

DEPARTMENT OF REGULATORY AGENCIES

Division of Professions and Occupations - Board of Nursing

NURSING

3 CCR 716-1

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

1.1 RULES AND REGULATIONS FOR THE LICENSURE OF PRACTICAL AND PROFESSIONAL NURSES

- A. BASIS:** The authority for the promulgation of these rules and regulations by the State Board of Nursing is set forth in sections 12-20-204(1), 12-255-107(1)(b),(d) and (j), 12-255-109, 12-255-110, 12-255-114, 12-255-115, and 12-255-121, C.R.S. The Division name changed pursuant to section 12-20-202, C.R.S.
- B. PURPOSE:** To specify requirements for obtaining and maintaining professional and practical nursing licensure.
- C. DEFINITIONS:**

For the purposes of Rule 1.1, the following terms have the indicated meaning:

1. Applicant: Any individual seeking a license to practice as a professional or practical nurse in the State of Colorado.
2. Approved Nursing Education Program (Approved Professional Nursing Education Program/Approved Practical Nursing Education Program): A course of study which implements the basic professional or practical nursing curriculum prescribed and approved by the Board.
3. Board: The Colorado State Board of Nursing.
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 or student permit pursuant to Sections (H) and (I) of Rule 1.1. This supervision includes assigning nursing responsibilities for patient care appropriately and evaluating the competency of the individual nurse.
5. Encumbered: Any current form of discipline against a professional or practical license that restricts the ability to practice, including but not limited to, fine, probation, suspension, revocation, restriction, condition, or limitation imposed on a license.
6. Executive Officer: The executive administrator of the Board appointed by the Director of the Division of Professions and Occupations pursuant to section 12-255-106, C.R.S. The Executive Officer has been delegated authority to administer examinations, issue licenses by endorsement and examination, renew licenses, reinstate licenses, inactivate and reactivate licenses, and issue temporary licenses and permits to qualified Applicants, and other delegated functions as stated and set forth in Board rules and policies.

7. Graduate: An individual who has successfully completed the requirements for a degree, diploma, or certificate from an Approved Nursing Education Program or United States armed services traditional nursing education program gained in military service outlined in section 12-20-202(4), C.R.S.
8. Licensee: An individual licensed to practice as a professional or practical nurse by the Board.
9. NCLEX: The National Council Licensure Examination maintained, owned, and created by the National Council of State Boards of Nursing.
10. 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.
11. Practice: Any role which requires nursing skill and judgment.
12. Unencumbered: No current restriction on a license to practice on any professional or practical nursing license.

D. REQUIREMENTS FOR ALL APPLICANTS

1. Must apply in a manner approved by the Board.
2. Pay application fee.
3. Submit proof of successful completion of an Approved Nursing Education Program, as set forth in Sections (E) and (F) of Rule 1.1.
4. Submit proof of having passed:
 - a. The NCLEX RN or NCLEX PN 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.
 - e. In the event that Applicant examination results 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
5. Applicant must submit fingerprints for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the Colorado Bureau of Investigation responsible for retaining the state's criminal records set forth in section 24-60-380(III)(c)(6), C.R.S.

E. LICENSURE BY EXAMINATION

1. A Graduate of a Colorado Approved Professional Nursing Education Program is eligible to take the NCLEX examination for professional or practical nursing, provided that:
 - a. An official school transcript reflecting completion of institutional requirements for the degree/diploma/certificate and the date of completion is provided to the Board in a secure manner;
 - b. All other requirements of state law and Rule 1.1 are met.
2. A Graduate of a Colorado Approved Practical Nursing Education Program is eligible to take the NCLEX examination for practical nursing, provided that:
 - a. An official school transcript reflecting completion of institutional requirements for the degree/diploma/certificate and the date of completion is provided to the Board in a secure manner;
 - b. All other requirements of state law and Rule 1.1 are met.
3. A Graduate of a nursing education program approved by a board of nursing of another state or territory of the United States is eligible to take the NCLEX examination for professional or practical nursing, provided that:
 - a. The applicant graduated from a traditional nursing education program that was accredited by an agency recognized by the United States Department of Education and/or Council for Higher Education Accreditation and approved by a board of nursing of a state or territory of the United States;
 - b. An official school transcript reflecting completion of institutional requirements for the degree/diploma/certificate and the date of completion is provided in a manner approved by the Board; and
 - c. All other requirements of state law and Rule 1.1 are met.
4. A Graduate of a United States armed services traditional nursing education program gained in military service as provided for in section 12-20-202(4), C.R.S., that is determined to be substantially equivalent to the criteria set forth in Sections (E)(1) through (E)(3) of Rule 1.1 is eligible to take the NCLEX examination for professional or practical nursing provided that:
 - a. An official transcript reflecting completion of institutional requirements for the degree/ diploma/certificate and the date of completion is provided in a manner approved by the Board; or satisfactory evidence of the education provided and assessed on a case by case basis; and
 - b. All other requirements of state law and Rule 1.1 are met.
5. A Graduate of a Non-traditional Nursing Education Program may take the NCLEX if the requirements as outlined in Section (I) of Rule 1.1 are met.
6. A Graduate of a foreign nursing education program is eligible to take the NCLEX examination only after:

- a. Board review of nursing education credentials as evaluated by a Board-recognized educational credentialing agency; and
 - b. Having met the standards set by the United States Department of Education on the English competency exam.
7. Applicants must provide official school transcripts in a manner approved by the Board. Applicants of foreign nursing education programs must provide official school transcripts to a Board-recognized educational credentialing agency.
8. Notwithstanding the requirements of Section (I) of Rule 1.1, Graduates of a Nontraditional Nursing Education Program that were enrolled in the program on or before January 1, 2006, and with continuous enrollment are deemed to be Graduates of an Approved Nursing Education Program and are eligible to take the NCLEX pursuant to Section (E)(1) of Rule 1.1. If the Graduate is unable to establish continuous enrollment, the Graduate must comply with Section (I) of Rule 1.1.
9. Applicants once approved may take the NCLEX a maximum of three times within three years of the date the Applicant first took the NCLEX in any state or territory of the United States, or foreign country. Any applicant who wishes to take the NCLEX a fourth time must:
- a. Evaluate his/her deficiencies;
 - c. Educate and prepare him/herself appropriately, such as, but not limited to, completing appropriate coursework, NCLEX review, or a didactic portion of a refresher course; and
 - c. Submit, in writing, a petition for a waiver to take the NCLEX a fourth time, documenting evidence of successful completion of Sections (E)(9)(a) and (E)(9)(b) of Rule 1.1. The applicant may also include any circumstances they wish the Board to consider. The decision to grant or deny any such waiver is at the sole discretion of the Board. It is anticipated that such waivers will be rare.
 - d. All requirements of Section (E)(9) of Rule 1.1 must be completed within two years of the date of the third NCLEX examination date. If not completed, the application file will be purged.
 - e. An applicant who has not met criteria as set forth in Sections (E)(9)(a-d) of Rule 1.1, is not eligible for application by examination in Colorado.

F. LICENSURE BY ENDORSEMENT

1. Applicants are eligible for licensure as a professional or practical nurse by endorsement in Colorado if the Applicant has met the requirements of Section (D) of Rule 1.1, and:
 - a. Has practiced on an active, unencumbered license in another state or territory of the United States within the last two years of the date of application; or
 - b. Has not practiced in the last two years, but is currently or has been previously licensed in another state or territory of the United States, graduated from an Approved Nursing Education Program or a recognized military education program approved by a board of nursing of a state or territory of the United States, passed the NCLEX exam, and has demonstrated competency as defined in section 12-20-202(3), C.R.S.; or

- c. Has been previously licensed as a professional nurse in another state or territory of the United States, graduated from a Nontraditional Nursing Education Program, and has worked a minimum of 2,000 hours as a professional nurse and has provided evidence of demonstrated continued competency requirements as defined in section 12-20-202(3), C.R.S.; or
 - d. Has an encumbered license in another state or territory of the United States, only after review and approval by the Board.
 2. A temporary license may be granted to an endorsement Applicant if the Applicant meets the requirements of Rule 1.1 and provides proof of an active, unencumbered license issued by another state or territory of the United States in a manner approved by the Board.
 - a. A temporary licensee shall not be granted a multistate licensure privilege.
 3. 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.

G. REINSTATEMENT

1. A licensee who does not renew his or her license within the sixty day grace period, as set forth in section 12-20-202(1)(e), C.R.S., will have an expired license and is ineligible to practice until such license is reinstated.
2. The licensee must apply for reinstatement in a manner approved by the Board.
3. The licensee applying for reinstatement must pay an application fee.
4. A licensee who has practiced on an expired license may be subject to disciplinary action.
5. A licensee whose license has been expired less than two years must comply with requirements of Sections (G)(2) and (G)(3) of Rule 1.1.
6. An individual whose professional or practical nursing license has been inactive or expired for more than two years must demonstrate competency. The Program Director or designee may accept proof of competency through successful completion of remedial or refresher courses under a restricted license as defined in (a) and (b), below. "Successful completion" means achieving a grade of "C" or better or the equivalent in each course. The Program Director or designee may refer any case to an Inquiry Panel for review.
 - a. The remedial or refresher courses must have medical/surgical focus, must clearly differentiate knowledge and skill level for RNs and LPNs, and have the following minimum content:
 - (1) Physical assessment, history taking, documentation, and health information technologies;
 - (2) Pharmacology, medication administration, and IV therapy;
 - (3) Nursing knowledge and skills update, based on best evidence; and
 - (4) Legal, ethical, and professional issues.

- b. The number of successfully completed contact hours required of each individual to demonstrate competency prior to reinstatement, reactivation, or endorsement will be determined by the number of years that his or her license has been inactive or expired, as follows:

2-5 years	Contact Hours:	80 Theory (including lab) and 80 Clinical
6-10 years	Contact Hours:	120 Theory (including lab) and 120 Clinical
more than 10 years	Contact Hours:	120 Theory (including lab) and 120 Clinical; and possible additional hours as determined by the Board on a case-by-case basis.

7. Upon a petition by the licensee, and with due consideration of the need to protect the public, the Board may accept an alternative method for establishing competency. It is anticipated that such alternative methods for establishing competency will rarely be used. The decision to accept an alternative method for establishing competency is at the sole discretion of the Board.

H. SPECIAL PERMITS

1. Permits may be granted, in the Board's discretion, to individuals possessing active and unencumbered 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 for educational purposes and/or clinical practice of professional development. However, if such nurse has any established or regularly used healthcare agency connections in this state for the provision of such services, the nurse must possess a license to practice nursing in Colorado, except as otherwise provided in these Rules.
2. All individuals seeking a permit must apply in a manner approved by the Board.
3. A permit may be denied if the Applicant has committed any of the acts that would be grounds for discipline under section 12-255-120, C.R.S.

I. STUDENT PERMITS

1. Student permits are intended for students in Nontraditional Nursing Education Programs who must obtain in-state clinical training and experience.
2. 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 accredited by the United States Department of Education and is approved by a board of nursing of a state or territory of the United States.

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- 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 as defined in Section (C)(5) of Rule 1.2 for Approval of Nursing Education Programs.
3. Nontraditional Nursing Education Program Graduate Requirements to take the NCLEX Examination.
- 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 that take place in acute care or subacute care settings, 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 ongoing 1:1 relationship is established.
 - (3) Qualified instructor/preceptor is educated at or above the level of the Applicant with at least two years of experience in a practice setting and has an active, unencumbered license to practice as a professional registered nurse in Colorado. The Applicant must provide documentation that the instructor/preceptor meets these requirements when he/she applies for a permit 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) Clinical decision making and critical thinking;
 - (b) Patient assessment as part of the nursing process;
 - (c) 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; and
 - (d) Nursing delegation and supervision.
 - (e) A signed, original checklist and instructor/preceptor agreement, provided by the Board, must be completed by the primary instructor/preceptor, documenting the Applicant's satisfactory completion of the required components in a manner approved by the Board.

4. Limitations of student permits.
 - a. Individuals practicing under a student permit are subject to the Nurse Practice Act.
 - 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.

J. CHANGE OF NAME AND ADDRESS

1. The licensee must supply to the Board legal evidence of a name change within thirty days of the effective date of the name change.
2. The licensee must notify the Board within thirty days of any change of address. This notification may be submitted in writing or through the Board's on-line system.
3. Any notification by the Board to licensees required or permitted under the Nurse Practice Act, sections 12-255-101 to 134, C.R.S., or the State Administrative Procedure Act, sections 24-4-101 to 108, C.R.S., will be addressed to the last address provided in writing to the Board by the Licensee and any such mailing will be deemed proper service on said licensee.

K. INCOMPLETE APPLICATIONS

1. Any application not completed within one year of the date of receipt of the original application expires and will be purged.

L. RETIRED VOLUNTEER NURSE LICENSURE

1. Applicants for Retired Volunteer Licensure must meet all requirements of section 12-255-115, C.R.S.
2. A licensee on retired status in accordance with section 12-255-115, C.R.S., may apply to reinstate to active status. The reinstatement application must be submitted as described in Section (G) of Rule 1.1 and the applicant must demonstrate competency by one of the following:
 - a. Proof they have actively volunteered as a nurse during the two year period immediately preceding application.
 - b. Proof they meet the Board's requirements for demonstrated competency as defined in section 12-20-202(2), C.R.S.

M. INACTIVE LICENSE STATUS – REACTIVATION

1. A licensee may elect inactive status in accordance with section 12-255-115, C.R.S. Upon inactivation, any and all authorities attached to that license will be cancelled.

2. A licensee may not apply for inactive status to avoid disciplinary action.
3. A licensee on inactive status in accordance with section 12-255-122, C.R.S., may apply in a manner approved by the Board and pay the license reactivation fees to reactivate the license to practice nursing:
 - a. Reactivation to active status may occur at any time and is subject to the Board's requirements of demonstrated competency as defined in section 12-20-202(3), C.R.S.
 - b. An Applicant for reactivation of advanced practice authorities must provide proof that the licensee has maintained national certification in each Role/Specialty and Population Focus or meets the current requirements in accordance with Rule 1.14, and/or meets current requirements for prescriptive authority in accordance with Rule 1.15.
 - c. An Applicant for reactivation of practical nurse IV authority must meet the current requirements for practical nurse IV authority in accordance with Rule 1.19.

N. LICENSURE AS MILITARY SPOUSE

1. A military spouse as defined in section 12-20-301(3), C.R.S., may practice in this state as a nurse for not more than one year, as set forth in section 12-20-304(1), C.R.S., before obtaining a license to practice in this state.

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1.2 RULES AND REGULATIONS FOR APPROVAL OF NURSING EDUCATION PROGRAMS

A. STATEMENT OF BASIS: The authority for the promulgation of these rules and regulations by the State Board of Nursing ("Board") is set forth in sections 12-255-107(1)(a), (j), and 12-255-118, C.R.S.

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

C. DEFINITIONS

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.
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 section 12-255-104(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.
3. Approval Process: Board process consisting of four specified phases of development of a Nursing Education Program as set forth in Rule 1.2.
 4. A Student Admission: A Nursing Education Program has determined the applicant to the Nursing Education Program to be qualified, sent an affirmative admission letter to the applicant, the education program has received an affirmative indication from the applicant that the admission offer is accepted, and the applicant is enrolled by the Census Date. A Nursing Education Program's student admissions is the total number of all applicants enrolled in the Nursing Education Program by the Census Date as determined by the school for an academic year (August 1 to July 31 of the next year).
 5. Board: The State Board of Nursing.
 6. Census Date: The date determined by the school's Governing Body after which students' enrollment status changes are final.
 7. 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. This experience requires direct supervision by Faculty, Associate Nursing Instructional Personnel (ANIP) or a Preceptor who is physically present or immediately accessible and must be completed prior to graduation.
 8. Clinical Laboratory: Laboratory setting for practice of specific basic clinical skills.
 9. 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.
 10. Clinical Simulation: A care setting utilizing human simulation experience to create realistic, life-like scenarios where students engage in the practice of nursing skills and theory for the purpose of teaching and evaluating students. All simulation experiences shall be under the direction of licensed nursing Faculty qualified to oversee and evaluate the outcomes of the simulation experience for the student. The Faculty qualifications shall be documented in a manner approved by the Board.
 11. Concurrent (ly): Simultaneous or immediately following and completed within six months of the relevant theory content.
 12. Curriculum: All courses required for completion of an Approved Nursing Education Program.

13. Director of Nursing Education Program (DNEP): A registered nurse licensed in Colorado employed by a Nursing Education Program and granted the necessary authority by the program's Governing Body to administer the Nursing Education Program.
14. 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. 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 ratio of faculty to student 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: The Preceptor is a professional or practical nurse who assumes joint teaching responsibility with a Faculty member and should have a minimum of one year of clinical experience relevant to the area(s) of responsibility. A licensed professional nurse may precept a professional or practical nursing student. A licensed practical nurse may precept a practical nursing student. It is expected that the licensed nurse should be at or above the degree level of the Nursing Education Program.
15. Final Clinical Precepted Experience: Faculty planned, guided, and Preceptor-supervised learning activities occurring at the end of the Nursing Education Program after a student has received the theory and Clinical Experience that is necessary to provide safe care.
16. Governing Body: The institution or organization that offers a Nursing Education Program.
17. 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.
18. 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.
19. Unencumbered: No current restriction on a license to practice on any professional or practical nursing license.

D. PURPOSES OF NURSING EDUCATION PROGRAM APPROVAL

1. To promote and regulate educational processes that prepare graduates for safe and effective nursing practice.
2. To provide eligibility for admission to the licensing examination for nurses.

3. To provide criteria for the development and Approval of new and established Nursing Education Programs.
4. To provide procedures for the withdrawal of Nursing Education Program Approval.
5. To facilitate interstate endorsement of graduates of Board-approved programs.

E. REQUIREMENTS FOR NURSING EDUCATION PROGRAMS

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.
2. A Nursing Education Program applying to grant a baccalaureate degree or an associate degree in nursing must be located in an institution accredited by a regional accrediting agency or a national institutional accrediting agency at the time of application. The accreditation must be recognized by the United States Department of Education and the program must be eligible for national nursing accreditation.
3. A Nursing Education Program applying to grant a certificate in practical nursing must be located in an institution accredited by a regional accrediting agency or a national institutional accrediting agency. The regional accreditation or national institutional accreditation must be recognized by the United States Department of Education.
4. Any Nursing Education Program that does not have National Nursing Accreditation must prominently disclose to students in all publications describing the nursing program that the lack of national nursing accreditation may limit future educational and career options for the students. The disclosure must precede any statement with plans to apply for programmatic accreditation.
5. All Nursing Education Programs that have received Full Approval by January 1, 2006, must be accredited by a national nursing accrediting body recognized 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 nursing accreditation within four years of receiving Full Approval by the Board.
6. 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.

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- 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 mission, purpose, and outcome competencies 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.
7. 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 ensure patient/client safety.
 - b. There must be a minimum of two full-time Faculty for a Nursing Education Program, one of whom may be the DNEP.
 - c. There must be a sufficient number of Faculty for each specialty area to provide adequate supervision to Clinical Faculty, ANIP and Preceptors.

- d. For professional Nursing Education Programs granting a baccalaureate degree in nursing, all Faculty, excluding ANIP and Preceptors, must have a graduate degree in nursing and twenty-five percent of the full-time faculty should have a doctorate degree.
 - e. For professional Nursing Education Programs granting an associate degree in nursing all full-time Faculty, excluding ANIP and Preceptors, must have a graduate degree in nursing and equal to or greater than fifty percent (>50%) of part-time Faculty, excluding ANIP and Preceptors, must have a graduate degree in nursing.
 - f. For Nursing Education Programs granting a certificate in practical nursing, all Faculty, excluding ANIP and Preceptors must have a bachelors degree in nursing and equal to or greater than fifty percent of the Faculty, excluding ANIP and Preceptors, must have a graduate degree in nursing.
 - g. DNEP and Faculty hired into a Board approved Nursing Education Program after June 30, 2014, must meet the respective qualifications as specified in Rule 1.2, and the graduate degree in nursing and/or bachelor's degree in nursing must be from a Nursing Education Program with national nursing accreditation.
8. DNEPs must possess the following qualifications:
- a. An active Unencumbered license to practice as a registered nurse in Colorado.
 - b. Documented knowledge and skills related to teaching adults, teaching methodology, curriculum development, and curriculum evaluation.
 - c. Two years of full-time, or equivalent, clinical experience as a practicing registered nurse.
 - d. Two 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 graduate degree in nursing from a Nursing Education Program with national nursing accreditation.
 - f. To direct a professional Nursing Education Program, a minimum of a graduate degree in nursing from a Nursing Education Program with national nursing accreditation.
9. 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.

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- 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.
10. 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 in a Nursing Education Program with sixty or fewer nursing students.
 - b. One percent per nursing student in a Nursing Education Program with more than sixty nursing students.
 - c. Other related duties may necessitate additional release time.
 - d. DNEP administering education programs outside of those covered by Rule 1.2 or with greater than 100% release time based on enrollments must calculate percent of release time to be delegated to qualified nurse faculty based on the institution's calculation of full time workload.
11. Nursing Faculty must possess the following qualifications:
- a. An active Unencumbered license to practice as a registered nurse in Colorado.
 - b. Two years of full-time, or equivalent, professional nursing clinical experience.

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- c. Faculty in a practical Nursing Education Program must have a minimum of a bachelor's degree in nursing from a Nursing Education Program with national nursing accreditation or a written plan demonstrating ongoing progression in obtaining a bachelor's degree in nursing from a Nursing Education Program with national nursing accreditation.
 - d. Faculty in a professional Nursing Education Program must have a minimum of a graduate degree in nursing from a Nursing Education Program with national nursing accreditation, 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 from a Nursing Education Program with national nursing accreditation and demonstrate evidence that the graduate degree is in a field relevant to the area 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 from a Nursing Education Program with national nursing accreditation.
12. Responsibilities of nursing Faculty will include but not be limited to:
- a. Developing, implementing, evaluating and updating the purpose, mission, and objectives 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 mission, objectives and curriculum of the Nursing Education Program.
 - f. Planning, monitoring and evaluating the instruction provided by ANIP, Clinical Faculty and Preceptors.
 - g. Evaluating student achievement of curricular objectives/outcomes related to nursing knowledge and practice.
 - h. Faculty assignments shall allow adequate administrative time for theory, laboratory and clinical preparation.
13. Clinical Faculty must possess the following qualifications:
- a. An active Unencumbered license to practice as a registered nurse in Colorado.
 - b. Documented one year 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 from a Nursing Education Program with national nursing accreditation or a written plan demonstrating ongoing progression in obtaining a bachelor's degree in nursing from a Nursing Education Program with national nursing accreditation.
 - d. Clinical Faculty in a professional Nursing Education Program must have a minimum of a graduate degree in nursing from a Nursing Education Program with national nursing accreditation, 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 from a Nursing Education Program with national nursing accreditation 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 from a Nursing Education Program with national nursing accreditation, he or she must submit to the Board a written plan demonstrating ongoing progression in obtaining a graduate degree in nursing from a Nursing Education Program with national nursing accreditation.
14. Associate Nursing Instructional Personnel (ANIP) must possess the following qualifications:
- a. For ANIP in a Clinical Simulation or other simulated patient care environment and accountable for meeting assistive instructional responsibilities under the supervision of nursing Faculty:
 - (1) In a practical Nursing Education Program, an active Unencumbered license to practice as a practical or registered nurse in Colorado.
 - (2) In a professional Nursing Education Program, an active Unencumbered license to practice as a registered nurse in Colorado.
 - (3) A minimum of one 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 Unencumbered license to practice as a registered nurse in Colorado.
 - (2) Must have a minimum of a bachelor's degree in nursing from a Nursing Education Program with national nursing accreditation.
 - (3) A minimum of two years of full-time, or equivalent, professional nursing practice.
 - (4) A minimum of one year of clinical experience relevant to the area(s) of responsibility.

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15. 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 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 mission, outcomes, curriculum design, course progression, and learning outcomes of the Nursing Education Program.
 - (2) Be organized and sequenced logically to facilitate learning.
 - (3) Facilitate seamless academic progression between in-state Nursing Education Programs.
 - (4) Provide Clinical Experience and Clinical Simulation to prepare the student for the safe practice of nursing. This experience must be Concurrent with theory and include:
 - (a) For practical Nursing Education Programs, a minimum of 400 clinical hours.
 - (b) For professional Nursing Education Programs, a minimum of 750 clinical hours.
 - (c) For Nursing Education Programs that have national nursing accreditation, each clinical course may be formulated to include a combination of Clinical Experience, and Clinical Simulation components and the syllabus will identify the number of hours for each component. The Clinical Simulation component shall not exceed fifty-percent of clinical clock hours for each clinical course in the four recognized specialty areas of pediatrics, obstetrics, psychiatric, and medical surgical nursing.
 - (d) For Nursing Education Programs that are seeking national nursing accreditation, each clinical course may be formulated to include a combination of Clinical Experience, and Clinical Simulation components and the syllabus will identify the number of hours for each component. The Clinical Simulation component shall not exceed twenty-five percent of the clinical hours for each clinical course.

- (e) For Nursing Education Programs that have national nursing accreditation and that meet the International Nursing Association for Clinical Simulation and Learning (INACSL) standards, each Clinical Simulation clock hour may be considered the equivalent to up to two clock hours of clinical. See Policy 60-08.
- (f) For Nursing Education Programs that are seeking national nursing accreditation and that meet INACSL standards, each Clinical Simulation clock hour is equivalent to one clock hour of clinical. See Policy 60-08.
- (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 300 theory hours.
 - (b) For professional nursing programs, a minimum of 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 content 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 /mission 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 and nursing informatics.
 - (f) Curriculum that provides the student knowledge and skills to develop competencies in the delivery of safe patient-centered care, utilizing best evidence and quality improvement processes.
 - 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.
- 16. 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. Nursing Education Program mission;
 - 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.
- 17. 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 (E) of Rule 1.2.
 - b. The Nursing Education Program must submit an annual report to the Board on a Board-authorized form.
 - c. Before planned Student Admissions are increased by twenty-five percent or more from the most recent Board approved admission request, the Nursing Education Program must submit a report to the Board that substantiates all requirements of Section (E) of Rule 1.2 have been met.
 - d. Three 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.
 - e. The Nursing Education Program shall submit copies of all progress reports required by the national accrediting agency.
 - f. Any other reports as may be determined by the Board.
18. 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.

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

- 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 have initial accreditation as set forth in Sections (E)(2) and (E)(3) of Rule 1.2.
- 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) 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.

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- (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, Clinical Laboratory and clinical and/or Clinical Simulation and library resources.
 - (10) Description of impact of proposed Nursing Education Program on existing Nursing Education Programs and health care agencies in relation to the proposed program's utilization of clinical sites that includes, but is not limited to:
 - (a) Sixty-six percent response ratio, or what is determined by the Board to be reasonable for the demographic location. Nursing Education Programs willfully refusing to participate will be subject to sanctions based on Section (H)(1)(e) of Rule 1.2.
 - (b) Nursing Education Programs and health care agencies within a 100 mile radius, or what is determined by the board to be reasonable for the demographic location.
 - (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 including the number of current clinical placements that would have to be reduced in order to meet the needs of the proposed Nursing Education Program.

- d. The Board shall review the submitted documentation of intent at the next regularly-scheduled Full Board meeting and respond in writing within two weeks of such meeting.
 - e. If the Board determines that the Nursing Education Program has successfully met the requirements of this Section (F)(2) of Rule 1.2, 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 (F)(2) of Rule 1.2, the Board shall advise the Governing Body, in writing, of the specific deficiencies.
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 Rule 1.2.
 - (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 (E) of Rule 1.2, including but not limited to a fully-developed curriculum as outlined in Section (E)(15) of Rule 1.2.
 - (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 (F)(3) of Rule 1.2, 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 (F)(4) of Rule 1.2.

- e. If the Board determines that the Nursing Education Program has not successfully met the requirements of this Section (F)(3) of Rule 1.2, 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 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, at its discretion.
4. **Phase III of the Approval Process** (Nursing Education Programs with Interim Approval): 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 180 days of admission of students to the Nursing Education Program.
 - e. Within ninety 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 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 nine 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 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 takers must be at or above seventy-five percent 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 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 (F)(4) of Rule 1.2, the Board shall advise the Governing Body, in writing, that the Nursing Education Program is granted Full Approval.

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

1. Nursing Education Programs with Full Approval shall be reviewed by the Board once every five years.
2. For Nursing Education Programs accredited by a national nursing accrediting agency recognized by the United States Department of Education, the Board may accept national nursing accreditation site visits in lieu of a Board Site Visit. Nursing Education Programs with Full Approval and national nursing accreditation may follow the accrediting body's on-site evaluation schedule. Board joint reviews are at the discretion of the Board. The Board reserves the right to conduct a separate Site Visit if issues or information are identified that in the opinion of the Board warrant separate review.
3. Within ninety 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 ninety 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.
4. If the Board determines that all requirements of this Section (G) of Rule 1.2 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 year.

H. WITHDRAWAL OF FULL APPROVAL OF A NURSING EDUCATION PROGRAM

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 institutional accreditation agency; or
 - (3) National institutional 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 for eight consecutive quarters. The NCLEX pass rate for Nursing Education Programs for first-time writers must be at or above seventy-five percent.
 - e. The Nursing Education Program willfully refuses to respond to survey requests from new Nursing Education Programs applying for Phase I of the Approval Process and for Board required reports.
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 within fourteen days of the Board decision.
 3. The Nursing Education Program shall have ninety days from the receipt of the notice of deficiency referenced in Section (H)(2) of Rule 1.2 to provide written documentation that the deficiencies have been corrected or to provide a written plan of correction.
 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 (J) of Rule 1.2.
 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. 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.
 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 within fourteen days of the Board decision.

I. RESTORING FULL APPROVAL TO A NURSING EDUCATION PROGRAM

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.
2. The decision to restore Full Approval rests solely with the Board.
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 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.
4. This Section (I) of Rule 1.2 does not apply to programs closed by the Board. Such closed programs must submit initial application and comply with Rule 1.2.

J. DENIAL OR WITHDRAWAL OF APPROVAL OR RECOGNITION OF A NURSING EDUCATION PROGRAM

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 section 24-4-104(9), C.R.S.
2. A Nursing Education Program with Full or Conditional Approval shall be treated as a licensee pursuant to the Administrative Procedure Act.
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.
4. The Nursing Education Program must inform its enrolled students and all students applying to the Nursing Education Program of any change in the program's Approval status within two 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.

K. VOLUNTARY NURSING EDUCATION PROGRAM CLOSURES

1. Nursing Education Programs desiring to close shall notify the Board, in writing, at least six months prior to the date of closing.
2. As part of the notification of closure required in Section (K)(1) of Rule 1.2, the Nursing Education Program shall submit a plan assuring for a smooth transition and the equitable treatment of students affected by the program closure.

L. CHANGE OF GOVERNING BODY OR DNEP

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 days and comply or maintain compliance with the Nurse Practice Act, the Board's Rules and Regulations, and all other state or federal regulations.

M. WAIVER OF PROVISIONS OF RULE 1.2

1. Upon a showing of good cause, the Board may waive any of the requirements in Rule 1.2. 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.

2. The Board shall grant waivers sparingly, and only where it finds circumstances require a waiver. Although such waivers may be rare, the Board encourages waiver requests for pilot and innovative projects.

Adopted: January 27, 2010
Effective: March 31, 2010
Revised: January 22, 2013
Effective: March 18, 2013
Revised: April 22, 2014
Effective: June 14, 2014
Revised: April 26, 2016
Effective: June 30, 2016
Revised: January 31, 2018
Adopted April 18, 2018

1.3 RULES AND REGULATIONS REGARDING THE IMPOSITION OF FINES

- A. **BASIS:** The authority for the promulgation of these rules and regulations by the State Board of Nursing ("Board") is set forth in sections 12-20-204(1), 12-255-107(1)(j), and 12-255-119(4)(c)(III), C.R.S.
- B. **PURPOSE:** Section 12-255-119(4)(c)(III), C.R.S. provides authority for the Board to impose a fine in addition to any other disciplinary action taken. The purpose of these rules and regulations is to establish a fine structure and the circumstances under which fines may be imposed by the Board.
- C. **INTRODUCTION:** The Board [acting as either the inquiry or hearings panel] may impose discipline in the form of a fine of no less than \$250.00 but no more than \$1,000.00 per violation of the Nurse Practice Act or any rule adopted by the Board. The fine may be in addition to any other discipline imposed by the Board pursuant to section 12-255-120, C.R.S. Payment of a fine does not exempt the licensee from compliance with the Nurse Practice Act.

A fine of \$500.00 or less that is imposed by the Board, must be paid in full including the applicable surcharge, at the time the Final Agency Order is entered or a Stipulation is reached between the parties. A fine greater than \$500.00 that is imposed by the Board, must be paid in full including the applicable surcharge, according to the time frame set forth in the Final Agency Order or Stipulation. A licensee who fails to pay a fine that is required pursuant to a Final Agency Order or Stipulation is subject to suspension of his or her nursing license as set forth in section 12-255-119(4)(c)(IV), C.R.S.

The Board may impose a fine, in addition to any other disciplinary sanction, under the following circumstances:

D. PRACTICING NURSING WITH AN EXPIRED LICENSE:

1. Pursuant to section 12-20-202(1)(e), C.R.S., a licensee has sixty days within which to renew a license after the date of expiration without the imposition of a disciplinary sanction for practicing nursing on an expired license. A licensee who fails to renew his license within the sixty day grace period shall be treated as having an expired license as set forth in section 12-20-202(2), C.R.S.
2. The Board may impose a fine for the period of sixty-one days or greater but less than two years from the date of expiration of a license if the Board determines that the facts and circumstances warrant a fine in addition to other disciplinary action.

3. If the Board finds that the licensee has practiced nursing with an expired license for a two year period or greater but less than three years from the date of expiration of the license, the Board may impose a fine not to exceed \$250.00.
4. If the Board finds that the licensee has practiced nursing with an expired license for a three year period or greater but less than four years from the date of expiration of the license, the Board may impose a fine not to exceed \$500.00.
5. If the Board finds that the licensee has practiced nursing with an expired license for a four year period or greater but less than five years from the date of expiration of the license, the Board may impose a fine not to exceed \$750.00.
6. If the Board finds that the licensee has practiced nursing with an expired license for five years or more from the date of expiration of the license, the Board may impose a fine not to exceed \$1000.00.

E. FAILURE TO COMPLY WITH THE TERMS AND CONDITIONS OF A FINAL AGENCY ORDER OR A STIPULATION

1. The Board may impose a fine for failure to comply with the terms and conditions of probation as specified in the Stipulation and Final Agency Order ("Stipulation") as agreed to by the licensee, or the Final Agency Order issued by the Board. If a licensee fails to timely submit the documents as required by his or her Stipulation or Final Agency Order, the Board may impose a fine in addition to any other disciplinary sanction as follows:
 - a. For a first violation, where the required document(s) are submitted over thirty days late, the Board may impose a fine not to exceed \$250.00.
 - b. For a second violation, where the required document(s) are submitted over thirty days late, the Board may impose a fine not to exceed \$500.00.
 - c. For a third violation, where the required document(s) are submitted over thirty days late, the Board may impose a fine not to exceed \$1000.00.

F. PRACTICING OUTSIDE SCOPE OF ROLE/SPECIALTY AND POPULATION FOCUS

1. If a licensee engages in the practice of nursing that is outside his or her Scope of Role/Specialty and Population Focus, the Board may impose a fine, in addition to any other disciplinary sanction, as follows:
 - a. For a first practice violation, the Board may impose a fine not to exceed \$500.00.
 - b. For a second practice violation, the Board may impose a fine not to exceed \$1000.00.

G. OTHER CIRCUMSTANCES FOR THE IMPOSITIONS OF FINES

1. The Board may impose a fine at its discretion where the licensee has benefitted financially from his or her violation of the Nurse Practice Act or any rule adopted by the Board. In such cases, the amount of the fine will be based on the facts and circumstances of the particular case.

Adopted: January 27, 2010
Effective: March 31, 2010

1.4 [Repealed eff. 03/30/1994]

1.5 RULES AND REGULATIONS FOR LICENSURE OF PSYCHIATRIC TECHNICIANS

A. STATEMENT OF BASIS AND PURPOSE

The Rules in Rule 1.5 are adopted pursuant to authority granted the State Board of Nursing pursuant to sections 12-20-204(1) and 12-255-107(1)(k), C.R.S., in order to specify procedures used in obtaining and maintaining psychiatric technician licensure.

B. EXAMINATION INFORMATION

1. The State Board of Nursing (herein after referred to as the "Board") determines the licensing examination for psychiatric technicians.
2. Any needed contract for the use of the examination will be approved by the Executive Officer or designee in the absence of the Executive Officer.
3. The examination will be administered by the Board at least annually at such times and places determined by the Board.
4. Candidates will be informed in writing regarding examination performance.
5. Applicants for licensure by examination must pass the written examination in three or fewer attempts within one year of receipt of a complete psychiatric technician application. The Board retains the ability to grant a waiver for a fourth attempt of the exam upon petition of an applicant. The authority to grant a waiver is at the sole discretion of the Board.

C. APPLICANTS FOR LICENSURE MUST:

1. Apply in a manner approved by the Board.
2. Submit payment of application fee.
3. Submit proof of successful completion of an approved psychiatric technician program as described in Section (D) of Rule 1.5.
4. Successfully complete a state approved psychiatric technician licensure or registration examination.
5. Submit verification of high school graduation or equivalent.
6. Take an oath that they have not committed any crime that constitutes a violation of the Psychiatric Technician Practice Act.
7. Applicants for licensure by endorsement must also include verification of active licensure in another state or territory of the United States, provided the requirements in the other jurisdiction are substantially equivalent to those in Colorado at the time of application.

D. EDUCATION REQUIREMENTS FOR LICENSURE

1. Candidates for licensure must have successfully completed:
 - a. A psychiatric technician program approved by the Colorado Board of Nursing; or

- b. An approved or accredited program outside Colorado that meets substantially the same educational requirements as Colorado programs; or
- c. United States military personnel who have education and training documented on an official transcript and determined to be substantially equivalent, as determined by the Board, to the psychiatric technician training program curriculum requirements in Rule 1.6 for Accreditation of Psychiatric Technician Programs will be eligible to take the Colorado licensing exam for psychiatric technicians as provided for in section 12-20-202(4), C.R.S. and are subject to requirements of Section (C) of these Rule 1.5.

E. GENERAL RULES RELATING TO LICENSES

1. 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.
2. Certificates are subject to renewal as set forth in section 12-20-202, C.R.S.
 - a. The license may be renewed when the psychiatric technician maintains continued licensure prior to the expiration date of the license.
 - (1) Psychiatric technician license renewal applications received after the license expiration date, and prior to the end of the grace period, may be assessed a late fee.
 - (2) The licensee's online renewal confirmation or a receipt from the Board will be considered as proof of renewal until the renewed license is issued.
 - (3) Separate payments are required for each renewal application.
 - b. A psychiatric technician license not renewed within the renewal period including the sixty-day grace period will be subject to reinstatement requirements.
3. Change of name and address:
 - a. The licensee must supply to the Board legal evidence of name change within thirty days of the effective date of the name change.
 - b. The licensee must notify the Board within thirty days of any change of address. This notification may be submitted in writing or via the Board's on-line system.
4. Any application not completed within one year of the date of the original application expires and will be purged.
5. Inactive status:
 - a. Licensees may apply for inactive status if not practicing as a psychiatric technician.

- b. A licensee must notify the Board in writing of such inactive status. Prior to resumption of practice, the licensee shall be required to notify the Board and remit a renewal fee for the current annual period. After a five year period in inactive status, the license may be renewed only by complying with provisions of licensure by examination as found in Section (C) of Rule 1.5.

F. REINSTATEMENT

1. A licensee who does not renew his or her license with the sixty day grace period, as set forth in section 12-20-202(1)(e), C.R.S., will have an expired license and is ineligible to practice until such license is reinstated.
2. The licensee must apply for reinstatement in a manner approved by the Board.
3. The licensee applying for reinstatement must pay an application fee.
4. A licensee who has practiced on an expired license may be subject to disciplinary action.
5. A licensee whose license has been expired less than two years must comply with requirements of Sections (F)(2) and (F)(3) of Rule 1.5.
6. A licensee whose license has been expired for more than two years and less than two years must comply with Sections (F)(2) and (F)(3) of Rule 1.5 and demonstrate competency to practice. Competency to practice for the purposes of this Section (F)(6) of Rule 1.5 may be demonstrated by:
 - a. Attesting to having an active psychiatric technician license in good standing in another state or territory of the United States and to having actively practiced as a psychiatric technician in that state or territory of the United States during the two years immediately preceding the application receipt date; or
 - b. Retaking and passing the licensing examination for psychiatric technicians.
7. A licensee whose license has been expired for more than five years must comply with Sections (F)(2) and (F)(3) of Rule 1.5 and demonstrate competency to practice. Competency to practice for the purposes of this Section (F)(7) of Rule 1.5 may be demonstrated by:
 - a. Attesting to having an active psychiatric technician license in good standing in another state or territory of the United States and to having actively practiced as a psychiatric technician in that state or territory of the United State during the two years immediately preceding the application receipt date; or
 - b. Provide evidence of having reentered and successfully completed an accredited psychiatric technician education program and retaking and passing the licensing examination for psychiatric technicians.

G. LICENSURE AS MILITARY SPOUSE

1. A military spouse as defined in section 12-20-301(3), C.R.S., may practice in this state as a psychiatric technician for not more than one year, as set forth in section 12-20-304(1), C.R.S., before obtaining a license to practice in this state.

Adopted: January 9, 1997
Revised: October 24, 2012

Effective: December 15, 2012
Revised: January 22, 2013
Effective: March 18, 2013
Revised: July 26, 2017

1.6 RULES AND REGULATIONS FOR ACCREDITATION OF PSYCHIATRIC TECHNICIAN PROGRAMS

General authority sections 12-20-204(1) and 12-255-107(1)(k), C.R.S.

Specific Authority sections 12-20-204(1) and 12-255-107(1)(k)(II, III, and IV), C.R.S.

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

B. DEFINITIONS

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

C. PURPOSE OF ACCREDITATION

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

D. INITIAL PROCEDURES FOR ACCREDITATION

Phase I, Application Approval

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.
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 Rule 1.6.
 - 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,
 - (5) Physical facilities, and

- (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. The Board shall review the application within ninety 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.
 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 sixty days unless extended by the Board.
 5. The Board shall advise the governing body concerning approval or disapproval of the application within thirty days of the Board's review. The Board shall specify the grounds for disapproval.
 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

7. The governing body shall secure a Director, with qualifications set forth in Section (E)(4)(b)(3) of Rule 1.5, for the psychiatric technician program. The Director shall be responsible for providing compliance with this Rule.
8. The Director shall prepare a written report for the Board showing evidence of meeting the requirements of Section (E)(2) of Rule 1.5.
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

10. The Director shall:
 - a. Ensure the program is developed according to the rules and regulations for accreditation of this Rule.
 - b. Provide written progress reports as requested by the Board.
11. Prior to graduation of the first class, a report by the program shall be submitted to the Board addressing criteria as outlined in Section (E) of Rule 1.5 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.

E. STANDARDS FOR ACCREDITING A PSYCHIATRIC TECHNICIAN PROGRAM

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

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.
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.

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- (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 (E)(4) of Rule 1.5.
 - (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:
 - (i) Developments in the psychiatric technician program;
 - (ii) Student policies, including student health;
 - (iii) Current problems and recommendations;
 - (iv) Curriculum plan;
 - (v) Clinical resources including confirmation of adequate patient populations;
 - (vi) Faculty list for the year including qualifications and area of responsibility;
 - (vii) Listing of hours of instruction;
 - (viii) School catalog;
 - (ix) 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
 - (x) Proposals and plans for future development including either increases or decreases of twenty-five percent 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 fifty students, there shall be allotted a minimum of twenty-five percent of an FTE for administration.

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- (2) In a program with at least fifty-one students but no more than 110 students, there shall be allotted a minimum of fifty percent 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 seventy-five percent 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.
 - 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) Intellectual Developmental Disability 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. 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 Section (E)(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.
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:
 - (i) Quality of nursing service, including organization and nursing care.
 - (ii) Administrative support.
 - (iii) Number of programs and students using the facility.
 - (iv) Daily average census.

(v) Licensure or accreditation by the appropriate authorities.

6. An approved psychiatric technician training program must maintain an average minimum pass rate for first-time test takers of at least sixty-five percent during any eight quarter period. First-time test takers are those individuals that test for the first time within one year of completion from a Board approved psychiatric technician program.

F. CONTINUED ACCREDITATION

1. Regular periodic surveys for continued accreditation may be conducted by the Board on a date mutually acceptable to the Board and the program.
2. Accreditation of a program shall be continued by the Board provided the standards of the Board are met as set forth in this Rule.
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.
4. The school may be visited at times other than the regularly scheduled survey visit, if deemed necessary by the Board.
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 twenty-five percent or greater in student numbers admitted, types of students, admission times and progression options.

G. WITHDRAWAL OF ACCREDITATION

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 Rule are not fulfilled. Deficiencies shall be specified in the written communication.
2. The program shall have thirty 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.
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.
4. Conditional accreditation shall be given for the year to allow the identified deficiencies to be corrected.
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. 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.
7. At any time during conditional approval, the Board staff shall be available for consultation with the program.
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.
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.
10. The program may appeal the decision to withdraw accreditation by requesting a hearing within sixty days of service of the notice to withdraw.
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.

H. CLOSING OF PROGRAMS

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

I. CHANGE OF CONTROL

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

Revised: July 26, 2017

1.7 INITIAL DECISIONS AND RELATED MATTERS [Repealed eff. 03/17/2011]

- A. BASIS:** The authority for the promulgation of these rules and regulations by the State Board of Nursing is set forth in sections 12-20-204(1), 12-255-107(1)(j), and 12-255-119(1)(c) and (d), C.R.S.
- B. PURPOSE:** The purpose of the deletion of Rule 1.7, Initial Decisions and Related Matters, is to remove the Initial Decision rules. The Rules are no longer necessary because the Division of Professions and Occupations is implementing a new policy whereby Initial Decisions are handled. In the future, the Division of Professions and Occupations will generally follow procedures set forth in individual organic statutes and the Administrative Procedures Act governing administrative procedures.

1.8 DECLARATORY ORDERS

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

A. STATEMENT OF BASIS AND PURPOSE

These Rules are adopted pursuant to section 24-4-105(11), C.R.S., 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.

B. 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.

C. 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:

1. Failure to comply with Section (C) of Rule 1.8.
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. 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.
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.
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.

D. Any petition filed pursuant to this rule shall set forth the following:

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.
2. The statute, rule or order to which the petition relates.
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. A concise statement of the specific declaratory order sought by petitioner.

E. If the Board determines that it will rule on the petition, the following procedures shall apply:

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.
2. The Board may, in its discretion, set the petition for an evidentiary hearing, conducted in conformance with section 24-4-105, C.R.S., 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.
- F. 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 Section (C) of Rule 1.8. Any reference to a "petitioner" in this Rule also refers to any person who has been granted leave to intervene by the Board.

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

- A. BASIS:** The Rules contained in this Rule 1.9 are adopted pursuant to authority granted the Board by sections 12-255-101 to 134, C.R.S., as amended, and specifically pursuant to authority granted in section 12-255-107(1)(e), C.R.S., as amended.
- B. PURPOSE:** These Rules are adopted to set forth the guidelines for the Licensed Practical Nurse (LPN) related to his/her role in intravenous therapy and venous blood sampling. 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.
- C. DEFINITIONS:**

For the purposes of Rule 1.9, the following terms have the indicated meaning:

1. "Adult Client" is an individual whose chronological age is thirteen years or older.

2. "Approved IV Therapy Course/Program" is an IV Therapy Course/Program, as defined in paragraph (7), 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 (G) of Rule 1.9.
3. "Board" is the State Board of Nursing.
4. "Direct Injection" is the administration of a drug directly into the Venous Access Device or through the proximal port on a continuous infusion set.
5. "Intravenous Fluids" means fluids containing one or more of the following elements: dextrose 5%; normal saline; lactated ringers; sodium chloride 0.45%; or sodium chloride 0.2%.
6. "IV Authority" refers to Board granted permission to practice IV therapy and venous blood sampling.
7. "IV Therapy Course/Program" prepares the LPN to perform IV therapy and venous blood sampling, utilizing Venous Access Devices, as defined in paragraph (12), on the Adult Client within the scope of practice, as defined in Section (D).
8. "Peripheral Veins" are the veins not in the chest, neck or abdomen.
9. "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.
10. "Pre-mixed" means IV solution prepared and labeled by an authorized licensed professional or manufacturer. Manufacturer prepared solutions include those closed systems requiring activation to administer.
11. "Supervision" means a professional nurse, physician, dentist, or podiatrist is physically present or accessible by some form of telecommunication.
12. 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 superior vena cava and is confirmed by chest x-ray.
 - (2) "Central catheter" means an IV catheter whose tip terminates in the superior vena cava and may be either tunneled, implanted, or percutaneously inserted, and is confirmed by chest x-ray.

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

1. The patient care responsibilities of the LPN should be within the parameters of their educational preparation and their demonstrated abilities.
2. A LPN with IV Authority may perform the following procedures under the Supervision of a professional nurse, physician, dentist, or podiatrist:
 - a. Calculate and observe flow rate of intravenous infusions;
 - b. Stop the flow of Intravenous Fluids, as defined in Sections (C)(5) and (C)(10) of Rule 1.9;
 - c. Remove peripheral short catheter for Adult Clients;
 - d. Report and document observations and procedures relating to intravenous infusion and insertion sites;
 - e. Utilize Peripheral Veins for intravenous access with a peripheral short catheter;
 - f. Perform blood sampling from a peripheral vein or through a central Venous Access Device using a syringe or vacutainer device.
 - g. 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 by gravity flow, pump or Direct Injection for a period of time consisting of greater than five minutes in duration; and/or
 - (4) The first dose of IV antibiotic therapy under the observation of a professional nurse, physician, podiatrist, or dentist who is present in the same patient care area.
 - h. Regulate the prescribed flow rate of the Intravenous Fluids;
 - i. Monitor the systemic effects of intravenous therapy;
 - j. Flush Venous Access Devices designed to maintain venous patency with normal saline or a sub-therapeutic dosage of heparin;
 - k. Change dressings and/or caps to Venous Access Devices; and/or
 - l. Switch from continuous infusion of Intravenous Fluid to heparin/saline lock.

E. OUTSIDE THE SCOPE OF IV AUTHORITY

1. A licensed practical nurse with IV Authority may not perform any of the following procedures as they are outside the LPN's scope of practice:
 - a. Administration of IV medications, except as allowed in Section (D)(2)(g) of Rule 1.9;

- b. Access or de-access 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;
- f. Administration of parenteral nutrition solutions;
- g. Administration of blood and blood products;
- h. Administration of chemotherapy intravenous medications/solutions;
- i. Administration of thrombolytic agent to declot a catheter; and/or
- j. Direct Injection of any IV medication for a period of time consisting of five minutes or less in duration.

F. REQUIREMENTS FOR OBTAINING IV AUTHORITY

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.
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.
3. An applicant by Endorsement of IV Authority from another state or territory of the United States 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 successful completion of an Approved IV Therapy Course/Program.

G. STANDARDS FOR IV THERAPY/VENOUS BLOOD SAMPLING COURSES

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 (D) of Rule 1.9.
 - 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 Intravenous 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 Intravenous 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 from Peripheral Veins and central Venous Access Devices 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 Intravenous 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 demonstrate knowledge and competency in skills with validation of previous IV therapy education.
- e. The Board may review new IV Therapy Course/Program applications and approve IV Therapy Course/Programs that meet the standards set forth in Section (G)(1)(a-c) of Rule 1.9.
- f. All Approved IV Therapy Courses/Programs shall submit an annual report on a Board approved form to demonstrate compliance with Rule 1.9. Failure to submit an annual report may result in withdrawal of Board approval.

H. WITHDRAWAL OF IV AUTHORITY

- 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 (F) of this Rule 1.9, or the Board has reasonable cause to believe that the nurse is unable to practice IV Authority with reasonable skill and safety.

Adopted April 22, 2009
Revised April 26, 2012
Effective July 1, 2012

1.10 RULES AND REGULATIONS FOR CERTIFICATION AS A NURSE AIDE

- A. **BASIS:** The authority for the promulgation of these rules and regulations by the State Board of Nursing ("Board") specifically in relation to sections 12-260-104, 105, 106, 107, 108, and 110, C.R.S., and as set forth in sections 12-20-204(1), 12-255-107(1)(j), 12-260-104(3), and 12-260-110(2), C.R.S. The Division name changed pursuant to section 12-20-202, C.R.S.

B. PURPOSE: The Rules are adopted to specify procedures used in obtaining and maintaining nurse aide certification.

C. DEFINITIONS

1. "Board" is the State Board of Nursing.
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 that meets the requirements of the Omnibus Budget Reconciliation Act of 1987.
3. "Competency evaluation" is the evaluation instrument approved by the Board consisting of both a written and a manual skills component.
4. "Competence" is the Certified Nurse Aide's (CNA) ability to perform those tasks included in the expanded scope of practice as set forth in Section (1)(3) of Rule 1.10, with reasonable skill and safety to a client, as deemed by the Professional Nurse (RN).
5. "Continued Competence" is the CNA's ability to perform those tasks included in the expanded scope of practice as set forth in Section (1)(3) of Rule 1.10, with reasonable skill and safety to a client, as deemed by the RN's direct observation of the CNA's clinical performance of the task to occur not less than annually after initially being deemed competent.
6. "Deemed Competent" is the RN's determination that the CNA is competent to perform the task with reasonable skill and safety to a client.
7. "Executive Officer" is the chief officer employed pursuant to section 12-255-106, C.R.S. The Executive Officer has been delegated authority to administer examinations, issue certificates by endorsement and examination, and to renew certificates.
8. "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.
9. "Expanded Scope of Practice" includes those tasks set forth in section 12-260-110(1)(a),(b), and (c), C.R.S., for which the CNA has been deemed by the RN to be competent to perform with reasonable skill and safety to a client.

D. CERTIFICATION BY EXAMINATION

1. The Board will review and may accept a Competency evaluation for nurse aides.
2. The contract for the use of the Competency evaluation will be approved by the Executive Officer or designee in the absence of the Executive Officer.
3. The Competency evaluation is administered at least quarterly. Notification of any applicable administration dates, deadlines, and sites will be sent to all active nurse aide training programs in the state.
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 in order to meet requirements for certification.

5. Applicants are informed in writing regarding the results of the Competency evaluation.
6. The Board releases Competency evaluation results only to the applicant or the nurse aide with written authorization from the applicant or nurse aide.
7. Verified graduates from nurse aide training programs are eligible to take the Competency evaluation.
8. Practical and professional nursing education programs and psychiatric technician training programs in the United States and its territories are deemed to be nurse aide training programs provided the program has been approved by the appropriate agency of the state/territory in which the program is located. Students of such programs are eligible to take the Competency evaluation provided the requirements of Section (D)(11) of Rule 1.10 are met and they have successfully completed at least one of the following:
 - a. Five semester credit hours, or its equivalent, of nursing courses that include the content required under Rule 1.11 for Approval of Nurse Aide Training Programs.
 - b. Five semester credit hours of a psychiatric technician training program that includes the content required under Rule 1.11 for Approval of Nurse Aide Training Programs.
9. Practical and professional nursing education programs located outside the United States and its territories are deemed to be nurse aide training programs and their graduates are eligible to take the Competency evaluation provided:
 - a. The credentials of education are translated into English;
 - b. The requirement of Section (D)(8)(a) of Rule 1.10 is met; and
 - c. The requirements of Section (D)(11) of Rule 1.10 are met.
10. At the discretion of the Board and prior to taking the Competency evaluation, individuals trained in the United States military will be allowed to sit for examination by showing substantially equivalent training on transcripts that meet the requirements of the Omnibus Budget Reconciliation Act of 1987 and to be certified by testing and demonstration of competency as provided for in section 12-20-202(4), C.R.S., subject to requirements of Section (D)(11) of Rule 1.10.
11. Requirements to be completed for certification by examination:
 - a. Submission of application on the current Board approved form;
 - b. Payment of all applicable application and examination fees;
 - c. Verification of educational credentials (any individual who has an active or expired nursing or psychiatric technician license in good standing need not provide transcripts); and
 - d. Meets all state and federal requirements for certification in Colorado.

12. Competency evaluation limitations:
 - a. The applicant must have successfully completed both the written and manual skills Competency evaluation within two years of the receipt of the application for certification.
 - b. An applicant who fails any component of the Competency evaluation three times, must repeat a nurse aide training program before being eligible to apply for nurse aide certification or to take the Competency evaluation at any time in the future.

E. CERTIFICATION BY ENDORSEMENT

1. Nurse aides from another state or territory of the United States are eligible for certification by endorsement in Colorado providing said nurse aide has met all of the following requirements:
 - a. Submission of application on the current Board approved form;
 - b. Payment of the application fees;
 - c. Is listed in good standing on the nurse aide registry in another state or territory of the United States; and
 - d. Meets all state and federal requirements for certification in Colorado.

F. REQUIREMENTS FOR RENEWAL AND REINSTATEMENT

1. Certificates are subject to renewal as set forth in section 12-20-102, C.R.S.
 - a. The certificate may be 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 and prior to the end of the grace period, may be assessed a late fee.
 - (2) The certificate holder's online renewal confirmation or a receipt from the Board will be considered as proof of renewal until the renewed certificate is issued.
 - (3) Separate payments are required for each renewal application.
 - b. A certificate that is not renewed by the nurse aide within the renewal period including the sixty day grace period will be subject to reinstatement requirements.
2. A nurse aide must attest that she/he has received monetary compensation for performing at least eight hours of nursing care activities during the twenty-four months prior to the renewal or reinstatement application date. This attestation serves as proof of this requirement.
3. To reinstate a certificate that has been expired for less than two years the nurse aide must submit:
 - a. A Board approved reinstatement application signed by the nurse aide; and

- b. Payment of the required fee.
- 4. To reinstate a certificate that has been expired for more than two years, the applicant must re- take and pass the Competency evaluation and submit:
 - a. A Board approved examination application; and
 - b. Payment of the required fee.
- 5. If the nurse aide has not performed nursing care activities as described in Section (F)(2) of Rule 1.10:
 - a. To renew the certificate the nurse aide must submit:
 - (1) A Board approved renewal application;
 - (2) Payment of the required fee; and
 - (3) Evidence that the nurse aide has passed the Board's Competency evaluation within the past twenty-four months.
 - b. To reinstate the certificate the nurse aide must submit:
 - (1) A Board approved reinstatement application;
 - (2) Payment of the required fee; and
 - (3) Evidence that the nurse aide has passed the Board's Competency evaluation within the past twenty-four months.
 - c. To reinstate a certificate that has been expired for more than two years, the applicant must re-take and pass the written and manual skills Competency evaluation and submit:
 - (1) A Board approved examination application; and
 - (2) Payment of the required fee.
- 6. The nurse aide's attestation on the reinstatement application serves as the verification of the eight hours of compensated nursing care activities.

G. GENERAL RULES RELATING TO CERTIFICATES

- 1. The nurse aide is responsible for maintaining his/her own documentation of skills, education and test results.
- 2. Any application not completed within one year of the date of the original application expires and will be purged.
- 3. Name and address changes:
 - a. The nurse aide must supply to the Board legal evidence of name change within thirty days of the effective date of the name change.

- b. The nurse aide must notify the Board within thirty days of any change of address. This notification may be submitted in writing or through the Board's on-line system.
- c. Any notification by the Board to nurse aides, as required or permitted under the Nurse Aide Practice Act, sections 12-260-101 to 123, C.R.S., or the Colorado Administrative Procedures Act, sections 24-4-101 to 108, C.R.S., will be addressed to the most recent address provided in writing to the Board by the nurse aide and any such mailing is deemed proper service of process on said nurse aide.

H. LICENSURE AS MILITARY SPOUSE

- 1. A military spouse as defined in section 12-20-301(3), C.R.S., may practice as a nurse aide in this state for not more than one year, as set forth in section 12-20-304(1), C.R.S., before obtaining certification to practice in this state.

I. CERTIFIED NURSE AIDE (CNA) SCOPE OF PRACTICE

- 1. The CNA, pursuant to the definition of nurse aide at section 12-260-103(7), C.R.S., requires supervision of tasks by an actively licensed healthcare professional. Such services are performed under the supervision of a dentist, physician, podiatrist, professional nurse, licensed practical nurse, or other licensed or certified health care professional acting within the scope of the license or certificate.
- 2. The CNA scope of practice includes those tasks required by Rule 1.11 for Approval of Nurse Aide Training Programs, Section (G)(3):
 - 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;

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- (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.
3. Pursuant to sections 12-260-110(1)(a), (b), and (c), C.R.S., the CNA when deemed competent by a RN in good faith as described in Sections (I)(4), (I)(5), and (I)(6) of Rule 1.13 may perform the following tasks for clients/patients with stable health conditions and who are not considered high risk:
- a. Digital stimulation, insertion of a suppository, or the use of an enema, or any other medically acceptable procedure to produce a bowel movement for clients/patients with stable health conditions and are not considered high risk.
 - b. Gastrostomy-tube and jejunostomy-tube feedings for clients/patients with stable health conditions and are not considered high risk.
 - c. Placement in a client's mouth of presorted medication that has been boxed or packaged by a RN, LPN or pharmacist for clients/patients with stable health conditions and are not considered high risk.
 - (1) The CNA may only perform this task if the boxed or packaged medication has been stored in a secure manner and showing no signs of tampering.
 - (2) The CNA will report any medication not placed in the client's mouth in a timely manner but not more than two hours after the medication was due.
4. The CNA may perform the tasks in Section (I)(3) of Rule 1.10 for clients when deemed competent by the RN to perform the tasks in Section (I)(3) of Rule 1.10 with reasonable skill and safety. In order to deem competence the RN will complete the following steps:
- a. RN teaching of the procedure to perform the task;
 - b. RN demonstration of the steps to perform the task;
 - c. RN review of risks associated with performance of the task;
 - d. Identification of what to report to the supervisor; and
 - e. Return demonstration of the clinical performance of the task.

- f. When the RN deems the CNA competent to perform a task, a competency document will be completed. The competency document will be signed, dated and retained for at least one year by the RN determining competency. The competency document will be signed, dated and retained permanently by the CNA deemed competent to perform such tasks.
 - g. Within thirty days of being deemed competent to perform the tasks in Section (I)(3) of Rule 1.10 the CNA will update the expanded scope questions on the Healthcare Professions Profile (HPPP) indicating the tasks the CNA has been deemed competent to perform, the name and license number of the RN that deemed the CNA competent, along with the date deemed competent.
5. Continued competence for expanded scope of practice.
- a. The CNA must demonstrate continued competence under the direct clinical observation of the RN to be deemed competent by the RN to perform tasks in Section (I)(3) of Rule 1.10, to occur not less than annually after the CNA is initially deemed competent to perform such tasks. Upon determination of the continued competence an updated competence document will be signed, dated and retained for at least one year by the RN determining continued competence. The updated competence document will be signed, dated and retained permanently by the CNA demonstrating continued competence. The competency document will be produced upon Board request.
 - b. Within thirty days of the completion of the updated competence document the CNA will update the expanded scope questions on the HPPP indicating the tasks the CNA has continued competence to perform, along with the name and license number of the RN that deemed continued competence and the date of such completion.
6. Nothing in this Section (I) of Rule 1.10 shall be construed to prohibit or impede a facility, agency or employer from establishing policies and procedures for the tasks set forth in Section (I)(3) of Rule 1.10, provided these minimum requirements are met.

Adopted January 21, 2009
Effective March 30, 2009
Revised: October 24, 2012
Effective: December 15, 2012
Revised: January 22, 2013
Effective: March 18, 2013
Revised: July 21, 2015
Effective: September 14, 2014

1.11 RULES AND REGULATIONS FOR APPROVAL OF NURSE AIDE TRAINING PROGRAMS

General Authority sections 12-20-204(1) and 12-260-104(3), C.R.S.

Specific Authority section 12-260-109, C.R.S.

A. 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.

B. DEFINITIONS

1. Approval: Recognition that a Nurse Aide Training Program (herein after referred to as "program") meets the standards established by the Board.
2. Board: The State Board of Nursing.
3. Client: The individual receiving nursing care.
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.
5. Competency evaluation: The examination approved by the Board consisting of two components, the written and the manual skills evaluations.
6. Curriculum: All the content required for completion of an approved Nurse Aide Training Program.
7. Laboratory: A simulated care setting where students practice nursing skills and theory application under the direction of qualified instructors.
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.
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 sixteen hours and must include, but not be limited to, the areas addressed in Section (E)(2)(a)(1)(a) of Rule 1.11.
10. Unencumbered: No current restriction on any license, registration, certification or authority to practice.

C. INITIAL PROCEDURES FOR APPROVAL

1. Any institution, facility, agency, home health agency, or individual desiring approval of a Nurse Aide Training Program, whose approval has not previously been withdrawn by the Board:
 - 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 Rule 1.11.
 - 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.
2. The Board or the Board's designee is responsible for:
 - a. Providing program application forms upon request.
 - b. Reviewing program applications within ninety 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. 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.
4. The Board may withdraw approval of any program if the Board determines that the program is non-compliant with applicable rules and regulations.
5. Upon receiving the results of the initial survey visit and final review, the Board may grant full approval.
6. If interim approval is denied or withdrawn, the program shall be notified by Board staff by mail of the program deficiencies, and upon said notice a deficient, denied or withdrawn program shall not admit or otherwise enroll students. Any currently admitted or enrolled student of a program that has been withdrawn or denied interim approval, shall be notified by the program by mail within ten calendar days of the Board's withdrawal or denial.
7. 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.

D. CRITERIA FOR EVALUATING A PROGRAM

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 who ensures compliance with these rules and who has the authority from the governing body 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 seventy-five hour training program.

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- (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) Signing complete and accurate proof of training affidavits for each student who has successfully completed training at the conclusion of that training program and maintaining a copy of the affidavit in the student's file.
 - (10) Reporting to the Board, by means established by the Board, the names of all individuals who have satisfactorily completed the training program within thirty days of program completion.
 - (11) 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.
 - (12) Developing written policies for admission to, dismissal from, and completion of the program.
 - (13) Providing for a systematic plan to evaluate the program.
- d. There shall be sufficient program instructors to provide effective assistance and supervision to students.
2. The program shall comply with all applicable state and federal requirements including those in Rule 1.11.
 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. 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:
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- 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 twelve months of date of certification, prorated for the portion of the twelve-month period that the individual was employed by the facility.

E. CURRICULUM

- 1. The curriculum shall be developed, implemented, managed and evaluated by the coordinator and the instructors.
- 2. The curriculum shall provide:
 - a. A minimum of seventy-five hours of instruction to include no less than 16 hours of classroom instruction and no less than sixteen hours of clinical instruction under the direct supervision of an RN or LPN.
 - (1) At least the first sixteen hours of the required seventy-five hours shall be considered pre-clinical as defined in Section (B)(9) of Rule 1.11.
 - (a) The content of the pre-clinical portion of the program must include the following:
 - (i) Communications and interpersonal skills;
 - (ii) Infection control;
 - (iii) Safety/emergency procedures including the Heimlich maneuver;
 - (iv) Promoting Clients' independence;
 - (v) 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.

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

F. INSTRUCTORS

- 1. The instructors shall include a minimum of one Registered Nurse who must be the program coordinator.
- 2. If the program admits more than ten students, the ratio of instructors to students in a laboratory or clinical setting shall not exceed 1:10.

3. In a long-term care facility based program, the Director of Nursing may be the program coordinator, but not the primary instructor.
4. Other persons, including Clients, experienced aides, and ombudsmen, may be utilized as needed to meet planned objectives.
5. Instructor qualifications:
 - a. The program coordinator shall:
 - (1) Hold an active unencumbered professional nursing license.
 - (2) Have at least two years of nursing experience in caring for the elderly and/or the chronically ill of any age of which at least one 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 year experience in managing nurse aides.
 - b. The primary instructor shall:
 - (1) Hold an active unencumbered professional nursing license or an active Unencumbered practical nursing license.
 - (2) Have at least one 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 year experience in managing nurse aides.
 - c. Instructors from ancillary disciplines shall:
 - (1) Have a minimum of one year of current experience in their field.
 - (2) Where applicable, hold an active unencumbered license, registration, authority or certification in their field.

G. EDUCATIONAL FACILITIES

1. Classrooms, laboratories and offices shall be adequate in size, number and type.
2. Classrooms and laboratories shall be in a clean and safe condition, at a comfortable temperature and with adequate lighting.
3. Instructional materials shall be provided and be available to students and instructors.
4. Equipment must be kept clean and in good working order.
5. Supplies and equipment must be sufficient to teach the skills outlined in Section (E) of Rule 1.11 and also sufficient in number to meet the learning needs of the students enrolled in the program.

H. CLINICAL RESOURCES

1. Facilities selected for clinical experience shall provide for learning experiences in the care of the elderly and/or chronically ill of any age.
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.
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.
4. Those agencies requiring licensure shall be licensed in accordance with state and federal regulations.

I. CONTINUING APPROVAL

1. The Board will evaluate annual reports from the program.
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, or whenever a program changes the location of its classroom and/or laboratories. All surveys will evaluate compliance with the requirements as set forth in federal regulation and Rule 1.11. 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.
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.
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.
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.
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.

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.
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.

J. WITHDRAWAL OF APPROVAL

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.
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.
3. The Board must notify the program by mail, indicating the reason(s) for withdrawal of approval of the program.
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.

5. Any program whose approval to operate has been withdrawn or denied by the Board two or more consecutive times due to a demonstrated inability to meet Board Rules, gives rise to a reasonable concern for student consumer protection or public safety. The program may not re-apply for program approval or apply for approval of a new program until a period of twelve calendar months has elapsed from the most recent date that approval was withdrawn or denied.

K. INACTIVE PROGRAMS

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 consecutive 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.
2. In order to reactivate a program's approval status the program coordinator shall submit to a site survey. In addition, the program coordinator shall provide the following information to the Board or its designee, by not later than fourteen calendar days prior to date of the scheduled site survey:
 - 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
Revised: April 22, 2014
Effective: June 14, 2014

1.12 RULES AND REGULATIONS FOR APPROVAL OF MEDICATION AIDE TRAINING PROGRAMS

Specific Authority sections 12-260-113(1), C.R.S.

A. STATEMENT OF BASIS AND PURPOSE

The Rules contained in this Rule 1.12 are adopted to specify the procedures relevant to the approval of Medication Aide Training Programs for Certified Nurse Aides whose graduates shall be eligible to take the Competency Evaluation.

B. DEFINITIONS

1. **Active Status:** The status in which an approved program is admitting or plans to admit and graduate a class of students.
2. **Approved Clinical Resource:** A facility that is approved by the Board for the purpose of providing medication aide students with a suitable and compliant Clinical experience.

3. Approval: Recognition that a Medication Aide Training Program (herein after referred to as “program”) meets the standards established by the Board.
 - a. Interim Approval: Recognition by the Board or the Board’s Designee that a program may admit students and implement the program pending Full Approval.
 - b. Full Approval: Recognition by the Board that a program meets the standards and requirements of this Rule.
4. Board: The State Board of Nursing.
5. Client: The individual receiving nursing care.
6. Classroom: The portion of the approved training program in which medication aide students receive instruction in the theory that comprises the basis for safe and compliant medication administration.
7. Clinical: The portion of the approved training program in which medication aide students, under the direct supervision of qualified instructors, apply the knowledge and skills of a medication aide in the direct care of Clients.
8. Clinical Preceptor: The qualified registered or practical nurse or licensed psychiatric technician responsible for the direct supervision and instruction of the student in the Approved Clinical Resource.
9. Closed Program: A program that no longer has the Board’s Approval to operate.
10. Certified Nurse Aide (CNA): means a person who meets the qualifications specified in Colorado Revised Statutes, Title 12, Article 260, and who is currently certified by the Board as a nurse aide.
11. Competency Evaluation: The examination approved by the Board that must be taken and passed as a condition for granting Medication Aide Authority.
12. Curriculum: The theory, Laboratory and Clinical education content that the program is required to provide as a condition of program Approval.
13. Inactive Status: A status that allows a program to retain its Approval when it has no plans to admit or graduate students for an extended period of time.
14. Laboratory: The portion of the program where students in a simulated care setting practice medication aide skills and theory application under the direct supervision of qualified instructors.
15. Medication Aide Authority: The permission granted by the Board to perform the duties and services of a medication aide.
16. Medication Aide Training Program: A course of study that is approved by the Board that meets the requirements of this Rule.
17. Practitioner: A person authorized by law to prescribe treatment, medication or medical devices and acting within the scope of such authority.
18. Primary Instructor: The qualified registered nurse that is responsible for delivering Classroom and Laboratory instruction and on-site supervision during clinicals.

19. Program Coordinator: The qualified registered nurse that is responsible for the program's compliance with this Rule.
20. Unencumbered: No pending disciplinary action or current restriction to practice in the state of Colorado.

C. INITIAL PROCEDURES FOR APPROVAL

1. Any institution, facility, agency or individual desiring Approval of a program:
 - a. Must submit an application and all attachments for such a program in the manner required by the Board.
 - b. Must designate a Program Coordinator who will be responsible for compliance with this Rule.
 - c. May make inquiries of the Board or the Board's designee for the purpose of clarifying the requirements of this Rule.
2. The Board or the Board's designee is responsible for:
 - a. Reviewing program applications within ninety days of the date of receipt of the application by the Board and advising the Program Coordinator whether or not the program has met applicable standards for Approval.
 - b. Requesting any needed additional information from the Program Coordinator.
 - c. Conducting site visit to determine if all applicable standards have been met.
 - d. Notifying the Program Coordinator of the recommendation to grant or not to grant Interim Approval based upon the demonstrated compliance of the application and the site visit.
 - e. Providing the Program Coordinator with a written description of any observed non-compliance.
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.
4. The program shall not enroll students until Interim Approval is obtained. Students attending and graduating from a non-approved program are not eligible to take the Competency Evaluation.
5. Programs that are granted Interim Approval must achieve Full Approval within twelve months of being granted Interim Approval in order to continue operations.
6. A Medicare or Medicaid-certified facility submitting an application must not have been either terminated from participation in Medicare/Medicaid or have been subject to penalties that would bar the facility from offering a nurse aide training and Competency Evaluation program within the two years preceding the submission of the application.

D. CRITERIA FOR EVALUATING PROGRAM ADMINISTRATION

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. Individuals that comprise the governing body shall be disclosed in writing to the Board.
 - 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 conferred authority and responsibility to administer the program in accordance with the policies of the governing body and in relation to the job duties specified in Section (G)(5)(1) of Rule 1.12.
 - d. There shall be sufficient qualified program instructors to provide effective assistance and supervision to the students.
2. The program shall comply with all applicable state and federal statutes, rules and policies including those in this Rule 1.12.
3. The program must ensure that students do not perform any services for which they have not been trained and found proficient by the Clinical Preceptor.
4. The program must ensure that students who are providing services to Clients are under the direct supervision of a Clinical Preceptor.

E. PROGRAM ADMISSIONS

1. All applicants wishing to enroll in a training program to become a medication aide shall meet all of the following pre-enrollment criteria:
 - a. Proof of High School Diploma or GED.
 - b. Proof of being at least eighteen years of age.
 - c. Proof of completion of a state-approved nurse aide training program and certification as a CNA by the board.
 - d. At least 1,000 hours of documented work experience as a CNA within the last twenty-four months.
 - e. A written recommendation from the CNA's supervising nurse, director of nursing or nursing home administrator supporting the CNA's enrollment in the program.
 - f. Demonstrated ability, via enrollment pre-test administered by the program, to read and write in English and the ability to perform the four basic mathematical functions:
 - (1) Addition
 - (2) Subtraction
 - (3) Multiplication

(4) Division

F. CURRICULUM

1. The Curriculum shall be developed, implemented, managed and evaluated by the Program Coordinator and Primary Instructor(s).
2. The Curriculum content shall be developed from a Board-approved textbook that addresses the required Curriculum content.
3. The Curriculum shall include no less than 100 hours of training which shall include no less than sixty hours of Classroom and Laboratory instruction and no less than forty hours of Clinical experience.
4. Classroom and Laboratory training in the required content must be completed before students proceed to Clinical experience.
5. Classroom and Laboratory training and general Clinical supervision are performed by a qualified registered or practical nurse.
6. Clinical training and experience is directly supervised by a qualified registered or practical nurse that ensures that students demonstrate medication aide competencies and who documents the student's success with the competencies on a state approved Clinical experience checklist.
7. The Curriculum shall include a review of the following:
 - a. Communication and interpersonal skills including:
 - (1) Techniques for addressing the unique needs and behaviors of individuals with dementia, Alzheimer's, and other cognitively impaired residents.
 - (2) Communicating with the cognitively impaired.
 - (3) Understanding the behavior of cognitively impaired residents.
 - (4) Appropriate responses to the behavior of cognitively impaired residents.
 - (5) Methods to reduce the effects of cognitive impairments.
 - (6) Appropriate responses to combative residents.
 - b. Infection control.
 - c. Safety/emergency procedures including the Heimlich maneuver.
 - d. Client Independence.
 - e. Resident Rights.
 - f. Preventing and Reporting abuse, neglect and misappropriation of Client property.
8. The program shall include Classroom/Laboratory training and Clinical experience in:
 - a. Fundamentals of pharmacology.

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- b. Medication orders.
 - c. Care of long term care Clients and monitoring the effects of medication usage.
 - d. Fundamentals of the following systems and medications affecting each system:
 - (1) Gastrointestinal.
 - (2) Musculoskeletal.
 - (3) Skin and sensory.
 - (4) Urinary.
 - (5) Cardiovascular.
 - (6) Respiratory.
 - (7) Endocrine.
 - (8) Male and female reproductive.
 - (9) Nervous.
 - e. Psychotherapeutic medications.
 - f. Inflammation, infection, immunity and malignant disease.
 - g. Nutritional deficiencies.
 - h. Principles of administering medications.
 - (1) Six Rights of Medication Administration.
 - (2) Preparing or altering medication for administration in accordance with manufacturer's instructions and Practitioner's orders.
 - (3) Count, administer and document controlled substances.
 - i. Documentation of medication administration.
 - j. Minimizing distractions and interruptions.
 - k. Hand washing/standard precautions.
 - l. Positioning of Client in preparation for medication/treatment administration including the following:
 - (1) Supine position.
 - (2) Lateral position.
 - (3) Sim's position.
 - (4) Fowler's position.
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- (5) Prone position.
 - m. Measuring and recording temperature via oral, axillary, otic, temporal or rectal route using a thermometer (glass and electronic).
 - n. Measurement and recording of vital signs including pulse, respiratory rate, and blood pressure, and reporting all abnormalities to the practical or registered nurse that would prohibit medication administration.
 - o. Scope of Practice for the Medication Aide.
 - p. Reporting of observations to the practical or registered nurse and documentation of those observations in the medical record.
 - q. Clean technique in handling medications and dressings.
 - r. Administration of oxygen per nasal canula or non-sealing mask.
 - s. Obtaining oxygen saturation utilizing an oximeter.
 - t. Administration of medications:
 - (1) Via oral, ophthalmic, otic, nasal, topical, sublingual, buccal, vaginal, rectal and transdermal routes.
 - (2) Via G-tube, J-tube and NG tube.
 - (3) Via metered dose inhaler.
 - u. Finger stick blood glucose testing and reporting of results to the practical or registered nurse.
 - v. Administering insulin subcutaneously via syringe, insulin pen, or insulin pump in accordance with scope of practice.
 - v. Administering pro renata (PRN) medications in accordance with scope of practice.
 - w. Hemocult testing.
 - x. Applying dressing to minor skin tear.
 - y. Applying dressing to a healed G-tube or J-tube site.
 - z. Emptying and changing colostomy bag (may not change apparatus).
 - aa. Instilling a commercially prepared disposable enema.
 - bb. Administering a sitz bath.
 - cc. Applying a cold dry compress.
 - dd. Conducting diabetic urine testing.
 - ee. Collecting fecal or urine specimens.
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9. The program shall use an evaluation system that appropriately assesses the student's ongoing progress. Documentation of the student's ongoing progress and competency during the training program must be available for review by the Board.
10. No individual class session shall exceed eight clock hours.
11. The Clinical experience shall be completed within three (3) months of the completion of the Classroom and Laboratory instruction.

G. INSTRUCTORS

1. In a long-term care facility based program, the Director of Nursing may be the Program Coordinator, but not the Primary Instructor.
2. Student to qualified Primary Instructor ratios shall not exceed the following:
 - a. 20:1 in classroom.
 - b. 10:1 in Laboratory.
 - c. 5:1 in Clinical.
3. The ratio of students to qualified Clinical Preceptors shall be 1:1.
4. Instructor Qualifications:
 - a. The Program Coordinator shall:
 - (1) Be a registered nurse with an active, Unencumbered, registered nursing license valid to practice in the state of Colorado.
 - (2) Have at least two years of registered nursing experience in direct patient care.
 - (3) Have documented formal training in teaching adult learners or one year of full-time documented experience in teaching adult learners.
 - b. The Primary Instructor shall:
 - (1) Hold an active, Unencumbered, registered nursing license valid to practice in the state of Colorado.
 - (2) Have at least two years of registered nursing experience in direct patient care at least one of which is in a long term care facility.
 - (3) Have documented formal training in teaching adult learners or one year of full-time documented experience in teaching adult learners.
 - c. The Clinical Preceptor shall:
 - (1) Hold an active unencumbered registered or practical nursing license or psychiatric technician license valid for practice in the state of Colorado.
 - (2) Have at least two years of experience in medication administration at the level for which they hold their license.

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5. Instructor Responsibilities
 - a. The Program Coordinator shall:
 - (1) Serve as the program's primary point of contact for the Board.
 - (2) Assist with the development of the budget.
 - (3) Develop a student handbook that demonstrates the program's written policies and notifications, including but not limited to, policies for admission to, dismissal from and completion of the program and written notification of program costs.
 - (4) Conduct initial and ongoing development, implementation and evaluation of the program including planning for Classroom, Laboratory and Clinical learning experiences.
 - (5) Secure and supervise an adequate number of qualified instructors who will deliver Classroom, Laboratory and Clinical instruction.
 - (6) Ensure Classroom and Laboratory facilities meet established standards and ensure the program maintains adequate stocks of supplies and equipment for training the enrolled students.
 - (7) Secure written agreements between the administration of the program and each Approved Clinical Resource.
 - (8) Assure that each student is clearly identified as a medication aide student in a manner easily recognizable to Clients, family members, visitors and staff of the Approved Clinical Resource.
 - (9) Ensure an orientation of the medication aide students to each Approved Clinical Resource. Such orientation may not be included as part of the minimum 100 hours training program.
 - (10) Develop and implement a systematic plan to evaluate the program which includes evaluation of the following:
 - (a) Curriculum effectiveness. (e.g. content, method of delivery, apportionment of hours)
 - (b) Primary Instructor effectiveness.
 - (c) Testing and evaluation effectiveness.
 - (d) Student performance on the Competency Evaluation.
 - (11) Provide for the safe keeping of a system of permanent records and reports essential to the operation of the program and verification of graduate's preparation for a minimum of two years, which shall include but not be limited to, the following:
 - (a) Student Attendance.
 - (b) Student Test Scores.
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- (c) Laboratory skills checklist that demonstrates satisfactory performance of all required skills for each student.
 - (d) Clinical experience checklist that demonstrates a satisfactory and compliant Clinical experience for each student.
 - (e) Student records such as applicable education verification, scored entrance exams, health screenings, criminal background screenings, program application, letters of recommendation, etc.
 - (f) Instructor records such as license verification, qualifications, and training.
 - (g) Annual report submitted to the Board in the manner established by the Board.
- (12) Report to the Board, in the manner established by the Board, the names of all individuals who have satisfactorily completed the training program within thirty days of course completion.
- b. The Primary Instructor shall:
- (1) Maintain communication with the Program Coordinator related to student issues.
 - (2) Prepare and deliver theoretical content as required by the Board and this Rule.
 - (3) Provide Laboratory instruction in and evaluation of the practical skills that comprise the medication aide's scope of practice.
 - (4) Provide general, on-site supervision of students at the Clinical site.
 - (5) Prepare, administer and evaluate each student's course examinations.
 - (6) Counsel students about academic performance.
 - (7) Provide the Program Coordinator with the names of all students who complete the program for submittal to the Board.
- c. The Clinical Preceptor shall:
- (1) Provide direct instruction to and supervision of students at the Clinical site.
 - (2) Provide evaluation and feedback on the student's performance and competence.

H. EDUCATIONAL FACILITIES

- 1. Classrooms, laboratories and instructor offices shall be adequate in size, number and type.
- 2. Classrooms and laboratories shall be in a clean and safe condition, at a comfortable temperature and with adequate lighting.

3. Instructional materials shall be provided and be available to students and instructors.
4. Equipment must be kept clean and in good working order.
5. Supplies and equipment must be sufficient in number to meet the learning needs of the students enrolled in the program.

I. CLINICAL RESOURCES

1. Facilities selected for Clinical experience shall provide adequate learning experiences in medication administration as determined by the Board or the Board's designee.
2. Programs that utilize outside providers of Clinical resources must have a signed written agreement with each outside provider of Clinical resources.
3. Clinical resources must not have been terminated from the Medicare/Medicaid programs during the past two years or have been subject to penalties that would bar them, by federal regulation, from offering a nurse aide training and Competency Evaluation program.
4. Those Clinical resources requiring licensure shall be licensed in accordance with state and federal regulations.
5. Other considerations in the evaluation of a facility as an Approved Clinical Resource for students are:
 - a. Clinical resource's compliance with applicable state and federal regulations.
 - b. Amount and type of administrative support.
 - c. Numbers and types of other programs and students using the Clinical resource.
 - d. Average daily census.

J. CONTINUING APPROVAL

1. Annual reports, which approved programs shall provide timely to the Board in the manner established by the Board, will be used for evaluating continuing Approval.
2. In all reviews other than initial application reviews, the Board or the Board's designee will conduct an onsite survey of the program. At minimum, programs will receive an onsite survey every two years. All surveys will evaluate a program's compliance with the requirements set forth by state and federal regulation and this Rule. All surveys may also utilize:
 - a. The quality of care provided by medication aide students that are monitored during any state inspection or certification survey.
 - b. Record of complaints received about the program.
 - c. Medication Aide Competency Evaluation pass rates.
3. Onsite surveys may be conducted in conjunction with visits by other state survey agencies and may be conducted in conjunction with reviews for other Board-regulated education programs.

4. A report of the Board's survey findings will be sent to the Program Coordinator with any requirements for the correction of any non-compliance identified during the survey.
5. Approval of the program will be continued by the Board, provided that the program is compliant with state and federal regulations and the requirements of this Rule.
6. 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.
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.
 - b. Primary Instructor.
 - c. The number of program hours required for completion of the program.
 - d. Curriculum content.
 - e. Status of the program (e.g., inactive, closing).
 - f. Clinical Site or Clinical Resource.
 - g. Program contact information.
8. Any change in the governing body must be reported to the Board prior to the change's implementation. Such change may necessitate an onsite survey visit.

K. SANCTIONS AND WITHDRAWAL OF APPROVAL

1. For the protection and safety of the public, any program that engages in non-compliance that jeopardizes the safety of the public shall not be permitted to admit new students or proceed with new cohorts/classes. Non-compliance that jeopardizes the safety of the public includes, but is not limited to:
 - a. Failure to utilize qualified instructors;
 - b. Failure to supervise students during Clinical experience;
 - c. Failure to provide adequate training hours;
 - d. Failure to ensure students complete Classroom and Laboratory training before the students proceed to Clinical experience.
2. Any sanction imposed upon a program shall not be lifted unless or until the program receives written correspondence from the Board or the Board's designee acknowledging the program has returned to full compliance with applicable regulations and this Rule.
3. The Board may withdraw Approval when:
 - a. Notified that the Medicare or Medicaid-certified facility operating the program has lost its privileges to conduct an approved nurse aide training program except where a waiver for that facility to continue nurse aide training has been granted by the Colorado Department of Public Health and Environment.

- b. The program refuses to permit an unannounced visit by the Board or the Board's designee.
 - c. The program's non-compliance jeopardizes the safety, health or well-being of the public.
 - d. When the program is unable to successfully address its graduate's low performance on the state Competency Evaluation.
4. The Board may withdraw Approval when the Board determines the program is non-compliant with state and federal regulations and this Rule after evaluating the program's response to the Board's request for documentation/proof of compliance.
5. Programs whose Approval is withdrawn shall not be able to apply for Approval of a new program until a period of twelve months has elapsed from the date Approval is withdrawn.

L. INACTIVE AND CLOSED PROGRAMS

1. A program will be deemed 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 its governing body or Program Coordinator.
2. Inactive programs shall not be required to submit an annual report or complete their scheduled biennial inspection.
3. In order to return to Active Status, an inactive program shall:
 - a. Furnish the necessary information documenting the names and qualifications of the Program Coordinator and Primary Instructor(s).
 - b. Furnish a copy of the course schedule which outlines the delivery of the Curriculum.
 - c. Furnish (where applicable) a copy of the contract with each Approved Clinical Resource.
 - d. Submit to a site survey visit.
4. Inactive programs will be considered closed when the program does not return to Active Status within a period of twelve months.
5. Closed and Inactive Status programs shall retain student records for a period of no less than two years.
6. Closed and Inactive Status programs shall service student records for no less than one year from the date a student completed the program.

1.13 RULES AND REGULATIONS REGARDING THE DELEGATION OF NURSING TASKS

A. STATEMENT AND BASIS OF PURPOSE

The Rules contained in this Rule 1.13 are adopted pursuant to authority granted the Board by sections 12-20-204(1) and 12-255-107(1)(j), C.R.S., and specifically pursuant to authority granted in section 12-255-131(6), C.R.S. The purpose of these Rules is to specify procedures and criteria regarding the delegation of nursing tasks.

The professional nurse and advanced practice nurse are 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.

B. DEFINITIONS:

For the purposes of Rule 1.13, the following terms have the indicated meaning;

1. "Board" means the State Board of Nursing.
2. "Client" means the recipient of nursing care.
3. "Competence" is the Certified Nurse Aide's (CNA) ability to perform those tasks included in the expanded scope of practice as set forth in Section (I)(3) of Rule 1.10, with reasonable skill and safety to a client, as deemed by the Professional Nurse (RN).
4. "Continued Competence" is the CNA's ability to perform those tasks included in the expanded scope of practice as set forth in Section (I)(3) of Rule 1.10, with reasonable skill and safety to a client, as deemed by the RN's direct observation of the CNA's clinical performance of the task to occur not less than annually after initially being deemed competent.
5. "Deemed Competent" is the RN's determination that the CNA is competent to perform the task with reasonable skill and safety to a client.
6. "Delegatee" means an individual receiving the Delegation who acts in a complementary role to the professional nurse or advanced practice nurse, who has been trained appropriately for the task delegated, and whom the professional nurse or advanced practice nurse authorizes to perform a task that the individual is not otherwise authorized to perform.
7. "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 12-255-104(10), C.R.S., or in the practice of advanced practice nursing as defined in section 12-255-104(8), C.R.S.
8. "Delegator" means the professional nurse or advanced practice nurse making the Delegation; the Delegator must hold a current, active license and if appropriate advanced practice registration and prescriptive authority.
9. "Developmental Disabilities Nurse (DDN) Setting" means a practice setting for a professional nurse or advanced practice nurse employed by or contracted by community center boards, the community board's provider organizations or other agencies providing services through the Colorado Division of Developmental Disabilities.

10. Individualized Healthcare Plan (“IHP”) means a plan for a specific Client that is developed by a professional nurse or advanced practice nurse employed or contracted by the Client’s School, Licensed Child Care Facility, or DDN Setting 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.
11. “Licensed Child Care Facility” means any facility licensed as a family child care home or child care center as defined in section 26-6-102, C.R.S.
12. “Medication” means any prescription or nonprescription drug as defined in section 12-280-103, C.R.S.
13. “Practitioner” means a person authorized by law to prescribe treatment, Medication or medical devices and acting within the scope of such authority.
14. “School” means any institution of primary or secondary education, including preschool and kindergarten.
15. “Supervision” means the provision of guidance and review by a qualified professional nurse or advanced practice 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.

C. CRITERIA FOR DELEGATION

1. Any nursing task delegated by the professional nurse or advanced practice nurse shall be:
 - a. Within the area of responsibility of the Delegator;
 - b. Within the knowledge, skills, ability and scope of practice of the Delegator;
 - 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 or Delegation in a Licensed Child Care Facility as described in Section (F) of Rule 1.13.
2. The Delegatee shall not further delegate to another individual the tasks delegated by the professional nurse or the advanced practice nurse.
3. The delegated task may not be expanded without the express permission of the Delegator.
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 or the advanced practice nurse.

5. The delegation of a nursing task shall not limit the practice of nursing as defined in sections 12-255-104(9) or (10), C.R.S., by any nurse including, but not limited to, advanced practice nurses.

D. RESPONSIBILITY OF THE DELEGATOR

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.
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 (D)(1) in Rule 1.13; and
 - e. If the delegated task is to be performed more than once, develop and employ a system for ongoing monitoring of the Delegatee.
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 training and/or instruction; and
 - d. The need to continue or withdraw the Delegation.
4. Documentation of the Delegation by the Delegator in the Client record shall adhere to generally accepted standards and shall 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.

E. STANDARDS FOR THE ACCOUNTABILITY OF THE DELEGATOR

1. The Delegator shall adhere to the provisions of the Nurse Practice Act and the rules and regulations of the Board.
2. The Delegator is accountable for the decision to delegate and the assessments indicated in Section (D)(1) of Rule 1.13.
3. The Delegator is accountable for monitoring, outcome evaluation, and follow-up of each Delegation.
4. The Delegator is accountable for the act of delegating and supervising.

F. DELEGATION OF THE ADMINISTRATION OF MEDICATIONS IN SCHOOLS AND LICENSED CHILD CARE FACILITIES

1. A professional nurse employed or contracted by a School or Licensed Child Care Facility may delegate the administration of prescription and non-prescription medication with an order from an appropriate health care provider to a specific Delegatee(s) who has successfully completed appropriate training for the population of a School or Licensed Child Care Facility, within a specific time frame not to exceed one school year.
2. A professional nurse employed by or contracted by a School, school district or Licensed Child Care Facility may delegate the administration of prescribed emergency medications to one or more specific Delegatee(s) who have successfully completed appropriate training. The professional nurse must provide to the Delegatee a specific written protocol for each specific Client as determined in the IHP.
3. A professional nurse shall not delegate to a delegatee the administration of any medication that requires nursing assessment, judgment, or evaluation before, during or immediately after administration.
4. Nothing in this Section (F) of Rule 1.13 shall be construed to prohibit a professional nurse or advanced practice nurse from delegating a specific nursing task to a specific Delegatee for a specific Client in the School or Licensed Child Care Facility setting, as otherwise provided for and governed by the provisions of Rule 1.13.
5. The administration of stock Epinephrine and/or Naloxone by designated personnel is not a delegated nursing function and is described in Section (H)(4) of Rule 1.13.

G. DELEGATION OF INSULIN AND GLUCAGON ADMINISTRATION IN THE SCHOOL SETTING, LICENSED CHILD CARE FACILITY OR DDN SETTING

1. The administration of insulin or glucagon is a nursing task that may be delegated in accordance with the requirements of Rule 1.13. The selection of the type of insulin and dosage levels shall not be delegated.
2. An IHP shall be developed for any Client receiving insulin in the School, Licensed Child Care Facility or DDN 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:
 - (1) Carbohydrate counting
 - (2) Glucose testing
 - (3) Activation or suspension of an insulin pump
 - (4) Usage of insulin pens
 - (5) Medical orders
 - (6) Emergency protocols related to glucagon administration
3. Insulin administration by the Delegatee shall only occur when the Delegatee has followed the guidelines of the IHP.
 - a. Dosages of insulin may be administered by the Delegatee as designated in the IHP.
 - b. Non-routine, correction dosages of insulin may be given by the Delegatee only after:
 - (1) Following the guidelines of the IHP; and
 - (2) Consulting with the Delegator, as designated in the IHP, and verifying and confirming the type and dosage of insulin being administered.
 - c. Under Section (G)(3) of Rule 1.13, insulin administration by the Delegatee is limited to a specific Delegatee, for a specific Client and for a specific time.
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 other administration route.
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 administered via the insulin pump by the Delegatee as designated in the IHP.

H. EXCLUSIONS FROM THE RULE 1.13

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.
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.
3. The professional nurse who teaches the Medication Administration Instructional Program as approved by the Colorado Department of Human Services shall not be considered to be delegating as defined by Rule 1.13.
4. The professional nurse or advanced practice nurse who teaches stock epinephrine auto-injection and/or stock Naloxone administration to designated school staff that act in an emergency situation to assist a Client shall not be construed to be delegating as defined by Rule 1.13.
5. The issuance by an advanced practice nurse with prescriptive authority of standing orders and protocols for the use of epinephrine auto-injectors for emergency use to designated school staff shall not be construed to be delegating as defined by Rule 1.13.
6. Any child care provider as defined in section 26-6-102(6), 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.

I. CNA EXPANDED SCOPE OF PRACTICE / NOT CONSIDERED DELEGATION OF NURSING TASKS

1. The following tasks included in the CNA's expanded scope of practice as set forth in section 12-260-110(1)(a), (b), and (c), C.R.S., are not considered delegated nursing tasks provided that a RN has deemed the CNA competent to perform such tasks:
 - a. Digital stimulation, insertion of a suppository, or the use of an enema, or any other medically acceptable procedure to stimulate a bowel movement for clients/patients with stable health conditions and are not considered high risk;
 - b. Gastrostomy-tube and jejunostomy-tube feedings for clients/patients with stable health conditions and are not considered high risk; and

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- c. Placement in a client's mouth of presorted medication that has been boxed or packaged by a Registered Nurse, a Licensed Practical Nurse, or a Pharmacist for clients/patients with stable health conditions and are not considered high risk.
 - (1) The CNA may only perform this task if the boxed or packaged medication has been stored in a secure manner and showing no sign of tampering.
 - (2) The CNA will report any medication not placed in the client's mouth in a timely manner but not more than two hours after the medication was due.
 - 2. The CNA, pursuant to the definition of nurse aide at section 12-260-103(7), C.R.S., requires supervision of tasks by an actively licensed healthcare professional. Such services are performed under the supervision of a dentist, physician, podiatrist, professional nurse, licensed practical nurse, or other licensed or certified health care professional acting within the scope of the license or certificate.
 - 3. A RN who in good faith determines that a CNA is competent to perform the tasks listed in Section (I)(1) of Rule 1.13 is not liable for the actions of the CNA in the performance of the tasks.
 - a. The RN deeming a CNA competent to perform tasks listed in Section (I)(1) of Rule 1.13 will have the knowledge, skills and ability to perform such skills and teach such skills.
 - b. For the purposes of this Rule, "is not liable" means the actions of the CNA in the performance of the expanded scope listed in Section (I)(1) of Rule 1.13 shall not form the basis for discipline for the RN pursuant to 12-255-120(1), C.R.S.
 - 4. A RN may determine a CNA is competent to perform the tasks listed in Section (I)(1) of Rule 1.13 by teaching such task, demonstration of clinical performance of the task followed by return demonstration of the performance of the task by the CNA:
 - a. Teaching of the procedure to perform the task;
 - b. RN demonstration of the steps to perform the task;
 - c. Review of risks associated with performance of the task;
 - d. Identification of what to report to the supervising healthcare professional; and
 - e. Return demonstration of the clinical performance of the task.
 - f. Digital stimulation, insertion of a suppository, or the use of an enema, or any other medically acceptable procedure to stimulate a bowel movement for clients/patients with stable health conditions and are not considered high risk;
 - (1) The RN will include within the teaching of this task that it will only be performed for clients/patients with stable health conditions and are not considered high risk.
 - g. Gastrostomy-tube and jejunostomy-tube feedings for clients/patients with stable health conditions and are not considered high risk;
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- (1) The RN will include within the teaching of this task that it will only be performed for clients/patients with stable health conditions and are not considered high risk.
 - h. Placement in a client's mouth of presorted medication that has been boxed or packaged by a Registered Nurse, a Licensed Practical Nurse, or a Pharmacist for clients/patients with stable health conditions and are not considered high risk.
 - (1) The RN will include within the teaching of this task that it will only be performed for clients/patients with stable health conditions and are not considered high risk.
 - i. When the RN deems the CNA competent to perform a task, a competency document will be completed. The competency document will be signed, dated and retained for at least one year by the RN determining competency. The competency document will be signed, dated and retained permanently by the CNA deemed competent to perform such tasks.
 - j. Within thirty days of being deemed competent to perform the tasks in Section (I)(1) of Rule 1.13 the CNA will update the expanded scope questions on the Healthcare Professions Profile (HPPP) indicating the tasks the CNA has been deemed competent to perform, the name and license number of the RN that deemed the CNA competent, along with the date deemed competent.
 - 5. The RN must deem the CNA competent to perform the tasks in Section (I)(1) of Rule 1.13 as evidenced by a competency document as described in Section (I)(4) of Rule 1.13 signed, dated and retained for at least one year by the RN determining competence. The competency document will be signed, dated and retained permanently by the CNA deemed competent to perform such task. The competency document will be produced upon Board request.
 - 6. Continued Competence of the CNA to perform tasks in Section (I)(1) of Rule 1.13
 - a. Not less than annually the CNA must demonstrate continued competence under the direct clinical observation of the RN to perform the tasks in Section (I)(1) of Rule 1.13. Upon determination of the continued competence and the CNA demonstrating continued competence an updated competency document will be signed, dated and retained for at least one year by the RN determining continued competence. The updated competency document will be signed, dated and retained permanently by the CNA demonstrating continued competence. The competency document will be provided to the Board upon request.
 - b. Within thirty days of the completion of the updated competency document the CNA will update the expanded scope questions on the HPPP indicating the tasks the CNA has continued competence to perform, along with the name and license number of the RN that deemed continued competence and the date of such completion.
 - 7. Nothing in this Section (I) of Rule 1.13 will be construed to prohibit or impede a facility, agency or employer from establishing policies and procedures for the tasks set forth in Section (I)(1) of Rule 1.13, provided these minimum requirements are met.

Adopted: April 28, 2010
Effective: June 30, 2010
Revised: April 22, 2014

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Revised: July 21, 2015
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Revised: April 26, 2017
Effective: 6/14/2017

1.14 RULES AND REGULATIONS TO REGISTER PROFESSIONAL NURSES QUALIFIED TO ENGAGE IN ADVANCED PRACTICE NURSING

- A. BASIS:** The authority for the promulgation of these rules and regulations by the State Board of Nursing ("Board") is set forth in sections 12-20-204(1), 12-255-107(1)(e) and (j), 12-255-111, and 12-255-113, C.R.S.
- B. PURPOSE:** These Rules are adopted to implement the Board's authority to register professional nurses qualified to engage in Advanced Practice Nursing and are further adopted to set forth the requirements and procedures for being so registered.

C. DEFINITIONS

1. **Accrediting Body:** Any organization that establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards and is recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA), including the Commission on Collegiate Nursing Education (CCNE), National League for Nursing Accrediting Commission (NLNAC), Council on Accreditation of Nurse Anesthesia Education Programs (COA), Accreditation Council for Midwifery Education (formerly the Division of Accreditation) of the American College of Nurse Midwives, and the National Association of Nurse Practitioners in Women's Health Council on Accreditation.
2. **Advanced Practice Nurse (APN):** A master's prepared nurse holding a graduate degree in advanced practice nursing who has completed a graduate or post-graduate program of study in an advanced practice Role and/or Population Focus, in an accredited advanced practice nursing program and has been recognized and included on the Advanced Practice Registry (APR) by the Board. APN Roles recognized by the Board are nurse practitioner (NP), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM) and clinical nurse specialist (CNS). A nurse seeking recognition as an APN must be academically prepared for the expanded scope of practice described as Advanced Practice Nursing.
3. **Advanced Practice Nursing:** The expanded scope of nursing practice in an advanced Role and/or Population Focus approved by the Board.
4. **Advanced Practice Registry (APR):** The Board's registry of those professional nurses who apply for, and meet the criteria for inclusion as established in accordance with section 12-255-111, C.R.S., and Rule 1.14.
5. **Applicant:** A professional nurse seeking inclusion on the APR as an APN.
6. **Board:** The State Board of Nursing.
7. **Certifying Body:** A non-governmental agency approved by the Board that validates by examination, based on pre-determined standards, an individual nurse's qualifications and knowledge for practice in a defined functional or clinical area of nursing.
8. **Client:** A person receiving nursing care.

9. Independent Practice: The practice of advanced practice nursing as defined in section 12-255-104(8), C.R.S. for which the APN is solely responsible and performs on his/her own initiative, and which occurs in a setting for which no exception as set forth in Section (E)(2) of Rule 1.14 applies.
10. Population Focus: A broad, population-based focus of study encompassing the common problems of that group of patients and the likely co-morbidities, interventions and response to those problems. Examples include, but are not limited to: Neonatal, Pediatric, Women's Health, Adult, Family, Mental Health, etc. A Population Focus is not defined as a specific disease/health problem or specific intervention.
11. Role: The advanced practice area or position for which the professional nurse has been prepared; Nurse Practitioner (NP) Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM) and Clinical Nurse Specialist (CNS).
12. Unencumbered: No pending disciplinary action or current restriction to practice in the state of Colorado.

D. REQUIREMENTS FOR INCLUSION ON THE ADVANCED PRACTICE REGISTRY

1. A professional nurse may request inclusion on the APR by original registration or by endorsement.
2. Applicants must possess an active, unencumbered Colorado or multi-state compact professional nurse license.
3. Submit an APR application in a manner approved by the Board.
4. Original registration
 - a. Educational Requirements: The successful completion of a graduate or post-graduate nursing degree in the Role and, where applicable, the Population Focus, or equivalent as determined by the Board, for which the Applicant seeks inclusion on the APR. Verification of educational requirements shall be evidenced by receipt of either an official transcript from a graduate or post-graduate APN program accredited by a nursing Accrediting Body, or by proof of a current national certification from a nationally recognized accrediting agency, as approved by the Board, in the appropriate role and population focus the applicant intends to practice. The transcript shall verify date of graduation, credential conferred, and Population Focus of the program.
 - b. Certification Requirements
 - (1) Certification requirements for Certified Registered Nurse Anesthetist (CRNA): A CRNA must pass the national certification examination as administered by the Council on Certification of Nurse Anesthetists. Verification of current certification or recertification from the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists, as may be appropriate, shall be submitted by the applicant as part of the application process, or in another manner approved by the Board.

- (2) Certification Requirements for Certified Nurse-Midwife (CNM): A CNM must meet the standards for education and certification established by the American College of Nurse-Midwives American Midwifery Certification Board (AMCB) formerly known as ACNM Certification Council (ACC, Inc.). Verification of current AMCB certification shall be submitted by the applicant as part of the application process, or in another manner approved by the Board.
 - (3) Certification requirements for Nurse Practitioner (NP): A NP must meet the standards for education and certification established by a national certifying body approved by the Board. Verification of current certification or recertification, as may be appropriate, shall be submitted by the applicant as part of the application process, or in another manner approved by the Board.
 - (4) Certification requirements for Clinical Nurse Specialist (CNS): A CNS must meet the standards for education and certification established by a national certifying body approved by the Board. Verification of current certification or recertification, as may be appropriate, shall be submitted by the applicant as part of the application process, or in another manner approved by the Board.
5. Registration by Endorsement
- a. A professional nurse may be included on the advanced practice registry by endorsement if:
 - (1) The professional nurse is recognized as an advanced practice nurse in another state or jurisdiction and has practiced as an advanced practice nurse for at least two of the last five years immediately preceding the date of application for inclusion in the advanced practice registry. Verification of such licensure/recognition and active practice shall be submitted by the applicant as part of the application process or in another manner approved by the Board; or
 - (2) The professional nurse holds active national certification, as described in Section (D)(4)(d) above, in the Role and, where application, the Population Focus for which the Applicant seeks inclusion on the APR and possesses an appropriate graduate degree as determined by the board. Verification of current certification or recertification, as may be appropriate, shall be submitted by the applicant as part of the application process or in another manner approved by the Board.
 - (3) For purposes of Section (D)(5)(a)(2) of Rule 1.14, an appropriate graduate degree requires verification evidenced by either receipt of an official transcript from a graduate or post-graduate Advanced Practice Nursing program accredited by a nursing Accrediting body. Upon petition by the applicant, and with due consideration of the need to protect the public, the Board may accept an alternative graduate degree in support of endorsement under Section (D)(5)(a)(2) of Rule 1.14. It is anticipated that such alternative graduate degree will rarely be used. The decision to accept an alternative graduate degree is at the sole discretion of the Board.

- (4) Advanced practice credentials issued by the United States Military are deemed to be substantially equivalent to advanced practice authority in another state or jurisdiction.
6. Registration of Additional Population Focuses for Advanced Practice Registration
 - a. Submit an APR application on the current Board approved form and submit required fees.
 - b. Successful completion of a graduate or post-graduate nursing degree in the Role and, where applicable, the Population Focus, or equivalent as determined by the Board, for which the Applicant seeks inclusion on the APR. Verification of educational requirements shall be evidenced by either receipt of an official transcript from a graduate or post-graduate Advanced Practice Nursing program accredited by a nursing Accrediting Body, or by proof of a current national certification from a nationally recognized accrediting agency, as approved by the Board, in the appropriate role and population focus the applicant intends to practice. The transcript shall verify date of graduation, credential conferred, and Population Focus of the program.
 - c. Verification of active certification in the Role and, where applicable, the Population Focus, or equivalent as determined by the Board, for which the Applicant seeks inclusion on the APR shall be submitted by the applicant as part of the application process, or in another manner approved by the Board.

E. REQUIREMENTS FOR PROFESSIONAL LIABILITY INSURANCE

1. Pursuant to the requirements of section 12-255-113(1), C.R.S., it is unlawful for any APN engaged in an Independent Practice of professional nursing to practice within the state of Colorado unless the APN purchases and maintains or is covered by professional liability insurance in an amount not less than five hundred thousand dollars per claim with an aggregate liability for all claims during the year of one million five hundred thousand dollars.
2. Pursuant to these rules, an APN whose Independent Practice falls entirely within one or more of the following categories is exempt from the professional liability insurance requirements set forth in section 12-255-113, C.R.S.:
 - a. A federal civilian or military APN whose practice is limited solely to that required by his or her federal/military agency.
 - b. An APN who is covered by individual professional liability coverage (or an alternative which complies with section 12-255-113(1), C.R.S.) or liability insurance that is maintained by an employer/contracting agency in the amounts set forth in section 12-255-113(1), C.R.S.
 - c. An APN who provides uncompensated health care; or
 - d. An APN who practices as a public employee under the "Colorado Governmental Immunity Act, sections 24-10-101 to 118, C.R.S."
3. In order to establish eligibility for an exemption from the statutory financial responsibility requirements, an APN must provide such information as may be requested by the Board.

F. SCOPE OF ADVANCED PRACTICE NURSING

1. An APN shall practice in accordance with the standards of the appropriate national professional nursing organization and have a safe mechanism for consultation or collaboration with a physician or, when appropriate, referral to a physician. Advanced practice nursing also includes, when appropriate, referral to other health care providers.
2. The scope of Advanced Practice Nursing is based on:
 - a. The professional nurse's scope of practice within the APN's Role and Population Focus;
 - b. Graduate or post-graduate nursing education in the Role and/or Population Focus for which the APN has been recognized by the Board for inclusion on the APR.
3. The scope of Advanced Practice Nursing may include, but is not limited to: performing acts of advanced assessment, diagnosing, treating, prescribing, ordering, selecting, administering, and dispensing diagnostic and therapeutic measures.
4. Prescribing medication is not within the scope of practice of an APN unless the APN has applied for and been granted Prescriptive Authority by the Board.

G. WITHDRAWAL OF ADVANCED PRACTICE REGISTRATION

1. An APN may request to voluntarily withdraw the nurse's registration as an APN in each Role and/or Population Focus in which the nurse was granted inclusion on the APR by the Board.
2. The Board may withdraw an APN's registration from the APR in one or more of the Roles/Specialties or Population Foci in which the APN was granted recognition, if the APN no longer meets the requirements for inclusion on the APR or the APN is subject to discipline under section 12-255-120, C.R.S., in accordance with the procedures set forth in section 12-255-119, C.R.S.

H. RENEWAL AND REINSTATEMENT OF ADVANCED PRACTICE REGISTRATION

1. Renewal of an APN's registration on the APR is required at the time of the APN's Colorado professional nurse license renewal. Multi-state compact licensed professional nurses granted inclusion on the APR shall be required to renew their registration every two years and the registration shall be issued with a specific expiration date.
2. An APN who has failed to timely renew the APN registration may apply to reinstate such registration. The nurse shall submit an application on the current Board approved application forms, pay the current application fee, and submit required documentation as set forth in Section (D) of Rule 1.14 for each Role and/or Population Focus in which the applicant wishes to practice Advanced Practice Nursing.
3. The Applicant may be required to demonstrate continued competency by:
 - a. Meeting the requirements to maintain certification by a Certifying Body, or
 - b. Petitioning the Board with an alternative method of establishing competency.

4. Reinstatement of an APN's registration following disciplinary action requires compliance with all requirements set forth in Section (D) of Rule 1.14 and any requirements set forth by the Board.
5. An APN who was included in the APR as of June 30, 2008, but had not successfully completed the educational requirements as set forth in section 12-255-111(3)(a), C.R.S., will meet the education requirements set forth in (D)(4)(a) or (D)(5)(b) of Rule 1.14.
6. An APN who was included in the APR as of June 30, 2010, has not obtained national certification as set forth in section 12-255-111(4)(b), C.R.S., will meet the certification requirements set forth in Section (D)(2) of Rule 1.14.

I. DISCIPLINE OF ADVANCED PRACTICE NURSES

1. APN disciplinary procedures shall be the same as set forth in sections 12-255-119 and 12-255-120, C.R.S.

Adopted: April 28, 2010 5

Effective: July 1, 2010

Revised: July 26, 2017

Effective: September 14, 2017

1.15 RULES AND REGULATIONS FOR PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE REGISTERED NURSES

A. BASIS: The authority for the promulgation of these rules and regulations by the State Board of Nursing ("Board") is set forth in sections 12-20-204(1), 12-255-107(1)(j), and 12-255-112, C.R.S., of the Colorado Revised Statutes (C.R.S.).

B. PURPOSE: Section 12-255-112(4), C.R.S. sets forth the legal requirements for an Advanced Practice Registered Nurse (APRN) to obtain prescriptive authority in Colorado. First, the APRN must obtain Provisional Prescriptive Authority. Generally, those requirements are:

1. Completion of the appropriate graduate degree or post-graduate degree or certificate, as determined by the Board, in the advanced practice Role and, if applicable, Population Focus;
2. Satisfactory completion of educational requirements, as determined by the Board, in the use of controlled substances and prescription drugs;
3. National certification by a nationally recognized certifying body, as determined by the Board, in the Role and, if applicable, Population Focus of the APRN, unless the Board grants an exception; and
4. Completion of at least three years of combined clinical work experience as a professional nurse and/or as an APRN.

Upon receiving Provisional Prescriptive Authority, the APRN is legally authorized to prescribe medications and controlled substances schedules II-V to patients appropriate to the APRN's Role and, if applicable, Population Focus. Within three years of receiving Provisional Prescriptive Authority the APRN with Provisional Prescriptive Authority (hereinafter referred to as RXN-P) must:

5. Complete a 1000 hour Mentorship with a Physician or an Advanced Practice Nurse with Full Prescriptive Authority and experience in prescribing medications; and

6. Develop an Articulated Plan for safe prescribing.

If the RXN-P does not complete these additional requirements within three years of receiving Provisional Prescriptive Authority such authority will expire for failure to comply with statutory requirements.

The purpose of these Rules is to further clarify each of the statutory requirements, with the exception of professional liability insurance, which can be found in Rule 1.14 of the Board's Rules and Regulations. These Rules apply only to prescribing authority and should not be construed to govern other relationships between APRNs and health care providers in other situations.

C. DEFINITIONS

1. **Accrediting Agency:** An organization that establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards and is recognized by US Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA), including the Commission on Collegiate Nursing Education (CCNE), Accreditation Commission for Education in Nursing (ACEN), Council on Accreditation of Nurse Anesthesia Educational Programs (COA), and Accreditation Council for Midwifery Education.
2. **Advanced Practice Registered Nurse (APRN):** A professional nurse who meets the requirements of section 12-255-111, C.R.S., who obtained specialized education or training and is included on the Advanced Practice Registry.
3. **Advanced Practice Registry (APR):** The Board's record of those professional nurses who are granted APRN status by the Board in accordance with section 12-255-111, C.R.S. and Rule 1.14 of the Board's Rules and Regulations.
4. **Applicant:** An APRN seeking Provisional Prescriptive Authority in the same Role and, if applicable, Population Focus for which the APRN was recognized on the APR.
5. **Articulated Plan (Plan):** A documented plan for safe prescribing, setting forth the RXN's plans to maintain ongoing collaboration with physicians and other health care professionals in connection with the RXN's practice of prescribing medications within their Role and, if applicable, Population Focus, as set forth in Section (H) of Rule 1.15. The Articulated Plan must include: a mechanism for consultation or collaboration and referral; a quality assurance plan employed by the RXN to assure safe prescribing; decision support tools for safe prescribing; and ongoing continuing education in pharmacology and safe prescribing within the RXN's Role and, if applicable, Population Focus.
 - a. **Original Articulated Plan (Original):** The initial Articulated Plan developed to obtain Full Prescriptive Authority. The development of the Original Articulated Plan will be documented by the signature of the Mentor, or when applying under Section (I)(2) of Rule 1.15 the Physician meeting the requirements of Section (C)(12), or RXN meeting the requirements of Section (C)(13) of Rule 1.15, verifying such development pursuant to Section (H) of Rule 1.15.
 - b. **Updated Articulated Plan (Updated):** Changes to the Original Plan, as needed pursuant to Section (H)(4)(a) of Rule 1.15. An Updated Plan may replace and may be a re-write of the Original Plan and must address all of the elements included in the Original Plan. The Updated Plan does not require signatures of Mentors, Physicians or other RXNs.

6. Board: The State Board of Nursing.
7. Certifying Body: A non-governmental agency approved by the Board that validates by examination, based on pre-determined standards, an individual nurse's qualifications and knowledge for practice in a defined APRN Role and, if applicable, Population Focus.
8. Clinical Work Experience: Any relevant experience accumulated as a professional nurse or an advanced practice registered nurse, including paid or unpaid work experience, volunteer work, or student work. The gratuitous care of friends or members of the family is not included in Clinical Work Experience.
9. DEA: Drug Enforcement Administration.
10. Disciplinary Sanction: Any current restriction, limitation, encumbrance or condition on a Physician Mentor's medical license or on a RXN Mentor's nursing license, including confidential participation in peer health assistance or an alternative to discipline program authorized by the Mentor's licensing board.
11. Full Prescriptive Authority: The authority granted to the RXN to prescribe medications upon completion of the requirements set forth in Section (F)(2) of Rule 1.15.
12. Mentor: Physician Mentor: A person who holds a license to practice medicine in Colorado or a physician who is otherwise exempted from licensure pursuant to section 12-240-107(3)(i), C.R.S. The physician's license must be in good standing without Disciplinary Sanction as defined in Section (C)(10) of Rule 1.15. The Physician Mentor must be actively practicing medicine in the State of Colorado and shall have education, training, experience and a practice that corresponds with but need not be identical to the Role and, if applicable, Population Focus of the RXN-P. The Physician Mentor must also have an unrestricted DEA registration.
13. Mentor: RXN Mentor: A professional nurse who has met the qualifications for an APRN, is included on Colorado's APR, has Full Prescriptive Authority in Colorado, and has experience prescribing medications with full prescriptive authority preceding the beginning of the Mentorship. The RXN Mentor's nursing license must be without Disciplinary Sanction as defined in Section (C)(10) of Rule 1.15. The RXN Mentor shall have an active practice in Colorado and shall have education, training, experience and a practice that corresponds with, but need not be identical to, the Role and, if applicable, Population Focus of the RXN-P. The RXN Mentor must have an unrestricted DEA registration.
14. Mentorship: A formal, Mutually Structured relationship between an RXN-P as defined in Section (C)(24) of Rule 1.15, and a Physician Mentor or RXN Mentor to further the RXN-P's knowledge, skill, and experience in prescribing.
15. Mentorship Agreement: A mutually structured agreement documented in writing and signed by the RXN-P and the Mentor(s) which outlines a process and frequency for ongoing interaction and discussion of prescriptive practice throughout the Mentorship between the Mentor(s) and the RXN-P to assure safe prescribing practice.
16. Mutually Structured: Developed, implemented, and agreed upon by the RXN-P and the Mentor(s).

17. Pathophysiology: A minimum of three semester hours or four quarter hours completed either as part of a degree program or in addition to a degree program at the graduate or post-graduate level in an accredited nursing program for which graduate credit has been awarded with an emphasis appropriate to the Role and, if applicable, Population Focus of the APRN, including but not limited to pathophysiologic processes of all body systems.
18. Pharmacology: A minimum of three semester credit hours or four quarter hours completed either as part of a degree program or in addition to a degree program at the graduate or post-graduate level in an accredited nursing program for which graduate credit has been awarded with an emphasis appropriate to, but need not be identical to the Role and, if applicable, Population Focus of the APRN, including but not limited to the study of pharmacotherapeutics and pharmacokinetics of broad categories of pharmacological agents.
19. Physical Assessment: A minimum of three semester hours or four quarter hours completed either as part of a degree program or in addition to a degree program at the graduate or post-graduate level in an accredited nursing program for which graduate credit has been awarded with an emphasis appropriate to the Role and, if applicable, Population Focus of the APRN including, but not limited to comprehensive history taking; physical and psychological assessment; pathophysiologic and psychopathologic status of the patient; and development of a clinical diagnosis and management plan.
20. Population Focus: A broad area of study encompassing the common problems of a specific group of patients and the likely co-morbidities, interventions and responses to those problems including, but not limited to, the following areas of practice: primary care across the life span, adults/geriatrics, pediatrics, neonates, women, acute care adults/geriatrics or pediatrics, psychiatry and mental health across the life span. A Population Focus is not defined as a specialty, specific disease, health problem or intervention.
21. Provisional Prescriptive Authority: The authority granted to the Applicant to prescribe medications within the Role and, if applicable, Population Focus of the APRN pursuant to Section (F)(1) and Section (J)(2) of Rule 1.15.
22. Role: The advanced practice area for which the Applicant has been prepared including nurse practitioner (NP), certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), and/or clinical nurse specialist (CNS).
23. RXN: An APRN who is listed on the APR and who has been granted Full Prescriptive Authority by the Board.
24. RXN Provisional (RXN-P): An APRN who is listed on the APR and who has been granted Provisional Prescriptive Authority by the Board.
25. Synchronous Communication: Real-time communication; existing or happening at the same time; occurring at the same moment of time; simultaneous. Synchronous Communication will be conducted in a secure manner to safeguard protected information. Synchronous Communication may include the use of electronic communication tools such as audio, web or video conferencing. Synchronous Communication does not include email communications.
26. Unencumbered: No current restriction to practice in the state of Colorado.

D. EDUCATIONAL REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY

1. An Applicant for prescriptive authority must have successfully completed an appropriate graduate degree or post-graduate degree or certification as determined by the Board in the Role and, if applicable, Population Focus for which the Applicant seeks prescriptive authority. Such coursework shall include a minimum of three graduate semester hours or four quarter hours, or the equivalent thereof, as determined by the Board, in each of the following: Pathophysiology, Pharmacology and Physical Assessment. The coursework in Pharmacology shall include education on prescribing drugs and controlled substances.
2. The transcript shall verify date of course completion, grade and credits awarded. Applicants may provide copies of course descriptions or course syllabi when the required coursework in Physical Assessment, Pathophysiology, and Pharmacology is integrated into broad categories of advanced practice courses or when course titles do not accurately reflect course content.
3. Letters of verification from the education program may be accepted as documentation for the educational requirements of Physical Assessment, Pathophysiology, and Pharmacology. Applicants may petition the Board on a case-by-case basis for a waiver. The decision to grant or deny such waiver shall be at the sole discretion of the Board.

E. NATIONAL CERTIFICATION REQUIREMENT

1. Pursuant to section 12-255-112(4)(a)(III), C.R.S., an APRN applying for prescriptive authority must obtain and maintain national certification from a recognized Certifying Body.
2. Certification requirements for Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS): A Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) must pass the national certification examination as administered by a Certifying Body in the Role and Population Focus for which the APRN is applying for prescriptive authority. Documentation required shall be verification of current certification or recertification from the Certifying Body, as approved by the Board.
3. Certification requirements for Certified Registered Nurse Anesthetist (CRNA): Certified Registered Nurse Anesthetist (CRNA) must pass the national certification examination as administered by the Council on Certification of Nurse Anesthetists. Documentation required shall be verification of current certification or recertification from the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists, as approved by the Board.
4. Certification Requirements for Certified Nurse-Midwife (CNM): A Certified Nurse-Midwife must meet the standards for education and certification established by the American Midwifery Certification Board (AMCB). Documentation required shall be verification of status as a current holder of an AMCB certificate.
5. If the Applicant cannot meet the requirements for national certification, the Applicant may petition the Board for an exception. Exceptions will be reviewed on a case-by-case basis. The decision to grant or deny such exception shall be at the sole discretion of the Board.

F. REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY

1. Requirements for Provisional Prescriptive Authority.
 - a. Must apply in a manner approved by the Board;

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- b. Pay application fee;
 - c. Submit proof of an appropriate degree and satisfactory completion of education requirements as described in Section (D) of Rule 1.15;
 - d. Submit verification of National Certification as described in Section (E) of Rule 1.15, unless the Board grants an exception;
 - e. An attestation of having professional liability insurance pursuant to section 12-255-113, C.R.S., and Rule 1.14;
 - f. Submit verification of inclusion on the Advanced Practice Registry pursuant to section 12-255-111, C.R.S.;
 - g. An attestation stating the Applicant has completed at least three years of Clinical Work Experience, as defined in Section (C)(8) of Rule 1.15;
 - h. An attestation stating that the Applicant's Mentor(s) meets requirements in Section (C)(12) or (C)(13) of Rule 1.15; and
 - i. Has an active professional nurse and APRN license that is in good standing and without disciplinary sanctions or significant adverse prescribing as determined by the Board.
2. Requirements for Original Full Prescriptive Authority.
- a. Submit an application in a manner approved by the Board which includes:
 - (1) An attestation of successful completion of 1000 hours of experience in a Mentorship.
 - (2) An attestation of development of an Articulated Plan as described in Section (H) of Rule 1.15; and
 - (3) An attestation, signature, and license number of the Mentor verifying the development of the Articulated Plan for safe prescribing in accordance with Rule 1.15.
 - b. The application for Full Prescriptive Authority must be submitted within three years of being granted Provisional Prescriptive Authority or if applying under Section (J)(2) of Rule 1.15 within one year of being granted Provisional Prescriptive Authority.
 - (1) If the RXN-P cannot meet the requirements in Section (F)(2)(b) of Rule 1.15, the RXN-P may petition the Board for an exception to demonstrate competence. Exceptions will be reviewed on a case-by-case basis. The decision to grant or deny such exception will be at the sole discretion of the Board.
3. Any application not completed within one year of the date of receipt of the application expires and will be purged.

G. MENTORSHIP REQUIREMENTS

1. To obtain Full Prescriptive Authority, the RXN-P must complete 1000 hours of documented experience in a Mentorship. The Mentorship shall be conducted with either a Physician Mentor or RXN Mentor [hereinafter referred to as Mentor(s)] as defined in Sections (C)(12) and (C)(13) of Rule 1.15, respectively. The Mentorship must be completed within three years after Provisional Prescriptive Authority is granted.
 - a. This Section (G) does not apply to the RXN-P with prescriptive authority and at least 1000 hours of prescribing experience in another state, US jurisdiction or United States military applying for Full Prescriptive Authority as set forth in Section (J)(2) of Rule 1.15.
2. The Mentorship Agreement shall contain the following elements:
 - a. Is documented in writing and signed by the RXN-P and the Mentor(s).
 - b. Outlines a process, documentation, and frequency for ongoing Synchronous Communication, interaction and discussion of prescriptive practice throughout the Mentorship between the Mentor(s) and the RXN-P to provide for safe prescribing practice.
3. The Mentorship Agreement shall be retained for a period of three years by the RXN and the Mentor(s) following completion of the Mentorship and shall be available to the Board upon request.
4. The RXN-P and the Mentor(s) shall provide documentation of the successful completion of the Mentorship as requested by the RXN-P to complete an application to obtain Full Prescriptive Authority. The Mentor(s) shall not, without good cause, withhold his/her signature or otherwise fail to attest to the completion of the Mentorship. Upon submission of the application and development of the Articulated Plan as set forth in Section (H) of Rule 1.15, the RXN-P may be granted Full Prescriptive Authority.
5. If a circumstance such as retirement, illness, relocation or other event precludes any Mentor from continuing in the Mentorship, the RXN-P shall secure a replacement Mentor and enter into a new, Mutually Structured Mentorship. Any hours accrued during the period of time in which the RXN-P does not have a Mentor will not be credited toward completion of the 1000 hour Mentorship.
6. The Mentor(s) shall not require payment or employment as a condition of entering into the mentor relationship. The Mentorship relationship should not be financially burdensome to either party. In recognition of the Mentor(s) time and expertise, reasonable expenses may be paid. Compensation by the RXN-P to the Mentor(s) should be agreed upon as part of the Mutually Structured Mentorship, shall comply with standards of fair market value, and shall not be onerous or otherwise present a barrier to completion of the Mentorship.

H ARTICULATED PLAN

1. To obtain Full Prescriptive Authority, the RXN-P must develop an Articulated Plan for safe prescribing within three years after Provisional Prescriptive Authority is granted. The RXN-P's Mentors are required to provide a one-time signature on the Articulated Plan to verify that the RXN-P has developed the plan for safe prescribing in accordance with these Rules.

2. To obtain Full Prescriptive Authority when applying as an APRN with prescriptive authority in another state, under Section (J)(2) of Rule 1.15, the RXN-P must develop an Articulated Plan for safe prescribing within one year after Provisional Prescriptive Authority is granted. The RXN-P will obtain a one-time signature of a Physician or RXN who meets the requirements set forth in Sections (C)(12) and (C)(13) of Rule 1.15. Such signature verifies that the RXN-P has developed an Articulated Plan for safe prescribing in accordance with these Rules.
3. The Articulated Plan shall contain the following elements:
 - a. General information about the RXN-P and the Articulated Plan including:
 - (1) Name of the RXN-P;
 - (2) Role and, if applicable, Population Focus of the RXN-P;
 - (3) Practice Setting of the RXN-P;
 - (4) Signature of the Mentor(s), or Physician or RXN meeting the requirements of Sections (C)(12) and (C)(13) of these Rules, verifying development of the Articulated Plan; and
 - (5) Date the Articulated Plan was developed.
 - b. Documents a mechanism for consultation or collaboration with physicians and other appropriate health care providers and a mechanism for referral, when appropriate, to physicians and other appropriate health care providers for issues regarding prescribing.
 - (1) Such documentation shall include a written statement or plan that delineates the resources or contacts available to assist the RXN with regard to issues relating to safe prescribing and prescriptive authority.
 - (2) Such documentation shall also include a written statement or plan for the maintenance of ongoing collaboration with other health care professionals with regard to issues relating to safe prescribing and prescriptive authority.
 - c. Sets forth a quality assurance plan for safe prescribing.
 - (1) A quality assurance plan is an individualized process by which an RXN seeks to evaluate the efficacy and quality of his or her prescribing practices. Such measures may include, but are not limited to, peer review, periodic chart audits, prescription audits on the Colorado Prescription Drug Monitoring Program, use of an electronic decision support system and utilization review. The quality assurance plan shall address and be relevant to the RXN's Role and, if applicable, Population Focus.

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- d. Identifies decision support tools the RXN may utilize for prescribing medications.
 - (1) A decision support tool is an assistive tool commonly recognized by healthcare professionals as a valid resource for information on pharmaceutical agents or to aid the RXN in making appropriate judgments regarding safe prescribing. Such tools may include, but are not limited to, electronic prescribing databases, evidenced-based guidelines, antimicrobial reference guides, professional journals and textbooks.
 - e. Documents the RXN's ongoing continuing education in pharmacology and safe prescribing.
 - (1) Such documentation shall include a personal record of the RXN's participation in programs with content in pharmacology and safe prescribing within the RXN's Role and, if applicable, Population Focus for which continuing education credits or certificates of completion are awarded. The RXN must maintain up to five years, if applicable, of documentation of continuing education in the Articulated Plan.
4. The RXN must review the Articulated Plan at least annually after Full Prescriptive Authority has been granted by the Board and for so long as the RXN holds Full Prescriptive Authority in Colorado. Each annual review must be signed and dated by the RXN on the Articulated Plan.
- a. The RXN must Update the Articulated Plan when the RXN has a change to any of the following:
 - (1) Practice setting;
 - (2) Mechanism or resources for consultation, collaboration, and referral;
 - (3) Quality assurance plan (frequency or method);
 - (4) Decision support tools; or
 - (5) Continuing education in pharmacology and safe prescribing.
 - b. Updates to the RXN's Articulated Plan must be signed and dated by the RXN.
5. The Original Articulated Plan will be retained by the RXN.
- a. The Articulated Plan must be reviewed and Updated as described in Section (H)(4) of Rule 1.15.
 - b. The Articulated Plan documenting annual reviews will be available to the Board upon request for so long as the RXN has prescriptive authority.

6. The RXN-P and the Mentor(s), or when applying under Section (J)(2) of Rule 1.15, the Physician or RXN meeting the requirements of Sections (C)(12) and (C)(13) of Rule 1.15, will attest to the development of the Original Articulated Plan as requested by the RXN-P to complete the application for obtaining Full Prescriptive Authority. The Mentor(s), or when applying under Section (J)(2) of Rule 1.15, the Physician or RXN shall not, without good cause, withhold signature or otherwise fail to provide timely verification of completion of the Original Articulated Plan. Upon development of the Articulated Plan, successful completion of the Mentorship as set forth in Section (G) of Rule 1.15, and application, the RXN-P may be granted Full Prescriptive Authority by the Board.

I. OTHER REQUIREMENTS

1. An RXN-P or RXN must hold a valid DEA registration to prescribe controlled substances, Schedule II through V, and must adhere to all DEA requirements.
2. Pursuant to section 12-255-112(7)(c)(II), C.R.S., nothing in Rule 1.15 shall be construed to require a registered nurse to obtain prescriptive authority to deliver anesthesia care.
3. Pursuant to section 12-255-112(9), C.R.S., nothing in Rule 1.15 shall be construed to permit dispensing or distribution, as defined in section 12-22-102, C.R.S., [repealed], by an RXN, except for receiving and distributing a therapeutic regimen of prepackaged drugs prepared by a licensed pharmacist or drug manufacturer registered with the FDA and appropriately labeled, free samples supplied by a drug manufacturer, and distributing drugs for administration and use by other individuals as authorized by law.

J. REQUIREMENTS FOR AN ADVANCED PRACTICE NURSE WITH PRESCRIPTIVE AUTHORITY IN ANOTHER STATE TO OBTAIN FULL PRESCRIPTIVE AUTHORITY IN COLORADO

1. Applicants must submit an application in a manner approved by the Board.
2. Applicants must be actively listed on the Advanced Practice Registry in the Role and, where applicable, the Population Focus, or equivalent as determined by the Board, for which the Applicant seeks Prescriptive Authority.
3. Applicants must have Active Prescriptive Authority in another state or U.S. jurisdiction in the Role and, where applicable, the Population Focus, or equivalent as determined by the Board, for which the Applicant seeks Prescriptive Authority.
 - a. Prescriptive Authority credentials issued by the United States Military are deemed to be substantially equivalent to prescriptive authority in another state or jurisdiction.
4. Requirements to apply for Full Prescriptive Authority for applicants with prescriptive authority and at least 1000 hours of documented experience prescribing medications in another state, U.S. jurisdiction, or U.S. military:
 - a. Verification of prescriptive authority and 1000 hours of documented experience prescribing medications, in another state, jurisdiction, or the U.S. military, in a manner approved by the Board. The acceptance of the documented hours of experience prescribing medications is at the sole discretion of the Board; and

- b. Development of an Articulated Plan as set forth in Section (H) of Rule 1.15 prior to being granted full Prescriptive Authority. Applicants with Prescriptive Authority and demonstrated 1000 hours of prescribing experience who are not able to provide an Articulated Plan at the time of full Prescriptive Authority application may be granted Provisional Prescriptive Authority for one year in order to develop the required plan.
 - (1) The Articulated Plan must be attested to by a physician or RXN meeting the requirements of Section (C)(12) and (C)(13) of Rule 1.15.
- 5. Requirements to apply for Full Prescriptive Authority for applicants with prescriptive authority and less than 1000 hours of documented experience prescribing medications in another state, jurisdiction, or the U.S. military:
 - a. Active Provisional Prescriptive Authority granted pursuant to Section (F)(1) of Rule 1.15.
 - b. Completion of the additional hours, up to at least 1000 hours, of experience prescribing medications within a Mentorship as set forth in Section (G) of Rule 1.15.
 - c. Submission of an application for Full Prescriptive Authority within three years of obtaining Provisional Prescriptive Authority, providing evidence of the following:
 - (1) Verification of prescriptive authority and hours of documented experience prescribing medications, in another state, in a manner approved by the Board. The acceptance of the documented hours of experience prescribing medication is at the sole discretion of the Board;
 - (2) Additional mentored prescribing hours, up to at least 1000 hours, completed within a Mentorship in Colorado; and
 - (3) Development of an Articulated Plan as set forth in Section (H) of Rule 1.15.
 - d. Upon petition by the applicant, and with due consideration of the need to protect the public, the Board may accept a substantially equivalent method of establishing the requirements set forth in this Section (J)(5) of Rule 1.15. It is anticipated that such alternative will rarely be used. The decision to accept such substantially equivalent method of establishing the requirements is at the sole discretion of the Board.

K. REINSTATEMENT OF PRESCRIPTIVE AUTHORITY

- 1. To apply for reinstatement of prescriptive authority the APRN must possess an active, Colorado or multi-state compact professional nurse license that is in good standing and without Disciplinary Sanction as defined in Section (C)(10), and have reinstated the Role and, if applicable, Population Focus on the APR for which the APRN wishes to reinstate Full Prescriptive Authority.
- 2. An APRN applying to reinstate Full Prescriptive Authority must complete the reinstatement application for Full Prescriptive Authority and meet the requirements as set forth in Sections (D), (E), (F) and (H) of Rule 1.15.

- a. If an APRN fails to meet the requirements as set forth in section 12-255-112, C.R.S., and the Provisional Prescriptive Authority expires by operation of law, the APRN must complete a new application for Provisional Prescriptive Authority and meet the current requirements as set forth in Sections (D), (E), and (F) of Rule 1.15.
3. An APRN whose Provisional or Full Prescriptive Authority is withdrawn as the result of a disciplinary action under section 12-255-119, C.R.S., as set forth in Section (M)(2)(a) of Rule 1.15, shall not be eligible to apply for Prescriptive Authority for two years after the date of the withdrawal of such Prescriptive Authority. After the end of the two year waiting period an APRN must complete a new application and meet all requirements as set forth in Rule 1.15.
4. Every advanced practice registered nurse with prescriptive authority applying for reinstatement, except those who qualify for an exemption, must fulfill the substance use prevention training requirements set forth in Section (C) of Rule 1.25.

L. RENEWAL OF PRESCRIPTIVE AUTHORITY

1. Renewal of Provisional or Full Prescriptive Authority is required at the time of the RXN's professional nurse license renewal in Colorado. Multi-state compact licensed professional nurses granted Provisional or Full Prescriptive Authority by the Board shall be required to renew the Provisional or Full Prescriptive Authority every two years and shall be issued a specific expiration date for the Prescriptive Authority.
2. Every advanced practice registered nurse with prescriptive authority applying for renewal, except those who qualify for an exemption, must fulfill the substance use prevention training requirements set forth in Section (C) of Rule 1.25.

M. WITHDRAWAL OF PROVISIONAL OR FULL PRESCRIPTIVE AUTHORITY

1. An RXN may request that the Provisional or Full Prescriptive Authority be voluntarily withdrawn.
2. The Board may withdraw Provisional or Full Prescriptive Authority if the APRN no longer meets the requirements for Provisional or Full Prescriptive Authority or the APRN is subject to discipline under section 12-255-120, C.R.S., in accordance with the procedures set forth in section 12-255-119, C.R.S.
 - a. The APRN whose Provisional or Full Prescriptive Authority has been withdrawn as a result of disciplinary action under section 12-255-119, C.R.S., shall not be eligible to apply for Prescriptive Authority for two years after the date of the Board's withdrawal of such Prescriptive Authority. For the purpose of this Section (M)(2)(a), withdrawal of Provisional or Full Prescriptive Authority shall include surrender or revocation of same.
3. If Provisional or Full Prescriptive Authority has been withdrawn, and the APRN wishes to apply for Provisional or Full Prescriptive Authority, the APRN must file a new application and meet all requirements as set forth in Rule 1.15 at the time of application.

N. DISCIPLINE OF ADVANCED PRACTICE NURSES WITH PRESCRIPTIVE AUTHORITY

1. RXN and RXN-P disciplinary proceedings shall be the same as set forth in section 12-255-119, C.R.S., and the grounds for discipline are as set forth in section 12-255-120, C.R.S.

Approved: January 27, 2010
Effective: July 1, 2010
Revised: July 25, 2012
Effective: September 14, 2012
Revised: September 18, 2015
Effective: November 14, 2015
Revised: July 26, 2017
Effective: September 14, 2017

1.16 DUTY TO REPORT FELONIES

A. BASIS: The authority for the promulgation of these rules and regulations by the State Board of Nursing is set forth in sections 12-20-204(1), 12-255-107(1)(j), 12-255-120(1)(b), 12-260-114(1)(b), and 12-295-111(1)(b), C.R.S. The Division name changed pursuant to section 12-20-202, C.R.S.

B. 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 and to update the statutory revision of the Division name.

C. REPORTING FELONY CONVICTIONS

1. Any individual licensed or certified pursuant to sections 12-260-103(3), 12-295-103(4), 12-255-104(7) and (11), C.R.S., shall inform the Board, in a manner set forth by the Board, within forty-five days of the following occurrences:
 - a. The conviction of the certificate holder or licensee of a felony under the laws of any state or territories of the United States, as described in sections 12-255-120(1)(b), 12-260-114(1)(b), and 12-285-111(1)(b), C.R.S.
 - b. For purposes of these Rules: a conviction includes a plea of guilty or a plea of nolo contendere (no contest), accepted by the court, or the imposition of a deferred judgment/sentence.
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 of charges; and
 - f. Terms of sentence given upon conviction.
3. The Board may initiate a complaint pursuant to sections 12-255-119 and 12-260-117, C.R.S.
4. This Rule applies to any conviction or plea as described in Section (C)(1) of Rule 1.16 that occurred on or after October 1, 2008.

5. Failure to comply with this rule may constitute grounds for disciplinary action.

Adopted: July 30, 2008

Effective: October 1, 2008

Revised: October 24, 2012

Effective: December 15, 2012

1.17 RULES AND REGULATIONS FOR THE COLORADO CERTIFIED NURSE AIDE REGISTRY

General Authority – Section 12-260-104(3), C.R.S.

Specific Authority – Section 12-260-104(3) & (4), C.R.S.

A. ESTABLISHMENT OF CERTIFIED NURSE AIDE REGISTRY.

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

B. DEFINITIONS

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. Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.
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.

4. Misappropriation means the deliberate misplacement, exploitation, or wrongful (temporary or permanent) use of a patient's belongings or money or facility property.
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.
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.

C. PLACEMENT OF FINDINGS OF ABUSE, NEGLIGENCE, OR MISAPPROPRIATION ON THE REGISTRY.

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.
2. Placement in the registry shall be accomplished within ten days of the final finding.
3. A finding may also be based upon a conviction in a court of law for abuse, neglect, or misappropriation.

D. REMOVAL OF FINDINGS OF ABUSE, NEGLIGENCE, OR MISAPPROPRIATION FROM THE REGISTRY.

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.
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.

E. TIME FOR REQUEST FOR REMOVAL

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.
2. In cases other than those in Section (E)(1) of Rule 1.17, 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.

F. INFORMATION TO BE PROVIDED BY THE CERTIFIED NURSE AIDE

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 Section (E) of Rule 1.17.
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.
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.

G. PROCEDURE BEFORE THE BOARD OF NURSING.

1. A request for removal of a finding will be reviewed by the Board within ninety days of receipt of the completed request. In no case, however, will a determination on a request brought under Section (E)(1)(c) of Rule 1.17 be made prior to the expiration of the one-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.
2. Grounds for denial of removal include:
 - a. Failure to comply with Section (E)(2) of Rule 1.17 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.

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.

H. EFFECT OF REMOVAL OF FINDING FROM REGISTRY.

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 (D)(1) of Rule 1.17 and the Board further determines that other findings or the entire incident are appropriately removed.
2. Upon removal of the finding, it may not be used in any way to limit the individual's certificate to practice.

1.18 RULES AND REGULATIONS CONCERNING REPORTING REQUIREMENTS [Repealed eff. 10/01/2007]

1.19 RULES AND REGULATIONS FOR THE CERTIFIED NURSE AIDE IN RELATION TO MEDICATION AIDE AUTHORITY

A. STATEMENT OF BASIS AND PURPOSE

The specific authority for promulgation of these rules and regulations is set forth in section 12-260-113(1), C.R.S. The Division name changed pursuant to section 12-20-202, C.R.S.

These Rules are adopted to specify the procedures for obtaining and maintaining Medication Aide Authority and for clarifying the role and responsibility of the Certified Nurse Aide with Medication Aide Authority (CNA-Med). The medication administration responsibilities of a CNA-Med should be within the parameters of their educational preparation, their demonstrated abilities, and pursuant to the parameters of the delegation of nursing tasks as set forth in section 12-255-131, C.R.S. Therefore, a CNA-Med and the CNA-Med's supervisor have a joint responsibility to assure that the CNA-Med practices within the scope of their educational preparation and demonstrated abilities.

B. DEFINITIONS

1. **Advanced Skin Condition:** Any skin condition that results in at least partial thickness loss of skin such as an abrasion, blister or superficial ulceration.

2. Approved Medication Aide Training Program: A course of study approved by the Board that includes theory, lab and clinical practice related to the knowledge, skills and ability to perform medication administration.
3. Board: The State Board of Nursing.
4. Client: The individual receiving nursing care.
5. Clinical Record: A collection of documents that are used for the purpose of conveying current and historic health orders, medication administration tracking, health and behavior related observations and other communications germane to the nursing services that a Client receives or requires.
6. Certified Nurse Aide (CNA): means a person who meets the qualifications specified in Colorado Revised Statutes, Title 12, Article 260 and who is currently certified by the Board as a nurse aide.
7. Medication Aide (CNA-Med): means a person who meets the qualifications specified by this Rule and who is currently certified by the Board as a Certified Nurse Aide with Medication Aide Authority.
8. Competency Evaluation: The evaluation instrument approved by the Board.
9. Medication Aide Authority: Authority granted by the Board to a CNA who has satisfactorily completed the approved Medication Aide training program or its military equivalent, passed the state Competency Evaluation and has been placed on the Medication Aide registry.
10. Practitioner: A person authorized by law to prescribe treatment, medication or medical devices and acting within the scope of such authority.
11. Supervising Licensed Nurse: A licensed registered nurse that is responsible for providing guidance and oversight to the CNA-Med during a given shift.
12. Unencumbered: No current restriction on a certificate to practice as a certified nurse aide.

C. SCOPE OF PRACTICE OF THE CERTIFIED NURSE AIDE WITH MEDICATION AIDE AUTHORITY

1. The Client care responsibilities of the CNA-Med must be within the parameters of their educational preparation and their demonstrated abilities.
2. The CNA-Med may perform the following tasks under the supervision of the Supervising Licensed Nurse:
 - a. Observe and report to the Supervising Licensed Nurse any and all reactions and side effects to medications that are exhibited by a Client.
 - b. Measure and document vital signs prior to the administration of medications that could affect or change the vital signs. Report any abnormalities to the Supervising Licensed Nurse that would prohibit administration of such a medication prior to administration.

- c. Administer regularly prescribed medications that the CNA-Med has been trained to administer only after personally preparing (setting up) the medication to be administered. The CNA-Med will document in the Client's Clinical Record all medications that the CNA-Med personally administered. The CNA-Med will not document in a Client's Clinical Record any medication that was administered by another person or not administered at all or medications that were refused by the Client. All refused or non-administered medications must be reported to the Supervising Licensed Nurse.
- d. Initiate oxygen per nasal cannula or non-sealing mask only in an emergency. Immediately after the emergency, the CNA-Med must verbally notify the Supervising Licensed Nurse on duty or on call and appropriately document the action and the notification.
- e. Obtain oxygen saturation utilizing a calibrated oximeter and report such results to the Supervising Licensed Nurse.
- f. Administer Practitioner-ordered oral, buccal, sublingual, ophthalmic, otic, nasal, vaginal, rectal, and transdermal medications as ordered.
- g. Crush and administer medications by practitioner order, if such preparation is appropriate per the manufacturer's instructions and verified by the Supervising Licensed Nurse.
- h. Alter capsules if prescribed to be administered in this altered manner by the Practitioner and verified by the Supervising Licensed Nurse.
- i. Count, administer and document controlled substances.
- j. Administer medications per G-tube, J-tube, or NG tube.
- k. Administer previously ordered pro re nata (PRN) medication only if authorization is obtained from the Supervising Licensed Nurse on duty or on call. If authorization is obtained, the CNA-Med must do the following:
 - (1) Document in the Client's Clinical Record symptoms indicating the need for the medication and the time the symptoms occurred.
 - (2) Document in the Client's Clinical Record that the Supervising Licensed Nurse was contacted, symptoms were described, and permission was granted to administer the medication including the time of contact.
 - (3) Obtain permission to administer the medication each time the symptoms occur in the Client.
 - (4) Document in the Client's Clinical Record the effectiveness of administering the PRN medication.
- l. Apply topical medication to minor skin conditions such as dermatitis, scabies, pediculosis, fungal infection, psoriasis, eczema, first degree burn, or stage one decubitus ulcer.
- m. Administer medication via metered dose inhaler.
- n. Conduct hemocult testing and report result to the Supervising Licensed Nurse.

- o. Conduct finger stick blood glucose testing (specific to the glucose meter used) and report result to the Supervising Licensed Nurse.
- p. Administer subcutaneous insulin via syringe, insulin pen or insulin pump as prescribed by the Practitioner after consulting and clarifying with the Supervising Licensed Nurse the correct dose that the CNA-Med is to administer.
- q. Apply a dressing to a minor skin tear that has been assessed by the Supervising Licensed Nurse.
- r. Provide ordered site care and apply a dressing to a healed G-tube or J-tube site.
- s. Empty and change colostomy bag excluding the colostomy appliance.
- t. Instill a commercially prepared disposable enema (approximately 120) milliliters or four and one-half (4.5) ounces) after the resident has been assessed by the Supervising Licensed Nurse (for bowel sounds and potential impaction) and the Supervising Licensed Nurse has instructed the CNA-Med to instill the enema.
- u. Administer a sitz bath, if ordered by a Practitioner, and report any unusual observations to the Supervising Licensed Nurse.
- v. Apply a cold, dry compress as directed by the Practitioner or by the Supervising Licensed Nurse in emergency situations requiring first aid treatment.
- w. Conduct diabetic urine testing by appropriate method.
- x. Collect fecal or clean catch urine specimens as ordered by the Practitioner.
- y. Document in the Clinical Record the CNA-Med's observations, including what the CNA-Med sees, hears, or smells and document what is reported to the CNA-Med by the Client.

D. OUTSIDE THE SCOPE OF THE CERTIFIED NURSE AIDE WITH MEDICATION AIDE AUTHORITY

- 1. A CNA-Med should not perform any of the following tasks as they are outside the CNA-Med's scope of practice:
 - a. Administer medications by injection route, including the following:
 - (1) Intramuscular route.
 - (2) Intravenous route.
 - (3) Subcutaneous route, except as described in Section (C)(2)(p) of Rule 1.19.
 - (4) Intradermal route.
 - (5) Intrathecal route.
 - b. Administer medication used for intermittent positive pressure breathing (IPPD) treatments or any form of medication inhalation treatments, other than metered dose inhaler.

- c. Instill irrigation fluids of any type, including but not limited to:
 - (1) Colostomy.
 - (2) Catheter.
 - (3) Enema, except as described in Section (C)(2)(t) of Rule 1.19.
- d. Assume responsibility for receiving a written, verbal or telephone order.
- e. Administer a treatment that involves Advanced Skin Conditions, including stage II, III, or IV decubitus ulcers.

E. SUPERVISION REQUIREMENTS

- 1. The CNA-Med must be generally supervised by a registered nurse with an active Colorado or multi-state nursing license.
- 2. When direct, on-site supervision of the CNA-Med is unavailable, the CNA-Med must have prompt, direct telephone access to a Supervising Licensed Nurse.
- 3. The Supervising Licensed Nurse will be responsible for ensuring that the CNA-Med's Client load is not so large as to prevent timely administration of each Client's medications.
- 4. An employer of a nurse or CNA-Med may establish policies, procedures, protocols, or standards of care which limit or prohibit delegations by nurses in specified circumstances.

F. REQUIREMENTS FOR OBTAINING MEDICATION AIDE AUTHORITY

- 1. For initial certification as a CNA-Med, the individual must:
 - a. Possess an active, Unencumbered Colorado nurse aide certification.
 - b. Possess a high school diploma or general equivalency diploma.
 - c. Be no less than eighteen years of age.
 - d. Complete no less than 1,000 hours of documented work as a CNA within the last twenty-four months or the equivalence for individuals from the United States military.
 - e. Possess a recommendation to become a medication aide from the CNA's current supervising nurse, director of nursing, or nursing home administrator.
 - f. Complete an Approved Medication Aide Training Program with a final grade of not less than "C" or demonstrate substantially equivalent training that meets the curriculum requirements in Rule 1.12 for Approval of Medication Aide Training Programs documented on an official transcript for individuals in the United States Military as provided for in section 12-20-202(4), C.R.S.
 - g. Submit the completed Medication Aide Authority application within one year of completion of the Medication Aide Training Program or its United States military equivalent as required by the Board and pay the applicable fee.

- h. Pass the written Competency Evaluation in three or fewer attempts within one year of the completion receipt of the Medication Aide Training application.

G. REQUIREMENTS FOR RENEWAL AND REINSTATEMENT

1. Medication Aide Authority is subject to the renewal requirements set forth in section 12-20-202, C.R.S.
 - a. A certificate that is not renewed by the CNA-Med within the renewal period including the sixty day grace period will be subject to reinstatement requirements as set forth in Section (G)(4) of Rule 1.19.
2. The CNA-Med must attest that she/he has received monetary compensation for performing at least forty hours of CNA-Med activities during the twenty-four months prior to the renewal or reinstatement application date.
3. The CNA-Med that cannot attest to receiving monetary compensation for performing at least forty hours of CNA-Med activities during the twenty-four months prior to the renewal or reinstatement date must take and pass the Competency Evaluation in three or fewer attempts within one year of receipt of an application by exam.
4. To reinstate an authority that has been expired for less than two years, the expired CNA with expired Medication Aide Authority must:
 - a. Possess an active, Unencumbered Colorado nurse aide certification.
 - b. Submit a complete Board approved reinstatement application.
 - c. Pay the required fee.
5. In order to reinstate an expired authority, a CNA whose Medication Aide Authority has been expired more than two years must meet the requirements of Sections (G)(1)(e), (G)(1)(f), (G)(1)(g) and (G)(1)(h) of Rule 1.19.

H. WITHDRAW OR CANCELLATION OF MEDICATION AIDE AUTHORITY

1. The Board will cancel Medication Aide Authority if the Board has reasonable cause to believe that the CNA-Med no longer meets the requirements for Medication Aide Authority as set forth in Section (F) of Rule 1.19 or the Board has reasonable cause to believe that the CNA-Med is unable to practice with reasonable skill and safety.
2. The Board will expire Medication Aide Authority for any CNA-Med if his/her nurse aide certification expires.
3. The Board will cancel Medication Aide Authority for any CNA-Med if his/her nurse aide certification is surrendered or revoked.
4. The Board will suspend Medication Aide Authority for any CNA-Med if his/her nurse aide certification is suspended.

I. GENERAL RULES RELATING TO AUTHORITIES

1. The CNA-Med is responsible for maintaining his/her own documentation of skills, education and test results.

2. Incomplete Applications:
 - a. Failure to submit required information and documentation will result in an application being considered incomplete.
 - b. The Board will purge all documentation related to an incomplete application one year after the receipt date of the application.
3. Any notification by the Board to the CNA-Med, as required or permitted under the Nurse Aide Practice Act, sections 12-260-101 to 123, C.R.S., or the Colorado Administrative Procedures Act, sections 24-4-101 to 108, C.R.S., will be addressed to the most recent address provided in writing to the Board by the CNA-Med and any such mailing will be deemed proper service of process on said CNA-Med.

J. LICENSURE AS MILITARY SPOUSE

1. A military spouse as defined in section 12-20-301(3), C.R.S., may practice as a CNA-Med in this state for not more than one year, as set forth in section 12-20-304(1), C.R.S., before obtaining authority to practice as a CNA-Med in this state.

Adopted: October 27, 2010

Effective: January 1, 2010

Revised: October 24, 2012

Effective: December 15, 2012

Revised: January 22, 2013

Effective: March 18, 2013

1.20 RULES AND REGULATIONS FOR MULTISTATE NURSE LICENSURE

- A. **BASIS:** The authority for the promulgation of these rules and regulations by the State Board of Nursing is set forth in sections 12-255-107(1), and (4), 12-255-110, 12-255-114, and 24-60-3201, and 3202, C.R.S. The Division name changed pursuant to section 12-20-202, C.R.S.
- B. **PURPOSE:** To revise the Nurse Licensure Compact and specify the requirements, pursuant to the enhanced Nurse Licensure Compact, for recognition of a professional or practical nursing license issued by a Home State as authorizing a Multistate Licensure Privilege in a Party State. The purpose of the amendments is to incorporate the enhanced nurse licensure compact rules.
- C. **DEFINITIONS:**

For the purposes of Rule 1.20, the following terms have the indicated meaning:

1. **Alternative Program:** A voluntary, non-disciplinary monitoring program for Nurses, approved by the licensing entity of a state or territory.
2. **Board:** A Party State's regulatory body responsible for issuing Nurse licenses.
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.
4. **Commission:** The Interstate Commission of Nurse Licensure Compact Administrators.

5. Compact: The Nurse Licensure Compact that became effective on July 20, 2017 and was implemented on January 19, 2018.
6. Convert: To change a multistate license to a single-state license if a nurse changes primary state of residence by moving from a Party State to a non-party state, or to change a single-state license to a multistate license once any disqualifying events are eliminated.
7. 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.
8. Deactivate: To change the status of a multistate license or privilege to practice.
9. Director: The individual referred to in Article IV of the Interstate Commission of Nurse Licensure Compact Administrators Bylaws.
10. Disqualifying Event: An incident, which results in a person becoming disqualified or ineligible to retain or renew a multistate license. These include but are not limited to the following: any adverse action resulting in an encumbrance, current participation in an alternative program, a misdemeanor offense related to the practice of nursing (which includes, but is not limited to, an agreed disposition), or a felony offense (which includes, but is not limited to, an agreed disposition).
11. Independent Credentials Review Agency: A non-governmental evaluation agency that verifies and certifies that foreign nurse graduates have graduated from nursing programs that are academically equivalent to nursing programs in the United States.
12. Licensure: Includes the authority to practice nursing granted through the process of examination, endorsement, renewal, reinstatement and/or reactivation.
13. Prior Compact: The Nurse Licensure Compact that was in effect until January 19, 2018.
14. Unencumbered License: A license that authorizes a nurse to engage in the full and unrestricted practice of nursing.
15. 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.
16. Home State: The Party State that is the Nurse's Primary State of Residence.
17. Information System: The Coordinated Licensure Information System.
18. 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.

19. Nurse: A professional or practical nurse, as that term is defined by each Party State's practice laws.
20. Party State: Any state that has adopted the Interstate Nurse Licensure Compact.
21. Primary State of Residence: The state of a person's declared fixed, permanent, and principal home for legal purposes; domicile.
22. 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.
23. 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.
24. Single State License: A professional or practical nursing license that is valid only for practice in the granting state and not valid for practice in other Party States.

D. ISSUANCE OF A LICENSE

1. No applicant for initial licensure may be issued a compact license granting a multi-state privilege to practice, unless the applicant first obtains a passing score on the applicable National Council Licensure Examination (NCLEX) or any predecessor examination used for licensure, and has satisfied all other conditions required by the Board.
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;
 - c. Federal income tax return declaring the Primary State of Residence;
 - d. Military Form No. 2058 – state of legal residence certificate; or
 - e. Form W-2 from U. S. Government or any bureau, division or agency thereof, indicating the declared state of residence.
3. A Nurse applicant who is a citizen of a foreign country and working, working on a visa, and applying for multistate licensure in a Party State, may declare either their country of origin or the Party State where they are living as the Primary State of Residence. If the foreign country is declared the Primary State of Residence, a Single State License will be issued by the Party State if the applicant meets the licensure requirements.
4. A multistate license issued by a Party State is valid for practice in all other Party States, unless clearly designated as valid only in the state which issued the license.
5. When a Party State issues a Single State License, the license shall be clearly marked with the words "Single State", indicating that it is valid only in the state of issuance.
6. A nurse who changes his or her primary state of residence from one party state to another party state may continue to practice under the existing multistate license while the nurse's application is processed and a multistate license is issued in the new primary state of residence.

7. The former Home State multistate license shall no longer be valid upon the issuance of a new Home State multistate license.
8. If a licensee holding a multistate license changes primary state of residence to a non-party state, the party state shall convert the multistate license to a single state license within fifteen days and report the conversion to the Licensure Information System.

E. CREDENTIALING AND ENGLISH PROFICIENCY FOR FOREIGN NURSE GRADUATES

1. A party state shall verify that an independent credentials review agency evaluated the credentials of graduates as set forth in Article III 9 (c) (2) ii.
2. The party state shall verify successful completion of an English proficiency examination for graduates as set forth in Article III (c) (3).

F. DEACTIVATION, DISCIPLINE, AND REVOCATION OF MULTISTATE LICENSURE PRIVILEGE

1. A party state shall determine whether a disqualifying event will result in adverse action or deactivation of a multistate license or privilege. Upon deactivation due to a disqualifying event, the home state may issue a single state license.
2. An individual who had a license which was surrendered, revoked, suspended, or an application denied for cause in a prior Home State, may be issued a Single State License in a new Home State until such time as the individual would be eligible for an unrestricted license in all prior Party State(s) of adverse action. Once eligible for licensure in all prior state(s), a multistate license may be issued.

G. COORDINATED LICENSURE INFORMATION SYSTEM

1. Uniform data set and levels of access:
 - a. The Compact Administrator of each Party State shall furnish uniform data to the Coordinated Licensure Information System, which shall consist of the following:
 - (1) The Nurse's name;
 - (2) Jurisdiction(s) of licensure;
 - (3) License expiration date(s);
 - (4) Licensure classification(s), license number and status(es);
 - (5) Public emergency and final disciplinary actions, as defined by contributing state authority;
 - (6) A change in the status of a disciplinary action or licensure encumbrance;
 - (7) The status of Multistate Licensure Privileges.
 - (8) Current participation by the nurse in an alternative program;
 - (9) Information that is required to be expunged by the laws of a Party State;
 - (10) The applicant or nurse's United States social security number;

- (11) Current significant investigative information;
 - (12) A correction to a licensee's data.
 - b. The public shall have access to items (a)(1) through (7) and information about a licensee's participation in an alternative program to the extent allowed by state law.
 - 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.
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 business days, correct inaccurate data to the Information System.
3. The Board shall report to the Information System within fifteen calendar days:
- a. Items in uniform data set.
 - b. 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 non-public by contributing state authority);
 - c. Dismissal of a complaint; and
 - d. Changes in status, if disciplinary action or licensure encumbrance.
4. Current Significant Investigative Information shall be deleted from the Information System within fifteen calendar 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.
5. Changes to licensure information in the Information system shall be completed within fifteen calendar days, upon notification by a Board.

Adopted April 22, 2009
Effective June 30, 2009
Revised: April 23, 2013
Effective: June 14, 2013
Revised: January 24, 2019
Effective: March 17, 2019

1.21 RULES AND REGULATIONS REGARDING LIABILITY INSURANCE FOR ADVANCED PRACTICE NURSES ENGAGED IN INDEPENDENT PRACTICE [Repealed eff. 06/30/2010]

This Rule is being repealed due to its content being incorporated into the rules and regulations to register professional nurses qualified to engage in advanced practice nursing, Rule 1.14.

Repealed Effective June 30, 2010

1.22 RULES AND REGULATIONS REGARDING THE DESIGNATION OF AUTHORIZED ENTITIES TO CONDUCT PROFESSIONAL REVIEW OF ADVANCED PRACTICE NURSES

A. BASIS: The authority for promulgation of rules and regulations by the State Board of Nursing (“Nursing Board”) is set forth in sections 24-4-103, 12-30-201(1), 12-30-204(5), 12-30-204(6), 12-20-204(1), and 12-255-107(1)(j), C.R.S.

B. PURPOSE: These rules and regulations have been adopted by the Nursing Board to:

1. Establish procedures necessary to designate specialty societies as authorized entities that are able to establish professional review committees, as required by section 12-30-204(5)(f), C.R.S.
2. Establish procedures necessary to designate organizations that are authorized to insure persons licensed under Colorado Revised Statutes Title 12, Article 255 and granted authority as advanced practice nurses (“Advanced Practice Nurses”) as authorized entities that are able to establish professional review committees, as required by section 12-30-204(5)(h), C.R.S.
3. Establish procedures necessary to authorize other health care organizations, physician organizations or professional societies as authorized entities that may establish professional review committees as permitted by section 12-30-204(6), C.R.S.

C. DESIGNATIONS: In order to be designated by the Nursing Board as an authorized entity entitled to establish professional review committees, an entity must:

1. Have in place written procedures that are in accordance with Colorado Revised Statutes Title 12, Article 30 and that have been approved by the authorized entity’s governing board.
2. Have a governing board that registers with the Division of Professions and Occupations in accordance with section 12-30-206, C.R.S.
3. Report to the Nursing Board and the Division of Professions and Occupations in accordance with Colorado Revised Statutes Title 12, Article 30.
4. Provide an affidavit, upon request from the Board:
 - a. that the authorized entity’s professional review committee has at least one Advanced Practice Nurse as a voting member with a scope of practice similar to that of the person who is the subject of a professional review; or
 - b. that the professional review committee has engaged an Advanced Practice Nurse, not previously involved in the review, to perform an independent review as appropriate with a scope of practice similar to that of the person being reviewed.

5. Be one of the following entities:
 - a. A society or association of Advanced Practice Nurses designated by the Nursing Board in accordance with and compliance with sections 12-30-204(3) and 12-30-204(5)(f), C.R.S. The Nursing Board designates societies or associations of Advanced Practice Nurses that establish:
 - (1) Members are licensed to practice under Colorado Revised Statutes Title 12, Article 255 and granted authority as Advanced Practice Nurses and residing in the state of Colorado;
 - (2) Members specialize in a distinct and recognizable discipline of nursing in a specified nursing role and population focus. Such specialization may be shown by establishing that:
 - (a) Such group is recognized by the national certifying body of said population and focus; or
 - (b) The specialty society or association must provide the Nursing Board with a description of that society's or association's requirements for membership at the time it seeks designation. The society or association must show that its membership is open to all practitioners in the state of Colorado, and that such individual whose services are being reviewed is a member of the society or association.
 - b. A corporation authorized to insure Advanced Practice Nurses designated by the Nursing Board in accordance with section 12-30-204(5)(h), C.R.S. The Nursing Board designates those corporations that are a professional liability insurer authorized to do business in Colorado under the provisions of section 10-3-105, C.R.S.
 - c. A health care or provider organization or professional society designated by the Nursing Board in accordance with section 12-30-204(6), C.R.S. The Nursing Board designates health care or provider organizations or professional societies with:
 - (1) A membership that includes Advanced Practice Nurses; and
 - (2) Has as a voting member at least one person licensed under Colorado Revised Statutes Title 12, Article 255 and granted authority as an Advanced Practice Nurse with a scope of practice similar to the person who is the subject of the review; and
 - (3) Members are licensed in accordance with Colorado Revised Statutes, Title 12, Article 255, and reside in the State of Colorado; and
 - (4) Members are representatives of practitioners in the same discipline as the person who is the subject of the review; and
 - (5) The health care or organization or professional society must provide the Nursing Board with a description of that society's or association's requirements for membership at the time it seeks designation.

Adopted: April 23, 2013
Effective: June 14, 2013

1.23 RULES AND REGULATIONS REGARDING THE REPORTING REQUIREMENTS OF SECTIONS 12-30-204(8)(f) AND SECTION 12-30-206(2)(b)(II), C.R.S., AND OF THE FEDERAL HEALTH CARE QUALITY IMPROVEMENT ACT OF 1986, AS AMENDED

A. BASIS: The authority for promulgation of rules and regulations by the State Board of Nursing ("Nursing Board") is set forth in sections 24-4-103, 12-30-201(1)(a), 12-30-204(5), 12-30-203(1)(b), 12-30-203(3)(a), and 12-30-208(2), C.R.S.

B. PURPOSE: These rules have been adopted by the Nursing Board to clarify reporting requirements so that the Nursing Board is able to effectively and efficiently utilize and allow professional review committees and governing boards, in order to meet the Nursing Board's responsibilities under Colorado Revised Statutes Title 12, Article 30. These Rules will enable the Nursing Board to more effectively regulate the conduct of the practice of nursing of those individuals licensed under Colorado Revised Statutes Title 12, Article 255 and granted authority as advanced practice nurses by encouraging prompt, accurate, and complete reporting by governing boards of authorized entities ("Authorized Entities") and their professional review committees. Reporting to the Nursing Board is required:

1. As obligated under:
 - a. The federal "Health Care Quality Improvement Act of 1986", as amended as required by section 12-30-208(2), C.R.S.; and
 - b. The Professional Review of Health Care Providers as required by sections 12-30-204(8)(f) and 12-30-204(10), C.R.S.; and
 - c. The Professional Review of Health Care Providers as required by section 12-30-206(2)(b)(II), C.R.S.
2. In response to a subpoena issued by the Nursing Board in accordance with section 12-30-204(11), C.R.S.

C. REPORTING: In order for an Authorized Entity to be considered in compliance with the reporting requirements of this Rule:

1. Reports required under part (B)(1)(a) and (b) of this Rule 1.23, must be submitted to the Nursing Board within thirty calendar days of the reportable recommendation, finding, or adverse action.
2. Reports required under part (B)(1)(c) of this Rule 1.23, must be submitted to the Nursing Board no later than the 1st day of March of each year for the information from the preceding calendar year.
3. Copies of reports must be sent to the Nursing Board's office by U.S. mail or via electronic mail to the Program Director of the Nursing Board.
4. The Nursing Board delegates authority to the Program Director of the Nursing Board to receive the reporting information on its behalf, to compile information required by section 12-30-206(2)(b)(II), C.R.S. for the Division of Professions and Occupations and to resolve reporting discrepancies and irregularities directly with the reporting entity.

Adopted: April 23, 2013
Effective: June 14, 2013

1.24 RULES AND REGULATIONS CONCERNING RESPONSIBILITIES OF ADVANCED PRACTICE REGISTERED NURSES WITH PRESCRIPTIVE AUTHORITY WHO ENGAGE IN DRUG THERAPY MANAGEMENT WITH A COLORADO LICENSED PHARMACIST

- A. BASIS:** The authority for the promulgation of these rules and regulations by the State Board of Nursing ("Board") is set forth in sections 12-20-204(1), 12-255-107(1)(j), and 12-255-112 of the Colorado Revised Statutes (C.R.S.).
- B. PURPOSE:** The Board has adopted these Rules to authorize advanced practice registered nurses with prescriptive authority to participate with qualified pharmacists in drug therapy management, in conjunction and consistent with the Colorado State Board of Pharmacy; and to delineate the requirements and responsibilities applicable to an advanced practice registered nurse with prescriptive authority who enters into an agreement with a Colorado licensed pharmacist to provide "drug therapy management" by protocol as defined in these Rules. The Colorado State Board of Pharmacy Rule 6.00.00 ("Pharmaceutical Care, Drug Therapy Management and Practice by Protocol") defines the requirements and responsibilities applicable to a Colorado licensed pharmacist who enters into an agreement with a Colorado licensed prescriber to provide "drug therapy management" by protocol.
- C. DEFINITIONS:**

For the purposes of Rule 1.24, the following terms have the indicated meaning:

1. "Active, unrestricted license" means a license that is not currently subject to any practice restrictions, encumbrances, terms, or conditions including, but not limited to terms of probation.
2. "Board" means the State Board of Nursing unless otherwise specified in these Rules.
3. "Drug therapy management" or "DTM" means the review and evaluation of drug therapy regimens for patients undertaken by a pharmacist in order to provide drug therapy, monitor progress and modify drug therapy. Drug therapy management may only be undertaken pursuant to an initial diagnosis made by an advanced practice nurse with full prescriptive authority (RXN), a valid order for the therapy, and a written agreement, which delineates proper protocols to be used, and the type of interaction that must occur between the pharmacist and the RXN.
 - a. Drug therapy management may include:
 - (1) Collecting and reviewing patient drug histories;
 - (2) Obtaining and checking vital signs;
 - (3) Ordering and evaluating the results of laboratory tests directly related to management of the drug therapy when performed in compliance with the protocol ordered by the RXN;
 - (4) Modifying drug therapy when appropriate, in compliance with the protocol ordered by the RXN; and
 - (5) Implementing the drug therapy plan agreed upon between the RXN and the pharmacist, using a protocol and managing the therapy according to the protocol.

4. "Protocol" means a specific written plan for a course of treatment for a certain disease state containing a written set of specific directions created by the RXN.
5. "RXN" means, for purposes of Rule 1.24, an advanced practice registered nurse with an active, unrestricted license having full prescriptive authority in Colorado.

D. ELIGIBILITY TO ENTER INTO A DRUG THERAPY MANAGEMENT AGREEMENT:

1. An RXN may engage in drug therapy management by protocol with a Colorado licensed pharmacist only when the protocol used is within the scope of the RXN's current practice and is consistent with the RXN's role and population focus.
2. Only an RXN with an active, unrestricted license as defined herein and having full prescriptive authority in Colorado may engage in a drug therapy management agreement with a Colorado licensed pharmacist. Upon a showing of good cause and written request, the Board may allow an RXN with a restricted or an encumbered license to engage in drug therapy management with a Colorado licensed pharmacist. Consideration may be given on a case by case basis. It is anticipated that such waivers would be rare. The decision to grant such a waiver shall be in the sole discretion of the Board.
3. An RXN may engage in a drug therapy management agreement only with a Colorado licensed pharmacist who has an active, unrestricted license to practice pharmacy and who meets the qualifications to provide drug therapy management as determined by the Colorado State Board of Pharmacy and set forth in Pharmacy Board Rule 6.00.30.

E. PROTOCOL REQUIREMENTS:

1. The protocol used by an RXN and pharmacist engaging in drug therapy management must follow the format of and contain the elements required by Section (H) of Rule 1.24.
2. The protocol used by an RXN and pharmacist engaging in drug therapy management must demonstrate a plan of treatment that constitutes evidence-based practice. This means that the plan of treatment must be guided by or based on current, objective, and supported scientific evidence as published in scientific literature, rather than anecdotal observations.
3. The protocol shall be signed and dated by the authorizing RXN. Upon request, the RXN shall submit the written protocols for drug therapy management to the Board for review.
4. The protocol shall be reviewed and revised as necessary by the RXN, and at least annually. The protocol must also be revised in a timely fashion to reflect any changes in the accepted standard of care.
5. The protocol developed must allow for the provision of patient care that meets generally accepted standards of practice.

F. REQUIREMENTS FOR WRITTEN AGREEMENTS OR GENERAL AUTHORIZATION PLANS:

1. If applicable, RXNs who wish to engage in drug therapy management with Colorado licensed pharmacists in an inpatient setting or in a group model integrated closed HMO setting must first execute a general authorization plan. The general authorization plan must identify those RXNs, other prescribing healthcare providers, and pharmacists who are authorized and who have agreed to participate in drug therapy management in the specified practice setting. The general authorization plans must define the responsibilities of the RXNs, the other prescribing healthcare providers, and pharmacists engaging in drug therapy management in order to assure compliance with generally accepted standards of practice and with those items set forth in Section (F)(2) of Rule 1.24.
2. An RXN who wishes to engage in drug therapy management by protocol with a Colorado licensed pharmacist in any other setting must first execute a written agreement containing the following information:
 - a. Pharmacist's name and license number;
 - b. RXN's name and RXN identifier number;
 - c. Diagnoses relevant to the drug therapy to be managed and other patient conditions relevant to maintenance of the patient's health during drug therapy management;
 - d. Protocol to be employed;
 - e. Functions and activities the pharmacist will perform, and restrictions or limitations on the pharmacist's management;
 - f. Method, content and frequency of reports to the RXN;
 - g. Manner in which pharmacist's drug therapy management will be monitored by the RXN, including method and frequency;
 - h. A specified time, not to exceed twenty-four hours (excluding Saturdays, Sundays and State holidays), within which the pharmacist must notify the RXN or when applicable, a covering RXN or covering physician, of any modifications of drug therapy;
 - i. Within seventy-two hours following notification by the pharmacist, the RXN must review and document acceptance or rejection of the drug therapy modification;
 - j. A provision that allows the RXN to override any action taken by the pharmacist when the RXN deems it to be necessary;
 - k. An effective date of the agreement and signatures of both parties;
 - l. A provision addressing how drug therapy management will be handled when the patient has more than one prescribing healthcare provider involved in evaluating or treating the medical condition which is the subject of the agreement. All prescribing healthcare providers who are actively involved in the management of the relevant conditions shall be parties to the agreement; and
 - m. A provision that the pharmacist agrees to maintain liability insurance in the amount of at least \$1,000,000 per occurrence.

3. Any general authorization plan or written agreement executed in accordance with these Rules must allow any RXN, other prescribing healthcare provider, or pharmacist to withdraw from the general authorization plan or written agreement within a period of time specified in the agreement.

G. RECORD KEEPING AND RETENTION OF RECORDS

1. An RXN who engages in drug therapy management by protocol with a Colorado licensed pharmacist must obtain copies of the pharmacist's records for each patient in a timely manner and must review such records.
2. The RXN's receipt and review of the records are important for the following reasons:
 - a. To assure that the drug therapy management is in compliance with the protocol and with these Rules;
 - b. to assure that the RXN's decision to participate in drug therapy management is consistent with generally accepted standards of practice;
 - c. to assure that the patient's drug therapy management records are complete; and
 - d. to assure that the RXN is providing overall care to the patient that meets generally accepted standards of practice.

H. ELEMENTS TO BE INCLUDED IN THE PROTOCOL DEVELOPED AND USED FOR DRUG THERAPY MANAGEMENT BY AN RXN AND PHARMACISTS

1. For the purposes of drug therapy management (DTM), the protocol must contain all of the information required by Board of Pharmacy Rule 6, 3 CCR 719-1, and Sections (E) and (H) of Rule 1.24.
2. In addition, a protocol created for drug therapy management by an RXN working with pharmacists should adopt the following format:
 - a. Disease state being addressed.
 - b. Setting for application of DTM.
 - c. Goal of the use of the protocol for the disease state (limit the degradation, maintain the status, and/or improve the condition of patients with the disease state).
 - d. Summary of who will do what within the respective scopes of practice (what the RXN will do, what the pharmacist will do).
 - e. Indicate how patients may get referred into this disease state program (for example, from an RXN practicing within their role and population focus, internist, family physician or cardiologist).
 - f. Indicate the enrollment criteria for this disease state (for example, a history of myocardial infarction, percutaneous transluminal angioplasty or stent placement, etc.).

- g. Indicate any other disease states that may be present and the appropriate attention to those states during treatment for this disease state. If there are any implications for this treatment, specify how those implications will be handled.
 - h. Specify the nature and scope of the therapy to be undertaken, the specific directions for each drug to be used, the specified dosage regimen, forms or route of administration, directions for implementing and monitoring the therapy, identification of appropriate tests that may be requested and for what purposes, delineating critical test values and specific parameters for dosage modification. If a laboratory monitoring protocol is not individually developed, indicate the clinical parameters of laboratory monitoring for the disease state for each protocol. The specificity required above may be portrayed via an algorithm or similar matrix if the disease state lends itself to such definition.
 - i. Specify other interventions necessary for therapy (for example, lipid lowering therapy, aspirin therapy or non-pharmacologic treatment necessary such as diet, physical activity, alcohol use, tobacco cessation, etc.). Indicate whether or not those interventions are within the DTM agreement, and if so, repeat the information in Section (H)(2)(h) of Rule 1.24 for those states. Specify any mitigating factors that may apply to the therapy.
 - j. Specify clinical exclusions or aggravating factors. That is, if there are known situations where a patient should not participate in DTM or whose participation should be limited in some way. Specify how this will be addressed.
 - k. Indicate specific directions for responding to acute allergic or other adverse reactions to therapy and the method whereby patient safety will be preserved and safeguarded in such a situation.
 - l. Indicate tracking mechanisms to be used to ensure timeliness of therapy and patient visits, and the method of follow-up if the patient does not make visits; specify method of quality assurance checks on this.
 - m. Indicate the reporting required by the pharmacist and the RXN.
 - n. Indicate the references to the evidence based article(s) that support the protocol being used.
3. Signatures. Persons responsible for drug therapy management must sign the protocol, to indicate that they have read them and understand the scope of their responsibilities. In any event, the RXN, pharmacist, and all prescribing healthcare providers who are actively involved in the DTM shall be held responsible for the therapy. DTM may not be delegated by the RXN, unless it is to and within a prescribing healthcare provider's scope of practice, and only after the RXN has made a diagnosis and referred the patient to therapy.

Adopted: October 27, 2015
Effective: December 30, 2015

1.25 RULES AND REGULATIONS REGARDING CONTINUING EDUCATION AND/OR TRAINING

- A. BASIS:** These Rules and Regulations are adopted by the State Board of Nursing ("Board") pursuant to sections 12-30-114 and 12-255-129, C.R.S.
- B. PURPOSE:** The purpose of these rules and regulations is to require advanced practice registered nurse with prescriptive authority to complete training to demonstrate competency in various aspects of substance use prevention.
- C. SUBSTANCE USE PREVENTION TRAINING FOR LICENSE RENEWAL, REACTIVATION, OR REINSTATEMENT**
1. Pursuant to section 12-30-114, C.R.S., every advanced practice registered nurse with prescriptive authority, except those exempted under Section (C)(3) of Rule 1.25, is required to complete at least two hours of training per renewal period in order to demonstrate competency regarding the topics/areas specified in section 12-30-114(1)(a), C.R.S.
 2. Training, for the purposes of this section includes, but is not limited to, relevant continuing education courses; self-study of relevant scholarly articles or relevant policies/guidelines; peer review proceedings that involve opioid prescribing; relevant volunteer service; attendance at a relevant conference (or portion of a conference); teaching a relevant class/course; or participation in a relevant presentation, such as with your practice. All such training must cover or be related to the topics specified in section 12-30-114(1)(a), C.R.S.
 3. The Board shall exempt an advanced practice registered nurse with prescriptive authority from the requirements of this section who qualifies for either exemption set forth in section 12-30-114(1)(b), C.R.S.
 4. This section shall apply to any advanced nurse with prescriptive authority applying for reinstatement of prescriptive authority pursuant to Section (K) of Rule 1.15.
 5. Applicants for renewal or reinstatement shall attest during the application process to either their compliance with this substance use training requirement or their qualifying for an exemption, as specified in Section (C)(3) of Rule 1.25.
 6. The Board may audit compliance with this section. Advanced practice registered nurses with prescriptive authority should be prepared to submit documentation of their compliance with this substance use training requirement or their qualification for an exemption, upon request by the Board.

Editor's Notes

History

Chapter 1 eff. 07/02/2007.

Chapters XIII; XX eff 10/01/2007. Chapter XVIII repealed eff. 10/01/2007.

Chapters I, IX, XI eff. 12/31/2007.

Chapter XII repealed eff. 06/01/2008.

Chapters I, VII, XVI eff. 10/01/2008.

Chapters I, XIV, XV eff. 12/30/2008.

Chapter X eff. 03/30/2009.

Chapters IX, XX eff. 06/30/2009.
Chapter XXI emergency rule eff. 07/14/2009
Chapter XXI eff. 10/14/2009.
Chapter II eff. 10/30/2009.
Chapter I eff. 12/30/2009.
Chapter XIX repealed eff. 12/30/2009.
Chapters II, III eff. 03/31/2010.
Chapter XIII eff. 06/30/2010. Chapter XXI repealed eff. 06/30/2010.
Chapters XIV, XV eff. 07/01/2010.
Chapters XII, XIX eff. 01/01/2010.
Chapter VII repealed eff. 03/17/2011.
Chapter I eff. 09/14/2011.
Chapters I, IX eff. 07/01/2012.
Chapter XV eff. 09/14/2012.
Chapters 1, 5, 10, 16, 19 eff. 12/15/2012.
Chapters 1, 2, 5, 10, 19 eff. 03/18/2013.
Chapters 20, 22, 23 eff. 06/14/2013.
Chapters 2, 11, 13 eff. 06/14/2014.
Chapters 10, 13 emer. rules eff. 08/05/2015.
Chapter 15 emer. rule eff. 09/01/2015.
Chapters 10, 13 eff. 09/14/2015.
Chapter 15 eff. 11/14/2015.
Chapter 24 eff. 12/30/2015.
Chapter 2 eff. 06/30/2016.
Chapter 13 eff. 06/14/2017
Chapters 5, 6, 14, 15 eff. 09/14/2017.
Chapter 2 eff. 06/14/2018.
Chapters 1, 20 eff. 03/17/2019.
Rules 1.15 K.4, 1.15 L.2, 1.25 eff. 12/15/2019.