

## **CHAPTER I - LICENSURE**

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

Specific Authority C.R.S. 12-38-108(1)(b) and (c); 12-38-110; 12-38-111; 12-38-112

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

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

- 1.1 Applicant: Any individual seeking a license to practice as a professional or practical nurse in the state of Colorado.
- 1.2 Approved nursing education program: A course of study which implements the basic practical or professional nursing curriculum prescribed and approved by the Board.
- 1.3 Board: The Colorado State Board of Nursing.
- 1.4 Current license: A license which is not suspended, revoked or relinquished/surrendered.
- 1.5 Executive Officer: The chief officer employed pursuant to C.R.S. 12-38-107. The executive officer has been delegated authority to administer examinations, issue licenses by endorsement and examination, renew licenses, and issue temporary licenses and permits to qualified applicants.
- 1.6 Graduate: An individual who holds a degree, diploma or certificate from an approved nursing education program.
- 1.7 Licensee: An individual licensed in Colorado to practice as a professional or practical nurse.
- 1.8 NCLEX: The National Council Licensure Examination maintained, owned, and created by the National Council of State Boards of Nursing.
- 1.9 Nontraditional nursing education program: A program with curricula that does not include a faculty supervised teaching/learning component in clinical settings taught concurrently with theoretical content.
- 1.10 Supervision: The on-site guidance, direction and review by a professional nurse of the nursing care provided by a holder of a special permit pursuant to section 6. This supervision includes assessing the competency of the individual nurse and assigning nursing responsibilities for patient care appropriately.

### **2. REQUIREMENTS FOR ALL APPLICANTS**

- 2.1 Must submit application on Board approved form.
- 2.2 Must pay application fee.
- 2.3 Must submit proof of successful completion of an approved nursing education program, as set forth in section 4 below.
- 2.4 If applicant has committed any of the acts which would be grounds for discipline under 12-38-117, licensure will be granted only if approved by the Board.

- 2.5 If within the twelve month period immediately preceding the date of application, the applicant has been addicted to or a regular user without a prescription of any controlled substance or habitually intemperate in the use of intoxicating liquor, licensure will be granted only if approved by the Board.
- 2.6 If applicant has an encumbered or restricted license in another state or territory of the United States or foreign country, licensure will be granted only if approved by the Board.

### **3. EXAMINATION**

- 3.1 The Board shall review and may accept the NCLEX as the licensing examination for professional and practical nurses.
- 3.2 The contract for the use of the NCLEX shall be negotiated and approved by the executive officer or designee.
- 3.3 NCLEX shall be continually administered by the testing service as provided by the contract. Notification of the NCLEX filing procedures shall be sent to all approved nursing education programs upon request.
- 3.4 In the event that applicant examination responses are lost or destroyed through circumstances beyond the control of the Board, the applicant will be required to retake NCLEX in order to meet requirements for licensure.
- 3.5 Applicants shall be informed by mail regarding examination performance.
- 3.6 The Board shall release individual examination performance reports only with written authorization from the applicant or licensee.

### **4. LICENSURE BY EXAMINATION**

- 4.1 Graduates of a Colorado approved professional nursing education program are eligible to take the NCLEX examination for professional or practical nursing. Graduates of a Colorado approved practical nursing education program are eligible to take the NCLEX examination for practical nursing.
- 4.2 Except for graduates of nontraditional nursing education programs, graduates of a non-Colorado nursing education programs approved by a board of nursing in another state or territory of the United States are eligible to take the NCLEX examination provided that:
  - a. The nursing program meets the minimum standards of a Colorado approved nursing education program at the time of the application's graduation;
  - b. The administrator of the nursing education program attests that the graduate has completed all institutional requirements for the degree/diploma in nursing education; and
  - c. All other requirements of the statute and these rules are met.
- 4.3 Graduates of a nontraditional nursing education program that meets the requirements of subsection 4.2, are eligible to take the professional nursing NCLEX examination provided that the following conditions are met:
  - a. The applicant is a licensed practical nurse in any state and the applicant has completed 350 hours of supervised clinical experience in the role of a registered nurse.

b. The applicant is not a licensed practical nurse in any state and the applicant has completed 750 hours of supervised clinical experience in the role of a registered nurse.

c. The required elements for supervised clinical experience are as follows:

- (1) Acceptable clinical sites - Acceptable clinical sites include acute care or subacute care settings or skilled nursing facilities. The Board must approve other sites.
- (2) Clinical supervision may be provided either in a traditional format with one instructor directly overseeing a group of students or as a preceptorship experience where a direct on-going 1:1 relationship is established.
- (3) Qualifications of instructor/preceptor - The instructor or preceptor must be a Colorado licensed professional nurse educated at or above the level of the applicant with at least two years experience in a practice setting and have no history of probation, suspension or revocation actions. The applicant must provide documentation that the instructor/preceptor meets these requirements when he/she applies for licensure and must also provide a written agreement between the applicant, the preceptor, the faculty, and the facility that clinical supervision will occur.
- (4) Clinical experience - Experiences must include delegation and supervision, clinical decision making and critical thinking, patient assessment as part of the nursing process, 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. A checklist, provided by the Board, must be completed by the instructor/preceptor, which establishes the applicant's satisfactory completion of the identified skills. This checklist must be submitted with the applicant's application for licensure. The applicant's permit will be valid for a period of twelve consecutive months, within which the applicant shall complete his or her supervised clinical experience.

d. The applicant receives a satisfactory evaluation from his/her preceptor.

4.4 Graduates of a nontraditional nursing education programs that meet the requirements of subsection 4.2, are eligible to take the practical nursing NCLEX examination provided that the following conditions are met:

a. The applicant has completed 400 hours of supervised clinical experience in the role of a practical nurse. The required elements are as follows:

- (1) Acceptable clinical sites - Acceptable clinical sites include acute care or subacute care settings or skilled nursing facilities. The Board must approve other sites.
- (2) Clinical supervision may be provided either in a traditional format with one instructor directly overseeing a group of students or as a preceptorship experience where a direct on-going 1:1 relationship is established.
- (3) Qualifications of instructor/preceptor - The instructor/preceptor must be a Colorado licensed nurse educated at or above the level of the applicant with at least two years experience in a practice setting and have no history of probation, suspension or revocation actions. The applicant must provide documentation that the instructor/preceptor meets these requirements when he/she applies for licensure and must also provide a written agreement between the applicant, the preceptor, the faculty, and the facility that clinical supervision will occur.

- (4) Clinical experiences - Experiences must include practice in caring for stable patients with predictable outcomes across the variety of learning options appropriate for contemporary nursing. A checklist, provided by the Board, must be completed by the instructor/preceptor, which indicates the applicant's satisfactory completion of the identified skills. This checklist must be submitted with the applicant's application for licensure. The applicant's permit will be valid for a period of twelve consecutive months, within which the applicant shall complete his or her supervised clinical experience.

- b. The applicant receives a satisfactory evaluation from their preceptor.

4.5 Graduates of foreign nursing education programs are eligible to take the NCLEX examination only after a Board review of nursing education credentials as evaluated by a Board recognized educational credentialing agency. If deficiencies are identified, the foreign graduate may be required to cure them by successfully completing additional coursework from an approved nursing education program.

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

4.7 Notwithstanding sections 4.3 and 4.4, graduates of a nontraditional nursing education program that were enrolled in the program on or before January 1, 2006 are deemed to be graduates of an approved nursing education program and are eligible to take the NCLEX pursuant to section 4.1.

- a. Each nontraditional nursing education program, within thirty days of the effective date of this rule, shall submit to the Board a list of students enrolled in such a program on or before January 1, 2006. Graduates of a nontraditional nursing education program appearing on the program-provided enrollment list are presumed to meet the enrollment requirements of this rule.
- b. Graduates of a nontraditional nursing education program not appearing on the program-provided enrollment list must establish, to the Board's satisfaction, that they were enrolled in the program on or before January 1, 2006. If the graduate is unable to establish such enrollment, the graduate must comply with sections 4.3 or 4.4.

## **5. LICENSURE BY ENDORSEMENT**

5.1 Applicants licensed to practice professional or practical nursing in another state or territory of the United States shall be eligible for licensure by endorsement in Colorado if:

- a. The applicant holds a current license in another state or territory of the United States, and
- b. The applicant did not graduate from a nontraditional nursing education program.

5.2. Applicants graduating from a nontraditional nursing education program are eligible for licensure by endorsement in Colorado if:

- a. The registered nurse applicant has a current professional license in another state or territory and has worked a minimum of 2,000 hours as a professional nurse.
- b. The practical nurse applicant has a current practical nurse license and has worked in another state or territory and has worked a minimum of 2,000 hours as a practical nurse.

### 5.3 Temporary licensure for endorsement applicants.

- a. Has met the requirements of section 2.1 and 2.2.
- b. A temporary license may be granted only if approved by the Board when:
  - (1) The individual has committed any of the acts which would be grounds for discipline under 12-38-117, or
  - (2) If within the twelve month period immediately preceding the date of application, the individual has been addicted to or a regular user without a prescription of any controlled substance or habitually intemperate in the use of intoxicating liquor, or
  - (3) The individual holds an encumbered or restricted license in another state or territory of the United States or foreign country.
- c. A temporary license to practice professional or practical nursing is valid for a period of four months, but becomes invalid upon the Board's grant or denial of full licensure.

## 6. SPECIAL PERMITS

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

6.2 A permit may be granted if the individual holds a current and unrestricted license in another state or territory of the United States or if foreign trained has met the requirements of 4.1c.

6.3 A permit may be granted only if approved by the Board when:

- a. The individual has committed any of the acts which would be grounds for discipline under 12-38-117, or
- b. If within the twelve month period immediately preceding the date of application, the individual has been addicted to or a regular user without a prescription of any controlled substance or habitually intemperate in the use of intoxicating liquor, or
- c. The individual holds an encumbered or restricted license in another state or territory of the United States or foreign country.

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

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

## 7. STUDENT PERMITS

This class of permit is intended for students of out-of-State nursing education programs and other non-traditional nursing education programs who must obtain in-State clinical training and experience.

7.1 Eligibility.

- a. A student permit is not required for persons actively enrolled in an approved Colorado Nursing

Education Program who participate in clinical training in clinical settings as defined in Section 1.12 of the Board of Nursing Chapter II Rules and Regulations for Approval of Nursing Education Programs.

- b. A person actively enrolled in a nontraditional nursing education program is eligible for a student permit if:
  - (1) The program is physically located in another State of the United States, or one of its territories;
  - (2) The program is organized within a post-secondary institution approved or certified by the other State or Territory; and
  - (3) The program is approved by the Board of Nursing of the other State or Territory.

## 7.2 Limitations.

- a. Individuals practicing under a student permit are subject to the duties and requirements of the Nurse Practice Act and the Board of Nursing rules and regulations.
- b. Student permit holders may not supervise licensees or other permit holders.
- c. Students practicing under a student permit are responsible for obtaining clinical hours performed.
- d. Individuals practicing under a student permit may not exceed the terms of the permit.

## 8. CHANGE OF NAME AND ADDRESS

- 8.1 The licensee shall supply legal evidence of name change by court order, passport, marriage certificate, or divorce decree within 30 days of the effective date of the name change.
- 8.2 The licensee shall notify the Board within 30 days of any change of address. This notification must be submitted in writing.
- 8.3 Any notification by the Board to licensees required or permitted under the Nurse Practice Act or the Colorado Administrative Procedures Act shall be addressed to the last address provided in writing to the Board by the licensee and any such mailing shall be deemed proper service on said licensee.

## 9. INCOMPLETE APPLICATIONS

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

## 10. REINSTATEMENT

- 10.1 The Board shall not reinstate the license of any applicant for reinstatement whose license has expired for more than two years unless such applicant has first demonstrated competency to practice as provided by C.R.S. 24-34-102(8)(d)(II).
- 10.2 The Board may issue a restricted license to applicants seeking reinstatement through successful completion of prescribed remedial or continuing education courses as provided by C.R.S. 24-34-102(8)(d)(II).

10.3 A restricted license granted pursuant to this rule shall strictly limit the practice of such applicant to the performance of only those actions required by the educational institution for successful completion of its remedial or continuing education program.

10.4 A restricted license issued pursuant to this rule shall expire one year from the date of issuance or upon demonstrating successful completion of the prescribed remedial or continuing education courses.

## **CHAPTER II - RULES AND REGULATIONS FOR APPROVAL OF NURSING EDUCATION PROGRAMS**

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

Specific Authority: C.R.S. 12-38-108(1)(a)

Purpose: To specify procedures and criteria relating to the approval and withdrawal of approval of nursing education programs.

### **SECTION 1. DEFINITIONS**

1.1 Approval: Official recognition granted by the Board to nursing education programs that meet established standards consistent with Colorado regulation.

1.2 Associate Nursing Instructional Personnel (ANIP): Licensed nurses working under the direction and supervision of nursing faculty, who assist students in laboratory and/or clinical environments to meet specific nursing goals.

1.3 Board: The Colorado Board of Nursing.

1.4 Concurrent Clinical Experience: Faculty planned and guided learning activities designed to assist students to meet the course objectives in a clinical setting, applying nursing knowledge and skills in the direct care of patients or clients. Requires direct supervision by faculty, ANIP or preceptor who is physically present or immediately accessible. Must be completed prior to graduation.

1.5 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.

1.6 Conditional Approval: Approval granted with conditions or provisions to a nursing education program previously granted full approval that does not meet the standards established by the Board.

1.7 Curriculum: All courses required for completion of an approved nursing education program.

1.8 Director of Nursing Education Program (DNEP): A Registered Nurse employed by and granted the necessary authority to administer a nursing education program by the program's governing body.

1.9 Faculty: Individuals meeting the requirements of the rules, designated by the governing body as having ongoing responsibility for curriculum development, planning, teaching, guiding, monitoring, and evaluating student learning in the classroom and practice setting.

1.10 Full Approval: Recognition by the Board that a nursing education program meets the standards established by the Board and requirements of law.

1.11 Governing Body: The institution or organization that offers a nursing education program.

1.12 Interim Approval: Recognition by the Board that a newly established nursing education program may

admit students and implement the program.

- 1.13 Laboratory: A simulated care setting where students engage in the practice of nursing skills and theory application under the direction of licensed nursing faculty.
- 1.14 Nursing Education Program: An entity offering a basic course of study preparing persons for initial licensure as registered or practical nurses.
- 1.15 Preceptor: A licensed, experienced clinician, employed by a healthcare agency, who assumes joint teaching responsibility with a faculty member when a clinical instructor is not in the setting. The preceptor and student assume a 1:1 relationship over an extended period of time.
- 1.16 Precepted Clinical Experience: Faculty planned, guided, and preceptor-supervised learning activities occurring after a student has received the theory and clinical experience that is necessary to provide safe care.
- 1.17 Survey: The collection and analysis of information to assess compliance with applicable Board regulation(s). Information may be collected by several methods, including, but not limited to, review of written reports and materials, on-site observations, interviews, or conferences.

## **SECTION 2. PURPOSES OF EDUCATION APPROVAL**

- 2.1 To promote and regulate educational processes that prepare graduates for safe and effective nursing practice.
- 2.2 To provide eligibility for admission to the licensing examination for nurses.
- 2.3 To provide criteria for the development and approval of new and established programs.
- 2.4 To provide procedures for the withdrawal of program approval.
- 2.5 To facilitate interstate endorsement of graduates of Board approved programs.

## **SECTION 3. STANDARDS FOR NURSING EDUCATION PROGRAMS**

- 3.1 All nursing education programs shall be located in accredited post-secondary educational institutions.
- 3.2 By January 1, 2008, all nursing education programs will be accredited by a national nursing accrediting body approved by the United States Department of Education.
- 3.3 The organization, administration and implementation of the nursing education program shall be consistent and compliant with the Colorado Nurse Practice Act, and Rules and Regulations.
- 3.4 Organization and administration of Nursing Education Program.
  - A. There shall be an appropriately accredited governing body that has the legal authority to conduct the program, determine general policy and assure adequate financial support.
  - B. The financial support and resources must be sufficient to meet the goals of the nursing education program. Resources include, but are not limited to, financial, educational facilities, equipment, learning aids, and qualified administrative, instructional and support personnel.
  - C. The nursing education program organizational chart must demonstrate the relationship of the program to the governing body administration and clearly delineate the lines of authority,



responsibility, channels of communication and internal organization of the program.

- D. An individual defined as the Director of Nursing Education Program(s) (DNEP) must be appointed. The DNEP is accountable for the administration, planning, implementation and evaluation of the program and must be granted institutional authority to meet the requirements of this rule. The qualifications and responsibilities of the DNEP shall be defined in writing by the governing body and submitted to the Board.
- E. The nursing education program, in conjunction with the governing body, will establish and periodically review statements of philosophy, purpose, and measurable objectives for Board approval.
- F. The governing body shall apply generally accepted standards for recruitment, advertising, and refunding of tuition and fees.

### 3.5 Qualifications for Director of Nursing Education Programs (DNEP):

- A. Hold a current license in good standing to practice as a Registered Nurse in Colorado.
- B. Document knowledge and skills related to the teaching of adults and teaching methodology as well as curriculum development and evaluation.
- C. Have 2 years of full-time experience (or equivalent) in teaching nursing theory and clinical in an approved nursing education program. Such experience shall be at or above the level of the program the individual shall be directing.
- D. To direct a practical nursing education program, the DNEP must have:
  - 1. A minimum of a bachelor's degree in nursing.
  - 2. A minimum of 2 years full-time (or equivalent) clinical experience as a practicing Registered Nurse.
- E. To direct a professional nursing education program, the DNEP must have:
  - 1. A minimum of a graduate degree in nursing.
  - 2. A minimum of 2 years full-time (or equivalent) clinical experience as a practicing Registered Nurse.

### 3.6 DNEP Administrative Release Time.

The amount of time released from teaching responsibilities to the DNEP for nursing administrative duties shall be adequate to meet the needs of the program and students .

### 3.7 Nursing Faculty Qualifications and Responsibilities:

- A. Hold a current license in good standing to practice as a Registered Nurse in Colorado.
- B. Have 2 years of full-time (or equivalent) professional nursing clinical experience.
- C. Educational qualifications for faculty in a practical nursing education program:
  - 1. A minimum of a bachelor's degree in Nursing.

OR

2. Have a diploma or associate degree in nursing and a written plan demonstrating ongoing progression in obtaining a baccalaureate nursing degree.

D. Educational qualifications for faculty in a professional nursing education program:

1. Minimum of a graduate degree.

- a. If the degree is non-nursing, the individual must have a Bachelor's degree in Nursing and:

1. demonstrate evidence of the graduate degree being in a field(s) relevant to the area(s) of responsibility.

OR

- b. Have a bachelor's degree in Nursing and submit a written plan demonstrating progression in obtaining a graduate degree in Nursing.

E. The DNEP must provide a current written job description to the Board .

### 3.8 Qualifications of Associate Nursing Instructional Personnel (ANIP)

A. The DNEP must provide a current written position responsibilities for ANIP to the Board.

B. Persons employed through the nursing education program, who are accountable for meeting assistive instructional responsibilities in a simulated patient/client care environment under the on-site direct supervision of faculty.

1. In a practical nursing education program, hold a current Colorado license in good standing to practice as a Practical or Registered Nurse.
2. In a professional nursing education program, hold a current Colorado license in good standing to practice as a Registered Nurse.
3. Have a minimum of 1 year of clinical experience relevant to the area(s) of responsibility.

C. Persons employed through the nursing education program who are accountable for assistive instructional responsibilities in an actual patient/client environment must have:

1. A current license in good standing to practice as a Registered Nurse in Colorado
2. A minimum of 1 year of clinical experience relevant to the area(s) of responsibility with not less than 2 years of full-time (or equivalent) professional nursing practice.

D. Preceptors or persons employed by another entity who are accountable for patient/client care and assistive instructional responsibilities after a student has received the theory and clinical experiences necessary to provide safe care must:

1. Hold a current license in good standing to practice as a licensed clinician at or above the level of the educational program in the state of Colorado.
2. Have a minimum of one year of clinical experience relevant to the area(s) of

responsibility.

3. Collaborate with the faculty and the student.

### 3.9 Curriculum for a Nursing Education Program

- A. The curriculum for the 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.
- 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. Adhere to generally accepted national standards for the level of nursing education program.
  - 2. Reflect the organizing framework, objectives, and learning outcomes of the nursing education program.
  - 3. Be organized and sequenced logically to facilitate learning.
  - 4. Facilitate articulation between in-state nursing programs.
  - 5. Provide concurrent clinical experience taught in tandem with theoretical content to prepare the student for the safe practice of nursing.
    - a. For practical nursing programs, a minimum of 400 clinical hours.
    - b. For professional nursing programs, a minimum of 750 clinical hours.
  - 6. Provide theoretical instruction to prepare the student for the safe practice of nursing.
    - a. For practical nursing programs, a minimum of 300 theory hours.
    - b. For professional nursing programs, a minimum of 450 theory hours.
  - 7. Utilize a variety of teaching/learning strategies.
  - 8. Contain written outlines for each course.
  - 9. Include written statements of specific, measurable theoretical and clinical outcomes/competencies for each course.
  - 10. Be planned, implemented and evaluated by the faculty with provision for student input.
- D. The Nursing Education Program 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. Courses appropriate for the level of nursing practice of the nursing education program, including, but not limited to:

- a. Curriculum that provides a biological, physical, social, spiritual, and behavioral sciences foundation for safe and effective nursing practice.
- b. Critical thinking and clinical decision making process.
- c. Curriculum with didactic content with 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 to be completed as part of the requirements for graduation.
- d. Legal and ethical issues, history and trends in nursing, and professional responsibilities.

E. Nursing educational program hours must be in accord with generally accepted national standards of nursing education .

3.10 Practical nursing education programs must include classroom instruction in nursing and clinical practice caring for stable patients with predictable outcomes.

3.11 Evaluation Plan for a Nursing Education Program

A. The program must have a written systematic plan for evaluation of:

- 1. Organization and administration of the program
- 2. Organizing framework
- 3. DNEP
- 4. Faculty
- 5. Curriculum objectives and outcomes
- 6. Adherence to program requirements
- 7. Measurement of performance of graduates

B. The evaluation must be ongoing, reflect input from students and community, and evidence relevant decision-making.

3.12 Faculty Composition

The number of faculty and ANIP shall be sufficient to prepare the students to achieve the objectives of the education program and to ensure patient/client safety.

3.13 Applicants for a Nursing Education Program

A. The number of students admitted to a nursing education program should be determined by the number of qualified faculty, adequate educational facilities and resources, and the

availability of relevant clinical learning activities.

- B. Written and published policies shall be consistent with the governing body and meet acceptable educational standards safeguarding the health and well being of students.

### 3.14 Records and Reports for a Nursing Education Program

- A. The Director of the nursing education program shall provide for a system of permanent records and reports essential to the operation of the nursing program in compliance with generally accepted standards:
  - 1. Current and final official records for students
  - 2. Current records of nursing program activities such as minutes and reports.
  - 3. Faculty records that demonstrate compliance with faculty requirements as delineated in Sections 3.6 and 3.7 of this chapter.
- B. The DNEP shall submit an annual report to the Board on a Board-standardized form.
- C. The DNEP shall submit a program self-study report to the Board every five years or at the midpoint of national accreditation.
- D. Any other reports as may be determined by the Board.

## **SECTION 4. ESTABLISHING A NURSING EDUCATION PROGRAM.**

- 4.1 All educational institutions with the intent to establish a nursing education program in Colorado must comply with these Rules and Regulations for establishing a nursing education program, which are developed in accordance with national nursing education standards. Interim approval may be granted during the program development phase to allow students to be admitted.

## **SECTION 5. CONTINUED FULL APPROVAL**

- 5.1 The Board may accept, in lieu of its own survey process and on-site visit, the approval of nursing education programs granted by a national nursing accrediting body approved by the United States Department of Education.
  - A. The nursing education program shall submit to the Board a copy of the findings and recommendations following the site visit of the accrediting agency.
- 5.2 The Board shall grant continuing full approval to nursing education programs that meet all the provisions of these Rules and Regulations.
- 5.3 Periodic on-site visits for continued full approval may be conducted by the Board on a date mutually acceptable to the Board and the program. If deemed necessary by the Board, the program may be visited at times other than the regularly scheduled on-site visit.
- 5.4 The NCLEX pass rate for nursing education programs for first-time writers is expected to be at or above 75%. If the NCLEX pass rate average falls below 75% for 8 consecutive quarters, continued full approval will be withdrawn.

## **SECTION 6. CONDITIONAL APPROVAL OF A NURSING EDUCATION PROGRAM**

- 6.1 Conditional approval allows the program to continue to operate while the program corrects the

deficiencies and works toward full approval.

6.2 A program may be placed on conditional approval status if the Board determines that the program does not meet all of the provisions contained in these Rules and Regulations.

6.3 The deficiencies in meeting the standards of nursing education are evidenced in:

- A. Self-study report;
- B. Annual report;
- C. Accrediting agency findings and recommendations;
- D. The most recent site visit report; or
- E. The program pass rate for first-time writers of the licensing examination.

6.4 The Board shall notify the governing body and the DNEP in writing of specific deficiencies when the requirements of the statute and the standards set forth in these Rules and Regulations are not fulfilled.

6.5 The program shall have thirty (30) days from the date of the deficiency letter to respond in writing to deficiencies. The Board shall review such response within sixty (60) days from the date of the written response and shall determine to continue full approval or place on conditional approval.

6.6 The Board may direct an on-site visit be made prior to restoring the program to full approval status.

6.7 The Board may require status reports in correcting the identified deficiencies on a schedule determined by the Board.

6.8 If, at the end of one year following the date of written notification of deficiencies, the deficiencies have not been corrected, Board approval shall be withdrawn and a date to discontinue the program shall be set by the Board. Exceptions may be granted by the Board.

6.9 The nursing education program/governing body may request a hearing pursuant to the Administrative Procedures Act and the Nurse Practice Act.

6.10 All students enrolled in a nursing education program with conditional approval must be informed in writing by the school of the conditional status and that they shall not be eligible to take the licensing examination if the program loses its approval.

## **SECTION 7. REINSTATEMENT OF APPROVAL STATUS**

7.1 After demonstration of compliance with these Rules and Regulations, a program may petition the Board in writing for reinstatement of approval status.

7.2 The decision to restore full approval rests solely with the Board.

7.3 If full approval is not restored, the original time period for conditional approval is still retained.

## **SECTION 8. WITHDRAWAL OF APPROVAL**

8.1 The Board may withdraw interim approval when a new nursing education program fails to qualify for full approval within one year following the graduation date of the first class.

- 8.2 The Board may withdraw any approval when a program fails to correct documented deficiencies within the period of time specified by the Board, but not to exceed one year following the date of written notification.
- 8.3 The nursing education program/governing body may appeal the decision to withdraw approval by requesting a hearing within sixty (60) days of the date of service of the notice to withdraw. A hearing shall be held subject to the provisions of the Administrative Procedures Act and the Nurse Practice Act regarding the conducting of hearings.
- 8.4 If the deficiencies have not been corrected in the time period established by the Board, Board approval shall be withdrawn and a date to discontinue the program shall be set by the Board.
- 8.5 A nursing education program denied reinstatement must comply with all Rules and Regulations for the development and implementation of a new nursing education program.

## **SECTION 9. CLOSING OF PROGRAMS**

- 9.1 Programs desiring to close shall notify the Board, in writing, of such intention.

## **SECTION 10. CHANGE OF GOVERNING BODY**

- 10.1 When the governing body of a nursing education program changes, the new authority shall notify the Board within thirty (30) days and comply with section 3.3 of these Rules and Regulations .

Adopted September 14, 2005; Effective November 30, 2005

## **CHAPTER V - RULES AND REGULATIONS FOR LICENSURE OF PSYCHIATRIC TECHNICIANS**

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

### **1. Statement of Basis and Purpose.**

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

### **2. LICENSURE BY EXAMINATION**

- 2.1 The Colorado State Board of Nursing (herein after referred to as the Board) shall determine the licensing examination for psychiatric technicians.
- 2.2 Any needed contract for the use of the examination shall be negotiated and approved by the Executive Officer or designee in the absence of the Executive Officer.
- 2.3 The examination shall be administered by the Board at least annually and notification of the examination and filing procedures shall be sent to all state accredited programs preparing psychiatric technicians.
- 2.4 In the event that candidate examination answer sheets are lost or destroyed through circumstances beyond the control of the Board, the candidate will be required to rewrite the examination in order to meet requirements for licensure.
- 2.5 Candidates shall be informed in writing regarding examination performance.
- 2.6 The Board shall release examination performance reports only upon written authorization from the

candidate or licensee.

2.7 Candidates who have completed Board accredited psychiatric technician programs shall be eligible to take the examination.

2.8 Candidates who have completed Board approved or accredited programs outside Colorado shall be eligible to take the Colorado examination provided:

A. The psychiatric technician program meets substantially the same educational requirements as Colorado programs.

B. Section 2.9 (A), (B), (C), (E), and (F) have been met.

2.9 Requirements to be completed for licensure by examination:

A. Submission of application on current Board approved form.

B. Payment of application fee.

C. Verification of completion of an approved psychiatric technician program.

D. Successful completion of the licensing examination.

E. Verification of high school graduation or equivalent.

F. Statutory requirements otherwise met.

2.10 Examination failures:

A. Candidates may repeat the test when a regularly scheduled examination is administered.

B. An application for re-examination shall be filed prior to the deadline date established for any scheduled examination.

### **3. LICENSURE BY ENDORSEMENT**

3.1 Only applicants licensed or otherwise registered in another state or territory of the United States shall be eligible for licensure by endorsement in Colorado, providing the requirements in the other jurisdiction are substantially equal to those in Colorado at the time of the applicant's graduation, but in no event shall the applicant be required to meet qualifications higher than those in force in this state at the time of his application for license in this state.

3.2 Requirements to be completed for licensure by endorsement:

A. Submission of application on current Board approved form.

B. Payment of application fee.

C. Holds current licensure or registration in a state or territory of the United States.

D. Successful completion of a state approved psychiatric technician licensure or registration examination.

E. Statutory requirements otherwise met.



#### **4. GENERAL RULES RELATING TO LICENSES**

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

##### **4.1 Biennial renewal of license:**

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

##### **4.2 Change of name and address:**

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

##### **4.3 Incomplete applications:**

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

##### **4.4 Inactive status:**

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

#### **5. FEES**

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

5.2 Fees shall be established for:

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

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

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

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

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

### **1. DEFINITIONS**

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

### **2. PURPOSE OF ACCREDITATION**

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

### **3. INITIAL PROCEDURES FOR ACCREDITATION**

Phase I, Application Approval

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

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

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

D. Ability of the geographic community to support adequately the program in relation to:

1. Potential students
2. Student support services,
3. Faculty,
4. Written commitment of clinical resources and,
5. Physical facilities.
6. Number of patient populations with a variety of nursing needs.

E. Accreditation of the university, college, vocational technical school or institution by the appropriate national or regional accrediting agency.

F. Philosophy and purposes of the university, college, vocational technical school or institution.

G. Tentative time table for initiating the program.

H. Signatures of appropriate administrative officers.

3.3 The Board shall review the application within 90 days and may direct that a site visit occur before approval of the application. Such visit shall occur within a reasonable period of time after the Board directs a site visit.

3.4 A written report of the site visit shall be submitted to the Board and the appropriate administrative officers within a reasonable amount of time, not to exceed 60 days unless extended by the Board.

3.5 The Board shall advise the governing body concerning approval or disapproval of the application within 30 days of the Board's review. The Board shall specify the grounds for disapproval.

3.6 In the event of disapproval of the application, the Board shall grant a hearing, if requested, pursuant to the Nurse Practice Act and the Administrative Procedures Act.

#### Phase II, Interim Accreditation

3.7 The governing body shall secure a Director, with qualifications set forth in section 4.4 b (3) of this section, for the psychiatric technician program. The Director shall be responsible for providing compliance with this Chapter.

3.8 The Director shall prepare a written report for the Board showing evidence of meeting the requirements of 4.2.

3.9 The Board shall determine whether the program is prepared to admit students and if so, grant interim accreditation. If not, the Board shall specify the grounds for disapproval and the program can request a hearing pursuant to the Nurse Practice Act and the Administrative Procedures Act.

#### Phase III, Full Accreditation

3.10 The Director shall:

- A. Insure the program is developed according to the rules and regulations for accreditation of this chapter.

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

#### **4. STANDARDS FOR ACCREDITING A PSYCHIATRIC TECHNICIAN PROGRAM**

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

##### **4.1 Philosophy, purposes and objectives:**

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

##### **4.2 Organization and administration:**

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

6. Develop policies relating to admission, retention, progression, reentry and graduation of students.
7. Provide for a system of permanent records and reports essential to the operation of the psychiatric technician program which shall include:
  - (a) Current and final official records for students.
  - (b) Current records of program activities such as minutes and reports.
  - (c) Faculty records which demonstrate compliance with faculty requirements as delineated in section 4.4.
  - (d) Annual report due on a schedule determined by the Board to be submitted to the Board (form furnished by the Board office) shall include, at a minimum:
    - (1) Developments in the psychiatric technician program;
    - (2) Student policies, including student health;
    - (3) Current problems and recommendations;
    - (4) Curriculum plan;
    - (5) Clinical resources including confirmation of adequate patient populations;
    - (6) Faculty list for the year including qualifications and area of responsibility;
    - (7) Listing of hours of instruction;
    - (8) School catalog;
    - (9) Audited financial report of the governing institution including statement of income and expenditures. This needs to be submitted only every two years on a schedule determined by the Board; and
    - (10) Proposals and plans for future development including either increases or decreases of 25% or greater in student numbers admitted, types of students, admission times and progression options.
  - (e) Biannual report including, but not limited to numbers of student admissions, graduations and faculty list.
- E. The amount of time allocated the Director for psychiatric technician administrative duties for one campus shall be related to the number of students enrolled in the psychiatric technician program at that campus. The Director may delegate administrative duties and reflect appropriate release time for the delegated activities.
  1. In a program with no more than 50 students, there shall be allotted a minimum of 25% of an FTE for administration.

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

#### 4.3 Curriculum

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

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

#### 4.4 Faculty

- A. Only qualified nurse faculty shall teach basic nursing concepts.

B. All nursing faculty shall:

- 1 Hold a current license in good standing to practice as a Registered Nurse in Colorado.
- 2 Have a minimum of one year of experience as a Registered Nurse in psychiatric nursing if teaching in a program preparing technicians to care for the mentally ill or in nursing care of the developmentally disabled if teaching in a program preparing technicians to care for the developmentally disabled.
- 3 The Director of the psychiatric technician program, in addition to 4.4, shall have:
  - (a) A minimum of a baccalaureate degree in nursing.
  - (b) One years' teaching experience in a health related program.

C. Non-nurse faculty shall have appropriate academic and professional preparation and experience in their field of teaching.

4.5 Resources and facilities:

A. The Director shall be responsible for recommending and/or obtaining resources and facilities in accord with the program's philosophy and objectives as well as the policies of the governing body.

- 1 Including:
  - (a) Classrooms, laboratories, conference rooms, and equipment for utilizing a variety of teaching methods.
  - (b) Library resources.
  - (c) Health care facilities sufficient to achieve the objectives of the program, with consideration given to:
    - (1) Quality of nursing service, including organization and nursing care.
    - (2) Administrative support.
    - (3) Number of programs and students using the facility.
    - (4) Daily average census.
    - (5) Licensure or accreditation by the appropriate authorities.

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

**5. CONTINUED ACCREDITATION**

5.1 Regular periodic surveys for continued accreditation may be conducted by the Board on a date mutually acceptable to the Board and the program.

5.2 Accreditation of a program shall be continued by the Board provided the standards of the Board are met as set forth in this Chapter.



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

## **6. WITHDRAWAL OF ACCREDITATION**

- 6.1 The governing body and the Director of the program shall be notified in writing if the requirements of the statute and the standards set forth in this chapter are not fulfilled. Deficiencies shall be specified in the written communication.
- 6.2 The program shall have 30 days from the date of the letter to respond to deficiencies. Such response would be reviewed by the Board and a determination made to continue accreditation or withdraw accreditation.
- 6.3 The governing body and the Director shall be advised that requirements must be met within a year from the date of service of the notice of deficiencies at which time another survey visit shall be made to confirm the corrections or remaining deficiencies.
- 6.4 Conditional accreditation shall be given for the year to allow the identified deficiencies to be corrected.
- 6.5 Status reports regarding progress in meeting the identified deficiencies shall be submitted to the Board at each regularly scheduled Board meeting during the year of conditional accreditation.
- 6.6 At any time during the year, the program Director may request restoration to full accreditation if the program demonstrates correction of the deficiencies. The decision to restore full accreditation rests solely with the Board. If full accreditation is not restored, the original time period for conditional approval is still retained.
- 6.7 At any time during conditional approval, the Board staff shall be available for consultation with the program.
- 6.8 All students enrolled during the conditional accreditation must be informed in writing by the school that they shall not be eligible to take the licensure examination if the program loses its accreditation.
- 6.9 Accreditation of the program shall be withdrawn by the Board if the identified deficiencies are not corrected as confirmed on a survey visit within the one year period.
- 6.10 The program may appeal the decision to withdraw accreditation by requesting a hearing within 60 days of service of the notice to withdraw.

6.11 Such a hearing shall be heard before the Board subject to the provisions of the Administrative Procedures Act and the Nurse Practice Act regarding the conducting of hearings.

## **7. CLOSING OF PROGRAMS**

7.1 Programs desiring to close shall notify the Board of such intention.

7.2 If the program is closed, the controlling agency shall be responsible for the permanent safekeeping of the student transcripts.

## **8. CHANGE OF CONTROL**

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

## **CHAPTER VIII- DECLARATORY ORDERS**

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

### **1 . STATEMENT OF BASIS AND PURPOSE**

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

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

3. The Board will determine, in its discretion and without notice to petitioner, whether to rule upon any such petition. If the Board determines that it will not rule upon such a petition, the Board shall promptly notify the petitioner of its action and state the reasons for such decision. Any of the following grounds, among others, may be sufficient reason to refuse to entertain a petition:

3.1 Failure to comply with Rule 3 of this chapter.

3.2 A ruling on the petition will not terminate the controversy nor remove uncertainties as to the applicability to petitioner of any statutory provision or rule or order of the Board.

3.3 The petition involves any subject, question or issue which is the subject of, or is involved in, a matter (including a hearing, investigation or complaint) currently pending before the Board, particularly, but not limited to, any such matter directly involving the petitioner.

3.4 The petition seeks a ruling on a moot or hypothetical question, or will result in an advisory ruling or opinion, having no direct applicability to petitioner.

3.5 Petitioner has some other adequate legal remedy, other than an action for declaratory relief pursuant to C.R.C.P. 57, which will terminate the controversy or remove any uncertainty concerning applicability of the statute, rule or order in question.

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

4.1 The name and address of the petitioner; whether the petitioner is licensed by the Board as an R.N. or L.P.N. or L.P.T., or employs such licensees.

- 4.2 The statute, rule or order to which the petition relates.
- 4.3 A concise statement of all of the facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule or order in question applies or potentially applies to the petitioner. Petitioner may also include a concise statement of the legal authorities upon which petitioner relies.
- 4.4 A concise statement of the specific declaratory order sought by petitioner.
5. If the Board determines that it will rule on the petition, the following procedures shall apply:
- 5.1 The Board may rule upon the petition without holding an evidentiary hearing. In such a case:
- A. Any ruling of the Board will apply only to the extent of the facts presented in the petition and in any clarifying information submitted in writing to the Board.
  - B. The Board may order the petitioner to file a written clarification of factual matters, a written brief, memorandum or statement of position.
  - C. The Board may set the petition, upon due notice to petitioner, for a non-evidentiary hearing.
  - D. The Board may dispose of the petition on the sole basis of the matters set forth in the petition.
  - E. The Board may take administrative notice of commonly known facts within its expertise or contained in its records and consider such facts in its disposition of the petition.
  - F. If the Board rules upon the petition without a hearing, it shall promptly notify the petitioner of its decision.
- 5.2 The Board may, in its discretion, set the petition for an evidentiary hearing, conducted in conformance with C.R.S. 24-4-105, upon due notice to petitioner, for the purpose of obtaining additional facts of information or to determine the truth of any facts set forth in the petition. The notice to the petitioner setting such hearing shall set forth, to the extent known, the factual or other matters into which the Board intends to inquire. For the purpose of such a hearing, the petitioner shall have the burden of proving all of the facts stated in the petition, all of the facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule or order in question applies or potentially applies to the petitioner and any other facts the petitioner desires to consider.
6. The parties to any proceeding pursuant to this rule shall be the Board and the petitioner. Any other person may seek leave of the Board to intervene will be granted at the sole discretion of the Board. A petition to intervene shall set forth the same matters as required by Rule 3 of this chapter. Any reference to a "petitioner" in this rule also refers to any person who has been granted leave to intervene by the Board.

## **CHAPTER IX - RULES AND REGULATIONS FOR THE EXPANDED ROLE OF THE LICENSED PRACTICAL NURSE IN RELATION TO IV THERAPY AND VENOUS BLOOD SAMPLING**

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

### **1. Statement of Basis and Purpose**

The rules contained in this Chapter IX are adopted pursuant to authority granted the Board by C.R.S. 12-38-101 et seq., as amended, and specifically pursuant to authority granted in C.R.S. 12-38-108(1)(d) as amended. These rules are adopted to set forth the guidelines for the LPN related to his/her role in intravenous therapy. The patient care responsibilities of Licensed Practical Nurses 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. The Board recognizes that a growing number of LPN nursing education programs include IV Therapy and venous blood sampling training in their curricula. The rules contained in this Chapter IX are intended to address situations in which the nursing education program has not provided such training.

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

## **2. Definitions:**

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

- 2.1 "Adult client" is an individual whose chronological age is 13 years or older.
- 2.2 "Board" is the Colorado State Board of Nursing.
- 2.3 "IV Authority" refers to the authority attached to an LPN's license by the Board.
- 2.4 "IV Therapy/Venous Blood Sampling course" is a course preparing the LPN to perform IV Therapy/Venous Blood Sampling utilizing venous access devices on the adult client within the Scope of Practice as defined in Section 3.
- 2.5 "Intravenous fluids" means fluids containing one or more of the following elements: dextrose 5%; normal saline; lactated ringers; sodium chloride 0.45%; sodium chloride 0.2%.
- 2.6 "LPN" refers to a licensed practical nurse who holds an active license without current disciplinary action in Colorado, and who has obtained educational preparation related to IV therapy and venous blood sampling.
- 2.7 "Peripheral" defines the area of an extremity used for IV catheter insertion or venous blood sampling.
- 2.8 "Preceptor" is an experienced clinician, employed by a healthcare agency, who assumes joint teaching responsibility with an instructor when a clinical instructor is not present in the setting.
- 2.9 "Premixed" means IV solution prepared and labeled by a pharmacist or manufacturer. Manufacturer prepared solutions include those closed systems requiring activation to administer.
- 2.10 "Supervision" means a registered nurse, physician, dentist, or podiatrist is physically present or accessible by some form of telecommunication.
- 2.11 Types of "Venous Access Devices"

A. Peripheral catheters

1. "Peripheral short catheter" is a venous access device less than 3 inches (7.5 cm) in length.
2. "Peripheral midline catheter" means a peripherally inserted catheter whose tip terminates no further than the axilla and is between 3 inches and 8 inches (7.5 cm and 20 cm) in length.

B. Central catheters

1. "PICC (peripherally inserted central catheter)" means an IV catheter whose tip terminates in the 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.

**3. Scope of Practice of the Licensed Practical Nurse with IV Therapy and Venous Blood Sampling Authority**

The licensed practical nurse may perform the following procedures under the direction of a registered nurse, physician, dentist, or podiatrist.

- A. Observe and monitor the adult client receiving intravenous fluid therapy;
- B. Calculate and observe flow rate of intravenous infusions;
- C. Stop the flow of intravenous infusions through a peripheral short catheter for adult clients;
- D. Remove peripheral short catheter for adult clients;
- E. Report and document observations and procedures relating to intravenous infusion and insertion sites.
- F. Utilize peripheral veins for intravenous access with a peripheral short catheter.
- G. Perform blood sampling from central IV catheters or ports, or peripheral veins using a syringe or vacutainer device.
- H. Administer the following:
  1. Intravenous fluids as defined in section 2.5 through venous access devices.
  2. Pre-mixed intravenous fluids containing electrolytes and vitamins.
  3. Pre-mixed antibiotic solutions via venous access devices delivered per labeled instructions.
  4. The first dose of IV antibiotic therapy under the observation of a registered nurse, physician, podiatrist, or dentist who is present in the same patient care area.
- I. Regulate the prescribed flow rate of the intravenous fluids defined in section 2.5 of this chapter.
- J. Monitor the systemic effects of intravenous therapy.
- K. Flush venous access devices designed to maintain venous patency with normal saline or a sub-

therapeutic dosage of heparin.

L. Change dressings and/or caps to venous access devices.

M. Switch from continuous infusion of IV fluid to heparin/saline lock.

**4. The IV Therapy/Venous Blood Sampling Scope of Practice does not authorize the LPN to perform any of the following:**

4.1 Administration of IV medications except as allowed in Section 3.H.3.

4.2 Administration of medications by IV push except as outlined in Section 3.H.3.

4.3 Administration of parenteral nutrition solutions.

4.4 Administration of blood and blood products.

4.5 Administration of chemotherapy intravenous medications/solutions.

4.6 Administration of investigational drugs.

4.7 Access or deaccess implanted central venous access ports.

4.8 Administration of thrombolytic agent to declot a central venous access device.

4.9 Insertion of PICC or peripheral midline catheters.

4.10 Repair of venous access devices.

4.11 Remove a central venous access catheter.

**5. Requirements for obtaining IV Therapy/Venous Blood Sampling Authority**

LPNs whose IV authority was removed on January 1, 2006, or those who had not received IV authority prior to January 1, 2006, or those who had not had IV therapy content as part of their basic practical nursing program must complete a course including theory/lab and clinical practice related to the knowledge, skills and ability to perform IV Therapy and Venous Blood Sampling. The content defined in Section 6 must be included.

5.1 Upon completion of IV therapy education content meeting the standards of section 6, the applicant will:

A. Submit an IV application on current Colorado Board approved form, and pay the applicable fee.

B. Verify completion of a Colorado Board approved course through transcript or certificate. This education can be obtained through a basic practical nursing education program or an IV Therapy/Venous Blood Sampling course.

5.2 Endorsement from other states.

A. Upon endorsement for licensure, submit IV authority application on current Colorado Board approved form, and pay the applicable fee.

B. Submit proof of IV Therapy/Venous Blood Sampling course completion.

- C. Submit proof that course(s) meet substantially the same educational requirements in content as defined in Section 6.

## **6. Standards for IV Therapy/Venous Blood Sampling Courses**

### **6.1 Curriculum for IV Therapy/Venous Blood Sampling Course shall:**

- A. Provide adequate theory and supervised clinical practice in IV Therapy/Venous Blood Sampling related to the adult client necessary for the performance of nursing functions as outlined in Section 3.
- B. Provide the following content:
  - 1. Legal implications and scope of practice.
  - 2. Role of the licensed practical nurse in intravenous therapy.
  - 3. Related anatomy and physiology including the physiology of aging and site selection.
  - 4. Fluids and electrolytes.
  - 5. Commonly used IV fluids.
  - 6. Hazards and complications of IV therapy, local and systemic.
  - 7. Psychological aspects of venipuncture.
  - 8. Infection control measures.
  - 9. Identifying types of venous access devices.
  - 10. Monitoring venous access device site.
  - 11. Dressing and cap changes.
  - 12. Initiating, monitoring, regulating, replacing, and discontinuing IV fluids.
  - 13. Use of appropriate equipment including IV pumps.
  - 14. Drug incompatibilities.
  - 15. Administration of pre-mixed vitamins and electrolytes.
  - 16. Pharmacology of heparin and antibiotics.
  - 17. Administration of pre-mixed IV antibiotics.
  - 18. Flushing of venous access devices designed to maintain venous patency.
  - 19. Collection of venous blood specimens for tests and use of appropriate equipment for same.
  - 20. Nursing care, intervention, reporting and documentation related to intravenous therapy/venous blood sampling.

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

1. Peripheral IV starts on clients.
  2. Initiation and monitoring of IV fluid administration on clients through peripheral and central venous access devices.
  3. Flushes into venous access devices designed to maintain venous patency for clients.
  4. Administration of pre-mixed antibiotics via venous access device to clients.
  5. Utilization of IV pumps.
  6. Peripheral venous blood sampling on clients.
  7. Discontinuation of peripheral short devices.
  8. Documentation of nursing actions and observations.
  9. Sterile dressing change on central venous access devices.
  10. Blood collection from a central venous access device.
- D. At the discretion of the instructor, students may challenge content and/or skills with validation of previous IV therapy/venous blood sampling education.

## **7. Restrictions on authority**

- 7.1 An LPN with IV authority may be subject to the restriction of this authority by the Board on a case-by-case basis. The Board may impose such restriction if it finds the LPN has a condition described in C.R.S. 12-38-117(1)(i) or (j), has engaged in any conduct constituting grounds for discipline under C.R.S. 12-38-117, or if the Board otherwise has reasonable cause to believe that a nurse is unable to practice nursing with reasonable skill and safety to patients.
- 7.2 Once an LPN's IV authority has been restricted by the Board, it is within the discretion of the Board to determine on a case-by-case basis:
- A. Whether to remove the restriction; and
  - B. The conditions or requirements which must be met before the restriction may be removed.

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

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

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

### **1. STATEMENT OF BASIS AND PURPOSE**

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

### **2. DEFINITIONS**



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

### **3. CERTIFICATION BY EXAMINATION**

- 3.1 The Board shall review and may accept a competency evaluation for nurse aides.
- 3.2 The contract for the use of the competency evaluation shall be negotiated and approved by the executive officer or designee in the absence of the executive officer.
- 3.3 The competency evaluation shall be administered at least quarterly. Notification of any applicable administration dates, deadlines, and sites shall be sent to all active approved nurse aide training programs in the state.
- 3.4 In the event that applicant examination materials are lost or destroyed through circumstances beyond the control of the Board, the applicant will be required to retake the competency evaluation(s) in order to meet requirements for certification.
- 3.5 Applicants shall be informed in writing regarding their performance.
- 3.6 The Board shall release performance information only with written authorization from the applicant or nurse aide.
- 3.7 Verified graduates from state-approved nurse aide training programs shall be eligible to take the competency evaluation, subject to Section 3.10.
  - A. At the discretion of the training program, individuals may be allowed to show that they have equivalent training and via testing and demonstration of competency, to challenge the nurse aide training program curriculum content prior to taking the competency evaluation.
  - B. When an individual exercises the challenge option, he or she must provide evidence to the training program of having received equivalent training.
- 3.8 Practical and professional nursing education programs and psychiatric technician training programs in the U. S. and its territories shall be deemed to be approved nurse aide training programs provided the program has been approved by the appropriate agency of the state/territory in which the program is located. Individuals shall be eligible to take the competency evaluation provided the requirements of 3.10 are met and they have successfully met one of the following:
  - A. At least five semester credit hours, or their equivalent, of nursing courses which have included

the content required under Chapter XI "Rules and Regulations for Approval of Nurse Aide Training Programs" .

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

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

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

A. Credentials of education are translated into English.

B. Section 3.8 B is met.

C. Section 3.10 is met.

3.10 Requirements to be completed for certification by examination:

A. Submission of application on current Board approved form.

B. Payment of application fee, if required.

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

D. Has otherwise met state and federal requirements.

3.11 Competency evaluation failures

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

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

#### **4. CERTIFICATION BY ENDORSEMENT**

4.1 Nurse aides from another state or territory of the U.S. shall be eligible for certification by endorsement in Colorado providing said nurse aide has met each of the following requirements:

A. Submission of application on current Board approved form.

B. Payment of application fee, if required.

C. Is listed in good standing on the nurse aide registry and is able to currently practice in another state or U.S. territory which meets all relevant federal requirements for long term care.

D. Has otherwise met state and federal requirements.

#### **5. REQUIREMENTS FOR RENEWAL AND REINSTATEMENT**

5.1 Certificates shall be subject to renewal as determined by the Board.

A. The certificate is renewed when the nurse aide maintains continued certification prior to the expiration date of the certificate.

1. Nurse aide certificate renewal applications postmarked after the certificate's expiration date may be assessed an additional penalty fee.
2. The certificate holder's canceled check or a receipt from the Board shall be considered as proof of renewal until the renewed certificate is received.
3. Separate payments are required for each renewal application.

B. A certificate which is not renewed by the nurse aide will be subject to reinstatement requirements.

5.2 A nurse aide must verify that she/he has performed nursing care activities for a minimum of 8 hours for pay during the previous 24 months from the renewal or reinstatement application date.

5.3 The nurse aide's signature on the application verifies the 8 hours worked

5.4 If the nurse aide has performed nursing care activities described in section 5.2 above:

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

1. A Board approved renewal application signed by the nurse aide.
2. Payment of required fee.

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

1. A Board approved reinstatement application signed by the nurse aide.
2. Payment of required fee.

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

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

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

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

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

## **6. GENERAL RULES RELATING TO CERTIFICATES**

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

6.2 Incomplete Applications:

A. Application for certification by examination:

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

B. Application for certification by endorsement:

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

6.3 Name and address changes:

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

**Adopted September 14, 2005. Effective November 1, 2005**

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

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

### **1. STATEMENT OF BASIS AND PURPOSE**

These rules are adopted to specify procedures relevant to the approval of nurse aide training programs whose graduates shall be eligible to take the competency evaluation.

### **2. DEFINITIONS**

- 2.1. Approval: Recognition that a nurse aide training program (hereinafter referred to as "program" ) meets the standards established by the Board.
- 2.2. Board: The Colorado State Board of Nursing.
- 2.3. Client: The individual receiving nursing care.

- 2.4. Clinical: The setting in which students, under the direct supervision of qualified instructors, apply basic nursing knowledge and skills in the direct care of clients.
- 2.5. Competency evaluation: The examination approved by the Board consisting of two components, the written and the manual skills evaluations.
- 2.6. Curriculum: All the content required for completion of an approved nurse aide training program.
- 2.7. Laboratory: A simulated care setting where students practice nursing skills and theory application under the direction of qualified instructors.
- 2.8. Nurse aide training program: A course of study which is approved by the Board or the appropriate authority in another state or territory of the United States which meets the requirements of the Omnibus Budget Reconciliation Act of 1987.
- 2.9. Pre-clinical: The first portion of the approved program that occurs prior to any direct contact with a client that must be a minimum of 16 hours and must include, but not be limited to, the areas addressed in Section 5.2A1(a) of this Chapter.

### **3. INITIAL PROCEDURES FOR APPROVAL**

- 3.1. Any institution, facility, agency, or individual desiring approval of a nurse aide training program:
  - A. Must submit written application for such program upon forms provided by the Board.
  - B. Must designate a program coordinator who will be responsible for compliance with this Chapter.
  - C. May arrange for consultation by the Board with individuals responsible for the establishment of the proposed program. The purpose of the consultation is to assist the applicants in meeting the rules and regulations for approval.
- 3.2. The Board or Board designee is responsible for:
  - A. Sending program application forms upon request.
  - B. Reviewing program applications and conducting survey visits to determine if all applicable standards have been met.
- 3.3. Interim approval to admit students may be granted after initial review of the application by the Board staff.
- 3.4. Upon receiving the results of the initial survey visit and final review, the Board may grant full approval.
- 3.5. If approval is denied, the program shall be notified by mail of the deficiencies of the program. Students graduating from a non-approved program shall not be eligible to take the competency evaluation.
- 3.6. A Medicare/Medicaid-certified facility submitting an application must not have been terminated from participating in the Medicare and/or Medicaid programs within the prior two years.

### **4. CRITERIA FOR EVALUATING A PROGRAM**

- 4.1. Program Organization and Administration:

- A. There shall be a governing body which has the authority to conduct the program, determine general policy and provide adequate financial support.
- B. There shall be an organizational plan which demonstrates and describes the relationship of the program to the governing body.
- C. There shall be a qualified program coordinator with the delegated authority and responsibility to administer the program in accordance with the policies of the governing body and in relation to:
  - 1. Assisting with the development of the budget.
  - 2. Initial and ongoing development, implementation and evaluation of the program.
  - 3. Securing and supervising the appropriate number of qualified instructors.
  - 4. Securing appropriate classroom and clinical facilities, which can be located separately.
  - 5. Ensuring an orientation of the students to each clinical facility. Such orientation may not be included as part of the minimum 75 hour training program.
  - 6. Assuring that each student is clearly identified as a student in a manner easily recognizable to clients, family members, visitors and staff.
  - 7. Planning for classroom, laboratory and clinical learning experiences.
  - 8. Securing written agreements between the administration of the program and outside providers of clinical resources.
  - 9. Reporting to the Board, by means established by the Board, the names of all individuals who have satisfactorily completed the training program within 30 days of program completion.
  - 10. Providing for the safe keeping of a system of permanent records and reports essential to the operation of the program for a minimum of two years, which shall include, but not be limited to, the following:
    - (a) A skills checklist that demonstrates satisfactory performance of all required skills for each student.
    - (b) Student records such as attendance, test scores, etc.
    - (c) Annual report to be submitted to the Board on the form furnished by the Board.
  - 11. Developing written policies for admission to, dismissal from, and completion of the program.
  - 12. Supervising RN, LPN, and ancillary instructors who provide classroom, laboratory, and clinical instruction to students.
  - 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.

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

4.3. The program must ensure that:

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

4.4. Pursuant to section 483.152(c) of the Federal Rules and Regulations related to Nurse Aide Training and Competency Evaluation Programs (NATCEP):

- A. A long-term care facility ("facility" ) is prohibited from charging nurse aides it employs, or to whom it offers employment, for any portion of the NATCEP.
- C. A nurse aide who pays for a NATCEP and becomes employed by a facility within 12 months of date of certification must be reimbursed by the facility, prorated for the portion of the 12-month period that the individual was employed at the facility.

## **5. CURRICULUM**

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

5.2. The curriculum shall provide:

- A. A minimum of 75 hours of instruction to include a minimum of 16 hours of classroom instruction and a minimum of 16 hours of clinical instruction under the direct supervision of an RN or LPN.
  - 1. At least the first 16 hours of the required 75 hours shall be considered pre-clinical as defined in Section 2.9 of this Chapter.
    - a. The content of the pre-clinical portion of the program must include the following:
      - 1. Communications and interpersonal skills;
      - 2. Infection control;
      - 3. Safety/emergency procedures including the Heimlich maneuver;
      - 4. Promoting clients' independence; and
      - 5. Respecting clients' rights.
- B. Terminal competencies expected of the student, including but not limited to:
  - 1. Forming relationships, communicating and interacting competently on a one-to-one basis with clients.
  - 2. Demonstrating sensitivity to clients' emotional, social, and mental health needs

through skillful, directed interactions.

3. Assisting clients in attaining and maintaining independence.
4. Exhibiting behavior in support and promotion of clients' rights.
5. Demonstrating observational and documentation skills needed in the assessment of clients' health, physical condition and well-being.

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

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

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

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

1. Caring for clients when death is imminent;
2. Taking and recording vital signs;
3. Measuring and recording height and weight;
4. Caring for the clients' environment;
5. Measuring and recording intake and output;
6. Recognizing and reporting abnormal signs and symptoms of common conditions related to all systems of the body and recognizing the importance of reporting such changes to a supervisor.

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

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

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

1. Modifying aide's own behavior in response to client behavior;
2. Recognizing normal changes related to aging;



3. Promoting client autonomy;
  4. Reinforcing appropriate client behavior;
  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; and
  5. Methods of reducing the effects of cognitive impairments.
- E. Basic restorative services, including but not limited to:
1. Using assistive devices for mobility, eating and dressing;
  2. Maintaining range of motion;
  3. Turning, positioning and transferring;
  4. Bowel and bladder training;
  5. Caring for and using prosthetic and orthotic devices;
  6. 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. Assisting in resolving grievances;
  4. Caring for and maintaining security of clients' possessions;
  5. Maintaining an abuse-free environment;
  6. Reporting any suspicion of abuse immediately;
  7. Using appropriate interventions to minimize the need for physical and chemical restraints.

## **6. INSTRUCTORS**

- 6.1. The instructors shall include a minimum of one Registered Nurse who must be the program coordinator.

- 6.2. If the program admits more than 10 students, the ratio of instructors to students in a laboratory or clinical setting shall not exceed 1:10.
- 6.3. The Director of Nursing may be the program coordinator, but not the primary instructor.
- 6.4. Other persons, including clients, experienced aides, and ombudsmen, may be utilized as needed to meet planned objectives.
- 6.5. Instructor qualifications:
  - A. The program coordinator shall:
    1. Hold an active Colorado RN license in good standing.
    2. Have at least two (2) years of nursing experience in caring for the elderly and/or the chronically ill of any age.
    3. Attend a "Train the Trainer" program approved by the Board or have demonstrated competence in teaching adult learners as defined by Board policy.
  - B. The primary instructor shall:
    1. Hold an active Colorado Registered Nurse or Licensed Practical Nurse license in good standing.
    2. Have at least one (1) year of nursing experience in caring for the elderly and/or the chronically ill of any age.
    3. Attend a "Train the Trainer" program approved by the Board or have demonstrated competence in teaching adult learners as defined by Board policy.
  - C. Instructors from ancillary disciplines shall:
    1. Have a minimum of one (1) year of current experience in their field.
    2. Where applicable, be licensed, registered or certified in good standing in their field.

## **7. EDUCATIONAL FACILITIES**

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

## **8. CLINICAL RESOURCES**

- 8.1. Facilities selected for clinical experience shall provide for learning experiences in the care of the elderly and/or chronically ill of any age.

- 8.2. Other considerations in the evaluation of a facility as a clinical setting for students are:
- A. Currently in compliance with federal regulation governing nursing facilities and services.
  - B. Amount and type of administrative support.
  - C. Numbers and types of other programs and students using the facility.
  - D. Average daily census.
- 8.3. Such facilities must not have been terminated from the Medicare/Medicaid programs during the past two years or have been the subject to penalties that would bar them, by federal regulation, from participating.
- 8.4. Those agencies requiring licensure shall be licensed in accordance with state and federal regulations.

## **9. CONTINUING APPROVAL**

- 9.1. The Board will review annual reports from the program.
- 9.2. In all reviews other than the initial application review, the Board will visit the program every two years. The survey will evaluate compliance with the requirements as set forth in federal regulation and this chapter. This survey may also utilize:
- A. The quality of care by individual nurse aides that is monitored during a licensure and/or survey and certification survey as one part of the program review.
  - B. Record of complaints received about the program.
  - C. Exam scores.
- 9.3. Approval of the program will be continued by the Board provided the requirements of the Board and state and federal regulations are met.
- 9.4. The Board's action regarding program review will be sent to the program coordinator with recommendations regarding deficiencies, if indicated.
- 10.1. The program may be visited at times other than the regularly scheduled survey visit, if deemed necessary by the Board.
- 10.2. Consultation from the Board is available when program revisions are being considered.
- 9.7. Substantive changes in the curriculum shall be reported to the Board prior to implementation. Substantive changes shall be defined to include, but not be limited to, changes in:
- A. Program coordinator or primary instructor.
  - B. Terminal competencies.
  - C. Governing body.
  - D. The number of hours of instruction required for successful completion of the program.
  - E. The order of curriculum content.

- F. Status of the program (e.g., inactive, closing).
- G. The provision for permanent safekeeping of student and program records if program is closing.

## **10. WITHDRAWAL OF APPROVAL**

- 10.1. The Board must withdraw approval of a nurse aide training program when notified that the long term care or Medicare-certified home health agency conducting the program has lost its privilege to conduct the program resulting from federal regulation.
- 10.2. The Board may withdraw approval of a nurse aide training program when the Board determines the program remains non-compliant with federal and state regulations after reasonable Board requests for documentation of compliance.

## **11. INACTIVE PROGRAMS**

- 11.1. A program may be deemed to be inactive when no trainees have been admitted or are not expected to be admitted for a period of twelve months.
- 11.2. In order to reactivate a program's approval status the program coordinator shall submit the following information to the Board:
  - A. Names and qualifications of instructors if 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.

## **CHAPTER XII - RULES AND REGULATIONS FOR IMPAIRED PROFESSIONAL DIVERSION PROGRAM**

### **STATEMENT OF BASIS AND PURPOSE**

The rules contained in this Chapter XII are adopted pursuant to authority granted the Board of Nursing by C.R.S., as amended, 2000, 12-38-131. These rules are adopted to set criteria for acceptance, denial, or termination from the program, specifying that only those persons who request acceptance into the program may participate; provide that a person who is not specifically identified by the board as a candidate for the program may apply; allow licensees credit for participating in a similar program in this or another state on a case-by-case basis; and allow information that would otherwise be confidential to be released, on a case-by-case basis, to another state when such information is requested of a person who has not satisfactorily completed the program in this state.

### **A. ACCEPTANCE OF PARTICIPANTS**

The criteria for eligibility for participation in the program are as follows.

- 1. A person shall be a professional or practical nurse with a license to practice nursing in this state or have applied for licensure and paid all required fees.
- 2. A person shall acknowledge in writing a psychiatric, psychological or emotional problem, a dependence upon or an abuse of alcohol and/or other chemicals in a manner which may affect the person's ability to practice within generally accepted standards of practice or with reasonable

skill and safety to patients under his/her care. The written acknowledgment of one or more of the above stated problems shall be separate from the diversion program's admission application and shall be submitted to the Board with any referral to the Board from the diversion program.

3. A person shall not have identified practice problems or previous disciplinary action. At its discretion, the Board may allow a previously disciplined person to participate if the facts considered at the time of the diversion program application warrant such action.
4. A person shall not have been terminated or denied from this or any other impaired professional diversion program. However, at its discretion, the committee may consider these applications on a case-by-case basis, as referred by the Board. The person must report to the impaired professional diversion program any pending or current action in this or any other state.
5. A person shall agree to the terms and conditions of any contract and contract amendments with the impaired professional diversion program as set forth by the program.
6. If a person has prior disciplinary action, or if a complaint has been filed with the Board, which if the facts contained therein were proven, constitutes a violation of 12-38-117(1)(i) or (j) C.R.S., the person may apply to the program only with the written agreement or authorization of the Board which may be delegated to board staff. Such written agreement may be a public document with the Board.
7. The program shall not notify the Board of a person who has not otherwise been identified to the Board solely because the person has contacted, applied to or participated in the program. If the program has reasonable cause to believe that the person in question may be unable to practice with reasonable skill and safety, the program shall orally notify the Board within twenty four hours (or next working day) and provide all relevant information to the Board, any oral report shall be followed by a written report.
8. A licensee in compliance with another state's impaired professional diversion program who meets all other eligibility criteria may transfer with the permission and/or written proof of compliance of the other program(s). Credit may be given for compliant time served in the first program(s).
9. Failure to meet the eligibility criteria as determined by the impaired professional diversion committee may constitute grounds for denial.

#### **B. TERMINATION FROM/DENIAL OF/DISCHARGE FROM THE PROGRAM**

1. A person may be referred to the Board of Nursing for disciplinary action for any of the following reasons:
  - A. Not complying with his/her monitoring contract with the program.
  - B. Becoming unable to practice with reasonable skill and safety.
  - C. Transferring to another state, engaging in nursing practice, and failing to inform in a timely fashion that state's board of nursing, impaired professional diversion program, or their equivalent of his or her participation in Colorado's impaired professional diversion program.
  - D. Not maintaining eligibility criteria.
  - E. Falsifying or failing to disclose violations of any provision of the Nurse Practice Act.
2. A person may be discharged from the program for any of the following reasons:

- A. Successful completion of the monitoring contract or,
  - B. At the Committee's discretion, and if the person has no unresolved complaints or stipulated Board agreement in effect.
3. The Board may proceed with formal disciplinary action against any person who has been referred by the program.
  4. The records of any person who has been referred to the Board shall be available to the Board through a subpoena.

**C. DEMOGRAPHIC REPORTS**

1. The program shall provide to the Board on a quarterly basis demographic data as requested by the Board.

**D. FINANCIAL REPORTS**

1. The program shall provide a report to the Board quarterly detailing how the monies from the administering entity were utilized.
2. The program shall establish and provide the Board with an annual budget so that the Board may order funds to be released from the administering entity.

**E. THE PROGRAM**

The program shall:

1. Implement an outreach program and education plan which will identify licensees with alcohol and drug abuse, psychiatric, psychological, or emotional problems.
2. Implement an outreach program and education plan to encourage participation by eligible persons.
3. Implement an outreach program and education plan to encourage referrals to the programs by nursing managers, employers, treatment providers, families, and other concerned individuals.
4. Conduct an initial assessment of persons who wish to participate in the program which may include referrals for evaluations as appropriate.
5. Make appropriate referrals for evaluation and treatment.
6. Monitor the nursing practice and treatment plan compliance of participants.
7. Have a written, signed contract with all participants regardless of method of referral to the program which outlines the consequences of a failure to comply with the terms and conditions of said contract.
8. Provide a written or oral report to the Board within 24 hours (or next working day) when a person who was referred by the Board has failed to apply, or been denied or terminated from the program for any reason other than successful completion and/or when a any person has been denied or terminated from the program due to safety to practice concerns. Any oral report shall be followed with a written report.
9. Provide the reports as set forth in these rules and regulations.

10. Establish treatment and monitoring plans which will reasonably assure protection of the public as well as benefit the licensee. Such plans shall meet generally accepted standards of treatment and monitoring for impaired professional diversion programs.
11. Submit to the Board an annual internal self evaluation beginning in 1997 and an external program evaluation in lieu of the annual internal self evaluation every three years, beginning in 1999. The external program evaluator must be approved by the Board.

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

### **1. Statement of Basis and Purpose**

The rules contained in this Chapter are adopted pursuant to authority granted the Board by C.R.S. 1985, 12-38-101 et seq., as amended, and specifically pursuant to authority granted in C.R.S. 1992, 12-38-132(6).

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

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

3.1 "Board" means the Colorado Board of Nursing.

3.2 "Client" means the recipient of nursing care.

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

3.4 "Responsible" means the ability to answer for one's conduct and obligations.

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

3.6 "Delegatee" means an individual receiving the delegation who acts in a complementary role to the professional nurse and whom the professional nurse authorizes to perform tasks which the individual is not otherwise authorized to perform.

3.7 "Delegator" means the professional nurse making the delegation; the delegator must hold a current, active license.

3.8 "Accountability" means the state of being responsible, answerable, or legally liable to the Board of Nursing for an action.

3.9 "School" means any institution of primary or secondary education, including kindergarten.

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

3.11 "Licensed child care facility" means any facility licensed as a family child care home or

child care center as required by C.R.S. 26-6-102.

#### 4. Criteria for Delegation

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

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

4.2 The delegatee shall not further delegate the tasks delegated by the professional nurse to another individual nor may the tasks be expanded without the express permission of the delegating professional nurse.

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

#### 5. Responsibility of the Delegator

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

- A. 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 if task is not carried out.
- B. Delegatee's knowledge, skills and abilities.
- C. Nature of tasks being delegated including, but not limited to, degree of invasiveness, irreversibility, predictability of outcome, and potential for harm.
- D. Available and accessible resources including but not limited to, appropriate equipment, adequate supplies and appropriate other health care personnel to meet the client's nursing care needs.
- E. The availability for adequate supervision of the delegatee.

5.2 The delegator shall:

- A. Explain delegation 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 which may be associated with the delegated task.

5.3 The delegator shall provide appropriate and adequate supervision to the delegatee to the degree determined by the professional nurse based on an evaluation of all factors indicated in 5.1 and shall develop and employ a system for ongoing monitoring of the delegatee if the delegated task is to be performed more than once.

5.4 The delegator shall evaluate on an ongoing basis the following:

- A. The degree to which nursing care needs of the client are being met.
- B. The performance by the delegatee of the delegated task.
- C. The need for further instruction.
- D. The need to continue or withdraw the delegation.

5.5 Documentation of delegation by the delegator in the client record shall adhere to generally accepted standards and minimally include, but not be limited to, the following:

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

## 6. Standards for the Accountability of the Delegator

6.1 The delegator shall adhere to the provisions of the Nurse Practice Act and its rules and regulations.

6.2 The delegator is responsible for the decision to delegate and assessments indicated in 5.1.

6.3 The delegator is responsible for monitoring, outcome evaluation, and follow-up of each delegation.

6.4 The delegator is accountable for the act of delegating and supervising.

## 7. Delegation of Administration of Medications in Schools

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

7.2 A professional nurse employed by or contracted by a school district may delegate to one or more specific delegatee(s) who have successfully completed appropriate training the administration of emergency medications, prepackaged in unit dose preparations, including but not limited to injectable epinephrine where there is an emergency need for such treatment. The professional nurse must provide the delegatee a specific written

protocol for determining the need for administering the medication.

7.3 The delegator shall not delegate the administration of medications in schools to any child where the route of medication administration is not included in 7.1 or 7.2.

7.4 The delegator shall not delegate the administration of medications in schools where the administration requires the delegatee to exercise the judgment required of a professional nurse.

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

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

## 8. Delegation of Administration of Medications in Licensed Child Care Facilities

8.1 A professional nurse employed or contracted by a licensed child care facility may delegate the administration of oral, topical, including eye and ear drops, and inhaled medication to a specific delegatee(s) for the population of the facility, within a specific time frame not to exceed one year.

8.2 A professional nurse employed or contracted by a licensed child care facility may delegate to one or more specific delegatee(s) who have successfully completed appropriate training in the administration of emergency medications, prepackaged in unit dose preparations, including but not limited to injectable epinephrine, where there is an emergency need for such treatment. The professional nurse must provide the delegatee a specific written protocol for determining the need for administering the medication.

8.3 The delegator shall not delegate the administration of medication in child care facilities to any child where the route of medication administration is not included in 8.1 and 8.2.

8.4 The delegator shall not delegate the administration of medications in child care facilities where the administration requires the delegatee to exercise the judgment required of a professional nurse.

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

8.6 Nothing in this Section 8 shall be construed to prohibit a professional nurse from delegating a specific nursing task to a specific delegatee for a specific child in the child care facility setting, as otherwise provided for and governed by the provisions of this Chapter XIII.

## 9. Exclusions from this Rule

9.1 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.

9.2 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.

9.3 The professional nurse who teaches the Board of Nursing recognized Child Care Medication Administration course required by the Colorado Department of Human Services shall not be considered to be delegating as defined by this Chapter XIII.

9.4 Any child care provider as defined in 26-6-102(1.7) C.R.S. acting in compliance with 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 of the child to whom medications are administered;
- C. Administer only routine medications as defined in 26-6-102(1.8) C.R.S. 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.

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

### **STATEMENT OF BASIS AND PURPOSE**

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

### **I. DEFINITIONS**

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

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

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

### **III. OTHER REQUIREMENTS WHICH MUST BE COMPLETED ARE:**

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

### **IV. GENERAL POLICIES RELATING TO REGISTRATION.**

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

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

## **STATEMENT OF BASIS AND PURPOSE**

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

### **I. DEFINITIONS**

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

### **II. REQUIREMENTS FOR AUTHORIZATION TO PRESCRIBE**

Each applicant for prescriptive authority shall:

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

advanced health/physical and psychological assessment, clinical diagnosis and management, and advanced pharmacology.

- b. At least weekly interaction between the nurse and the preceptor.
- c. Experience with specific drugs which are relevant to the scope of practice of the applicant.

### **III. REQUIREMENTS FOR NURSES PRACTICING WITH PRESCRIPTIVE AUTHORITY.**

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

### **IV. PARAMETERS OF PRESCRIPTIVE AUTHORITY**

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

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

## **CHAPTER XVII - RULES AND REGULATIONS FOR THE COLORADO CERTIFIED NURSE AIDE REGISTRY**

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

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

### **1. ESTABLISHMENT OF CERTIFIED NURSE AIDE REGISTRY.**

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

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

### **2. DEFINITIONS**

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

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

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

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

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

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

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

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

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

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

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

### **5. TIME FOR REQUEST FOR REMOVAL**

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

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

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

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



## **6. INFORMATION TO BE PROVIDED BY THE CERTIFIED NURSE AIDE**

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

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

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

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

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

## **7. PROCEDURE BEFORE THE BOARD OF NURSING.**

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

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

7.2 Grounds for denial of removal include:

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

7.3 Grounds for granting removal include:

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

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

## **8. EFFECT OF REMOVAL OF FINDING FROM REGISTRY.**

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

## **CHAPTER XVIII - RULES AND REGULATIONS CONCERNING REPORTING REQUIREMENTS**

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

**Specific Authority:** C.R.S. 12-38-116.5(3)(b)(I) and 12-38-117(1)(f); C.R.S. 12-38.1-114(12) and 12-38.1-111(1)(f); and C.R.S. 12-42-113(1)(f)

### **1. STATEMENT OF BASIS AND PURPOSE**

The Board of Nursing ("the Board" ) hereby finds that in order to safeguard the life, health, property and public welfare of the people of this state and in order to protect the people of this state from the unauthorized, unqualified and improper application of services by nurses, nurse aides, and psychiatric technicians ("licensees" ), it is necessary to receive timely reports regarding licensees whose practice may have failed to meet generally accepted standards or whose conduct appears to have violated the Nurse Practice Act, the Nurse Aide Practice Act or the Psychiatric Technicians Act.

The obligation to report a nurse whose conduct may constitute grounds for discipline under section 12-38-117 of the Nurse Practice Act derives from C.R.S. 12-38-116.5(3)(b)(I) and 12-38-117(1)(f). The obligation to report a psychiatric technician whose conduct may constitute grounds for discipline under section 12-42-113 of the Psychiatric Technician Act derives from C.R.S. 12-38-117(1)(f), 12-38-116.5(3)(b)(I) and 12-42-113(1)(f). The obligation to report a nurse aide whose conduct may constitute a violation of the Nurse Aide Practice Act derives from C.R.S. 12-38-117(1)(f), 12-38.1-114(12) and 12-38.1-111(1)(f). The Board therefore finds it necessary to promulgate the following rules with respect to reporting requirements.

It is the intent of the Board to require reporting of licensees whose continued practice may pose a risk of harm to persons under the care of the licensee. The Board believes protection of the public is not enhanced by the reporting of every minor incident that may be a violation of the Nurse Practice Act. This is particularly true when there are mechanisms in place in the licensee's employment setting to take corrective action, remediate deficits, and detect patterns of behavior.

### **2. DEFINITIONS**

- 2.1 "Disciplinary action" means suspension by an employer after an internal investigation or termination of employment when such suspension or termination is due to substandard practice, conduct which poses a risk to the health and safety of the public, chemical dependency or drug diversion.
- 2.2 "Complainant" means any person filing a report.

2.3 "Licensee" means any person under the jurisdiction of the Colorado Nurse Practice Act, C.R.S. 12-38-101, et. seq., the Colorado Nurse Aide Practice Act, C.R.S. 12-38.1-101, et. seq., or the Colorado Psychiatric Technicians Act C.R.S. 12-42-101, et. seq.

### **3. FACTORS TO BE CONSIDERED IN THE DECISION TO REPORT**

3.1 Anyone may report a licensee whose practice appears to be in violation of generally accepted standards of practice for that licensee.

3.2 Unless reporting is required by Rule 4 below, the complainant need not report the licensee when all of the following factors are present:

- (a) the potential risk of physical, emotional, or financial harm to patients due to the incident is very low;
- (b) the incident is a singular event without any pattern of poor practice by the licensee;
- (c) the licensee demonstrates accountability and a conscientious approach in his/her practice (relative to the incident); and
- (d) the licensee appears to have the knowledge and skill to practice safely.

3.3 Other factors to consider include:

- (a) the significance of the patient outcome in the specific practice setting;
- (b) the circumstances under which the event occurred; and
- (c) the presence of contributing or mitigating circumstances in the health care delivery system.

### **4. INFORMATION THAT MUST BE REPORTED**

4.1 Information regarding the following shall always be reported to the Board:

- (a) Failure to meet generally accepted standards of practice by the licensee that creates or results in serious harm or risk to the persons under the licensee's care, or a demonstrated pattern of practice which fails to meet generally accepted standards.
- (b) Reasonable cause to believe the licensee is unable to practice with reasonable skill and safety to patients as the result of a physical or mental disability or substance abuse.
- (c) Disciplinary action taken against a licensee as defined in section 2.1.
- (d) Failure by a licensee to comply with the terms of Board orders, including stipulations, and final agency orders.
- (e) A person who practices or offers to practice as a nurse, nurse aide, or psychiatric technician when such person has not been licensed, registered, or certified, or who uses any title, abbreviation, card, or device to indicate that such person is licensed, registered or certified to practice in Colorado while not so licensed, registered, or certified.
- (f) Patient abuse including but not limited to physical, emotional, psychological, verbal, sexual, or financial abuse.
- (g) Conviction of a felony by a licensee that relates to the licensee's ability to practice safely.

- (h) Conduct by a licensee which constitutes a crime and is relevant to such licensee's ability to practice safely. Such conduct includes but is not limited to felonies, all assaults and sexual assaults, fraud and theft. Such conduct need not have resulted in a conviction.
- (i) Signs or symptoms of current addiction or dependence on alcohol or other habitforming drugs, habitual use of controlled substances, as defined in C.R.S. 12-22-303(7) or other drugs having similar effect that negatively impacted the licensee's practice. If diversion of medications has not occurred, and there has been no negative impact on the licensee's practice, a licensee who voluntarily participates in a treatment plan designed to end such addiction or dependence need not be reported.
- (j) Actions, behavior, or information that suggest or substantiate diversion of controlled substances by the licensee as defined in C.R.S. 12-22-303(7), or other drugs having similar effects. Referral to the Impaired Professional Diversion Program (C.R.S. 12-38-131) is not a substitute for the reporting required under this rule and does not create an exemption from reporting.

## **CHAPTER XIX - RULES AND REGULATIONS FOR MEDICATION AIDE AUTHORITY**

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

Specific Authority - C.R.S. 12-38-110.5 and 12-38.1-111

### **1. STATEMENT OF BASIS AND PURPOSE**

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

### **2. DEFINITIONS**

2.1 "Board" is the Colorado State Board of Nursing

2.2 "Licensed staff member," as used in C.R.S. 12-38.1-110.5(2)(b) and these rules, means a registered nurse, a practical nurse or a licensed psychiatric technician.

2.3 "Program Director" is the chief officer employed pursuant to C.R.S. 12-38-107.

2.4 "Resident" means a patient residing in a long-term care or nursing facility.

2.5 "Routinely prescribed oral medications," as used in C.R.S. 12-38.1-110.5(3)(a)(II) and these rules, means any prescribed medication delivered by mouth, other than coumadin, its derivatives or a scheduled controlled substance, that is consistent with a written care plan and is scheduled for administration according to a fixed and definite time schedule.

### **3. AUTHORITY BY ENDORSEMENT**

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

### **4. RENEWAL AND REINSTATEMENT**

Unless the nurse aide certificate has expired for two or more years, the medication aide authority is

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

## **5. ELIGIBILITY**

5.1 The certified nurse aide is responsible to maintain his/her own documentation of the number of hours worked in a nursing facility to meet the two thousand (2,000) hour statutory requirement. Acceptable documentation includes pay stubs, payroll records or letters from nursing facility management attesting to the number of hours worked by the applicant. The hours worked are cumulative and may be acquired at more than one nursing facility.

5.2 Proof of successful completion of the educational requirements is established by one of the following methods:

5.2.1 An official transcript from an approved Colorado practical nursing program or approved licensed psychiatric technician educational program documenting successful completion of the required courses, credit hours and practicum. Where letter grades are provided, "successful completion" means a C or higher grade in each course.

5.2.2 An official certification of completion from a Medication Aide Program that has been reviewed by the Board and found to be in compliance with the educational and practicum requirements of C.R.S. 12-38.1-110.5(2). A list of such programs is available on the Board's web site.

5.3 An individual seeking medication aide authority must meet all the requirements of C.R.S. 12-38.1-110.5 and these rules.

## **6. SUPERVISION OF MEDICATION AIDES**

6.1 A licensed registered nurse or a licensed practical nurse, not a certified nurse aide and not another medication aide, shall supervise medication aides.

6.2 Medication aides shall not administer medications if a licensed registered nurse or a licensed practical nurse does not currently supervise them.

6.3 Medication aides shall not precept or supervise medication aide students.

## **7. REGISTERED NURSE ASSESSMENT**

7.1. A registered nurse shall make a patient assessment before a medication aide may administer any medications. The assessment is valid for no longer than the remainder of the working shift of the registered nurse who performs it. Where a patient's circumstances require a more frequent assessment prior to medication administration, the assessment is valid for no longer than the time specified by the assessing registered nurse. The registered nurse cannot delegate the patient assessment required by this rule.

7.2. The assessing registered nurse bears overall responsibility for the competent and safe medication administration by the medication aide. This responsibility includes communicating to the medication aide any special instructions that would accelerate, delay or otherwise affect medication administration.

7.3. Medication aides shall not administer medications if:

7.3.1 A registered nurse has not performed a prior patient assessment.

7.3.2. The registered nurse who performed the prior assessment is not currently working. A registered nurse is still considered to be “working” within the meaning of this rule if the registered nurse is still on-shift, even though the registered nurse is otherwise on a break or at lunch. A registered nurse is not considered to be “working” within the meaning of this rule if the registered nurse is working on-call.

7.3.3. The registered nurse who performed the prior assessment is no longer on premises. A registered nurse is still considered to be “on premises” within the meaning of this rule if the registered nurse is outside the current building, but is both easily contactable and close enough in proximity, to be present within five minutes, in the event of an emergency.

## **8. REGISTERED NURSE REVIEW OF MEDICATIONS**

8.1 A registered nurse shall review the medications to be administered by the medication aide prior to any administration and shall document the review in the patient/resident’s record. Medication review means that the registered nurse has reviewed each patient/resident’s plan of care and medication orders to verify that the prescribed medications:

8.1.1 Are routinely prescribed oral medications;

8.1.2 Are not incompatible with each other;

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

8.1.4 The medications will not create a risk of harm if, during or after medication administration, the patient/resident is unmonitored by a licensed staff member.

8.2 A registered nurse shall review the medications each time the plan of care or medication order:

8.2.1 Has a new medication added; or

8.2.2 Has any change in medications, dosages or routes ordered.

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

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

## **9. THE SCOPE OF PRACTICE AND ACCEPTING DELEGATED FUNCTIONS**

9.1. Medication aides are skilled healthcare workers to whom licensed staff members may wish to delegate authority that otherwise would be outside the scope of medication aide practice, as described in C.R.S. 12-38.1-110.5 and these rules. In order to prevent conflicts between medication aides, their supervisors and licensed staff members, the Board expressly precludes medication aides from accepting delegated functions from other licensed staff members and licensed healthcare providers that exceed the statutory scope of practice of a medication aide, except as otherwise provided in this section. A medication aide shall not, under delegated authority or under any circumstances, administer:

9.1.1. Coumadin, or its derivatives;

9.1.2. Controlled substances;

9.1.3. Non-oral medications;

9.1.4. Non prescribed, or over-the-counter medications.

9.1.5. Medications scheduled for administration on a PRN basis, except when a licensed staff member has performed an in-person patient assessment immediately prior to the administration.

## **10. APPLICATION PROCESS**

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

Adopted as a temporary rule July 27, 2005. Effective August 8, 2005.