

**RULES AND REGULATIONS FOR THE LICENSING OF NURSES
and
STANDARDS FOR THE APPROVAL OF BASIC
NURSING EDUCATION PROGRAMS**

[R5-34-NUR/ED]



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

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INTRODUCTION

These amended *Rules and Regulations for the Licensing of Nurses and Standards for the Approval of Basic Nursing Education Programs* [R5-34-NUR/ED] are promulgated pursuant to the authority conferred under RIGL § 5-34-7(1), and are established for the purpose of defining the prevailing standards for:

- (1) The licensure of advanced practice registered nurses, professional (registered) nurses, and practical nurses; and
- (2) The approval of basic nursing education programs in Rhode Island.

Pursuant to the provisions of RIGL § 42-35-3(a)(3) and § 42-35.1-4, the following were given consideration in arriving at the amended regulations: (1) alternative approaches to the regulations; (2) duplication or overlap with other state regulations; and (3) significant economic impact on small business. Based on the available information, no known overlap, duplication, or alternative approach was identified.

Upon promulgation of these amendments, these amended regulations shall supersede all previous *Rules and Regulations for the Licensing of Nurses and Standards for the Approval of Basic Nursing Education Programs* promulgated by the Department of Health and filed with the Secretary of State.

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PART I *Definitions*

Section 1.0 *Definitions*

Wherever used in these rules and regulations the following terms shall be construed as follows:

- 1.1 *"Act"* means RIGL Chapter 5-34 entitled, "Nurses".
- 1.2 *"Adjunct clinical faculty"* means individuals employed solely to supervise clinical nursing experiences of students and meet all the qualifications in § 16.2(c)(2) of these Regulations.
- 1.3 *"Advanced Practice Registered Nurse (APRN)"* is the title given to an individual licensed to practice advanced practice registered nursing within one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA) as defined in RIGL Chapter 5-34.2, or certified clinical nurse specialist (CNS), and who functions in a population focus. An APRN may serve as a primary or acute care provider of record.
- 1.4 *"Advanced practice registered nursing"* means an independent and expanded scope of nursing in a role and population focus approved by the Board that includes the registered nurse scope of practice and may include, but is not limited to, performing acts of advanced assessment, diagnosing, prescribing and ordering. Each APRN is accountable to patients, the nursing profession and the Board for complying with the requirements of the Act and the quality of advanced nursing care rendered; recognizing limits of knowledge and experience; planning for the management of situations beyond the APRN's expertise; and for consulting with or referring patients to other health care providers as appropriate.
- 1.5 *"Approval"* means the process whereby the Board evaluates and grants official recognition to basic nursing education programs in this state which meet the established criteria and standards of these Regulations.
- 1.6 *"Approved basic professional nursing education program"* means a course of study for professional nurses that has been approved the Board, by the licensing authority of another state or territory, or by a national accrediting body.
- 1.7 *"Approved nurse practitioner program"* means a Board approved course of study for nurse practitioners conducted within an academic institution which is regionally accredited or accredited by such other agency as may be recognized by the Board. Said course shall include both a didactic component and a supervised clinical experience.
- 1.8 *"Basic nursing education program"*, hereafter referred to as nursing program, means an educational unit within a hospital, junior college, senior college or university, which has as its major goal the preparation of individuals to be responsible practitioners of nursing and to grant appropriate diploma or degree in nursing.
- 1.9 *"Board"* means the Board of Nurse Registration and Nursing Education established pursuant to the provisions of § 5-34-4 of the Act.
- 1.10 *"Certified Clinical Nurse Specialist"* is an Advanced Practice Registered Nurse who independently provides care to clients, facilitates attainment of health goals, and provides innovation in nursing practice, based on clinical expertise, evidence-based decision-making, and leadership skills. The clinical nurse specialist practices with individual clients and populations; nurses and other multidisciplinary team members; and organizations to effect

system-wide changes to improve programs of care. The practice may include prescriptive privileges.

- 1.11 **"Certified registered nurse anesthetist (CRNA)"** means an Advanced Practice Registered Nurse as defined in RIGL Chapter 5-34.2.
- 1.12 **"Certified nurse practitioner"** means an Advanced Practice Registered Nurse utilizing independent knowledge of physical assessment, diagnosis and management of health care and illnesses. The practice includes prescriptive privileges. Certified nurse practitioners are members of the health care delivery system practicing in areas including, but not limited to, family practice, pediatrics, adult health care, geriatrics and women's health care in primary, acute, long-term and critical care settings in health care facilities and the community. Certified nurse practitioners may be recognized as the primary care provider or acute care provider of record.
- 1.13 **"Chief Academic Officer"** means the individual who holds the earned degree in nursing that is required to lead the specific nursing education program, as stipulated in these Regulations, and is directly responsible for the activities and outcomes of that program. This individual may be titled within their specific institution as Chair, Dean, Director, etc., as determined by the policies and culture of their institution.
- 1.14 **"Client"**, as used in these Regulations, shall have the same meaning as "patient" or "resident."
- 1.15 **"Collaboration"**, as used in these Regulations, means an independent working relationship between an Advanced Practice Registered Nurse and other licensed health care professionals, including but not limited to, physicians, pharmacists, podiatrists, dentists and nurses, but does not require such relationship to be evidenced by a written collaboration agreement, to be with a specific designated physician, or for services to be performed at the same physical location as any collaborating licensed health care practitioner.
- 1.16 **"Continuing education hour"** means a unit of measurement that describes sixty (60) minutes of an organized learning activity that is either a didactic or clinical experience.
- 1.17 **"Continuing education unit (CEU)"** means a specific, standard measure [e.g., ten (10) clock hours] of educational achievement used by many universities and professional organizations under the criteria of the International Association for Continuing Education and Training (IACET) to attest to clock hour completion of continuing education activities.
- 1.18 **"Controlling institution"** means the agency or institution that has authority and responsibility for financing the nursing education program employing the chief academic officer and faculty, graduating students and granting the diploma, certificate or degree.
- 1.19 **"Coordinated licensure information system"** means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a non-profit organization composed of and controlled by state nurse licensing boards.
- 1.20 **"Delegatee"** means the certified nursing assistant or other unlicensed assistive personnel receiving the authority to perform a nursing activity.

- 1.21 **"Delegation"** means the transferring to a competent individual the authority to perform a selected nursing activity in a selected situation. The nurse retains the accountability for the delegation.
- 1.22 **"Dentist"** means an individual licensed in the State of Rhode Island to practice dentistry pursuant to the provisions of RIGL Chapter 5-31.1.
- 1.23 **"Department"** means the Rhode Island Department of Health.
- 1.24 **"Director"** means the Director of the Rhode Island Department of Health.
- 1.25 **"Health"** means optimum well-being.
- 1.26 **"Healthcare"** means those services provided to promote the optimum well-being of individuals.
- 1.27 **"Home state"** means the party state which is the nurse's primary state of residence.
- 1.28 **"Independent practice"**, as used in these Regulations, means an Advanced Practice Registered Nurse working without a formal collaborative agreement with a physician licensed in accordance with RIGL Chapter 5-37.
- 1.29 **"Licensed"** means status of qualified individuals who have completed a designated process by which the Board grants permission to individuals accountable and/or responsible for the practice of nursing to engage in that practice, prohibiting all others from legally doing so.
- 1.30 **"Non-clinical nursing faculty"** means faculty employed for their expertise in a specific subject matter that is included in the curriculum of an approved nursing program and meet all the qualification in § 16.2(c)(1) of these Regulations.
- 1.31 **"Non-disciplinary alternative program"** means the voluntary, confidential non-disciplinary program for nurses who abuse or are chemically dependent upon drugs or alcohol or who have been diagnosed with any mental illness as listed in the most recent revised publication or the most updated volume of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICO) published by the World Health Organization and that substantially limits the life activities of the person with the illness.
- 1.32 **"Nurse"**, as used in § 7.0 of these Regulations, means a registered nurse or licensed practical/vocational nurse, as those terms are defined by each party's state practice laws.
- 1.33 **"Nursing"** means the provision of services that are essential to the promotion, maintenance, and restoration of health throughout the continuum of life. It provides care and support of individuals and families during periods of wellness, illness, and injury and incorporates the appropriate medical healthcare plan of care as prescribed by a licensed Advanced Practice Registered Nurse, certified nurse midwife, licensed physician, dentist or podiatrist.. It is a distinct component of health services. Nursing practice is based on specialized knowledge, judgment, and nursing skills acquired through educational preparation in nursing and in the biological, physical, social, and behavioral sciences.
- 1.34 **"Party state"** means any state that has adopted the Nurse Licensure Compact.
- 1.35 **"Physician"** means an individual licensed to practice medicine in the State of Rhode Island pursuant to the provisions of RIGL Chapter 5-37.

- 1.36 **"Podiatrist"** means an individual licensed in the State of Rhode Island to practice podiatry pursuant to the provisions of RIGL Chapter 5-29.
- 1.37 **"Population foci"** means focus of the patient population. Population foci shall include: Family/Individual across the lifespan; Adult-gerontology; Neonatal; Pediatrics; Women's health/gender-related; and Psychiatric/mental health.
- 1.38 **"Practical nursing"**, pursuant to § 5-34-3(g) of the Act, is practiced by licensed practical nurses (L.P.N.s). It is an integral part of nursing based on a knowledge and skill level commensurate with education. It includes promotion, maintenance, and restoration of health and utilizes standardized procedures leading to predictable outcomes which are in accord with the professional nurse regimen under the direction of a registered nurse. In situations where registered nurses are not employed, the licensed practical nurse functions under the direction of a duly licensed physician, dentist, podiatrist, or other licensed health care providers authorized by law to prescribe. Each L.P.N. is responsible for the nursing care rendered.
- 1.39 **"The practice of certified registered nurse anesthesia"** means providing certain health care services in collaboration with anesthesiologists, licensed physicians or licensed dentists, in accordance with RIGL § 5-31.1-1(16) and Chapter 5-34.2, which requires substantial specialized knowledge, judgment and skill related to the administration of anesthesia, including pre-operative and post-operative assessment of patients; administering anesthetics; monitoring patients during anesthesia; management of fluid in intravenous therapy and management of respiratory care.
- 1.40 **"Preceptor"** means an individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model and/or supervisor in a clinical setting under the supervision of an assigned faculty member.
- 1.41 **"Primary state of residence"** means the state of a person's declared fixed permanent and principal home for legal purposes; a domicile.
- 1.42 **"Professional nurse"** is synonymous with "registered nurse".
- 1.43 **"Professional nursing"** is practiced by registered nurses (R.N.s). The practice of professional nursing is a dynamic process of assessment of an individual's health status, identification of health care needs, determination of health care goals with the individual and/or family participation and the development of a plan of nursing care to achieve these goals. Nursing actions, including teaching and counseling, are directed toward the promotion, maintenance, and restoration of health and evaluation of the individual's response to nursing actions and the medical regimen of care. The professional nurse provides care and support of individuals and families during periods of wellness and injury and incorporates where appropriate, the medical plan of care as prescribed by a duly licensed physician, dentist or podiatrist or other licensed health care provider licensed to prescribe. Each R.N. is directly accountable and responsible to the consumer for the nursing care rendered.
- 1.44 **"Psychiatric and mental health nurse clinical specialist"** is a certified clinical nurse specialist working in the population foci of psychiatric/mental health as an Advanced Practice Registered Nurse utilizing independent knowledge in psychiatric mental health assessment, diagnosis, health promotion, psychotherapeutic modalities and management of mental health and illnesses. The practice may include prescriptive privileges within their

scope of practice. The practice may also include consultation and education.

- 1.45 **"Regionally accredited"** means the official guarantee that a college or university or other educational institution is in conformity with the standards of education prescribed by a regional accrediting commission recognized by the U.S. Commissioner of Education.
- 1.46 **"RIGL"** means the General Laws of Rhode Island, as amended.
- 1.47 **"State"**, as used in § 7.0 of these Regulations, means a state, territory, or possession of the United States, the District of Columbia.
- 1.48 **"Stable and predictable"** means a condition in which a client's clinical and behavioral status, as assessed by the registered nurse, is determined to be non-fluctuating and consistent, is not recuperative in nature, and does not require the regularly scheduled care of a registered or licensed practical nurse.
- 1.49 **"State approved program"** means the official recognition of a basic nursing education program granted by a state body statutorily authorized to approve basic nursing education programs in the respective state in which the nursing program is conducted.
- 1.50 **"State approved program of practical nursing"** means a course of study for practical nurses that has been approved the Board, by the licensing authority of another state or territory, or by a national accrediting body.
- 1.51 **"Substantive change"** means a significant modification or expansion in the nature and scope of education.
- 1.52 **"Supervision"** means the provision of guidance by a professional or practical nurse for the accomplishment of a nursing activity with initial direction of the activity and periodic inspection of the actual act of accomplishing the activity. Total nursing care of an individual remains the responsibility and accountability of a licensed nurse.
- 1.53 **"These Regulations"** mean all parts of Rhode Island *Rules and Regulations for the Licensing of Nurses and Standards for the Approval of Basic Nursing Education Programs* [R5-34-NUR/ED].
- 1.54 **"Unlicensed assistive personnel"** means persons who are not registered, certified, or otherwise licensed by the Department.

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PART II *Licensing Requirements for Advanced Practice Registered Nurses, Professional (Registered, and Practical Nurses*

Section 2.0 *Titles and Abbreviations and Criminal Records Review*

- 2.1 **Titles and Abbreviations.** Pursuant to § 5-34-2 of the Act, it shall be unlawful for any person to practice or offer to practice nursing in the State of Rhode Island or to use any title, sign, abbreviation, card or device indicating authority to practice nursing unless such person has been duly licensed and registered in accordance with the statutory provisions of the Act and these Regulations, except persons exempt in accordance with § 5-34-31 of the Act.
- 2.1.1 **Professional (Registered) Nurse Title.** Any person who holds a license to practice as a professional nurse in this state shall have the right to use the title "registered nurse" and the abbreviation "R.N.".
- 2.1.2 **Advanced Practice Registered Nurse Title.** Any person who holds a license or privilege to practice as an Advanced Practice Registered Nurse in the State of Rhode Island shall have the right to use the title "Advanced Practice Registered Nurse" and the roles of "certified registered nurse anesthetist," "certified clinical nurse specialist" and "certified nurse practitioner", and the abbreviations "APRN," "CRNA," "CNS" and "CNP" respectively. The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified clinical nurse specialist and for a certified nurse practitioner will be APRN, plus the role title (i.e., CRNA, CNS, and CNP).
- 2.1.3 [REMOVED]
- 2.1.4 [REMOVED]
- 2.1.5 **Practical Nurse Title.** Any person who holds a license to practice nursing as a practical nurse in the State of Rhode Island shall have the right to use the title "licensed practical nurse" and the abbreviation "L.P.N".
- 2.2 (a) No other person shall assume such titles or use such abbreviations or any other words, letters, signs, figures or devices to indicate that the person using the same is an Advanced Practice Registered Nurse, licensed professional nurse or licensed practical nurse in accordance with these Regulations.
- (b) **Misrepresentation of Credentials.** A nurse licensed by the Board shall not misrepresent his or her credentials related to the practice of nursing including, but not limited to, those indicating education, type of nurse licensure, APRN authorization, or certification related to the practice of nursing.
- 2.3 **Criminal Records Review.** Pursuant to § 5-34-43 of the Act, each person seeking a license to practice under the Act, or who is previously licensed and authorized to practice under the Act and is seeking employment, shall apply to the Bureau of Criminal Identification (BCI) for a national criminal records check that shall include fingerprints submitted to the Federal Bureau of Investigation. This background check shall be processed prior to receiving a

license to practice or to enter into employment. All applicable fees associated with the national criminal records check shall be paid by the applicant/licensee.

Section 3.0 *Qualifications for Licensure*

- 3.1 **Professional (Registered) Nurse.** An applicant seeking initial licensure to practice professional nursing in the State of Rhode Island must:
- (a) Be of good moral character;
 - (b) Have completed at least an approved high school course of study or the equivalent supported by diploma or certificate thereof as determined by the rules and regulations of the State Board of Education; and
 - (c) Have successfully completed the prescribed curriculum in a Board-approved basic professional nursing education program and holds a diploma from the program,
 - (d) Foreign trained applicants must meet the requirements set forth in § 5.3.1 of these Regulations.
- 3.2 **Advanced Practice Registered Nurse.** An applicant seeking initial licensure to practice as an Advanced Practice Registered Nurse (APRN) in the State of Rhode Island shall:
- (a) Be of good moral character;
 - (b) Hold a current Rhode Island license as a registered nurse or privilege to practice and shall not hold an encumbered license or privilege to practice as an RN in any state or territory;
 - (c) Graduation from an APRN graduate or post-graduate program, as evidenced by official documentation received directly from an APRN program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the Board.
 - (d) Be currently certified by a national certifying body recognized by the Board in the APRN role and population focus appropriate to educational preparation.
 - (e) Report any criminal conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction;
 - (f) Have committed no acts or omissions that are grounds for disciplinary action as set forth in the Act and these Regulations; and
 - (g) Provide other evidence as required by these Regulation.
- 3.2.1 Notwithstanding the provisions of § 3.2 of these Regulations, prior to 1 January 2015, the Board may issue an initial APRN license to a clinical nurse specialist without a certification exam when:
- (a) A national certification exam does not exist for the current population foci; and
 - (b) The applicant has submitted a portfolio to the Board that includes proof of graduation, course descriptions, an official transcript that includes courses in

pharmacology, pathophysiology and physical assessment, and letters of recommendation from his/her employer attesting to the CNS's practice at the advanced practice level.

3.2.2 After 1 January 2015, all clinical nurse specialists seeking initial licensure as an APRN in the State of Rhode Island must meet all the criteria as stated in the Act and these Regulations including national certification in a role and population focus recognized by the Board.

3.2.3 **Status of Current Licensees.** Any person holding a license to practice nursing in the State of Rhode Island as a certified nurse practitioner, psychiatric clinical nurse specialist or certified registered nurse anesthetist, as defined in the Act, RIGL Chapter 5-34 and RIGL Chapter 5-34.2, that was valid as of 17 June 2013 shall be deemed to be licensed as an APRN, with his or her current privileges and shall be eligible for renewal of such license as defined under the provisions of the Act and these Regulations.

3.3 **[REMOVED]**

3.4 **Licensed Practical Nurse**. An applicant seeking initial licensure to practice practical nursing in the State of Rhode Island must:

- (a) Be of good moral character;
- (b) Have completed at least an approved high school course of study or the equivalent supported by diploma or certificate thereof as determined by the rules and regulations of the State Board of Education;
- (c) Have furnished satisfactory proof that he or she successfully completed the prescribed curriculum in an approved program of practical nursing and holds a diploma or certificate from the program or is a graduate of an approved school of professional nursing or was a student in good standing at an approved school of professional nursing before completing the program of studies and, at the time of withdrawal, had completed a program of study, theory and clinical practice equivalent to that required for graduation from an approved school of practical nursing;
- (d) Foreign trained applicants must meet the requirements set forth in § 5.3.2 of these Regulations.

3.5 **[REMOVED]**

Section 4.0 *Application for Licensure and Fee*

4.1 Application for licensure to practice in the State of Rhode Island as a professional nurse, or practical nurse, shall be made on forms provided by the Department, which shall be completed, notarized and submitted to the Department. An applicant shall schedule his/her own examination date. Such application shall be accompanied by the following documents:

- (a) Official transcripts of education credentials sent directly to the Board from the school of nursing.

- (b) One (1) photograph of the applicant (head and shoulder view) approximately 2 X 3 inches in size, which is mounted on the application, and
 - (c) The application fee (non-refundable) as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health*.
 - (d) Documentation of compliance with § 2.3 of these Regulations by:
 - (i) Submitting a copy of the written notification from the BCI indicating that no disqualification information has been found; or
 - (ii) Requesting the BCI to provide the Department with a copy of the criminal background report.
- 4.2 (a) Nurses registered in the State of Rhode Island who are seeking initial licensure to practice as an Advanced Practice Registered Nurse must submit appropriate certification credentials, as described in § 3.2, plus an application fee (non-refundable) as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health*.
- (b) The fee for application for prescriptive privileges shall be as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health*.
- 4.2.1 Nurses not registered in Rhode Island who are seeking initial licensure to practice as an Advanced Practice Registered Nurse (APRN) in the State of Rhode Island shall:
- (a) Hold a current license or privilege to practice as an RN and APRN in a state or territory;
 - (b) Not have an encumbered license or privilege to practice in any state or territory;
 - (c) Graduation from an APRN graduate or post-graduate program, as evidenced by official documentation received directly from an APRN program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the Board.;
 - (d) Be currently certified by a national certifying body recognized by the Board in the APRN role and at least one population focus appropriate to educational preparation. Primary source of verification of certification is required.
 - (e) Report any conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction;
 - (f) Have committed no acts or omissions, which are grounds for disciplinary action in another jurisdiction;
 - (g) Provide other evidence as required by the Board in these Regulations; and
 - (h) An application fee (non-refundable) as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health*.

(1) The fee for application for prescriptive privileges shall be as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health*

4.3 [REMOVED]

4.4 [REMOVED]

Section 5.0 *Licensing of Advanced Practice Registered Nurses, Professional and Practical Nurses*

5.1 **By Examination.** Applicants, except those exempt pursuant to § 5.2 of these Regulations, shall be required to pass an examination as determined by the Board to test the qualifications of the applicants to practice nursing as a professional or practical nurse pursuant to the requirements of the Act and these Regulations.

5.1.1 The National Council Licensure Examination (NCLEX) or other recognized professional examination service may be used to test the applicant's competency, skill and knowledge to practice nursing.

5.1.2 [REMOVED].

5.1.3 All applications and supporting credentials as required in § 4.0 of these Regulations shall be filed with the Board.

5.1.4 ***Re-examination.*** In case of failure of any applicant to satisfactorily pass an examination such applicant shall be entitled to re-examination. Applicants may take the licensing examination as often as prescribed by the National Council Licensure Examination service. The fee (non-refundable) as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* shall be resubmitted.

5.2 **Without Examination by Endorsement.** A license to practice nursing as a professional or practical nurse may be issued without examination to an applicant who provides evidence of being currently licensed by examination or endorsement as a professional nurse or practical nurse under the laws of another state or territory or District of Columbia, if in the opinion of the Board, the applicant meets the qualifications required of professional or practical nurses in the State of Rhode Island as set forth in these Regulations. The Board shall act on each application within ninety (90) days of its submission.

5.2.1 A completed licensure application form and fee shall be filed with the Department in accordance with § 4.0 of these Regulations, and such additional supporting documentation as may be requested, and furthermore:

- (a) The licensing agency in each state in which the applicant holds or has held a registration or license must submit to the Board a statement confirming the applicant to be or have been in good standing; and

5.2.2 Pursuant to § 5-34-31 of the Act, persons who provide acceptable evidence, that is, not voluntarily surrendered, revoked, or suspended in another jurisdiction, of being currently licensed by examination or endorsement under the laws of other states of the United States, and the District of Columbia, shall not be prevented from practicing nursing in this state for a period of ninety (90) days from the date on the application fee receipt provided that they are duly licensed in this state within ninety (90) days from the date on the application fee receipt. The original privilege to work ninety (90) days shall not be extended or renewed.

5.3 **Foreign Trained Applicants**

5.3.1 **Professional (Registered) Nurses.** Applicants from foreign nursing schools seeking initial U.S. licensure in the State of Rhode Island shall present evidence of credentials evaluation by a Board approved agency that provides evaluation of foreign credentials, including the requirements of §§ 3.1 and 4.0 of these Regulations and, furthermore, shall meet all of the appropriate requirements for licensure to the satisfaction of the Board and in accordance with the statutory and regulatory provisions of these Regulations. Applicants who have graduated from foreign nursing schools who are actively licensed in good standing in another state or jurisdiction shall be required to:

- (a) Have their credentials evaluated by a Board approved agency that provides evaluation of foreign credentials;
- (b) Have successfully completed the NCLEX;
- (c) Have successfully completed a Board approved English language proficiency examination; and
- (d) Submit the required application and fees in accordance with § 4.0 of these Regulations.

5.3.2 **Practical Nurses.** Applicants from foreign schools of practical nursing must present to the Board the following documented evidence:

- (a) High school education credentials equivalent to those of the State of Rhode Island;
- (b) Official transcript from a government approved school of practical nursing that offered a general basic curriculum inclusive of the physical and biological sciences, social sciences and nursing, including concepts in medical, surgical, obstetrical, pediatric and psychiatric nursing;
- (c) Credentials evaluation of the educational program by a Board approved agency that provides evaluation of foreign credentials;
- (d) Successful completion of a Board approved English language proficiency examination;

- (e) Successful completion of the NCLEX; and
- (f) The applicant must furthermore submit the requirements of § 4.0 of these Regulations and must meet to the satisfaction of the Board, appropriate statutory and regulatory licensure requirements of these Regulations.

5.3.3 ***Advanced Practice Registered Nurse (APRN).*** An internationally educated applicant for initial licensure as an APRN in the State of Rhode Island shall:

- (a) Graduate from a graduate or post-graduate level APRN program equivalent to an APRN educational program in the U.S. accepted by the Board;
- (b) Submit documentation through an official transcript directly from the nursing education program and verified through a Board-approved qualified credentials evaluation process for the license being sought; and
- (c) Meet all other licensure criteria required of applicants educated in the U.S

5.4 **[REMOVED]**

5.5 **Advanced Practice registered Nurses.** A license to practice as an Advanced Practice Registered Nurse shall be issued if the applicant meets the qualifications for the Advanced Practice Registered Nurse (APRN). A person who meet the qualifications of an Advanced Practice Registered Nurse as stated in RIGL § 5-34-45, and § 3.2 of these Regulations, and is currently licensed as an Advanced Practice Registered Nurse by examination or endorsement under the laws of another state of the United States and/or the District of Columbia is allowed to practice as an Advanced Practice Registered Nurse in the State of Rhode Island for a period not to exceed ninety (90) days from the date of clearance by the Board, provided that they are licensed in the State of Rhode Island within ninety (90) days. The original privilege to work ninety (90) days from the date of clearance is not extended or renewed.

5.6 **[REMOVED]**

5.7 **[REMOVED]**

Section 6.0 ***Issuance and Renewal of License and Fee***

6.1 Upon the recommendation of the Board, the Director shall issue to applicants who have satisfactorily met the licensure requirements of these Regulations, a license to practice either as an Advanced Practice Registered Nurse, a professional nurse, or practical nurse, in the State of Rhode Island. Said license, unless sooner suspended or revoked, shall expire on the first (1st) day of March of every other year following the date of issuance of the original license.

6.2 On or before the first (1st) day of January of every year, the Department shall mail a notice for renewal of license to every person scheduled to be licensed that year on an odd/even basis with respect to the license number. Every Advanced Practice Registered Nurse, professional or practical nurse so licensed who wishes to renew his or her license shall file with the Department a renewal application duly executed together with a renewal fee (non-

refundable) as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* before the fifteenth (15th) day of February of that year.

(a) Every Advanced Practice Registered Nurse so licensed who wishes to renew his or her license shall file with the Department such renewal application duly executed together with a renewal fee (non-refundable) as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health*. Evidence of current national certification, or recertification as applicable, as an Advanced Practice Registered Nurse shall be verified at renewal.

(1) Notwithstanding the requirements of § 6.2(a) of these Regulations, an individual holding a license to practice nursing in the State of Rhode Island as a nurse practitioner (no prescriptive privileges) that was valid as of 17 June 2013 may file with the Department such renewal application duly executed together with a renewal fee (non-refundable) as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* without providing evidence of current national certification, or recertification as applicable, as an Advanced Practice Registered Nurse.

(b) [REMOVED]

(c) [REMOVED]

6.3 Upon receipt of such renewal application and payment of said fee, the accuracy of the application shall be verified and the Department shall grant a renewal license effective the second (2nd) day of March, and expiring on the first (1st) day of March two (2) years later unless the license is sooner suspended or revoked.

6.4 Any person who allows his or her license to lapse by failing to renew it on or before the first (1st) day of March of the next two (2) years as provided above may be reinstated by the Department upon submission of an application and on payment of the current renewal fee, unless license has been suspended or revoked.

6.4.1 Any person using the title Advanced Practice Registered Nurse, professional nurse, or practical nurse, or who practices nursing during the time that his or her license has lapsed shall be subject to the penalties for violations of the provisions of the Act and these Regulations.

Section 7.0 *Nurse Licensure Compact*

7.1 **Issuance of a License by a Compact Party State.** No applicant for initial licensure will be issued a compact license granting a multi-state privilege to practice unless the applicant first obtains a passing score on the applicable NCLEX examination or any predecessor examination used for licensure.

7.2 A nurse applying for a license in a home party state shall produce evidence of the nurse's primary state of residence. Such evidence shall include a declaration signed by the licensee. Further evidence that may be requested may include but is not limited to:

- (a) Driver's license with a home address;
 - (b) Voter registration card displaying a home address;
 - (c) Federal income tax return declaring the primary state of residence
 - (d) Military Form No. 2058 – state of legal residence certificate; or
 - (e) W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.
- 7.3 A nurse on a visa from another country applying for licensure in a party state may declare either the country of origin or the party state as the primary state of residence. If the foreign country is declared the primary state of residence, a single state license will be issued by the party state.
- 7.4 A license issued by a party state is valid for practice in all other party states unless clearly designated as valid only in the state which issued the license.
- 7.5 When a party state issues a license authorizing practice only in that state and not authorizing practice in other party states (i.e. a single state license), the license shall be clearly marked with words indicating that it is valid only in the state of issuance.
- 7.6 A nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multi-state licensure privilege during the processing of the nurse's licensure application in the new home state for a period not to exceed thirty (30) days.
- 7.7 The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the thirty-(30) day period in § 7.6 of these Regulations shall be stayed until resolution of the pending investigation.
- 7.8 The former home state license shall no longer be valid upon the issuance of a new home state license.
- 7.9 If a decision is made by the new home state denying licensure, the new home state shall notify the former home state within ten (10) business days and the former home state may take action in accordance with that state's laws and rules.
- 7.10 **Limitations on Multi-state Licensure Privilege - Discipline.**
- (a) Home state Boards shall include in all licensure disciplinary orders and/or agreements that limit practice and/or require monitoring the requirement that the licensee subject to said order and/or agreement will agree to limit the licensee's practice to the home state during the pendency of the disciplinary order and/or agreement. This requirement may, in the alternative, allow the nurse to practice in other party states with prior written authorization from both the home state and such other party state Boards.
 - (b) An individual who had a license which was surrendered, revoked, suspended, or an application denied for cause in a prior state of primary residence, may be issued a single state license in a new primary state of residence until such time as the individual would

be eligible for an unrestricted license by the prior state(s) of adverse action. Once eligible for licensure in the prior state(s), a multistate license may be issued.

7.11 **Information System.**

(a) Levels of Access

- (1) The public shall have access to nurse licensure information limited to:
 - (i) The nurse's name,
 - (ii) Jurisdiction(s) of licensure,
 - (iii) License expiration date(s),
 - (iv) Licensure classification(s) and status(es),
 - (v) Public emergency and final disciplinary actions, as defined by contributing state authority, and
 - (vi) The status of multi-state licensure privileges.
 - (2) Non-party state Boards shall have access to all Information System data except current significant investigative information and other information as limited by contributing party state authority.
 - (3) Party state Boards shall have access to all Information System data contributed by the party states and other information as limited by contributing non-party state authority.
- (b) The licensee may request in writing to the home state Board to review the data relating to the licensee in the Information System. In the event a licensee asserts that any data relating to him or her is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The Board shall verify and within ten (10) business days correct inaccurate data to the Information System.
- (c) The Board shall report to the Information System within ten (10) business days:
- (1) Disciplinary action, agreement or order requiring participation in alternative programs or which limit practice or require monitoring (except agreements and orders relating to participation in alternative programs required to remain nonpublic by contributing state authority),
 - (2) Dismissal of complaint, and
 - (3) Changes in status of disciplinary action, or licensure encumbrance.
- (d) Current significant investigative information shall be deleted from the Information System within ten (10) business days upon report of disciplinary action, agreement or order requiring participation in alternative programs or agreements which limit practice or require monitoring or dismissal of a complaint.
- (e) Changes to licensure information in the Information System shall be completed within ten (10) business days upon notification by a Board.

Section 8.0 *Continuing Education Requirements*

- 8.1 Every person seeking renewal of a license under the provisions of the Act and these Regulations, shall provide satisfactory evidence to the Department that in the preceding two (2) years the practitioner (i.e., licensee) has completed the ten (10) required continuing education hours as established in this section.
 - 8.1.1 One (1) continuing education hour shall be equivalent to one (1) contact hour. One (1) continuing education unit shall be equivalent to ten (10) continuing education hours.
- 8.2 Continuing education hours related to nursing practice will be accepted by the Board for course work that has been presented, accepted or approved by the American Nurses Credentialing Center (ANCC) or its local chapter, other recognized professional nursing organizations, any department or school of nursing approved by a board of nursing, or such other professional, labor organization, or accrediting agency as may be approved by the Board.
- 8.3 At the time of license renewal, each licensee will be required to sign a statement attesting to the completion of the above continuing education requirements.
- 8.4 It shall be the sole responsibility of the individual practitioner to obtain documentation (e.g., course descriptions, proof of attendance) from the sponsoring organization, agency, or institution of his/her participation in a continuing education program and/or activity. These documents shall be retained by each licensee for no less than four (4) years and are subject to random audit by the Department.
- 8.5 Failure to produce satisfactory documentation of completion of the requirements of this section, upon request by the Board, constitutes grounds for disciplinary action under the provisions of the Act.
- 8.6 The Department may extend for only one (1) six (6) month period the continuing education requirements if the Department is satisfied that the applicant has suffered hardship which prevented meeting the educational requirements of these Regulations.

Section 9.0 *Transfer to Inactive List - Reinstatement*

- 9.1 Pursuant to § 5-34-20 of the Act, a nurse who does not intend to practice nursing during a two (2) year period, upon written request to the Department, may have his or her name transferred to an inactive list and shall not be required to pay the renewal fee for as long as the inactive status is maintained.
 - 9.1.1 Should a nurse resume practice at some future time, he or she will so notify the Department, remit the renewal fee, sign a statement attesting to the completion of the above continuing education requirements for the period during which the license was inactive [i.e., five (5) hours per year] or a re-entry program approved by the Board,

and upon approval of the Board, the license shall be reinstated in accordance with the provisions of § 6.0 of these Regulations.

Section 10.0 *Other Requirements for Advanced Practice Registered Nurses*

10.1 **Prescriptive Authority – Advance Practice Registered Nurses**

- (a) An Advanced Practice registered Nurse (APRN) licensed by the Board may prescribe, order, procure, administer, dispense and furnish over the counter, legend and controlled substances pursuant to applicable state and federal laws, when the APRN has completed an educational program as described in § 3.2 of these Regulations, that includes courses in pathophysiology, pharmacology and physical assessment and is within the APRN's role and population focus.
- (b) Prescribing, ordering, dispensing and furnishing shall include the authority to:
 - (1) Diagnose, prescribe and institute therapy or referrals of patients to health care agencies, health care providers and community resources;
 - (2) Prescribe, procure, administer, dispense and furnish pharmacological agents, including over the counter, legend and controlled substances; and
 - (3) Plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services including, but not limited to, home health care, hospice, and physical and occupational therapy.
- (c) Prior to prescribing those drugs classified under RIGL Chapter 21-28 as controlled substances, an Advanced Practice Registered Nurse shall be required to register for such privileges with the Board of Pharmacy, Rhode Island Department of Health, and the Registration Unit of the federal Drug Enforcement Administration.

10.2 [REMOVED]

- 10.3 **Prescriptive Authority – APRN - Certified Nurse Practitioner.** Prescriptive privileges for a certified nurse practitioner shall include all the authority under the APRN license including prescription of legend medications and prescription of controlled substances from schedules II, III, IV and V that are established in regulation.

10.3.1 [REMOVED]

10.4 **Prescriptive Authority – APRN - Certified Registered Nurse Anesthetist**

- (a) Prescriptive privileges for a certified registered nurse anesthetist may be granted in accordance with the provisions of RIGL Chapter 5-34.2.
- (b) Certified registered nurse anesthetists shall practice in accordance with the current American Association of Nurse Anesthetists Guidelines for Nurse Anesthesia Practice, if the nurse anesthetists guidelines for nurse anesthesia practice neither violate nor contradict these Regulations or the provisions of RIGL Chapter 5-34.2.

10.5 [REMOVED]

10.6 **Prescriptive Authority – APRN - Certified Clinical Nurse Specialist**

- (a) Prescriptive privileges for a certified clinical nurse specialist shall include:
 - (1) Diagnosing, prescribing and instituting therapy or referrals of patients to health care agencies, health care providers and community resources; and
 - (2) Planning and initiating a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services including, but not limited to, home health care, hospice, and physical and occupational therapy; and
 - (3) Prescription of over the counter medications within their population focus.
- (b) Prescriptive privileges for APRNs with the population focus of psychiatric/mental health:
 - (1) Shall include prescription of certain psychotropic and certain legend medications, controlled substances from Schedule II classified as stimulants, and controlled substances from Schedule III and IV that are allowed pursuant to applicable Rhode Island and federal laws and regulations, and are within their population focus;
 - (2) Shall not include controlled substances from Schedules I, II, and V and those certain legend medications not included in § 10.6(b)(1) of these Regulations.

10.6.1 [REMOVED]

10.6.2 [REMOVED]

10.6.3 [REMOVED]

10.6.4 Each setting where such prescriptive privileges are allowed may further restrict prescriptive practices according to their own protocols.

10.6.5 [REMOVED]

Advanced Practice Nurse Advisory Committee

10.7 The Advanced Practice Nurse Advisory Committee shall consist of seven (7) members, and membership shall be consistent with the provisions of RIGL § 5-34-40.

10.7.1 Said committee shall meet no less than two (2) times per year and shall have the following functions:

- (a) To assess advanced practice registered nurse practice for the purpose of improving patient care.
- (b) To review all complaints regarding Advanced Practice Registered Nurses and recommend any and all disciplinary or corrective action as deemed appropriate, including revocation and suspension of license, in accordance with the provisions of RIGL § 5-34-40.

- (c) Advises periodically to the Board regarding advanced registered nurse practice.

Section 11.0 *Standards of Nursing Practice*

Delegation

- 11.1 Nurses may delegate to nursing assistants who are registered or licensed with the Department.
 - (a) In addition, nurses may delegate nursing activities that are consistent with the level of knowledge, skills, training, experience, and cultural awareness of the unlicensed assistive personnel when the client's health status is stable and predictable, as defined in these Regulations.
- 11.2 Delegation of nursing activities shall comply with the following requirements:
 - (a) The licensed professional nurse shall make an assessment of the patient's nursing care needs prior to delegating the nursing activity. A licensed LPN, acting within the scope of his/her practice, as defined in § 1.35 of these Regulations, may delegate to licensed nursing assistants and to unlicensed assistive personnel when the registered nurse's assessment allows such delegation to occur.
 - (b) The nursing activity shall be one that a reasonable and prudent nurse, utilizing sound nursing judgment, would determine to be appropriate for delegation.
 - (c) The licensed nurse delegating the nursing activity shall be accountable for the quality of nursing care given to the patient through the process of delegation.
- 11.3 Criteria for determining nursing activities that may be delegated shall include the following:
 - (a) Knowledge and skills of the delegatee;
 - (b) Verification of the clinical competence of the delegatee as determined by the organization providing the health care services;
 - (c) Stability of the client's condition such that it involves predictability, absence of risk complication, and rate of change;
 - (d) The variables in each service setting that include, but are not limited to, the following:
 - (i) Accessible resources and established policies, procedures, practices, and channels of communication that lend support to the type of nursing activities being delegated;
 - (ii) Complexity and frequency of care needed by a given client population;
 - (iii) Number and qualifications of other staff present;
 - (iv) Accessibility of the licensed nurse.
 - (e) Nursing activities that inherently involve ongoing assessment, interpretation or decision-making that cannot be logically separated from the procedure(s) shall not be delegated.
 - (f) Nursing activities for which the delegatee has not demonstrated competence shall not be delegated.

Supervision

11.4 A licensed nurse shall provide the necessary supervision, as defined in § 1.48 of these Regulations, of delegated nursing activities.

Pain Assessment

11.5 All health care providers licensed by the State of Rhode Island to provide health care services and all health care facilities licensed under RIGL Chapter 23-17 shall assess patient pain in accordance with the requirements of the *Rules and Regulations Related to Pain Assessment (R5-37.6-PAIN)* promulgated by the Department.

Signature

11.6 On all documentation requiring a nurse's signature, the nurse shall sign his or her name as it appears on his or her license, followed by licensure status (LPN, RN, APRN). If APRN, followed by licensed role (CNP, CRNA, or CNS).

Section 12.0 *Grounds for Denial, Revocation or Suspension of License*

12.1 Pursuant to the statutory provisions of RIGL §§ 5-34-24 and 5-34-25 and 5-34.2-4(c), the Board shall have the power to deny, revoke, or suspend any license or otherwise to discipline any person licensed upon proof that the person is:

- (a) Guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing;
- (b) Guilty of a crime of gross immorality;
- (c) Unfit or incompetent by reason of negligence or habits;
- (d) Habitually intemperate or is addicted to the use of habit-forming drugs;
- (e) Mentally incompetent;
- (f) Guilty of unprofessional conduct which includes, but is not limited to, all of the above and, also:
 - (i) Abandonment of a patient;
 - (ii) Willfully making and filing false reports or records in the practice of nursing;
 - (iii) Willful omission to file or record nursing records and reports as required by law;
 - (iv) Failure to furnish appropriate details of a client's nursing needs to succeeding nurses legally qualified to provide continuing nursing services to a client;
 - (v) Willful disregard of standards of nursing practice and failure to maintain standards established by the nursing profession; or
 - (vi) Failure to comply with the provisions of RIGL § 5-34-40(c)(2), as an Advanced Practice Registered Nurse; or
- (g) Guilty of willfully or repeatedly violating any of the provisions of the Act and/or these Regulations.

12.2 All hearings and reviews as may be required by these Regulations shall be conducted in accordance with the provision of § 18.0 of these Regulations.

12.3 Required Notification to the Board:

(a) An individual licensed as an Advanced Practice Registered Nurse pursuant to these Regulations shall notify the Board, in writing, within five (5) business days of receiving notification from a national certification board that any national certification required pursuant to § 3.2 of these Regulations has been revoked and/or subject to any restriction, limitation or other sanction.

(b) An individual licensed as an Advanced Practice Registered Nurse pursuant to these Regulations shall notify the Board, in writing, within five (5) business days of failure to renew or other lapse of any national certification required pursuant to § 3.2 of these Regulations.

Section 13.0 *Non-disciplinary Alternative Program*

13.1 The Board may provide for a non-disciplinary alternative in situations involving alcohol and drug abuse; or any mental illness as listed in the most recent revised publication or the most updated volume of either the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* published by the American Psychiatric Association or the *International Classification of Disease Manual (ICD)* published by the World Health Organization and that substantially limits the life activities of the person with the illness; provided, that the nurse agrees to voluntarily participate in a program of treatment and rehabilitation.

Requirements for Participation in the Non-disciplinary Alternative Program

13.2 Participation in the non-disciplinary program is voluntary. A nurse participating in the program shall:

(a) Agree in writing to comply with terms of the contract;

(b) Be responsible for all costs for assessment, treatment, and monitoring;

(c) Agree to evaluations, including random body fluid testing, necessary to determine treatment and monitoring needs;

(d) Agree to a role in the treatment program as determined by the health care provider(s) approved by the Board.

13.3 Information related to the non-disciplinary program shall be provided to the nurse's employer to ensure adequate worksite monitoring and compliance.

Disqualification Criteria from the Non-disciplinary Program

13.4 Criteria which shall disqualify a nurse from participating in a non-disciplinary program include the following:

(a) Has been previously enrolled and terminated for non-compliance in a non-disciplinary program in the State of Rhode Island or other jurisdiction;

- (b) Has a chemical dependency problem or diagnosis of mental illness of such severity that it could represent a clear and present danger to patient health and safety or has had nursing practice problems resulting in the death of a patient or involving significant harm or potentially significant harm to a patient;
- (c) Has had previous formal disciplinary action (related to his/her chemical dependency or mental illness) taken by a nursing board against her/him;
- (d) Has been convicted of any crime related to a controlled substance or legend prescription drug.

Causes for Termination from the Non-disciplinary Program

- 13.5 A nurse participating in the program may be terminated for any of the following reasons:
- (a) Noncompliance with any aspect of the contract;
 - (b) Receipt of information by the Board, which after investigation, results in disciplinary action by the Board.
 - (c) Engaged in any act that would have been cause to have initially disqualified the nurse applicant from participation in the program.
- 13.6 If the nurse does not agree to voluntarily participate in a treatment program protocol, or fails to satisfactorily complete a treatment program, the Board may initiate disciplinary proceedings.

Confidentiality

- 13.7 All records pertaining to a nurse's participation in the non-disciplinary program are confidential and not subject to discovery, subpoena or public disclosure.
- 13.8 A nurse's record shall be maintained in confidence as required by federal and state laws and regulations, and in particular, in accord with section 408 of Public Law 92-55 (the Drug Abuse Prevention, Treatment and Rehabilitation Act, 21 U.S.C. section 1175), as amended, and the regulations contained in 42 Code of Federal Regulations, Part 2.

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PART III *Standards Pertaining to Basic Nursing Education Programs*

Section 14.0 *Approval Criteria*

14.1 Any school, college, university or institution or such other facility, including proprietary institutions and/or entities, in the State of Rhode Island conducting or operating a basic nursing education program for the purpose of preparing individuals to be responsible practitioners of nursing and of granting appropriate diplomas or degrees in nursing (professional or practical nursing) is required to have been duly authorized to grant such degree or diploma by the appropriate state education body and/or authority pursuant to RIGL §§ 16-40-1 and 16-40-2, and is required furthermore to receive approval from the Board. Such approval may be granted if the nursing program meets the statutory and regulatory requirements and standards of these Regulations. Approval shall consist of:

14.1.1 "Initial approval" which is the official recognition granted by the Board to a new program upon application by the controlling institution after survey and evaluation by the Board to determine that the institution is reasonably ready to admit students based on the provisions of § 14.1 of these Regulations; or

14.1.2 "Approved program" which is the official recognition of approval as defined in § 1.5 of these Regulations, granted by the Board to the basic nursing education program in Rhode Island which is in compliance with the statutory and regulatory provisions of § 16.0 of these Regulations.

Section 15.0 *Application for and Issuance of Approval*

15.1 **Initial Approval.** An institution desiring to conduct an educational program for the preparation of individuals for examination and licensure to practice nursing (professional or practical nursing) pursuant to § 5-34-22 of the Act, shall apply to the Board and submit at least eighteen (18) months prior to the date it expects to admit the first student, a completed application. The proposed program shall provide, at a minimum, the following information to the Board:

- (a) General information about the controlling institution as specified in the application, including organizational and administrative relationships of the controlling institution and the program;
- (b) Governing institution approval and support;
- (c) Results of a needs assessment, including identification of potential students and employment opportunities for program graduates;
- (d) Type of educational program proposed;
- (e) Identification of sufficient financial and other resources;
- (f) Evidence of community readiness to accept and support the program in appropriate ways;
- (g) Clinical opportunities and availability of resources, including sources and locations of classrooms, clinical laboratory, conference rooms and other resources;

- (h) The philosophy, purposes and accreditation status of the controlling institution and the major facilities to be used for clinical laboratory experience;
- (i) Availability of qualified faculty;
- (j) A proposed time line for initiating and expanding the program, covering a period of at least eighteen (18) months; and
- (k) Any other evidence as deemed necessary and as may be requested by the Board.

15.1.1 When an institution has submitted evidence to the Board that it is prepared to meet the prescribed requirements and the preliminary procedures have been completed to the satisfaction of the Board, authorization shall be granted by the Board to the institution to initiate the basic nursing education program.

15.1.2 At least six (6) months prior to the date of admission of students, a report on the proposed education program shall be submitted to the Board by the nurse director which verifies that the following program components and processes have been completed:

- (a) Employment of a chief academic officer and faculty to develop program.
- (b) Overview of total curriculum:
 - (1) Content;
 - (2) Schedule (course sequence);
 - (3) Course descriptions and objectives;
 - (4) Contracts for clinical sites;
 - (5) Program evaluation plan;
 - (6) Consultation with the Board; and
 - (7) Course syllabi for first year with identified timeline for submission of syllabi for next years.
- (c) Establishment of student policies for admission, progression, retention and graduation.
- (d) RN programs preparing students at the diploma and/or associate degree levels shall also submit evidence of an articulation agreement with a State of Rhode Island-approved Baccalaureate nursing degree-conferring program.

15.1.3 A site visit and an evaluation to validate compliance with §§ 14.1 and 16.0 of these Regulations of the new nursing program shall be made by the state director of nursing education and/or other authorized representative of the Board, who shall submit written reports of findings to the Board for their evaluation of the nursing program. This site visit may also include an authorized representative of the Rhode Island Board of Governors for Higher Education.

15.1.4 If, in the opinion of the Board, the nursing program is found to meet the criteria of these Regulations, the Board shall grant an initial approval. Such approval shall

extend from the date of Board action which precedes admission of the first students, and shall terminate on graduation of the first students. The Board may request periodic reports from the new program regarding initial program operations before granting official state approval.

- 15.2 **Approved Program.** Upon expiration of the initial approval, the Board may grant official state approval, if the program is found to meet the prescribed standards of § 16.0 of these Regulations. Such approval shall be based on data obtained from site visits conducted by the state director of nursing education and/or other authorized representative(s) of the Board and submission of program's ongoing evaluation plan and data.

Evaluation of Approved Programs

- 15.3 No later than December 1st of each year, an approved nursing program shall submit an annual report for the prior academic year to the Board which addresses, as a minimum, the criteria established by § 15.4 of these Regulations. The Board may require an approved nursing program to submit additional information to determine compliance with the standards of these Regulations.
- 15.4 It shall be the duty of the Board through the state director of nursing education and/or other authorized representative(s) of the Board to conduct periodically, as may be deemed necessary, an evaluation of all basic nursing education programs in this state to validate continued compliance with the standards of these Regulations. Written reports shall be submitted to the Board for its determination of compliance with the standards of these Regulations. The Board shall also monitor and analyze various sources of information regarding program performance, including, but not limited to:
- (a) Annual reports from accrediting bodies
 - (b) Accreditation site visit recommendations
 - (c) Substantive change reports submitted to accreditation bodies
 - (d) Credentials of faculty including adjunct clinical faculty who are a matriculating graduate student in a graduate nursing education program.
 - (e) For programs preparing students at the diploma and/or associate degree levels, a current articulation agreement with a State of Rhode Island approved nursing education program authorized to confer a baccalaureate degree with a major in nursing.
- 15.5 If the National Council Licensure Examination (NCLEX) score of program graduates who are submitting to said examination for the first time, falls below the eighty percent (80%) pass rate for this population, for a period from October 1st through September 30th of the following year, the Board will notify the program, requesting a proposal for analyzing the problem. Such proposal shall be submitted within ninety (90) days of the request. A plan of correction is to be submitted within nine months of the submission of the proposal.
- 15.5.1 If the program fails to respond to the request from the Board, or if the plan of correction is found to be deficient, a hearing would be held in accordance with these Regulations.

15.5.2 If the NCLEX results continue to fall below the eighty percent (80%) passing standard, the program representatives may be invited to meet with members of the Board.

Section 16.0 *Standards for Approved Programs*

16.1 **Organization and Administration.** The basic nursing education program shall be an organized sequence of study within or with an affiliated regionally accredited college or university or other similar controlling institution, authorized to confer credentials in nursing. A practical nursing educational program shall only be conducted as a post-secondary educational program. The nursing program shall:

- (a) Have written statements of purpose, philosophy and objectives, which are consistent with those of the sponsoring institution;
- (b) Be organized with clearly defined authorities and responsibilities and shall have a chart showing the relationships and channels of communication of the program to the Board, the other departments in the controlling institution, to other cooperating agencies and institutions, and within the program;
- (c) Include clinical experiences in the episodic and distributive areas of nursing practice in health care facilities providing the specialized clinical nursing service(s). Mutual agreements with cooperating agencies and/or institutions or facilities shall be developed which demonstrate active participation in the central clinical placement registry; and
- (d) Establish written policies and procedures pertaining to the nursing program which shall include provisions for the involvement of faculty members in the development of policies and procedures regarding planning, implementing and evaluating the curriculum.
- (e) An approved program shall be required to obtain and maintain accreditation of the nursing program by a national nursing accrediting body acceptable to the Board.

16.2 **Faculty.** The nursing program shall be staffed with a sufficient number of qualified faculty to meet the purposes and objectives of the nursing education program. The qualifications of the staff shall be commensurate with their respective functions and responsibilities.

- (a) (1) Registered nurse educational programs shall have a chief academic officer who meets the following qualifications:
 - (i) A current, active, unencumbered RN license or privilege to practice issued pursuant to the Act and these Regulations;
 - (ii) A doctoral degree in nursing; or a master's degree in nursing and a doctoral degree in a related field. Notwithstanding this requirement, a chief academic officer hired prior to 1 January 2010 shall only be required to hold at least a master's degree in nursing;
 - (iii) Educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration; and
 - (iv) A current knowledge of registered nursing practice.
- (2) All other nurse faculty members shall have:

- (i) A current, active, unencumbered RN license or privilege to practice issued pursuant to the Act and these Regulations;
 - (ii) A minimum of a master's degree with a major in nursing or a nursing doctorate degree. Notwithstanding this requirement, a faculty member hired prior to 1 April 1985 shall only be required to hold at least a master's degree in a field related to nursing;
 - (iii) Relevant clinical experience; and
 - (iv) Current knowledge of RN nursing practice.
- (b) (1) Practical nursing education programs shall have a chief academic officer who meets the following qualifications:
- (i) A current, active, unencumbered RN license or privilege to practice issued pursuant to the Act and these Regulations;
 - (ii) A minimum of a baccalaureate degree in nursing and masters in nursing; or a nursing doctorate degree;
 - (iii) Educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration; and
 - (iv) A current knowledge of nursing practice at the practical/vocational level.
- (2) All other nursing faculty members shall have:
- (i) A current, active, unencumbered RN license or privilege to practice issued pursuant to the Act and these Regulations;
 - (ii) A minimum of a master's degree with a major in nursing. Notwithstanding this requirement, a faculty member hired prior to 1 April 1985 shall only be required to hold at least a master's degree in a field related to nursing;
 - (iii) Relevant clinical experience; and
 - (iv) Current knowledge of LPN nursing practice.
- (c) (1) Faculty who teach non-clinical nursing course shall have graduate academic and professional preparation and experience in their respective field in accordance with the policies of the controlling institution.
- (2) Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall:
- (i) Meet all the faculty qualifications for the program level, as defined by these Regulations, they are teaching.
 - (ii) Possess a current, active, unencumbered RN license or privilege to practice issued pursuant to the Act and these Regulations.
 - (iii) In an emergent situation, the Chief Academic Officer of a nursing program may request a waiver from the Board to hire a specific person to fill a specific position for a specified period of time.

- (3) **Preceptors.** Clinical preceptors shall possess a current, active, unencumbered RN license or privilege to practice issued pursuant to the Act and these Regulations, have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student.
 - (i) Clinical preceptors may be used to enhance faculty-directed clinical learning experiences.
 - (ii) Clinical preceptors shall be licensed as a nurse at or above the level for which the student is preparing.
- (d) Faculty members shall be recruited, appointed and promoted on the basis of academic and professional qualifications and demonstrated professional competence in accordance with established policies consistent with those of the controlling institution and hold such licensure or certification as may be required by law;
- (e) Faculty shall be responsible for:
 - (1) Developing, implementing and evaluating curriculum;
 - (2) Developing standards for admission, promotion and graduation of students;
 - (3) Participating in academic guidance and counseling;
 - (4) Participating in professional and community activities; and
 - (5) Such other as may be deemed appropriate;
- (f) Written policies pertaining to faculty rights and responsibilities which are consistent with the policies of the controlling institution shall be established and shall include provisions pertaining to:
 - (1) Freedom of inquiry and opinion;
 - (2) Criteria for evaluation of faculty performance;
 - (3) Grievance procedure; and
 - (4) Rank and status comparable to that afforded other faculty members of the controlling institution.

16.3 **Students.** Each nursing program shall provide directly to students, on an annual basis, written policies pertaining to no less than the following:

- (a) Admission, readmission, progression, retention, dismissal and graduation requirements which are consistent with policies of the controlling institution and the requirements of these Regulations;
- (b) Health and welfare, counseling and guidance, financial aid and housing (if any);
- (c) Participation in the development and evaluation of some aspects of the nursing program;
- (d) Availability of clinical facilities and services to the nursing program;
- (e) Student rights; and
- (f) Conditions of access to student records.

- 16.4 **Resources, Facilities and Services.** Each nursing program shall have adequate resources, facilities and services, consonant with the philosophy, purposes, objectives and policies of the nursing program and its controlling institution. Such resources, facilities and services shall include no less than:
- (a) Classroom, offices, conference rooms, laboratory and library facilities, accessible to and adequate for the number of students, faculty and other personnel;
 - (b) Sufficient instructional materials to meet the needs of students, faculty and staff;
 - (c) Furnishings of appropriate size and numbers as may be required for the varied instructional programs and for the number of students and staff;
 - (d) An adequate number of agency and service resources to provide the kinds of student learning experiences as required to meet curriculum objectives; and
 - (e) Adequate financial support to implement and operate the nursing program.
- 16.5 **Curriculum.** The curriculum of the nursing program shall be developed, organized, implemented and evaluated by the faculty. The framework of the curriculum shall be within the philosophy, purposes, and objectives of the program, as well as the policies of the controlling institution, and shall be consistent with the laws and regulations governing the practice of nursing. Furthermore, such curriculum shall be revised as may be necessary to maintain a program which reflects the developments in health care and its delivery, and to insure that students are adequately prepared to meet the professional and legal expectations of a licensed professional (registered) or practical nurse.

16.5.1 **Organization of the Curriculum**

- (a) The selection and organization of the learning experience shall consist of an organized sequence of theory and clinical practice;
- (b) Theory and clinical experience shall be provided concurrently where appropriate;
- (c) Course outlines shall be kept current and available;
- (d) The organization of courses as model program design shall be in accordance with acceptable and recognized standards for baccalaureate degree, diploma and associate degree programs in nursing, and practical nursing programs shall be no less than forty (40) week academic programs.

16.5.2 **Curriculum Content.** Nursing education programs shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level, scope and standards of nursing practice consistent with the level of licensure. Professional courses should build on a foundation of general education so that graduates are prepared to provide safe and effective nursing care to a diverse population.

- (a) The general education shall include content in English communication and interpersonal relations; humanities; cross-cultural competence; mathematics and quantitative reasoning; natural sciences and their relationship to each other; and social sciences that emphasize the study of human behavior.

- (b) The nursing specific content should be consistent with the current standards for national accreditation. This would include:
 - (1) Didactic content and supervised clinical experience in the prevention and treatment of illness and the promotion, restoration and maintenance of health in patients across the life span and in a variety of clinical settings;
 - (2) Experiences that promote the development of sound clinical judgment for optimal care, including the integration of research and evidence-based practice, the honoring of patient values, and the meeting ethical /legal standards;
 - (3) Opportunities to develop leadership and management skills, and professional socialization consistent with the level of licensure. This includes working in interdisciplinary teams, and delegation to/supervision of other health care providers;
 - (4) Using informatics to communicate, manage knowledge, mitigate error, and support decision making; and
 - (5) Participating in quality improvement processes to measure client outcomes, identify hazards and errors, and develop changes in processes of client care.

16.5.3 **Evaluation of Curriculum.** A systematic plan for on-going evaluation of the curriculum shall be established which includes evaluation provisions pertaining to no less than:

- (a) The implementation of the curriculum design;
- (b) The congruency of the curriculum with needs of society and developments in health care and its delivery; and
- (c) Revisions and/or modifications of curriculum as may be necessary based on evaluation data.

16.6 **Innovative Approaches in Nursing Clinical Skills Education.** Nursing programs are encouraged to explore and integrate effective ways to provide quality nursing education that develops the clinical skills of students so that graduates are adequately prepared to practice safely, competently, and ethically within the scope of practice as defined in the Act and these Regulations.

16.6.1 **Purposes**

- (a) To foster innovative models of nursing clinical education in approved nursing education programs so that preparation of nurses is reflective of the changing expectations of nurses in health care.
- (b) To assure that innovative approaches are conducted in a manner consistent with the Board's role of protecting the public.
- (c) To keep the Board informed of innovative approaches in nursing education and explicate how the selected approaches conform to the quality outcome standards of core education criteria outline in § 16.5 of these Regulations.

16.6.2 Eligibility

- (a) The nursing education program shall hold official state approval without conditions.
- (b) There are no substantiated complaints in the last two (2) years.
- (c) There are no rule violations in the past (2) years.

16.6.3 Notification.

- (a) Substantive changes in clinical education will be described to the Board within the annual report. The information will include:
 - (1) A brief description of the innovation, including educational objectives;
 - (2) Rationale with available evidence supporting this approach;
 - (3) An explanation as to why it is desirable to implement this change;
 - (4) Identification of any possible risk to the public;
 - (5) Identification of where in the curriculum this innovation will be implemented.
 - (6) Expected impact on the preparation of the students;
 - (7) Plan for implementation, including timetable; and
 - (8) Evaluation plan to determine effectiveness.
- (b) At any time if an eligible school wishes to inform or work with the Board in developing an innovative approach time will be provided during the meeting of the Board or with the Education Sub-Committee of the Board.

16.6.4 Board Intervention

- (a) The Board may require the program to make modifications if the Board receives substantiated evidence indicating adverse impact on either the public or the students.
- (b) The nursing program shall provide documentation of corrective measures and their effectiveness.

Section 17.0 *Denial or Revocation of Approval*

- 17.1 If the Board determines that a state-approved nursing program is not maintaining the standards prescribed by these Regulations, written notice of such deficiency shall be communicated by the Board to the nursing education program chief academic officer. When failure to correct the noted deficiency(ies) to the satisfaction of the Board within a reasonable period of time as recommended by the Board occurs, the Board shall notify the controlling institution of a proposed pending action to deny or revoke approval of the program and the controlling institution shall be given an opportunity for a prompt and fair hearing in accordance with the provisions of § 18.0 of these Regulations.

17.2 **Conditional Approval of Nursing Education Programs**

- (a) If the Board determines that an approved nursing education program is not meeting the criteria set forth in these Regulations, the governing academic institution shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.
- (b) The Board may grant conditional approval when it determines that a program is not fully meeting approval standards.

17.3 **Reinstatement of Approval.** The Board may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.

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PART IV *Violations and Sanctions/Practices and Procedures/Severability*

Section 18.0 *Violations and Sanctions*

18.1 Any violations of the provisions of the Act and these Regulations, shall be cause for the Board to impose such sanctions as denial, revocation or suspension of an individual's license or imposing such other disciplinary action, and the Board may deny, revoke or suspend state approval of a basic nursing education program which fails to comply with the standards of these Regulations. Furthermore, pursuant to § 5-34-29 of the Act, any violations of the provisions of the Act shall be subject to the penalties of that section.

Section 19.0 *Rules Governing Practices and Procedures*

19.1 All hearings and reviews required under the provisions of the Act shall be held in accordance with established Board policies and the rules and regulations promulgated by the Rhode Island Department of Health entitled *Rules and Regulations Pertaining to Practices and Procedures Before the Department of Health [R42-35-PP]*.

Section 20.0 *Severability*

20.1 If any provisions of these Regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of these Regulations which can be given effect, and to this end the provisions of these Regulations are declared to be severable.

Nursing_Final_September2014
Friday, September 26, 2014

REFERENCES

1. Chapter 21-28-2.08 of the Rhode Island General Laws, as amended, “Uniform Controlled Substances Act, Article 21-28-2.01 Standards and Schedules.” Available online: <http://www.rilin.state.ri.us/Statutes/TITLE21/21-28/21-28-2.08.HTM>
2. *Rules and Regulations Related to Pain Assessment (R5-37.6-PAIN)*, Rhode Island Department of Health, May 2003.
3. *Rules and Regulations Pertaining to Practices and Procedures Before the Department of Health [R42-35-PP]*, Rhode Island Department of Health, July 2013.
4. Rhode Island Board of Nursing website available online: <http://www.health.ri.gov/hsr/professions/nurses.php>

The revision dates of all regulations cited above were current when these amended regulations were filed with the Secretary of State. Current copies of all regulations issued by the RI Department of Health may be downloaded at no charge from the RI Secretary of State’s Final Rules and Regulations Database website: <http://www.sos.ri.gov/rules/>