procedures including the use of pharmacy or pharmaceutical company labeled Medications; and documentation.

7.6 Nothing in this Section 7 shall be construed to prohibit a professional nurse from delegating a specific nursing task to a specific Delegatee for a specific Client in the School setting, as otherwise provided for and governed by the provisions of this Chapter XIII.

8. DELEGATION OF INSULIN AND GLUCAGON ADMINISTRATION IN THE SCHOOL SETTING AND LICENSED CHILD CARE FACILITY

8.1 The injection of insulin or glucagon is a nursing task that may be delegated in accordance with the requirements of these Chapter XIII rules. The selection of the type of insulin and dosage levels shall not be delegated.

8.2 An IHP shall be developed for any Client receiving insulin in the School or Licensed Child Care Facility setting. Delegation of tasks for Clients with diabetes shall be confined to procedures that do not require nursing assessment, judgment, evaluation or complex skills.

A. By example, but not limited to the following list, the IHP may include:

- i. Carbohydrate counting
- ii. Glucose testing
- iii. Activation or suspension of an insulin pump
- iv. Usage of insulin pens
- v. Medical orders
- vi. Emergency protocols related to glucagon administration

8.3 Insulin injection by the Delegatee shall only occur when the Delegatee has followed the guidelines of the IHP.

A. Dosages of insulin may be injected by the Delegatee as designated in the IHP .

B. Non-routine, correction dosages of insulin may be given by the Delegatee only after:

- i. Following the guidelines of the IHP; and
- ii. Consulting with the Delegator, parent or guardian, as designated in the IHP, and verifying and confirming the type and dosage of insulin being injected.

C. Under Section 8.3, insulin injection by the Delegatee is limited to a specific Delegatee, for a specific Client and for a specific time.

8.4 When the Delegator determines that the Client is capable of self-administration, as documented in the IHP, the Delegator may delegate to the Delegatee as designated in the IHP the verification of insulin dosage via pump or injection.

8.5 When the Client is not capable of self-administration, routine daily meal boluses of insulin, based on carbohydrate counts and blood glucose levels, may be injected via the insulin pump by the Delegatee as designated in the IHP.

9. DELEGATION OF ADMINISTRATION OF ORAL, TOPICAL AND INHALED MEDICATIONS IN LICENSED CHILD CARE FACILITIES

9.1 A professional nurse employed or contracted by a Licensed Child Care Facility may delegate the administration of oral, topical (including eye and ear drops), and inhaled Medications to a specific Delegatee(s) for the population of the facility, within a specific time frame not to exceed one year.

9.2 A professional nurse employed or contracted by a Licensed Child Care Facility may delegate to one or more specific Delegatee(s) who have successfully completed appropriate training in the administration of emergency Medications, prepackaged in unit dose preparations, including but not limited to injectable epinephrine, where there is an emergency need for such treatment. The professional nurse must provide to the Delegatee a specific written protocol for each Client as determined in the IHP.

9.3 The Delegator shall not delegate the administration of Medication in child care facilities to any Client where the route of medication administration is not included in 9.1 and 9.2.

9.4 The Delegator shall not delegate the administration of Medications in Licensed Child Care Facilities where the administration requires the Delegatee to exercise the judgment required of a professional nurse.

9.5 Medication administration must occur within the context of generally accepted standards, including authorization by an individual authorized by statute to prescribe; appropriate storage of Medications; administration procedures including the use of pharmacy or pharmaceutical company labeled Medications; and documentation.

9.6 Nothing in this Section 9 shall be construed to prohibit a professional nurse from delegating a specific nursing task to a specific Delegatee for a specific Client in the Licensed Child Care Facility setting, as otherwise provided for and governed by the provisions of this Chapter XIII.

10. EXCLUSIONS FROM THE CHAPTER XIII RULE INCLUDE:

10.1 Any person registered, certified, licensed, or otherwise legally authorized in this state under any other law engaging in the practice for which such person is registered, certified, licensed, or authorized.

- 10.2 Any person performing a task legally authorized by any person registered, certified, or licensed in this state under any other law to delegate the task.
- 10.3 The professional nurse who teaches the Child Care Medication Administration course required by the Colorado Department of Human Services shall not be considered to be delegating as defined by this Chapter XIII.
- 10.4 Any child care provider as defined in section 26-6-102(1.7) C.R.S. acting in compliance with section 26-6-119 C.R.S., and any rules enacted pursuant to that section. Such child care provider must:
- A. Have successfully completed a medication administration instructional program that is approved by the Colorado Department of Human Services;
 - B. Have daily physical contact with the parent or guardian of the Client to whom medications are administered;
 - C. Administer only routine medications and only in compliance with rules promulgated by the state Board of Human Services;
 - D. In emergency situations requiring the administration of unit dose epinephrine, comply with any protocols written by the prescribing health care professional; and
 - E. Administer a nebulized inhaled medication only in compliance with protocols written by the prescribing health care professional that identify the need for such administration.

Adopted August 1, 2007 Effective October 1, 2007

CHAPTER XIV - RULES AND REGULATIONS TO REGISTER PROFESSIONAL NURSES QUALIFIED TO ENGAGE IN ADVANCED PRACTICE

STATEMENT OF BASIS AND PURPOSE

The rules contained in this Chapter are adopted pursuant to authority granted the Board of Nursing by C.R.S. 1994, 12-38-108(1)(j) and specifically authorized by C.R.S. 1994, 12-38-111.5. These rules are adopted to implement the Board's authority to register professional nurses qualified to engage in advanced practice and are further adopted to set forth the requirements and procedures for being so registered.

I. DEFINITIONS

- 1.1 The abbreviation of "Advanced Practice Nurse" , "A.P.N." , may be used as an umbrella term. Areas of specialty are identified as "Certified Nurse Midwife" which is abbreviated as "C.N.M." ; "Clinical Nurse Specialist" which is abbreviated as "C.N.S." ; Certified Registered Nurse Anesthetist" which is abbreviated as "C.R.N.A." ; and "Nurse Practitioner" which is abbreviated as "N.P." .
- 1.2 Nationally accredited education program is defined as the entire program which prepares a Registered Nurse for advanced practice. Pursuant to C.R.S. 12-38-111.5(4)(c), on or after July 1, 2008, the requirements for inclusion in the advanced practice registry shall include the successful completion of a graduate degree in the appropriate specialty.
- 1.3 National certification examination means an examination administered by a nationally recognized accrediting agency.

II. EDUCATIONAL REQUIREMENTS FOR ADVANCED PRACTICE NURSES' REGISTRATION ON OR AFTER JULY 1, 1995 UNTIL JULY 1, 2008.

- 2.1 An applicant to be registered as a Certified Nurse Midwife must meet the standards for education and certification established by the American College of Nurse- Midwives (ACNM) or its designee. Documentation required shall be ACNM confirmation of certification.
- 2.2 An applicant to be registered as a Clinical Nurse Specialist must either (1) complete a nationally accredited educational program which confers a graduate degree in a clinical nursing specialty or (2) pass a national advanced practice certification examination. Documentation required shall be a transcript of the conferred degree or verification of national advanced practice certification.
- 2.3 An applicant to be registered as a Certified Registered Nurse Anesthetist must complete a program accredited by the American Association of Nurse Anesthetists' (AANA) Council on Accreditation of Nurse Anesthesia Educational Program and pass the national certification examination as administered by the AANA Council on Certification of Nurse Anesthetists. Documentation required shall be AANA confirmation of certification or recertification.
- 2.4 An applicant to be registered as a Nurse Practitioner must either (1) complete a nationally accredited educational program for Nurse Practitioners or (2) pass a national advanced practice certification examination. Documentation required shall be transcripts or other written proof of program completion or national advanced practice certification.

III. OTHER REQUIREMENTS WHICH MUST BE COMPLETED ARE:

- 3.1 Possession of an active, current Colorado license as a Professional Nurse, without current disciplinary sanctions.
- 3.2 Submission of application on Board approved form(s).
- 3.3 Payment of application fee.
- 3.4 The Board reserves the right to evaluate documentation of education, examination, certification, and/or experience provided by an applicant and establish the area of specialty it deems appropriate.

IV. GENERAL POLICIES RELATING TO REGISTRATION.

- 4.1 The Program Administrator of the Board has delegated authority to register and to renew qualified applicants during the period between board meetings.
- 4.2 Renewal of registration.
 - a. All registrations shall be renewed at the time the holder renews the registered nurse license. All advanced practice registrations are invalid if not renewed on that date.
 - b. Renewals postmarked after the expiration date of the Registered Nurse license may be assessed a penalty fee.
 - c. A canceled check or a receipt from the Board shall be considered proof of renewal until the renewed registration is received.
- 4.3 An applicant who does not complete the registration process within one year of the date of application shall complete the application process again including payment of the application fee and all document submission.

CHAPTER XV - RULES AND REGULATIONS FOR PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE NURSES

STATEMENT OF BASIS AND PURPOSE

The rules contained in this Chapter XV are adopted pursuant to authority granted the Board of Nursing by C.R.S. 1995, 12-38-111.6. These rules are adopted to set criteria for authorization of advanced practice nurses who are listed on the advanced practice registry to prescribe controlled substances or prescription drugs, and to reflect current accepted professional standards for the safe and effective use of controlled substances and prescription drugs.

I. DEFINITIONS

- A. "Health/physical and psychological assessment" includes the comprehensive history taking, physical and psychological assessment of signs and symptoms, pathophysiologic and psychopathologic status of the patient, and development of a clinical diagnosis with emphasis in content and competency appropriate to the nurse's scope of practice.
- B. "Pharmacology" means the study of pharmacotherapeutics and pharmacokinetics of broad categories of pharmacological agents.
- C. "Advanced" means content and competency at a level beyond that of a baccalaureate prepared nurse.

II. REQUIREMENTS FOR AUTHORIZATION TO PRESCRIBE

Each applicant for prescriptive authority shall:

- A. Submit application on Board approved form.
- B. Pay application fee.
- C. Hold a Colorado Registered Nurse license in good standing without current disciplinary sanctions.
- D. Be listed on the Advanced Practice Registry.
- E. Provide evidence of having successfully achieved the following:
 - 1. A graduate degree in a nursing specialty.
 - 2. Completion of specified coursework. The coursework shall either be a part of a master's degree in nursing program or post basic professional nursing education in an institution accredited through the United States Department of Education. Required areas and lengths of coursework are as follows:
 - a. Advanced health/physical and psychological assessment which consists of a minimum of 45 clock hours.
 - b. Advanced pathophysiology/psychopathology which consists of a minimum of 45 clock hours.
 - c. Advanced pharmacology which consists of a minimum of 45 clock hours..
 - 3. At least 1,800 hours of post graduate experience during the last 5 years in a relevant clinical setting based upon:

- a. A structured plan of precepted experience with a licensed physician, advanced practice nurse, and any other health professional addressing the areas of advanced health/physical and psychological assessment, clinical diagnosis and management, and advanced pharmacology.
- b. At least weekly interaction between the nurse and the preceptor.
- c. Experience with specific drugs which are relevant to the scope of practice of the applicant.

III. REQUIREMENTS FOR NURSES PRACTICING WITH PRESCRIPTIVE AUTHORITY.

- A. Each advanced practice nurse with prescriptive authority shall:
 - 1. Maintain at least one written collaborative agreement with a physician licensed in Colorado whose medical education, training, experience, and active practice corresponds with that of the nurse. Such agreement(s) shall identify the following:
 - a. Duties and responsibilities of each party.
 - b. Procedures and policies related to consultation and referral.
 - c. A mechanism to assure appropriate prescriptive practice.
 - d. Time frame for the agreement.
 - 2. Inform the Board, on any application or renewal form, of all collaborative agreements in effect including the name and license number of the collaborating physician.
 - 3. Inform the Board in writing of the commencement and termination of any collaborative agreement with a physician within 30 days.
 - 4. Inform the signer of any collaborative agreement of all other collaborative agreements then in force.

IV. PARAMETERS OF PRESCRIPTIVE AUTHORITY

- A. The scope of the prescriptive authority for prescription drugs and controlled substances defined in Title 12, Article 22 shall be limited to those patients within the nurse's area of practice.
- B. Prescription drugs may be prescribed for persons requiring routine health maintenance or routine preventive care.
- C. Prescription drugs and controlled substances may be prescribed to patients requiring:
 - 1. Care for an acute, self-limiting condition. A self-limiting condition is one that has a defined diagnosis, a predictable outcome and is not threatening to life or limb; or
 - 2. Care for a chronic condition that has stabilized; or
 - 3. Terminal comfort care.
- D. All prescriptions shall comply with applicable federal and state laws including Article 22 of this Title and Part 2 of Article 18 of Title 18, C.R.S.

- E. A nurse with prescriptive authority may accept, possess, administer and dispense samples which are within the limits of the nurse's scope of practice.
- F. A nurse with prescriptive authority may obtain, possess and administer medications which are within the limits of the nurse's scope of practice.

CHAPTER XVI DUTY TO REPORT FELONIES

BASIS: The authority for the promulgation of these rules and regulations by the State Board of Nursing is set forth in sections 12-38-108(1)(j) and 12-38-117(1)(b), C.R.S.

PURPOSE: The purpose of these rules and regulations is to set forth the requirements and procedures of reporting felony convictions for Nurse Aides, Psychiatric Technicians, Practical Nurses, and Professional Nurses in the state of Colorado.

1. REPORTING FELONY CONVICTIONS

- 1.1 Any individual licensed or certified pursuant to sections 12-38.1-102(3); 12-42-102(4); or 12-38-103(8) and (11), C.R.S., shall inform the Board, in a manner set forth by the Board, within forty-five (45) days of the following occurrences:
 - A. The conviction of the certificate holder or licensee of a felony under the laws of any state or of the United States, as described in section 12-38-117(1)(b); 12-38.1-111(1)(b); or 12-42-113(1)(b) C.R.S.
 - B. For purposes of these rules a plea of guilty or a plea of nolo contendere (no contest), accepted by the court, or the imposition of a deferred judgment/sentence is considered a conviction.
- 1.2. The notice to the Board shall include the following information:
 - A. The Court
 - B. The Jurisdiction
 - C. The case name
 - D. The case number
 - E. A description of the matter or a copy of the indictment or charges
- 1.3 Even after making the initial report described above, the certificate holder or licensee shall inform the Board of the following information within 45 days of each such occurrence:
 - A. The imposition of sentence for the felony conviction.
 - B. The completion of all terms of the sentence for the felony conviction.
- 1.4 The certificate holder or licensee notifying the Board may submit a written statement with the notice to be included in the certificate holder's or licensee's records.
- 1.5 This rule shall apply to any conviction or plea as described in paragraph 1.1 A. of this rule that occurs on or after October 1, 2008.
- 1.6 Failure to comply with this rule may constitute grounds for disciplinary action.

Adopted: July 30, 2008

Effective: October 1, 2008

CHAPTER XVII – RULES AND REGULATIONS FOR THE COLORADO CERTIFIED NURSE AIDE REGISTRY

General Authority - C.R.S. 12-38.1-103(3)

Specific Authority - C.R.S. 12-38.1-103(3) & (4)

1. ESTABLISHMENT OF CERTIFIED NURSE AIDE REGISTRY.

1.1 The Colorado Certified Nurse Aide Registry maintains information on certified nurse aides with certification in the state of Colorado. The Certified Nurse Aide Registry records shall contain the following:

- A. Full name, including maiden name, other surnames
- B. Last known address
- C. Date of birth
- D. Date original Colorado certification was granted
- E. Status of certification, including date of expiration of current certificate
- F. Certification number
- G. Name and address of entity that administered competency evaluation
- H. Information regarding any finding of abuse, neglect, or misappropriation, including:
 - 1. documentation of state's investigation, including nature of allegation, evidence that led state to conclude allegation was valid;
 - 2. date of hearing, if any, and outcome;
 - 3. a statement by the individual disputing the allegation, if he/she chooses.
- I. Information regarding any disciplinary action against the nurse aide

2. DEFINITIONS

- 2.1 *Finding* means any final determination by the Board after considering the evidence, after a hearing, if any, and after any appeal or review time has passed.
- 2.2 *Abuse* means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.
- 2.3 *Neglect* means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness and to promote health and wellness.
- 2.4 *Misappropriation* means the deliberate misplacement, exploitation, or wrongful (temporary or permanent) use of a patient's belongings or money or facility property.

2.5 *Removal of finding* means removal of the finding relating to abuse, neglect, or misappropriation only. Other findings which may have arisen out of the same incident and information regarding the incident itself are not removed from the registry unless deemed appropriate by the Board.

2.6 *Certified nurse aide*, for the purposes of these rules, is a certified nurse aide, a nurse aide applicant, or a certified nurse aide who has been suspended or revoked by the Board.

3. PLACEMENT OF FINDINGS OF ABUSE, NEGLECT, OR MISAPPROPRIATION ON THE REGISTRY.

3.1 In any case in which a certified nurse aide has been found by the Board of Nursing to have abused or neglected a patient or to have misappropriated patient property, such finding shall be placed in the records of the certified nurse aide registry.

3.2 Placement in the registry shall be accomplished within 10 days of the final finding.

3.3 A finding may also be based upon a conviction in a court of law for abuse, neglect, or misappropriation.

4. REMOVAL OF FINDINGS OF ABUSE, NEGLECT, OR MISAPPROPRIATION FROM THE REGISTRY.

4.1 A finding of abuse, neglect, or misappropriation must be removed from the registry when:

- A. the finding has been determined to be in error; or
- B. the certified nurse aide has been found not guilty of the offense in a court of law if the conviction was the basis of the placement on the registry; or
- C. the Board is notified of the individual's death and given proof thereof.

4.2 A finding of neglect may be removed, upon the request of the certified nurse aide against whom the finding has been made and upon a determination of the Board of Nursing that such finding should be removed pursuant to the process outlined in this section.

5. TIME FOR REQUEST FOR REMOVAL

5.1 A request for removal of a finding may be made at any time if:

- A. the individual has been found not guilty in a court of law if the conviction was the only basis for the finding; or
- B. the Board is notified that the individual has died; or
- C. the request is based upon evidence that the behavior was not a part of a pattern of abusive behavior or neglect and the neglect was a singular occurrence.

5.2 In cases other than those in part 5.1, removal will be considered only after:

- A. five years from the date of the final finding in cases of neglect in which harm to the patient resulted.
- B. three years from the date of the final finding in cases of neglect where no harm occurred or verbal abuse.

6. INFORMATION TO BE PROVIDED BY THE CERTIFIED NURSE AIDE

6.1 A request to the Board of Nursing for removal of a finding must be in writing in accordance with the procedures set forth in these rules and must be timely made pursuant to part 5 of these rules.

6.2 A request will include the following information about the individual:

- A. full name of the certified nurse aide, including the name under which the nurse aide is/was certified;
- B. date of birth;
- C. certification number;
- D. current address.

6.3 A request will include the basis for seeking removal from the registry as follows:

- A. evidence that the behavior that formed the basis of the finding was not part of a pattern of abusive behavior or neglect and that it was a singular occurrence, and
- B. evidence of rehabilitation.

7. PROCEDURE BEFORE THE BOARD OF NURSING.

7.1 A request for removal of a finding will be reviewed by the Board within 90 days of receipt of the completed request. In no case, however, will a determination on a request brought under section 5.1.C be made prior to the expiration of the 1-year period beginning on the date on which the name of the certified nurse aide was added to the registry. The board shall consider whether to:

- A. deny removal; or
- B. request further information or investigation; or
- C. grant removal.

7.2 Grounds for denial of removal include:

- A. failure to comply with paragraph 5.2 regarding the waiting period for such requests;
- B. a determination that the behavior was part of a pattern of abusive behavior or was not a singular occurrence.
- C. a determination that the certified nurse aide has not provided sufficient evidence of rehabilitation.

7.3 Grounds for granting removal include:

- A. 1. proof of a not guilty judgment in a court of law based on the incident which formed the basis of the finding; OR
- 2. a determination that the incident upon which the finding was based was not part of a pattern of abusive behavior or neglect and the neglect was a singular occurrence; AND

- B. 1. a determination that the evidence is sufficient to lead the board to believe that similar behavior will not be repeated; AND
2. a determination that the evidence is sufficient to show that the individual has been rehabilitated.

8. EFFECT OF REMOVAL OF FINDING FROM REGISTRY.

- 8.1 When a finding is removed from the individual's record in the registry, information regarding the incident upon which the finding was made and other findings will not be removed unless the removal is pursuant to section 4.1 and the Board further determines that other findings or the entire incident are appropriately removed.
- 8.2 Upon removal of the finding, it may not be used in any way to limit the individual's certificate to practice.

Chapter XVIII - Rules and Regulations Concerning reporting Requirements

[Repealed Effective October 1, 2007]

CHAPTER XIX-RULES AND REGULATIONS FOR MEDICATION AIDE AUTHORITY

General Authority - C.R.S. 12-38-108(1)(j) and C.R.S. 12-38.1-103(3);

Specific Authority - C.R.S. 12-38.1-110.5 and 12-38.1-111

1. STATEMENT OF BASIS AND PURPOSE

The rules are adopted to specify procedures used in obtaining medication aide authority. Adoption of these rules is necessary to comply with the enactment of SB 05-155.

2. DEFINITIONS

- 2.1 "Board" is the Colorado State Board of Nursing
- 2.2 "Licensed staff member," as used in C.R.S. 12-38.1-110.5(2)(b) and these rules, means a registered nurse, a practical nurse or a licensed psychiatric technician.
- 2.3 "Nursing Facility" is a nursing facility as defined by C.R.S. 25.5-4-103(14)
- 2.4 "Program Director" is the chief officer employed pursuant to C.R.S. 12-38-107.
- 2.5 "Resident" means a patient residing in a long-term care or nursing facility.
- 2.6 "Routinely prescribed oral medications," as used in C.R.S. 12-38.1-110.5(3)(a)(II) and these rules, means any prescribed medication delivered by mouth, other than Coumadin, its derivatives or a scheduled controlled substance, that is consistent with a written care plan and is scheduled for administration according to a fixed and definite time schedule.

3. AUTHORITY BY ENDORSEMENT

Medication aides from another state or territory of the U.S. are not eligible for authority by endorsement. However, medication aides from another state or territory of the U.S. with the equivalent training and experience as required by C.R.S. 12-38.1-110.5(1) and (2) may be permitted by the Board to take the medication administration examination.

4. RENEWAL AND REINSTATEMENT

Unless the nurse aide certificate has expired for two or more years, the medication aide authority is renewed and reinstated as the nurse aide certificate is renewed and reinstated. If the nurse aide certificate has expired for two or more years, the medication aide authority is reinstated only after successfully re-passing the medication administration examination.

5. ELIGIBILITY

- 5.1 The certified nurse aide is responsible to maintain his/her own documentation of the number of hours worked in a nursing facility to meet the two thousand (2,000) hour statutory requirement. Acceptable documentation includes pay stubs, payroll records or letters from nursing facility management attesting to the number of hours worked by the applicant. The hours worked are cumulative and may be acquired at more than one nursing facility.
- 5.2 Proof of successful completion of the educational requirements is established by one of the following methods:
 - 5.2.1 An official transcript from an approved Colorado practical nursing program or approved licensed psychiatric technician educational program documenting successful completion of the required courses, credit hours and practicum. Where letter grades are provided, "successful completion" means a C or higher grade in each course.
 - 5.2.2 An official certification of completion from a Medication Aide Program that has been reviewed by the Board and found to be in compliance with the educational and practicum requirements of C.R.S. 12-38.1-110.5(2). A list of such programs is available on the Board's web site.
- 5.3 An individual seeking medication aide authority must meet all the requirements of C.R.S. 12-38.1-110.5 and these rules.

6. SUPERVISION OF MEDICATION AIDES

- 6.1 A licensed registered nurse or a licensed practical nurse, not a certified nurse aide and not another medication aide, shall supervise medication aides.
- 6.2 Medication aides shall not administer medications if a licensed registered nurse or a licensed practical nurse does not currently supervise them.
- 6.3 Medication aides shall not precept or supervise medication aide students.

7. REGISTERED NURSE ASSESSMENT

- 7.1. A registered nurse shall make patient assessments in accordance with the plan of care before a medication aide may administer any medications.
- 7.2. The plan of care for a patient receiving medications shall include documentation of the medications administered and shall specify the frequency of assessments to be performed by the registered nurse. The plan of care will be in accordance with the generally accepted standards of nursing practice. The assessment will be valid until there is a change in the plan of care or when a patient's circumstance requires a more frequent assessment prior to medication administration. The registered nurse cannot delegate the patient assessment required by this rule.
- 7.3. Medication aides shall report any change in condition to the supervising nurse, prior to administering medications.

8. REGISTERED NURSE REVIEW OF MEDICATIONS

8.1 A licensed registered nurse shall review the medications to be administered by the medication aide and shall document the review in the patient/resident's record. This review occurs at least monthly in accordance with section 8.2. Medication review means that the licensed registered nurse has reviewed each patient/resident's medication orders to verify that the prescribed medications:

8.1.1 Are routinely prescribed oral medications;

8.1.2 Are not incompatible with each other;

8.1.3 Are not contraindicated for the patient/resident; and that

8.1.4 The medications will not create a risk of harm.

8.2 A registered nurse shall review the medications each time:

8.2.1 A new medication is added; or

8.2.2 With any change in medications orders, dosages or routes ordered.

8.3 A review of medications includes the frequent and periodic review of the Medication Administration Record (MAR) to verify that the medication aide is properly performing and documenting medication administration.

8.4 Medication aides shall not administer medications that have not been reviewed by a registered nurse.

9. THE SCOPE OF PRACTICE AND DELEGATION OF NURSING TASKS

9.1. A medication aide shall not, under delegated authority or under any circumstances, administer:

9.1.1. Coumadin, or its derivatives;

9.1.2. Controlled substances;

9.1.3. Non-oral medications;

9.1.4. PRN Medications

9.2. A medication aide, while working in the capacity as a medication aide, shall not accept assignment of any other duties, not related to the administration of medications, until medications are administered.

10. REPORTING RULES

10.1. As used in C.R.S. 12-38.1-111(4), "Disciplinary action" means any disciplinary action taken by the employer against a medication aide, or the resignation of a medication aide in lieu of a disciplinary action resulting from such conduct, when such discipline or resignation is due to:

10.1.1 Medication administration error resulting in a negative patient outcome;

10.1.2 Conduct which poses a risk to the health and safety of a patient or the public;

10.1.3 The failure of the medication aide to respond to remediation efforts involving medication

administration;

10.1.4 Diversion of any drugs; or

10.1.5 Failure of the medication aide to report medication error to the supervising nurse.

11. APPLICATION PROCESS

The applicant has one year from the initial date of application to submit all the required documentation. Applicants who fail to timely complete the application process must begin the application process again.
Eff. 10/30/2006

Adopted: August 31, 2006 *Eff. 10/30/2006*

Effective: October 30, 2006 *Eff. 10/30/2006*

CHAPTER XX - Rules and Regulations for Multistate Nurse Licensure

General Authority C.R.S. 12-38-108(1),(4)

Specific Authority C.R.S. 24-60-3202

PURPOSE: To specify requirements, pursuant to the Nurse Licensure Compact, so that a license to practice professional or practical nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a professional or practical nurse in such party state.

SECTION 1. DEFINITIONS:

For the purposes of Chapter XX of these Rules, the following terms have the indicated meaning:

- 1.1 Alternative program: A voluntary, non-disciplinary monitoring program approved by a board.
- 1.2 Board: A party state's regulatory body responsible for issuing nurse licenses.
- 1.3 Coordinated licensure information system: An integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a non-profit organization composed of state nurse licensing boards.
- 1.4 Current significant investigative information:
 - A. investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
 - B. investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.
- 1.5 Home state: The party state that is the nurse's primary state of residence.
- 1.6 Information system: The coordinated licensure information system.
- 1.7 Multistate licensure privilege: A current, official authority from a remote state permitting the

practice of nursing as a professional or practical nurse in such party state.

- 1. 8 Nurse: A professional or practical nurse as that term is defined by each party's state practice laws.
- 1. 9 Party state: Any state that has adopted the Interstate Nurse Licensure Compact.
- 1. 10 Primary state of residence: the state of a person's declared fixed permanent and principal home for legal purposes; domicile.
- 1.11 Public: Any individual or entity other than designated staff or representatives of party state boards or the National Council of State Boards of Nursing, Inc.
- 1.12 Remote state: A party state, other than the home state where the patient or recipient of nursing practice is located at the time nursing services are provided.

SECTION 2. ISSUANCE OF A LICENSE

- 2.1 No applicant for initial licensure may be issued a compact license granting a multi-state privilege to practice unless the applicant has obtained a passing score on the applicable National Council Licensure Examination (NCLEX) or its predecessor examination used for licensure and has satisfied all other conditions required by the Board.
- 2.2 A nurse applying for a license in a home state shall produce evidence of the nurse's primary state of residence. Such evidence shall include a declaration signed by the licensee. Further evidence that may be requested may include but is not limited to:
 - A. Driver's license with a home address;
 - B. Voter registration card displaying a home address; or
 - C. Federal income tax return declaring the primary state of residence.
- 2.3 A nurse changing her/his primary state of residence, from one party state to another party state, may continue to practice for a period not to exceed thirty (30) days under the former home state license and multistate licensure privilege during the processing of the nurse's licensure application in the new home state.
- 2.4 The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the thirty (30) day period in Section 2.3 shall be stayed until resolution of the pending investigation.
- 2.5 The former home state license shall no longer be valid upon the issuance of a new home state license.
- 2.6 If a decision is made by the new home state denying licensure, the new home state shall notify the former home state within ten (10) business days and the former home state may take action in accordance with that state's laws and rules.

SECTION 3. LIMITATIONS OF MULTISTATE LICENSURE PRIVILEGE

- 3.1 All licensure disciplinary orders and/or agreements that limit practice and/or require monitoring shall include the requirement that the licensee subject to said order and/or agreement will agree to limit the licensee's practice to the home state during the pendency of the disciplinary order and/or agreement. This requirement may, in the alternative, allow the nurse to practice in other party states with prior written authorization from both the home state and such other party state boards.

SECTION 4. INFORMATION SYSTEM

4.1 Levels of access:

- A. The public shall have access to nurse licensure information contained in the Information System limited to:
 - 1. the nurse's name;
 - 2. jurisdiction(s) of licensure;
 - 3. license expiration date(s);
 - 4. licensure classification(s) and status(es);
 - 5. public emergency and final disciplinary actions, as defined by contributing state authority; and
 - 6. the status of multistate licensure privileges.
- B. Non-party state boards shall have access to all Information System data except current significant investigative information and other information as limited by contributing party state authority.
- C. Party state boards shall have access to all Information System data contributed by the party states and other information as limited by contributing non-party authority.

4.2 The licensee may request in writing to the home state board to review the data relating to the licensee in the Information System. In the event a licensee asserts that any data relating to him or her is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The Board shall verify and within ten (10) business days correct inaccurate data to the Information System.

4.3 The Board shall report to the Information System within ten (10) business days:

- 1. Disciplinary action, agreement or order requiring participation in alternative programs or which limit practice or require monitoring (except agreements and orders relating to participation in alternative programs required to remain nonpublic by contributing state authority);
- 2. Dismissal of a complaint; and
- 3. Changes in status of disciplinary action, or licensure encumbrance.

4.4 Current significant investigative information shall be deleted from the Information system within ten (10) business days upon report of any resulting:

- a. disciplinary action,
- b. agreement or order requiring participation in alternative programs or
- c. agreements which limit practice or require monitoring or dismissal of a complaint.

4.5 Changes to licensure information in the Information system shall be completed within ten (10)

business days upon notification by a board.

Editor's Notes**History**

Chapter 1 Eff. 7/2/2007. Chapter XIII; Chapter XX; Repeal Chapter XVIII Eff. 10/1/2007. Chapters I, IX, XI eff. 12/31/2007. Repeal Chapter XII Eff. 06/01/2008. Chapters I, VII, XVI Eff. 10/01/2008.