

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH THE
ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT/AGENCY: Department of Health
DIVISION: Division of Health Related Board and Commissions/State Board of Nursing
DIVISION DIRECTOR: Matt Gilmore
CONTACT PERSON: Sue Tedford
ADDRESS: 1123 S. University Ave., Suite 800; Little Rock, AR 72204
PHONE NO.: (501) 686-2703 **FAX NO.:** (501) 686-2714 **E-MAIL:** sue.tedford@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING: Sue Tedford
PRESENTER E-MAIL: sue.tedford@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.**
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.**
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.**
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:**

**Jessica C. Sutton
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201**

1. What is the short title of this rule?

Chapter One- General Provisions
Chapter Two- Licensure: RN, LPN, and LPTN
Chapter Four- Advanced Practice Registered Nurse
Chapter Six- Standards for Nursing Education Programs
Chapter Eight- Medication Assistant- Certified
Chapter Ten- Alternative to Discipline

2. What is the subject of the proposed rule?

General Provisions, Licensure: RN, LPN, and LPTN, Advanced Practice Registered Nurse, Standards for Nursing Education Programs, Medication Assistant- Certified, Alternative to Discipline

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes X No _____

If yes, please provide the federal rule, regulation, and/or statute citation.

Act 250 of 2019, Act 837 of 2019, Act 315 of 2019, Act 308 of 2019, and Act 593 of 2019

Ch. 4, pg. 4-6, Section VI, D., 4, Additional Standards for CRNAs	Allows a podiatrist to be a collaborating physician and requires an APRN to be employed by the podiatrist	Act 308 of 2019
Ch. 4, pg. 4-7, Section VII, C, Professional Certification Programs	Eliminates the necessity of notifying a certified body of disciplinary action unless an APRN's ability to practice is restricted	Determined it was not necessary for public protection, no action is taken by the certifying body
Ch. 4, pg. 4-7 to 4-8, Section VIII, A, 5, Prescriptive Authority	Allows a podiatrist to be a collaborating physician and requires an APRN to be employed by the podiatrist	Act 308 of 2019
Ch. 4, pg. 4-8, Section VIII, A, 7, Prescriptive Authority	Eliminates unnecessary references to the word "regulation" in statute and rule	Act 315 of 2019
Ch. 4, pg. 4-8 to 4-9, Section VIII, D, Prescribing Privileges	APRNs may prescribe schedule II medications with the following restrictions: *opioid- 5 days or less; and *stimulants if the initial prescription was issued by a physician, used to treat same condition, and the physician evaluates the patients at least every 6 months	Act 593 of 2019
Ch. 4, pg. 4-9, Section VIII, A, 4, a, Prescriptive Authority	Allows a podiatrist to be a collaborating physician and requires an APRN to be employed by the podiatrist	Act 308 of 2019
Ch. 4, pg. 4-9, Section VIII, D, 4, c, Prescribing Privileges	APRNs may prescribe schedule II medications with the following restrictions: *opioid- 5 days or less; and *stimulants if the initial prescription was issued by a physician, used to treat same condition, and the physician evaluates the patients at least every 6 months	Act 593 of 2019
Ch. 4, pg. 4-11, Section VIII, J, 2, Renewals	Eliminates unnecessary references to the word "regulation" in statute and rule	Act 315 of 2019
Ch. 4, pg. 4-15, Section XIII, D, Minimum Standards for Establishing a Patient Relationship	Lists exclusions to the minimum standards for establishing a patient relationship	Mirroring the Arkansas Medical Board
Ch. 4, pg. 4-17, Section XVI, Minor Aesthetic Procedures	Language added to define and clarify a nurse's role and required training for minor aesthetic procedures	In collaboration with the Arkansas Medical Board, ASBN is being proactive with this public protection issue
Ch. 6, pg. 6-4, Section II, D, Facilities	Eliminates unnecessary references to the word "regulation" in statute and rule	Act 315 of 2019

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT/AGENCY: Department of Health

DIVISION: Division of Health Related Board and Commissions/State Board of Nursing

PERSON COMPLETING THIS STATEMENT: Sue Tedford

PHONE NO.: (501) 686-2703 **FAX NO.:** (501) 686-2714 **E-MAIL:** sue.teford@arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE _____

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes _____ No X

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
Yes X No _____

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes X No _____

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;
N/A

 - (b) The reason for adoption of the more costly rule;
N/A

 - (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and
N/A

 - (d) Whether the reason is within the scope of the agency's statutory authority, and if so, please explain.
N/A
4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:
- (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____ 0 _____
Federal Funds _____ 0 _____
Cash Funds _____ 0 _____
Special Revenue _____ 0 _____
Other (Identify) _____ 0 _____

Total _____ 0 _____

Next Fiscal Year

General Revenue _____ 0 _____
Federal Funds _____ 0 _____
Cash Funds _____ 0 _____
Special Revenue _____ 0 _____
Other (Identify) _____ 0 _____

Total _____ 0 _____

with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

ARKANSAS STATE BOARD OF NURSING

Public Comments Concerning Proposed Changes to ASBN Rules:

Chapter One-General Provisions

Chapter Two- Licensure: RN, LPN, and LPTN

Chapter Four- Advanced Practice Registered Nurse

Chapter Six- Standards for Nursing Education Programs

Chapter Eight- Medical Assistant - Certified

Chapter Ten- Alternative to Discipline

The public comment period was February 24, 2020, through March 25, 2020. A public hearing was held on March 12, 2020, at 9:00 a.m. at the Arkansas State Board of Nursing, 1123 S. University Ave., Ste. 312, Little Rock, AR. Written comments received during the comment period and verbal comments received during the public hearing are below.

COMMENT MADE BY:	ARTICULATION OF COMMENT:	AGENCY RESPONSE TO COMMENTS:
Chapter 1 No comments received		
Chapter 2 No comments received		
Chapter 4 3/6/20, conference call with Leonie DeClerk, Pipere Bretell, Theresa Whited (ARNA)	Referencing Chapter 4 Section VIII D, Why remove D(3)(b) The APRN shall not prescribe hydrocodone combination products for acute pain in excess of seven (7) days? Covered by new rule based on statute "The APRN shall not prescribe Schedule II opioids for acute pain for more than a five (5) day period." In the proposed rule "The APRN shall not prescribe Schedule II opioids for acute pain for more than a five (5) day period. If additional Schedule II opioids are needed for management of acute pan, the patient shall be referred to the collaborating physician." Change the word referred to either consult or collaborate.	HCP is a Schedule II opioid and new statute supersedes the 7 day rule.
2/20/20, e-mail from David Wroten, Executive VP, AR Medical Society	"In reviewing Chapter 4, we recognize that the board is simply trying to incorporate the most recent statute into the prescribing rules. However, we believe that the wording needs to be clearer to avoid an unintentional misreading of the amended statute. Chapter 4. Page 4-8, Section VIII. A(5)(f) – Not all Schedule II drugs are authorized. You might consider adding, "subject to the provisions of paragraph (or subsection) D". Section D(3)(a, c and d), when viewed in light of paragraph A(5)(f), could mislead some APRNs to assume that all Schedule II products are allowed except for the two restrictions on acute pain and stimulants). For example one might misread the proposed rule to	Wording changed

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	mean that it is now allowable to prescribe all opioids, with no limits, for non-acute pain. That is untrue except for the combination products. We would suggest adding language similar to, "Opioids, other than the combination products, cannot be prescribed for anything other than acute pain, i.e., not for chronic pain. Prescribing for all other Schedule II drugs other than opioids and stimulants (there are a few) is not authorized".	
3/24/20, email for Debra A. Jeffs, PhD., RN, NPD-BC, FAAN, AR Children's	<p>In Section VI, D. Additional Standards for CRNAs, No. 4, I wondered about the CRNA giving verbal orders from the supervising physician, etc. It sounds like the nurse is receiving a verbal or written order from the CRNA who received a verbal order from the physician. How does "Read Back" work in that situation. With the desire to reduce verbal orders to avoid errors, will this recommendation be reconsidered?</p> <p>Section VIII Prescriptive Authority, D. Prescribing Privileges, No. 3, c. describes APRNs not prescribing Schedule II opioids and No. 4, c. addressed not prescribing Schedule I controlled substances. What are the implications related to prescribing medical marijuana?</p> <p>Section XIII, D., No. 3 specifically lists 2 types of sexually transmitted diseases. Why not broaden the language to STDs and omit naming, especially during a time when syphilis is on the rise and is unnamed?</p>	<p>No current proposed change related to comment</p> <p>Schedule I not identified in rule APRNs cannot certify individuals for medical marijuana</p> <p>Following CDC recommendations</p>
Chapter 6		
No comments received		
Chapter 8		
No comments received		
Chapter 10		
No comments received		

NOTE: Initial proposed rules contained language related to aesthetic practice. These have been pulled down in order to thoroughly consider the large number of comments.

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CHAPTER ONE GENERAL PROVISIONS

SECTION I PURPOSE AND AUTHORITY

A. PURPOSE

1. **ARKANSAS NURSE PRACTICE ACT** - Requires that any person who practices or offers to practice professional nursing, advanced practice nursing, registered nurse practitioner nursing, practical nursing, or psychiatric technician nursing for compensation be licensed and submit evidence that he or she is qualified to so practice and shall be licensed as hereinafter provided.
2. **ARKANSAS STATE BOARD OF NURSING** - Established by the *Arkansas Nurse Practice Act* for the implementation of the statute by carrying on the licensing or certification, disciplinary, and educational functions for professional, advanced practice, registered nurse practitioner, practical, and psychiatric technician nursing and medication assistants.

B. **LEGAL AUTHORITY** - The authority of the Board is contained in the ACA §17-87-101 et seq.

SECTION II THE PRACTICE OF NURSING

A. THE PRACTICE OF PROFESSIONAL NURSING

The performance for compensation of any acts involving the observation, care, and counsel of the ill, injured, or infirm; the maintenance of health or prevention of illness of others; the supervision and teaching of other personnel; the delegation of certain nursing practices to other personnel as set forth in rules established by the board; or the administration of medications and treatments as prescribed by practitioners authorized to prescribe and treat according to state law where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social sciences.

B. THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING

The practice of advanced practice registered nursing means the delivery of health care services for compensation by professional nurses who have gained additional knowledge and skills through successful completion of an organized program of nursing education that certifies nurses for advanced practice roles as certified nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists.

1. **CERTIFIED NURSE PRACTITIONER** — The practice of certified nurse practitioner nursing means the performance for compensation of nursing skills by a registered nurse who, as demonstrated by national certification, has advanced knowledge and practice skill in the delivery of nursing services.
2. **CERTIFIED REGISTERED NURSE ANESTHETIST** — The practice of certified registered nurse anesthesia means the performance for compensation of advanced nursing skills relevant to the administration of anesthetics under the supervision of, but not necessarily in the presence of, a licensed physician, licensed dentist, or other person lawfully entitled to order anesthesia.
3. **CERTIFIED NURSE MIDWIFE** — The practice of nurse midwifery means the performance for compensation of nursing skills relevant to the management of women's health care, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, family planning, and gynecological needs of women, within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the client.
4. **CLINICAL NURSE SPECIALIST** — The practice of clinical nurse specialist nursing means the performance for compensation of nursing skills by a registered nurse who, through study and supervised practice at the graduate

ARKANSAS STATE BOARD OF NURSING RULES

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level and as evidenced by national certification, has advanced knowledge and practice skills in a specialized area of nursing practice.

C. THE PRACTICE OF REGISTERED NURSE PRACTITIONER NURSING

The delivery of health care services for compensation in collaboration with and under the direction of a licensed physician or under the direction of protocols developed with a licensed physician. Registered nurse practitioners shall be authorized to engage in activities as recognized by the nursing profession and as authorized by the Board. Nothing in this subdivision is to be deemed to limit a registered nurse practitioner from engaging in those activities which normally constitute the practice of nursing or those which may be performed by persons without the necessity of the license to practice medicine.

D. THE PRACTICE OF PRACTICAL NURSING

The performance for compensation of acts involving the care of the ill, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in rules established by the board; under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician, or a licensed dentist, which acts do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

E. THE PRACTICE OF PSYCHIATRIC TECHNICIAN NURSING

The performance for compensation of acts involving the care of the physically and mentally ill, retarded, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in rules established by the board, and the carrying out of medical orders under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, where such activities do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

SECTION III
IDENTIFICATION INSIGNIA

- A. Any person who holds a license to practice nursing in this state shall use the legal title or the abbreviation as set forth in Arkansas Code Annotated Section 17-87-101, et. seq. No other person shall assume any other name, title, or abbreviation or any words, letters, signs, or devices that would cause a reasonable person to believe the user is licensed to practice nursing.
- B. Any person licensed to practice nursing shall wear an insignia to identify himself by his name and appropriate legal title or abbreviation during times when such person is providing health care to the public for compensation.
- C. The insignia shall be prominently displayed and clearly legible such that the person receiving care may readily identify the type of nursing personnel providing such care.

SECTION IV
DEFINITION OF TERMS

ACCREDITED – The status granted by an accrediting agency through a voluntary process.

ACTIVE PRACTICE – The act of performing for compensation those acts within specified scope of practice and authorized by the board.

ACTIVITIES OF DAILY LIVING — Those self-care activities which must be accomplished each day in order for the client to care for his own needs and participate in society.

ADVANCED PRACTICE REGISTERED NURSE CATEGORIES — Certified nurse practitioner, certified registered

ARKANSAS STATE BOARD OF NURSING RULES

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nurse anesthetist, certified nurse midwife, and clinical nurse specialist.

APPROVAL – Recognized by the Board as meeting the education standards for preparing graduates for registered or practical nurse licensure.

APPROVAL TYPES:

PREREQUISITE – Status authorizing a program to proceed in establishing a program of nursing.

INITIAL – Status awarded to a program that has met all initial requirements and authorizes the program to proceed to admission of students and completion of educational standards.

FULL – Status awarded to a program that has met all educational standards.

CONTINUED FULL – Status awarded to a program that continues to maintain the educational standards.

CONDITIONAL – Status of a program that has not maintained the educational standards. Serves as a warning that if the standards are not followed withdrawal of approval may be initiated.

ATD – Alternative to Discipline program.

BOARD – The Arkansas State Board of Nursing.

BOARD-APPROVED EVALUATOR - An individual who meets board approved standards.

BOARD REPRESENTATIVE – A person appointed, hired, or otherwise authorized by the Board to carry out its functions.

CASE MANAGER – The ATD Program staff person who monitors participants' compliance.

CLINICAL EXPERIENCE- a faculty planned and guided learning activity that is designed to support students in meeting identified programs educational and course outcomes. The clinical settings include a variety of clinical of clinical practice settings or affiliating agencies, including but not limited to:

ACUTE CARE SETTING- A hospital based clinical site where students provide direct patient care and associated clinical conferences.

NON-ACUTE CARE SETTING- A long term, extended care, or nursing home based clinical site where students provide direct patient care and associated clinical conferences.

COMMUNITY SETTING- Community partner experiences with nurses and or professional staff in settings other than acute and non – acute settings where students provide indirect or direct patient care and associated clinical conferences.

CLINICAL FACILITY – A facility outside the framework of the program which provides educational experiences for the student.

COLLABORATING PHYSICIAN – A physician, licensed under the Arkansas Medical Practices Act, §17-93-201 et seq., who has a practice comparable in scope, specialty or expertise to that of the advanced practice nurse or registered nurse practitioner.

COLLABORATIVE PRACTICE AGREEMENT – Document setting out how an advanced practice nurse and physician intend to cooperate in the delivery of client care.

CONSULTING PHYSICIAN – A physician licensed by the Arkansas Medical Practices Act who has obstetric privileges in a hospital.

ARKANSAS STATE BOARD OF NURSING RULES

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CONTRACT – The written agreement executed by a licensee or an applicant for licensure and the Board which establishes the terms for participation in the ATD program.

CONTACT HOUR- A measurement for continuing education; either a 50 or 60 minute clock hour of continuing education.

CONTINUING EDUCATION UNIT (CEU)- A measurement for continuing education; one CEU equals ten (10) contact hours.

CONTROLLED SUBSTANCE – Drug substance or immediate precursor in Schedules I-V.

CREDENTIAL – A license, certificate, or other evidence of qualifications.

DELEGATION – Entrusting the performance of a selected nursing task to an individual who is qualified, competent, and able to perform such tasks. The nurse retains the accountability for the total nursing care of the individual.

DISTANT LEARNING SITE – A location separate from the main campus where course offerings are delivered.

DOCUMENTATION – Written proof or evidence to substantiate factual claims or statements satisfactory to the Board.

DRUG SAMPLE – A unit of a legend drug which is distributed to a practitioner by a manufacturer or a manufacturer's representative at no charge, is not intended to be sold, and is intended to promote the sale of the drug.

EMERGENCY CARE – Unanticipated care provided to a person who is unconscious, ill, or injured, when the circumstances require prompt decisions and actions, and when the necessity of immediate care is so apparent that any delay would seriously worsen the physical condition or endanger the life of the person.

FIRST LEVEL NURSE – A nurse who provides and coordinates patient care after graduating from an approved program of at least two years in length. Regionally, the nurse may be referred to as a professional or a registered nurse (RN).

FAILED DRUG SCREEN- The analysis of a biological specimen which is determined to be dilute, substituted, abnormal, adulterated, or tests positive for controlled substances, abuse potential substances or their metabolites without a valid prescription.

GRADUATE COMPETENCIES – Educational outcomes expected of the nursing program's graduates.

IMPAIRED NURSE - A licensee or applicant for licensure who is impaired by alcohol use, a substance use disorder, or co-occurring disorder.

LEGEND DRUG – A drug limited by Section 503(b)(1) of the Federal Food, Drug, and Cosmetic Act to being dispensed by or upon a practitioner's prescription.

MAY – Indicates permission.

MISSION – Beliefs accepted by the parent institution for the framework of the school's programs and offerings.

NONCOMPLIANCE – Failure of the ATD participant to comply with the terms and conditions of the contract.

OBSERVATIONAL EXPERIENCE – One in which the nursing student provides no nursing care.

PARENT INSTITUTION – The official institution sponsoring the nursing program.

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PARTICIPANT – A licensee who executes a contract with the Board.

PATIENT HARM – Actual or potential physical or mental injury, abuse or neglect of a patient.

PERSONAL CARE – Assistance with activities of daily living not requiring a medical prescription.

PHILOSOPHY – Beliefs adopted by the nursing faculty for the framework of the program.

PRACTICE- FOCUSED- Academic study or continuing education targeted to meet the needs of the nurse in his / her nursing practice role.

PRECEPTOR – A currently licensed nurse or physician, meeting the requirements of these rules, who serves as a facilitator of student learning in a practice setting.

PRECEPTORSHIP – Practice under the supervision of a qualified preceptor in the care of consumers of health services while a student in a Board approved program.

PRESCRIPTIVE AUTHORITY – Authorization, given by the Board, for an advanced practice nurse who meets established requirements to prescribe. Prescriptive authority for controlled substances shall only extend to drugs listed in Schedules III through V.

PROFESSIONAL BOUNDARIES – Social, physical, and psychological limits in a therapeutic relationship between a nurse and a patient or their family which promotes the client's dignity, independence, and best interests.

PROGRAM – An education unit that offers courses and learning experiences preparing graduates who are competent to practice nursing safely and who are eligible to take the NCLEX-PN or RN® examination. The program is often referred to as a pre-licensure nursing program. Types of pre-licensure nursing education programs are:

ASSOCIATE DEGREE PROGRAM – A professional nursing program leading to an associate degree with a major in nursing.

BACCALAUREATE DEGREE PROGRAM – A professional nursing program leading to a baccalaureate degree with a major in nursing.

DIPLOMA PROGRAM – A professional nursing program leading to a diploma with a major in nursing.

MASTER'S DEGREE PROGRAM – A professional nursing program leading to a master's degree which is an individual's first professional degree in nursing.

PRACTICAL NURSING PROGRAM – A nursing program leading to a certificate in practical nursing.

PSYCHIATRIC TECHNICIAN NURSING PROGRAM – A nursing program leading to a certificate in psychiatric technician nursing.

PROGRAM DIRECTOR– The individual employed by the board to administer the ATD program or the person responsible for the specific educational unit in nursing, regardless of the official title in the institution.

PROTOCOL – A written statement which delineates agreed-upon approaches in client care and management.

REFRESHER COURSE- A formal course of instruction designed to provide a review and update of nursing theory and practice.

QUALIFIED PROVIDER – Individuals engaged in the treatment of substance use disorder, including alcohol, with sufficient education, training and experience.

RELAPSE –Use of any unauthorized controlled or abuse potential substance including alcohol as reported by the participant or the submission of any confirmed positive drug screen.

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SATELLITE CAMPUS – A separate geographic location where a program is offered which has a separate student body and a separate faculty leader/coordinator and/or faculty.

SELF-REPORT – A licensee or an applicant for licensure who provides voluntary written notification to board staff or the ATD program director that the licensee or applicant for licensure is or has been impaired.

SHALL, WILL, MUST – Indicates a mandatory requirement.

SHOULD – Indicates a recommendation.

SUD – Substance Use Disorder is defined by the Substance Abuse and Mental Health Services Administration as the recurrent use of alcohol and/or drugs which causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

SURVEY – A visit to determine compliance with minimum requirements.

THERAPEUTIC DEVICE – An instrument or apparatus, requiring a prescription, that is intended for use in diagnosis or treatment, and in the prevention of disease or maintenance or restoration of health.

TRANSMITTING – Relaying an order for a medication, treatment, or therapeutic device.

UNDER THE DIRECTION OF A LICENSED PHYSICIAN – The performance of specific acts and procedures which have been authorized by a licensed physician and which may be performed outside the presence of the physician under conditions where a physician is readily available for consultation.

UNENCUMBERED LICENSE – Free of disciplinary limitations.

HISTORY: Amended January 1, 2018; January 1, 2020

SECTION V **GENERAL MATTERS**

A. OFFICE AND HOURS

The office of the Board is in Little Rock, Arkansas. The office shall be open during business hours each day; Saturday, Sunday, and holidays excepted.

B. EXAMINATION, INQUIRY, OR INVESTIGATION

The Board may, through one or more of its members, or staff especially authorized, conduct at its office in Little Rock, Arkansas, or in any part of the state, any examination, inquiry or investigation, hearing, or other proceeding necessary to perform its duties and functions. The executive director shall have custody of the seal and official records and shall be responsible for the maintenance and custody of the files and records of the Board, including the credentials for all Arkansas licensed nurses, transcripts of testimony and exhibits, the minutes of all actions taken by the Board and all of its findings, determinations, reports, opinions, orders, rules, and approved forms.

C. AUTHENTICATION

All notices and other actions of the Board shall be authenticated or signed by the president, secretary, or such other person as may be authorized by the Board.

D. NOTICE

Upon order of the Board, the president, secretary, or executive director shall issue all notices of hearings and other process as may be directed by the Board.

ARKANSAS STATE BOARD OF NURSING RULES

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E. EXECUTIVE DIRECTOR

The executive director of the Board shall be a registered nurse and meet the qualifications required by the Board.

F. BOARD FUNDS AND FEES

1. The Board shall establish and collect fees for services relating to examination, licensing, endorsement, certification for prescriptive authority, temporary permits, license renewal, and other reasonable services as determined by the Board.
2. All funds received by the Board shall be deposited in the State Treasury to the credit of the Board.
3. Fees paid to the Board may be in the form of cashier checks, credit card or money orders. Personal checks for initial licensure are accepted from in-state residents only.
4. Fees paid to the Board are processing fees and are not refundable.

G. RECORDS

1. Record Maintenance
The executive director shall enter, in permanent form, credentials of all nurses, records of official transactions and proceedings, and keep such records in safekeeping.
2. Tapes
Meetings may be taped by a secretary as necessary for purposes of minute taking. Tapes may be erased after corresponding minutes have been approved.
3. Destruction
The executive director may destroy or dispose of records in the office in accord with applicable law.
4. Certified Copies
Upon written request and payment of a fee, the executive director shall provide to any nurse holding Arkansas licensure a certified copy of any of his or her records on file in the Board office.
5. Public Inspection
Records shall be open to public inspection except as may be specifically exempted by statute.
6. Request for Copies of Rules
Copies of rules of the Board will be furnished free of charge to any official of a government agency requesting them in the performance of his or her duties.

H. EXAMINATION REVIEW

A registered nurse, practical nurse, or psychiatric technician nurse candidate who has failed the licensure examination may review his or her examination and/or challenge examination items according to the policies and procedures of the test development vendor.

SECTION VI

FAITH A. FIELDS NURSING SCHOLARSHIP/LOAN PROGRAM

A. ELIGIBILITY REQUIREMENTS

As funds are made available, any Arkansas resident who is enrolled in, or has been accepted for admission to, an approved school of nursing in this state or in a nationally accredited school outside the state, in a course of study leading to qualification as a registered nurse, licensed practical nurse, or nurse educator shall be eligible to make application to the Arkansas State Board of Nursing for a nursing educator loan or a nursing practice loan. The Board may, depending upon available funds, make a nursing educator loan or a nursing practice loan to an applicant when it determines that the applicant:

1. Warrants financial assistance to complete his or her nursing studies.
2. Has signed a written agreement to, upon graduation and licensure and for one year for each year a loan is granted:
 - a. Teach in a nursing education program in the State of Arkansas if granted a nursing educator loan; or
 - b. Engage in practice as a registered nurse or licensed practical nurse in the State of Arkansas if granted a nursing practice loan; and
 - c. Repay each loan with interest at the maximum legal rate if the applicant fails to fulfill the requirements of the board.

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B. MAINTENANCE REQUIREMENTS

1. Subject to the availability of funds and the limits set out in these rules, each loan made to an applicant shall be renewable annually for the number of years required to complete studies leading to qualification as a registered nurse, license practical nurse, or nursing educator.
2. Any loan made to an applicant subsequent to an initial loan shall be made only upon application of the recipient and upon finding by the Arkansas State Board of Nursing that the applicant:
 - a. Has successfully completed the nursing studies of the preceding academic year and remains in good standing as an enrolled student in the appropriate nursing program;
 - b. Warrants financial assistance to complete his or her nursing studies;
 - c. Has signed a written agreement to, upon graduation and licensure and for one year for each year a loan is granted:
 - i. Teach in a nursing education program in the State of Arkansas; or
 - ii. Engage in practice as a registered nurse or licensed practical nurse in the State of Arkansas; and
 - iii. Repay each loan with interest at the maximum legal rate if the applicant fails to fulfill the requirements of the board; and
 - d. Continues to be a lawful resident of the State of Arkansas.
3. The total of the loans made to any one (1) student shall not exceed twenty thousand dollars (\$20,000).

C. BORROWER'S LOSS OF GOOD STANDING

If the recipient of a loan ceases to be enrolled in good standing in a recognized nursing program before completing the education requirements to qualify as a registered nurse, licensed practical nurse, or nursing educator, the principal and interest of all loans made to the recipient shall become due and payable immediately or as provided in the loan agreement.

D. LOAN REPAYMENT

1. A recipient of a loan shall repay each loan together with interest at the maximum rate allowed by Arkansas law if the recipient:
 - a. Ceases to be enrolled in good standing in a recognized nursing program before completing the education requirements to qualify as a registered nurse, licensed practical nurse, or nursing educator;
 - b. Does not, for the period specified in the agreement, teach in an Arkansas nursing education program if granted a nursing educator loan, or engage in practice as a registered nurse or licensed practical nurse in Arkansas if granted a nursing practice loan; or
 - c. Fails to comply with any other requirements of the agreement.
2. Interest shall accrue from the date each payment of funds was received by the recipient.
3. No interest shall accrue and no obligation to repay a loan exists during any period of time that the recipient of the loan serves on active duty in the United States armed forces.
4. If repayment of a loan is required, upon the death of the recipient of the loan all unpaid principal and interest is due and payable.
5. The failure to repay a loan as specified may be considered unprofessional conduct for disciplinary purposes.

E. DEFAULT OR DELIQUENT STUDENT LOANS AND SCHOLARSHIPS

1. Except as provided for rural medical practice, student loans and scholarships under Arkansas Code Annotated § 6-8-70, c. sec. the Arkansas State Board of Nursing shall not suspend or revoke a license that has been issued to an individual solely on the basis of the individual being in:
- a. Default on the repayment obligations required of one (1) or more student loans;
 - b. Delinquent in the payments of one (1) or more student loans; or
 - c. Default on the satisfaction of the requirements and conditions of a scholarship; or
 - d. Delinquent in the satisfaction of the requirements and conditions of a scholarship.

HISTORY: Amended January 1, 2020

ARKANSAS STATE BOARD OF NURSING RULES

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**CHAPTER TWO
LICENSURE: RN, LPN, AND LPTN**

**SECTION I
QUALIFICATIONS**

- A. Completion of an approved high school course of study or the equivalent as determined by the appropriate educational agency.
- B. Possession of a valid United States Social Security Number (SSN).
- C. Completion of an approved nursing education program.
- D. The Arkansas State Board of Nursing (ASBN) may refuse to admit to the examination any candidate and refuse to issue a license, certificate, or registration to any applicant if the license, practice privilege, certificate, or registration of such person has been revoked or suspended or placed on probation and not reinstated by the jurisdiction which took such action.
- E. Effective January 1, 2000, no person shall be eligible to receive or hold a license issued by the Board if that person has pleaded guilty or nolo contendere to, or been found guilty by any court in the State of Arkansas, or of any similar offense by a court in another state, or of any similar offense by a federal court of any offense listed in ACA §17-87-312.

HISTORY: Amended: January 1, 2018; December 29, 2018

**SECTION II
EXAMINATION**

A. ELIGIBILITY

The applicant shall meet the licensure requirements of the Board.

B. APPLICATION

- 1. Applications for examination shall be completed and filed with the Board prior to the examination.
- 2. Examination applications shall not be acceptable if the director or chairman of an educational program has certified the applicant prior to date of completion.
- 3. Applicants for licensure by examination shall not be deemed eligible to take the licensure examination until such time that the results of the state and federal criminal background checks have been received.

C. FEE

- 1. The examination fee shall accompany the application.
- 2. The examination fee (first time or retake) is not refundable.
- 3. The fees for the state and federal criminal background checks are the responsibility of the applicant and shall be submitted to the Arkansas State Board of Nursing with the application for same.
- 4. The fees are determined by the Arkansas State Police and the FBI and are not refundable.

D. PASSING SCORE

The passing score on the licensure examination shall be determined by the Board.

E. FAILING SCORE AND ELIGIBILITY TO RETAKE THE EXAMINATION

- 1. Any applicant whose score falls below the passing score shall fail the examination.
- 2. Persons failing the examination will be responsible for preparing to retake the examination.

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3. The frequency and number of retests by unsuccessful candidates shall be determined by the Board.
4. Applicants retaking the examination shall have state and federal criminal background checks within the past twelve months on file with the Board.

F. RESULTS

1. Examination results shall not be released until the applicant's official transcript is received from the school.
2. Examination results shall be made available to all applicants and to their respective schools.

G. INTERNATIONALLY EDUCATED NURSES

1. The applicant must present evidence of:
 - a. Graduation from an approved or accredited school of nursing as a registered nurse or first-level nurse.
 - b. Licensure or proof of eligibility for licensure in the country of graduation.
 - c. Theory and practice in medical, surgical, pediatric, obstetric, and psychiatric nursing which is substantially similar in length and content to that in equivalent Arkansas Board approved nursing programs at the time of application as verified by a credentials review agency.
 - d. State and federal criminal background checks within the past twelve months on file with the Board.
 - e. Credentials review by a Board approved credentialing evaluation agency, which includes verification of the candidate's education, training, experience, and licensure with respect to the statutory and regulatory requirements for the nursing profession, as well as oral and written competence in English.
2. Applicants shall be required to take such licensure examinations as required of Arkansas Board approved nursing education programs.

H. EQUIVALENCIES

1. LPTN to LPN: Candidates holding LPTN licensure who completed Arkansas Board approved LPTN programs after March 18, 1980, may be admitted to the LPN licensure examination provided they are otherwise qualified.
2. RN examination failures: Graduates of Board approved RN programs, upon submission of an official transcript directly from the school, and a copy of their RN examination failure results, may be admitted to the PN licensure examination provided they are otherwise qualified.

I. DEFERRED ACTION FOR CHILDHOOD ARRIVALS (DACA)

1. Arkansas State Board of Nursing may grant a license to an individual who, in addition to fulfilling the requirements to practice nursing in this state, satisfies the following requirements:
 - a. The United States Department of Homeland Security has approved the individual's request for exemption under the Deferred Action for Childhood Arrivals policy (DACA);
 - b. The individual's exemption status under the Deferred Action for Childhood Arrivals policy has not expired or has been properly renewed;
 - c. The individual has a current and valid employment authorization document issued by the United States Citizen and Immigration Service;
 - d. The individual does not have a criminal record of felonies or serious misdemeanors.
2. If at any time after licensure, the individual's exemption status under the Deferred Action for Childhood Arrivals expires or is withdrawn for any reason the individual shall immediately surrender their license. If the individual fails to surrender their license, the Arkansas State Board of Nursing shall suspend or not renew the individual's license.

HISTORY: Amended: January 1, 2018
Amended July 1, 2020

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SECTION III
INTERSTATE NURSE LICENSURE COMPACT

A. DEFINITIONS - SECTION 100

- (1) "Commission" means the Interstate Commission of Nurse Licensure Compact Administrators.
- (2) "Compact" means the Nurse Licensure Compact that became effective on July 20, 2017 and implemented on January 19, 2018.
- (3) "Convert" means to change a multistate license to a single-state license if a nurse changes primary state of residence by moving from a party state to a non-party state; or to change a single-state license to a multistate license once any disqualifying events are eliminated.
- (4) "Deactivate" means to change the status of a multistate license or privilege to practice.
- (5) "Director" means the individual referred to in Article IV of the Interstate Commission of Nurse Licensure Compact Administrators Bylaws.
- (6) "Disqualifying Event" means an incident, which results in a person becoming disqualified or ineligible to retain or renew a multistate license. These include but are not limited to the following: any adverse action resulting in an encumbrance, current participation in an alternative program, a misdemeanor offense related to the practice of nursing (which includes, but is not limited to, an agreed disposition), or a felony offense (which includes, but is not limited to, an agreed disposition).
- (7) "Independent credentials review agency" means a non-governmental evaluation agency that verifies and certifies that foreign nurse graduates have graduated from nursing programs that are academically equivalent to nursing programs in the United States.
- (8) "Licensure" includes the authority to practice nursing granted through the process of examination, endorsement, renewal, reinstatement and/or reactivation.
- (9) "Prior Compact" means the Nurse Licensure Compact that was in effect until January 19, 2018.
- (10) "Unencumbered license" means a license that authorizes a nurse to engage in the full and unrestricted practice of nursing.

B. COORDINATED LICENSURE INFORMATION SYSTEM - SECTION 200

201. UNIFORM DATA SET AND LEVELS OF ACCESS

- (1) The Compact Administrator of each party state shall furnish uniform data to the Coordinated Licensure Information System, which shall consist of the following:
 - (a) the nurse's name;
 - (b) jurisdiction of licensure;
 - (c) license expiration date;
 - (d) licensure classification, license number and status;
 - (e) public emergency and final disciplinary actions, as defined by the contributing state authority;
 - (f) a change in the status of a disciplinary action or licensure encumbrance;
 - (g) status of multistate licensure privileges;
 - (h) current participation by the nurse in an alternative program;
 - (i) information that is required to be expunged by the laws of a party state;
 - (j) the applicant or nurse's United States social security number;
 - (k) current significant investigative information; and
 - (l) a correction to a licensee's data.
- (2) The public shall have access to items (1)(a) through (g) and information about a licensee's participation in an alternative program to the extent allowed by state law.
- (3) In the event a nurse asserts that any Coordinated Licensure Information System data is inaccurate, the burden shall be upon the nurse to provide evidence in a manner determined by the party state that substantiates such claim.

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- (4) A party state shall report the items in the uniform data set to the Coordinated Licensure Information System within fifteen (15) calendar days of the date on which the action is taken.

202. QUERYING THE COORDINATED LICENSURE INFORMATION SYSTEM

- (1) Upon application for multistate licensure, with the exception of renewal by a nurse, a party state shall query the Coordinated Licensure Information System to determine the applicant's current licensure status, previous disciplinary action(s), current participation in an alternative program, and any current significant investigative information.
- (2) Upon discovery that an applicant is under investigation in another party state, the party state in receipt of the nurse licensure application shall contact the investigating party state and may request investigative documents and information.

C. IMPLEMENTATION - SECTION 300

301. IMPLEMENTATION DATE

The Compact shall be implemented on January 19, 2018.

302. TRANSITION

- (1) (a) A nurse who holds a multistate license on the Compact effective date of July 20, 2017, and whose multistate license remains unencumbered on the January 19, 2018 implementation date and who maintains and renews a multistate license is not required to meet the new requirements for a multistate license under the Compact.
- (b) A nurse who retained a multistate license pursuant to subsection (a) of this section and subsequently incurs a disqualifying event shall have the multistate license revoked or deactivated pursuant to the laws of the home state.
- (c) A nurse whose multistate license is revoked or deactivated may be eligible for a single state license in accordance with the laws of the party state.
- (2) A nurse who applies for a multistate license after July 20, 2017, shall be required to meet the requirements of Article III (c) of the Compact.
- (3) During the transition period, a licensee who holds a single state license in a Compact state that was not a member of the prior Compact and who also holds a multistate license in a party state, may retain the single state license until it lapses, expires or becomes inactive."
- (4) After the implementation date, party states shall not renew or reinstate a single state license if the nurse has a multistate license in another party state.

303. RECOGNITION OF NEW PARTY STATES AFTER JANUARY 19, 2018

- (1) All party states shall be notified by the Commission within fifteen (15) calendar days when a new party state enacts the Compact.
- (2) The new party state shall establish an implementation date six (6) months from enactment or as specified in the enabling language and shall notify the Director of the date.
- (3) Upon implementation, a new state licensee who holds a single state license in a Compact state that was not a member of the prior Compact and holds a multistate license in a party state, may retain the single state license until it lapses, expires or becomes inactive.
- (4) At least ninety (90) calendar days prior to the implementation date, all other party states shall notify any active single state licensee with an address in the new party state that the licensee may only hold one multistate license in the primary state of residence. The licensee shall be advised to obtain or maintain a multistate license only from the primary state of residence.
- (5) Each party state shall deactivate a multistate license when a new home state issues a multistate license.

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D. LICENSURE - SECTION 400

401. PARTY STATE RESPONSIBILITIES

- (1) On all application forms for multistate licensure, a party state shall require, at a minimum:
 - (a) A declaration of a primary state of residence and
 - (b) Whether the applicant is a current participant in an alternative program.
- (2)
 - (a) An applicant for licensure who is determined to be ineligible for a multistate license shall be notified by the home state of the qualifications not met.
 - (b) The home state may issue a single state license pursuant to its laws.
- (3) A party state shall not issue a single state license to a nurse who holds a multistate license in another party state.

402. APPLICANT RESPONSIBILITIES

- (1) On all application forms for multistate licensure in a party state, an applicant shall declare a primary state of residence.
- (2) A nurse who changes primary state of residence to another party state shall apply for a license in the new party state when the nurse declares to be a resident of the state and obtains privileges not ordinarily extended to nonresidents of the state, including but not limited to, those listed in 402 (4) (a) – (e).
- (3) A nurse shall not apply for a single state license in a party state while the nurse holds a multistate license in another party state.
- (4) A party state may require an applicant to provide evidence of residence in the declared primary state of residence. This evidence may include, but is not limited to, a current:
 - (a) driver's license with a home address;
 - (b) voter registration card with a home address;
 - (c) federal income tax return with a primary state of residence declaration;
 - (d) military form no. 2058 (state of legal residence certificate); or
 - (e) W2 form from the United States government or any bureau, division, or agency thereof, indicating residence.
- (5) An applicant who is a citizen of a foreign country, and who is lawfully present in the United States and is applying for multistate licensure in a party state may declare either the applicant's country of origin or the party state where they are living as the primary state of residence. If the applicant declares the foreign country as the primary state of residence, the party state shall not issue a multistate license, but may issue a single state license if the applicant meets the party state's licensure requirements.
- (6) An applicant shall disclose current participation in an alternative program to any party state, whether upon initial application or within ten (10) calendar days of enrollment in the program.

403. CHANGE IN PRIMARY STATE OF RESIDENCE

- (1) A nurse who changes his or her primary state of residence from one party state to another party state may continue to practice under the existing multistate license while the nurse's application is processed and a multistate license is issued in the new primary state of residence.
- (2) Upon issuance of a new multistate license, the former primary state of residence shall deactivate its multistate license held by the nurse and provide notice to the nurse.
- (3) If a party state verifies that a licensee who holds a multistate license changes primary state of residence to a non-party state, the party state shall convert the multistate license to a single state license within fifteen (15) calendar days, and report this conversion to the Coordinated Licensure Information System.

404. TEMPORARY PERMITS AND LICENSES

A temporary permit, license, or similar temporary authorization to practice issued by a party state to an applicant for licensure shall not grant multistate licensure privileges.

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405. IDENTIFICATION OF LICENSES

A license issued by a party state shall be clearly identified as either a single state license or a multistate license.

406. CREDENTIALING AND ENGLISH PROFICIENCY FOR FOREIGN NURSE GRADUATES

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

407. DEACTIVATION, DISCIPLINE AND REVOCATION

A party state shall determine whether a disqualifying event will result in adverse action or deactivation of a multistate license or privilege. Upon deactivation due to a disqualifying event, the home state may issue a single state license.

E. ADMINISTRATION – SECTION 500

501. DUES ASSESSMENT

- (1) The Commission shall determine the annual assessment to be paid by party states. The assessment formula is a flat fee per party state. The Commission shall provide public notice of any proposed revision to the annual assessment fee at least ninety (90) calendar days prior to the Commission meeting to consider the proposed revision.
- (2) The annual assessment shall be due within the Commission's first fiscal year after the implementation date and annually thereafter.

502. DISPUTE RESOLUTION

- (1) In the event that two or more party states have a dispute, the parties shall attempt resolution following the steps set out in this rule.
- (2) The parties shall first attempt informal resolution. The Compact Administrators in the states involved shall contact each other. Each Compact Administrator shall submit a written statement describing the situation to the other Compact Administrators involved in the dispute. Each Compact Administrator may submit a response. The submission of the statement and the response shall be in a mutually agreed upon time frame. If an interpretation of the Compact is needed, the parties shall request assistance from the Executive Committee. If all issues are resolved, no further action is required and all party state Compact Administrators shall be informed of the result. If any issue remains unresolved, the parties shall notify the Commission and request mediation.
- (3)(a) A party state that has a dispute with one or more other party states, and informal resolution was unsuccessful, shall attempt mediation. Mediation shall be conducted by a mediator appointed by the Executive Committee from a list of mediators approved by the National Association of Certified Mediators or as agreed to by all parties. If all issues are resolved through mediation, no further action is required. If mediation is unsuccessful, the parties shall submit to binding dispute resolution.
- (b) The costs of mediation shall be shared by all party states involved.
- (c) All party state Compact Administrators shall be notified of all issues and disputes that rise to the mediation stage in order to comment on those matters and disputes that may impact all party states.
- (4)(a) In the event of a dispute between party states that was not resolved through informal resolution or mediation, the party states shall submit to binding dispute resolution. The parties may choose binding dispute resolution either by submitting the question dispute to the Commission for final action or by arbitration.
- (b) All party states involved shall agree in order to proceed with arbitration. In the absence of agreement, the matter shall be referred to the Commission for final determination.
- (c) Each party state involved shall be responsible for its own respective expenses, including attorney fees.
- (d) The party state Compact Administrators involved in the dispute shall recuse themselves from consideration or voting by the full Commission.

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503. COMPLIANCE AND ENFORCEMENT

- (1) Compliance and enforcement issues shall be initiated by the Executive Committee.
- (2) The Executive Committee, through the Director, shall send a written statement to the Compact Administrator in the party state with the alleged non-compliance issue. That Compact Administrator shall respond to the written statement within thirty calendar days.
- (3) The Compact Administrator may appear before the Executive Committee at a time and place as designated by the Executive Committee.
- (4) The Executive Committee shall make a recommendation to the Commission concerning the issue of non-compliance.

Amended: December 29, 2018

SECTION IV
ENDORSEMENT

A. ELIGIBILITY

1. An applicant for licensure by endorsement must meet the requirements of the Board at the time of graduation.
2. An applicant licensed in another state after January 1950 must have taken a state board licensing examination and achieved a passing score.
3. LPTN applicants will be accepted from California and Kansas only.
4. Internationally educated nurses practicing in other states may appeal to the Board for licensure if not otherwise qualified.
5. An applicant for licensure by endorsement who has not been engaged in the active practice of nursing for a period greater than five (5) years shall document completion of the following:
 - a. Completion of a Arkansas board approved refresher course within one (1) year of the date of application; or
 - b. Graduation from an approved nursing education program within one year of the date of application; and
 - c. Provide other evidence as requested by the Board.

B. EQUIVALENCIES

1. RN examination failures: Graduates of Board approved RN programs, holding LPN licensure by examination in other jurisdictions, may be endorsed provided they are otherwise qualified.
2. Canadian Registered Nurses licensed by NLN State Board Test Pool Examination in the following provinces during the years indicated: Alberta, 1952-1970; British Columbia, 1949-1970; Manitoba, 1955-1970; Newfoundland, 1961-1970; Nova Scotia, 1955-1970; Prince Edward Island, 1956-1970; Quebec (English language), 1959-1970; and Saskatchewan, 1956-1970. These applicants may be endorsed provided they are otherwise qualified.

C. APPLICATION

1. Applications must be completed and filed with the Board.
2. Endorsement certification will be accepted from the state of original licensure only.
3. Applicants for licensure by endorsement shall not be issued a permanent license to practice until such time that the results of the state and federal criminal background checks have been received.

D. FEE

1. The endorsement fee must accompany the application.
2. The fees for the state and federal criminal background checks are the responsibility of the applicant and shall be submitted to the Arkansas State Board of Nursing with the application for same.
3. The fees are not refundable.

HISTORY: Amended: January 1, 2018

ARKANSAS STATE BOARD OF NURSING RULES

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SECTION V
CRIMINAL BACKGROUND CHECK

- A. No application for issuance of an initial license will be considered without state and federal criminal background checks by the Arkansas State Police and the Federal Bureau of Investigation.
- B. Each applicant shall sign a release of information on the criminal background check application and licensure applications and shall be solely responsible for the payment of any fees associated with the state and federal criminal background checks.
- C. Upon completion of the state and federal criminal background checks, the Identification Bureau of the Arkansas State Police shall forward all information obtained concerning the applicant in the commission of any offense listed in ACA §17-87-312.
- D. The state and federal criminal background checks conducted by the Arkansas State Police and the Federal Bureau of Investigation shall have been completed no earlier than twelve (12) months prior to the application for an initial license issued by the ASBN and at any other time thereafter that the Board deems necessary.
- E. The ASBN shall not issue a permanent license until the state and federal criminal background checks conducted by the Arkansas State Police and the Federal Bureau of Investigation have been completed.
- F. A request to seek waiver of the denial of licensure pursuant to the provisions of ACA §17-87-312 may be made to the ASBN by:
 - 1. The affected applicant for licensure; or
 - 2. The person holding a license subject to revocation.
- G. The request for a waiver shall be made in writing to the Executive Director or the designee within thirty (30) calendar days after notification of denial of a license. The request for waiver shall include, but not be limited to the following:
 - 1. Certified copy of court records indicating grounds for conviction; and
 - 2. Any other pertinent documentation to indicate surrounding circumstances.
- H. If an individual notifies ASBN in writing that he or she desires a hearing regarding their request for a waiver, the ASBN will schedule the individual for a hearing pursuant to the Arkansas Administrative Procedures Act.
- I. In compliance with ACA 17-87-312, whenever a criminal background check is performed on a person under the provisions of the criminal background check requirement contained in the Arkansas Code for licensure, the person may be disqualified for licensure if it is determined that the person committed a violation of any sexual offense formerly proscribed under ACA §§5-14-101 through 5-14-127 that is substantially equivalent to any sexual offense presently listed in Arkansas Code §§5-14-101 through 5-14-127 and is an offense screened for in a criminal background check.

SECTION VI
TEMPORARY PERMITS

- A. **ENDORSEMENT AND EXAMINATION APPLICANTS**
 - 1. ASBN shall be authorized to issue a temporary permit for a period not exceeding six months. This temporary permit shall be issued only to those applicants who meet all other qualifications for licensure by the ASBN.

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2. The temporary permit shall immediately become invalid upon receipt of information obtained from the state or federal criminal background check indicating any offense listed in ACA §17-87-312 or upon notification to the applicant or ASBN of results on the first licensure examination he or she is eligible to take after the permit is issued.
3. Falsification of the applicant's criminal record history shall be grounds for disciplinary action by the Board.

B. FEES AND APPLICATIONS

1. The temporary permit fee shall be submitted with the application.
2. The fee is not refundable.

HISTORY: Amended: January 1, 2018; December 29, 2018

SECTION VII
CONTINUING EDUCATION

Each person holding an active license or applying for reinstatement of a license under the provisions of the *Nurse Practice Act* shall be required to complete certain continuing education requirements prior to licensure renewal or reinstatement.

A. DECLARATION OF COMPLIANCE

Each nurse shall declare his or her compliance with the requirements for continuing education at the time of license renewal or reinstatement. The declaration shall be made at the time of renewal.

B. AUDITS OF LICENSEES

1. The Board shall perform random audits of licensees for compliance with the continuing education requirement.
2. If audited, the licensee shall prove participation in the required continuing education during the 24-months immediately preceding the renewal date by presenting photocopies of original certificates of completion to the Board.
3. The licensee shall provide evidence of continuing education requirements within thirty (30) calendar days from the mailing date of the audit notification letter sent from the Board to the last known address of the licensee.

C. CONTINUING EDUCATION REQUIREMENT STANDARDS

1. Standards for Renewal of Active Licensure Status. Licensees who hold an active nursing license shall document completion of one of the following during each renewal period:
 - a. Fifteen (15) practice focused contact hours from a nationally recognized or state continuing education approval body recognized by the ASBN; or
 - b. Certification or re-certification during the renewal period by a national certifying body recognized by the ASBN; or
 - c. An academic course in nursing or related field; and
 - d. Provide other evidence as requested by the Board.
 - e. Effective January 1, 2010, APRNs with prescriptive authority shall complete five (5) contact hours of pharmacotherapeutics continuing education in the APRN's area of certification each biennium prior to license renewal.
2. Standards for Nurses on Inactive Status. Nurses who have their license placed on inactive status have no requirements for continuing education.
3. Standards for Reinstatement of Active Licensure Status

ARKANSAS STATE BOARD OF NURSING RULES

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- a. Nurses reinstating a nursing license to active status within five years or less shall document completion of the following within the past two (2) years:
 - i) Twenty (20) practice focused contact hours within the past two years from a nationally recognized or state continuing education approval body recognized by the ASBN, or
 - ii) Certification or re-certification by a national certifying body recognized by the ASBN; or
 - iii) An academic course in nursing or related field; and/or
 - iv) Provide other evidence as requested by the Board.
- b. Nurses reinstating a nursing license to active status after greater than five (5) years shall document completion of the following:
 - i) Twenty (20) practice focused contact hours within the past two (2) years from a nationally recognized or state continuing education approval body recognized by the Arkansas State Board of Nursing, or
 - ii) Certification or re-certification by a national certifying body recognized by the ASBN; or
 - iii) An academic course in nursing or related field; and
 - iv) Active practice of nursing for a minimum of one thousand hours (1,000) within the one year immediately prior to application. Verification of employment shall be submitted; or
 - v) Completion of a Arkansas board approved refresher course within one (1) year of the date of application; or
 - vi) Graduation from an approved nursing education program within one (1) year of the date of application, and
 - vii) Provide other evidence as requested by the Board.
4. Standards for Reinstatement of Prescriptive Authority Effective January 1, 2010, APRNs whose prescriptive authority is inactive shall complete five (5) contact hours of pharmacotherapeutics continuing education in the APRN's area of certification for each twelve (12) months of non-prescribing activity in addition to the five (5) contact hours required for APRN license renewal, as noted in Chapter 4, III(F)(7), prior to reactivation of prescriptive authority.
5. The Board may issue a temporary permit to a nurse during the time enrolled in a Board approved nursing refresher course or an employer competency orientation program upon submission of an application, fees, and verification of enrollment in such program.
6. Continuing education hours beyond the required contact hours shall not be "carried over" to the next renewal period.

D. RESPONSIBILITIES OF THE INDIVIDUAL LICENSEE

1. It shall be the responsibility of each licensee to select and participate in those continuing activities that will meet the criteria for acceptable continuing education as specified in ACA §17-87-207 and these rules.
2. It shall be the licensee's responsibility to maintain records of continuing education as well as documented proof such as original certificates of attendance, contact hour certificates, academic transcripts or grade slips and to submit copies of this evidence when requested by the Board.
4. Records shall be maintained by the licensee for a minimum of two consecutive renewal periods or four years.

E. RECOGNITION OF PROVIDERS

1. The Board shall identify organizations, agencies, and groups that shall be recognized as valid approval bodies/providers of nursing continuing education. The recognition may include providers approved by national organizations and state agencies with comparable standards.
2. The Board shall work with professional organizations, approved nursing schools, and other providers of continuing educational programs to ensure that continuing education activities are available to nurses in Arkansas.

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F. ACTIVITIES ACCEPTABLE FOR CONTINUING EDUCATION

1. Activities presented by recognized providers which may be acceptable include: national/ regional educational conferences, classroom instruction, individualized instruction (home study/programmed instruction), academic courses, and institutional based instruction; and
2. The content shall be relevant to nursing practice and provide for professional growth of the licensee.
3. If participation is in an academic course or other program in which grades are given, a grade equivalent to "C" or better shall be required, or "pass" on a pass/fail grading system. An academic course may also be taken as "audit", provided that class attendance is verified by the instructor.

G. ACTIVITIES WHICH ARE NOT ACCEPTABLE AS CONTINUING EDUCATION

1. In-service programs. Activities intended to assist the nurse to acquire, maintain, and/or increase the competence in fulfilling the assigned responsibilities specific to the expectations of the employer.
2. Refresher courses. Programs designed to update basic general knowledge and clinical practice, which consist of a didactic and clinical component to ensure entry-level competencies into nursing practice.
3. Orientation programs. A program by which new staff are introduced to the philosophy, goals, policies, procedures, role expectations, physical facilities, and special services in a specific work setting. Orientation is provided at the time of employment and at other times when changes in roles and responsibilities occur in a specific work setting.
4. Courses designed for lay people.

H. INDIVIDUAL REVIEW OF A CONTINUING EDUCATION ACTIVITY PROVIDED BY A NON-RECOGNIZED AGENCY/ORGANIZATION

1. A licensee may request an individual review by:
 - a. Submitting an "Application for Individual Review"; and
 - b. Paying a fee.
2. Approval of a non-recognized continuing educational activity shall be limited to the specific event under consideration.

I. FAILURE TO COMPLY

1. Any licensee who fails to complete continuing education or who falsely certifies completion of continuing education shall be subject to disciplinary action, non-renewal of the nurse's license, or both, pursuant to ACA §17-87-207 and A.C.A §17-87-309(a)(1) and (a)(6).
2. If the Board determines that a licensee has failed to comply with continuing education requirements, the licensee will:
 - a. Be allowed to meet continuing education requirements within ninety (90) days of notification of non-compliance.
 - b. Be assessed a late fee for each contact hour that requirements are not met after the ninety (90) day grace period and be issued a Letter of Reprimand. Failure to pay the fee may result in further disciplinary action.

HISTORY: Amended: January 1, 2018

SECTION VIII RENEWALS

A. Each person licensed under the provisions of the *Nurse Practice Act* shall renew biennially.

1. Sixty (60) days prior to the expiration date, the Board shall mail a renewal notice to the last known address of each nurse to whom a license was issued or renewed during the current period.
2. The application shall be completed before the license renewal is processed.
3. The fee for renewal shall accompany the application.

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4. The fee is not refundable.
5. Pursuant to Act 204 of 2017, upon notification of active duty status and submission of appropriate documentation, the license renewal fee will be waived for members of the military.

B. LAPSED LICENSE

1. The license is lapsed if not renewed or placed in inactive status by the expiration date.
2. Failure to receive the renewal notice at the last address of record in the Board office shall not relieve the licensee of the responsibility for renewing the license by the expiration date.
3. Any licensee whose license has lapsed shall file a renewal application and pay the current renewal fee and the late fee.
4. Any person practicing nursing during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of the *Nurse Practice Act*.

C. INACTIVE STATUS

1. Any licensee who desires to temporarily inactivate their nursing license in this state, shall submit a request and the current license shall be placed on inactive status.
2. While inactive, the licensee shall not practice nursing nor be subject to the payment of renewal fees.
3. When the licensee desires to resume practice, he or she shall submit a reinstatement application and meet the continuing education requirements.
4. When disciplinary proceedings have been initiated against an inactive licensee, the license shall not be reinstated until the proceedings have been completed.

D. RETIRED NURSE

1. Any licensee in good standing, who desires to retire for any length of time from the practice of nursing in this state, shall submit a request and the current license shall be placed on retired status.
2. While retired, the licensee shall not practice nursing, however:
 - a. A registered nurse with a retired license status may use the title "Registered Nurse", or the abbreviation "RN"; and
 - b. A practical nurse with a retired license status may use the title "Licensed Practice Nurse", or the abbreviation "LPN"; and
 - c. A psychiatric technician nurse with a retired license status may use the title "Licensed Psychiatric Technician Nurse", or the abbreviation "LPTN"; and
 - d. An advanced practice registered nurse with a retired license status may use the title "Advanced Practice Registered Nurse", or the abbreviation "APRN".
3. When the licensee desires to resume practice, he or she shall submit a reinstatement application and meet the continuing education requirements.
4. When disciplinary proceedings have been initiated against a retired licensee, the license shall not be reinstated until the proceedings have been completed.

- E. The licensee may be required to submit to a state and federal criminal background check if the Board deems it necessary.

HISTORY: Amended: January 1, 2018; December 29, 2018

SECTION IX
DUPLICATE LICENSE

A duplicate license or certificate shall be issued when the licensee submits a statement to the Board that the document is lost, stolen, or destroyed, and pays the required fee.

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SECTION X
CERTIFICATION/VERIFICATION TO ANOTHER JURISDICTION

Upon payment of a certification/verification fee, a nurse seeking licensure in another state may have a certified statement of Arkansas licensure issued to the Board of Nursing in that state.

SECTION XI
NAME OR ADDRESS CHANGE

- A. A licensee, whose name is legally changed, shall be issued a replacement license following submission of a name change form, copy of marriage license, or court action, and the required fee.
- B. A licensee, whose address changes from the address on file with the Board, shall immediately notify the Board in writing of the change.

SECTION XII
LICENSURE FOR CERTAIN MILITARY NURSES AND SPOUSES

A. EXPEDITED LICENSURE

- 1. Temporary permits for an active duty military service member or their spouse stationed in the State of Arkansas or a returning military veteran or their spouse applying within one (1) year of his/her discharge from active duty shall be issued within twenty-four (24) hours of receipt of all required documents.
- 2. The Board will give preference in the order of processing to applications for full licensure filed by the following individuals:
 - a. An active duty military service member stationed in the State of Arkansas;
 - b. A returning military veteran applying within one (1) year of his or her discharge from active duty; or
 - c. The spouse of a person under (a) or (b) above

B. EXTENSION OF LICENSURE EXPIRATION DATE

Upon written request and submission of appropriate documentation, members of the Armed Forces of the United States who are ordered to active duty outside of this state shall be allowed an extension of the expiration date without penalty or assessment of a late fee for renewing the service member's nursing license. The extension shall be effective for one hundred eighty (180) days after the service member or spouse returns from active deployment.

C. CONSIDERATION OF MILITARY TRAINING AND EXPERIENCE

When considering an application for licensure from an active duty military service member stationed in the State of Arkansas or a returning military veteran applying within one (1) year of his or her discharge from active duty, the Board shall:

- 1. Consider whether or not the applicant's military training and experience in the practice of nursing is substantially similar to the experience or education required for licensure.
- 2. Accept the applicant's military training and experience in the practice of nursing in lieu of experience or education required for licensure, if the Board determines that the military training and experience is a satisfactory substitute for the experience or education required for licensure.

D. WAIVER OF CONTINUING EDUCATION

Upon written request and submission of appropriate documentation the continuing education requirements for license renewal shall be waived for:

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1. An active duty military service member deployed outside the State of Arkansas;
2. A returning military veteran renewing within one (1) year of his/her discharge from active duty; or
3. The spouse of a person under (1) or (2) above.

History: Adopted December 29, 2018

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CHAPTER FOUR ADVANCED PRACTICE REGISTERED NURSE

SECTION I SCOPE OF PRACTICE

The advanced practice registered nurse shall practice in a manner consistent with the definition of the practice of advanced practice registered nursing set forth in Arkansas Code Annotated §17-87-102 (4)(5)(6)(7)(8), and in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in these rules. The advanced practice registered nurse (APRN) may provide health care for which the APRN is educationally prepared and for which competence has been attained and maintained.

SECTION II QUALIFICATIONS FOR LICENSURE

Advanced practice registered nurse (APRN) licensure shall be designated in one of the four roles below and at least one population focus: Family/Individual Across the Lifespan, Adult-Gerontology, Neonatal, Pediatrics, Women's Health/Gender-Related, or Psychiatric/Mental Health (effective 2015). A current, unencumbered registered nurse license to practice in Arkansas is required for all categories of advanced practice licensure. Effective January 1, 2003, all applicants for advanced practice licensure by examination shall have completed a graduate or post-graduate level advanced practice registered nursing education program. Applicants for advanced practice licensure by endorsement shall have met the educational and certification requirements set forth in *Arkansas State Board of Nursing Rules* at the time of their initial licensure as an advanced practice registered nurse in another jurisdiction. APRN roles and their respective qualifications are:

A. CERTIFIED NURSE PRACTITIONER (CNP)

1. Successful completion of a nationally accredited graduate or post-graduate APRN education program that prepares nurses for the advanced practice role of nurse practitioner; and
2. Hold current certification by a national certifying body recognized by the Board of Nursing in the APRN role and population foci appropriate for educational preparation.

B. CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

1. Successful completion of a nationally accredited graduate or post-graduate APRN education program that prepares nurses to perform as nurse anesthetists; and
2. Hold current certification by a national certifying body recognized by the Board of Nursing in the APRN role and population foci appropriate for educational preparation.

C. CERTIFIED NURSE MIDWIFE (CNM)

1. Successful completion of a nationally accredited graduate or post-graduate APRN education program that prepares nurses for the advanced practice role of nurse midwife; and
2. Hold current certification by a national certifying body recognized by the Board of Nursing in the APRN role and population foci appropriate for educational preparation; and
3. Written agreement with a consulting physician if providing intrapartum care.

D. CLINICAL NURSE SPECIALIST (CNS)

1. Successful completion of a nationally accredited graduate or post-graduate APRN education program that prepares nurses for the advanced practice role of clinical nurse specialist which shall include supervised clinical practice and classroom instruction in a nursing clinical practice specialty; and
2. Hold current certification by a national certifying body recognized by the Board of Nursing in the APRN role and population foci appropriate for educational preparation.

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SECTION III
LICENSURE

A. ELIGIBILITY

The applicant shall meet the licensure requirements of the Board.

B. APPLICATION FOR LICENSURE BY EXAMINATION

In addition to a current registered nurse license to practice in Arkansas, the information submitted to the Board shall include:

1. A completed Board application form;
2. Verification of active practice of nursing as a registered nurse for a minimum of two-thousand (2,000) hours, effective July 1, 2019;
3. An official transcript or document from a nursing education program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or Council for Higher Education Accreditation (CHEA), as acceptable by the Board and meets the qualifications of Section II of this Chapter in the category of advanced practice nursing for which the applicant is seeking licensure. The transcript or document shall verify the date of graduation, the degree or certificate conferred, clinical hours completed, and the role and population focus of the education program;
4. Evidence of state and federal criminal background checks conducted by the Arkansas State Police and the Federal Bureau of Investigation completed no earlier than twelve (12) months prior to the application for advanced practice licensure;
5. Verification of certification directly from the Board-approved national certifying body evidencing current certification in good standing; and
6. Payment of the nonrefundable fee.

C. APPLICATION FOR LICENSURE BY ENDORSEMENT

1. The Board may issue a license by endorsement to an APRN licensed under the laws of another state if, in the opinion of the Board, the applicant meets the qualifications for licensure in this state.
2. In addition to the requirements set forth in Section II and III. A. and B. of this Chapter, the information submitted to the Board shall include documentation of current unencumbered advanced practice licensure/authority to practice in another jurisdiction.
3. An individual applying for licensure by endorsement who has been out of practice for more than two (2) years shall provide evidence of passing an APRN nursing refresher course approved by the Board or an extensive orientation, which shall include a minimum of 200 hours, in the appropriate advanced practice role and population focus which includes a supervised clinical component by a qualified preceptor who meets the following requirements:
 - a. Holds an active unencumbered APRN or physician license,
 - b. Is in current practice in the advanced role and population focus and
 - c. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.

D. APPLICATION FOR AN INTERNATIONALLY EDUCATED APRN (educated outside the United States)

An internationally educated applicant for licensure in this state as an APRN shall:

1. Graduate from a graduate level APRN program equivalent to an APRN educational program in the United States accepted by the Board.
2. Submit an official transcript directly from the international nursing education program and verified through a qualified credentials evaluation process for the license being sought.
3. Meet all other licensure criteria required of applicants educated in the United States, including English proficiency.

E. TEMPORARY PERMITS

1. Upon application and payment of the required fee, the Board shall issue a temporary permit to practice in an advanced practice nursing category to a qualified applicant who has no violations as listed in ACA §17-87-312 on the Arkansas State Police criminal background check and:

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- a. Meets the educational requirements set forth in Section II of this Chapter and has been accepted by the appropriate certification body to sit for the national certification exam he or she is eligible to take; or
- b. Has a current advanced practice registered nurse license or the equivalent from another jurisdiction and has current Board-approved certification in the appropriate advanced practice nursing education category.
2. The temporary permit shall immediately become invalid upon receipt of information obtained from the federal criminal background check indicating any offense listed in ACA §17-87-312 or upon notification to the applicant or ASBN of failure of the certification examination.
3. The temporary permit is not renewable and does not apply to prescriptive authority.
4. In no event shall the permit be valid in excess of six (6) months.

F. RENEWALS

1. The date for renewal of licensure to practice as an advanced practice registered nurse shall coincide with renewal of the applicant's registered nurse license.
2. An applicant for renewal of an advanced practice registered nurse license shall submit to the Board:
 - a. A completed Board renewal application form;
 - b. Documentation of current national certification in the appropriate APRN specialty through a maintenance program of a Board approved certifying body;
 - c. Documentation of current compact state RN licensure if primary state of residence has enacted the Interstate Nurse Licensure Compact; and
 - d. Payment of the nonrefundable renewal fee.
3. Advanced practice registered nurses with prescriptive authority shall submit evidence of a current collaborative practice agreement as a prerequisite to license renewal.
4. If disciplinary proceedings have been initiated against an individual with a lapsed, inactive, or retired license, the license shall not be renewed until the proceedings have been completed.
5. Continuing education submitted to the certifying body to meet the qualifications for recertification shall be accepted as meeting the statutory requirement for continuing education.
6. Upon request, an APRN shall submit documentation to the Board of continuing education.
7. APRNs with prescriptive authority shall complete five (5) contact hours of pharmacotherapeutics continuing education in the APRN's area of certification each biennium prior to license renewal. Effective January 1, 2017, two (2) of the five (5) hours must contain information related to maintaining professional boundaries and the prescribing rules, regulations and laws that apply to APRNs in the State of Arkansas.
8. Pursuant to Act 204 of 2017, upon notification of active duty status and submission of appropriate documentation, the license renewal fee will be waived for members of the military.

HISTORY: Amended January 1, 2018
Amended July 1, 2020

G. LAPSED APRN LICENSE

The license is lapsed if not renewed or placed on inactive status by the expiration date.

1. The license is lapsed if the RN license or privilege to practice in Arkansas is not current.
2. The license is lapsed when the national certification upon which licensure was granted expires.
3. Failure to receive the renewal notice at the last address of record in the Board office shall not relieve the licensee of the responsibility for renewing the license by the expiration date.
4. Any licensee whose license has lapsed shall submit to the Board:
 - a. A completed Board renewal application form;
 - b. Documentation of current national certification; and
 - c. The renewal fee and the reinstatement fee/late penalty.
5. Fees submitted to the Board are nonrefundable.
6. Any person engaged in advanced practice nursing during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of the *Nurse Practice Act*.

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H. REINSTATEMENT OF APRN LICENSE

1. An individual who applies for licensure reinstatement who has been out of practice for more than two (2) years shall provide evidence of passing an APRN refresher course approved by the Board or an extensive orientation, which shall include a minimum of 200 hours, in the appropriate advanced practice role and population focus which includes a supervised clinical component by a qualified preceptor who meets the following requirements:
 - a. Holds an active unencumbered APRN or physician license
 - b. Is in current practice in the advanced role and population focus; and
 - c. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.
2. For those licensees applying for licensure reinstatement following disciplinary action, compliance with all Board licensure requirements as well as any specified requirements set forth in the Board's discipline order is required.

I. INACTIVE STATUS

1. Any licensee who desires to temporarily inactivate their advanced practice registered nurse license in this state shall submit a request to the Board.
2. The APRN license may immediately be placed on inactive status when the registered nurse license is placed on inactive status.
3. While the license is inactive, the licensee shall not engage in advanced practice nursing nor be subject to the payment of renewal fees.
4. If the APRN desires to resume practice in this state, he or she shall submit a reinstatement application and meet the continuing education requirements.

J. RETIRED ADVANCED PRACTICE REGISTERED NURSE

1. Any advanced practice registered nurse in good standing, who desires to retire for any length of time from the practice of nursing in this state shall submit a request and their APRN license shall be placed on retired status.
2. While retired, the APRN shall not practice advanced practice nursing; however, an APRN with a retired license may use the title "Advanced Practice Registered Nurse" or the abbreviation "APRN." Retired APRNs that maintain an active RN or RNP license may practice in the role of a Registered Nurse or Registered Nurse Practitioner.
3. When the licensee desires to resume practice, he or she shall submit a reinstatement application, with a reinstatement fee and the active renewal fee. The licensee must also meet those requirements outlined in Section III, F.
4. When disciplinary proceedings have been initiated against a retired licensee, the license shall not be reinstated until the proceedings have been completed.

K. ADDITIONAL CERTIFICATIONS

1. An APRN who has completed post-masters education for an additional nursing specialty shall:
 - a. Submit a request for permission to practice in the new certification area;
 - b. Submit evidence of eligibility to sit for the new certification exam from the Board-approved certifying body;
 - c. Immediately cease practicing in the specialty upon notification of failure of the exam;
 - d. Submit results of the certification in the additional specialty directly from the certifying body;
 - e. Submit an official transcript or document from a nursing education program that meets the qualifications in Section II of this Chapter verifying the date and degree or certificate conferred.
2. An APRN who has prescriptive authority shall:
 - a. Prescribe only for patients covered by the original specialty while waiting additional specialty results.
 - b. Submit a collaborative practice agreement which includes the additional certification.

HISTORY: Amended: October 1, 2017; December 29, 2018

ARKANSAS STATE BOARD OF NURSING RULES

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SECTION IV
DUPLICATE LICENSE

A duplicate license or certificate shall be issued when the licensee submits a notarized statement to the Board that the document is lost, stolen, or destroyed, and pays the required fee.

SECTION V
NAME OR ADDRESS CHANGE

- A. A licensee whose name is legally changed shall be issued a replacement license following submission of a name change form, a copy of marriage license or court action, and the required fee.
- B. A licensee whose address changes from the address on file with the Board shall immediately notify the Board in writing of the change.

SECTION VI
STANDARDS OF NURSING PRACTICE

A. PURPOSE

- 1. To establish standards essential for safe practice by the advanced practice registered nurse.
- 2. To serve as a guide for evaluation of advanced nursing practice.

B. STANDARDS FOR ALL CATEGORIES OF ADVANCED PRACTICE REGISTERED NURSING

- 1. The advanced practice registered nurse shall assess clients at an advanced level, identify health status including abnormal conditions, establish a diagnosis, develop and implement treatment plans and evaluate client outcomes.
- 2. The advanced practice registered nurse shall use advanced knowledge and skills in teaching and guiding clients and other health team members.
- 3. The advanced practice registered nurse shall use critical thinking and decision making at an advanced level, commensurate with the autonomy, authority, and responsibility of his/her practice category.
- 4. The advanced practice registered nurse shall have knowledge of the statutes and rules governing advanced nursing practice, and function within the legal boundaries of the appropriate advanced practice registered nursing category.
- 5. The advanced practice registered nurse is authorized to sign the following official documents:
 - a. Certification of disability for patients to receive disabled parking permits or placards from the Office of Motor Vehicle;
 - b. Sports physicals to authorize student athletes to participate in athletic activities;
 - c. Physicals for bus drivers;
 - d. Forms relating to do-not-resuscitate orders;
 - e. Forms excusing a potential jury member due to an illness;
 - f. Death certificate;
 - g. Workers' compensation forms;
 - h. Forms relating to absenteeism for employment or school purposes; and
 - i. Authorizations for durable medical equipment.
- 6. The advanced practice registered nurse shall recognize the APRN's limits of knowledge and experience, planning for situations beyond expertise, and collaborating with or referring clients to other health care providers as appropriate.
- 7. The advanced practice registered nurse shall retain professional accountability for advanced practice nursing care when delegating interventions.

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8. The advanced practice registered nurse shall maintain current knowledge and skills in the advanced practice nursing category.
 9. Rules which apply to registered nurses are hereby incorporated by reference.
 10. The APRN shall comply with the standards for registered nurses as specified in Chapter 1. Standards for a specific role and population focus of APRN supersede standards for registered nurses where conflict between the standards, if any, exists.
- C. In addition to the standards, the advanced practice registered nurse shall practice in accordance with the standards established by the national certifying body from which the APRN holds his or her certification required for licensure. These standards shall have been reviewed and accepted by the Board.
- D. ADDITIONAL STANDARDS FOR CRNAs**
1. The CRNA, acting in the normal course of his/her professional practice, may be authorized by a hospital or institution to act as their agent or employee to order the administration of controlled substances under the DEA registration of the hospital or institution.
 2. The CRNA may order nurses to administer drugs preoperatively and/or postoperatively in connection with an anesthetic and/or other operative or invasive procedure that will be or has been provided.
 3. The CRNA's order shall be directly related to the administration of drugs preoperatively and/or postoperatively in connection with an anesthetic and/or other operative or invasive procedure that will be or has been provided.
 4. A CRNA who has not been granted authority by a DEA registrant as described in Title 21 CFR 1301.22, or its successor to order the administration of controlled substances shall give all orders as verbal orders from the supervising physician, dentist, podiatrist, or other person lawfully entitled to order anesthesia.
 5. The CRNA shall be responsible for complying with all applicable state and federal laws and rules related to medications.

HISTORY: Amended January 1, 2018
Amended July 1, 2020

SECTION VII
PROFESSIONAL CERTIFICATION PROGRAMS

- A. A national certification program which meets the following criteria shall be recognized by the Board to satisfy Section II of these rules.
- B. The national certification program:
1. Is national in the scope of its credentialing;
 2. Is accredited by a national accreditation body as acceptable by the Board;
 3. Has no requirement for an applicant to be a member of any organization;
 4. Has an application process and credential review which includes documentation that the applicant's education is in the advanced practice nursing category being certified, and that the applicant's clinical practice is in the certification category;
 5. Education requirements are consistent with the requirements of the advanced practice role and population foci.
 6. Uses an examination as a basis for certification in the advanced practice nursing category which meets the following criteria:
 - a. The examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community;
 - b. The examination represents entry-level practice in the APRN role and population focus;
 - c. The examination represents the knowledge, skills, and abilities essential for the delivery of safe and effective advanced nursing care to clients;
 - d. The examination content and its distribution are specified in a test plan (blueprint), based on the job analysis study, that is available to examinees;

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- e. Examination items are reviewed for content validity and correct scoring using an established mechanism, both before use and periodically;
 - f. Examinations are evaluated for psychometric performance;
 - g. The passing standard is established using acceptable psychometric methods, and is re-evaluated at least every five (5) years;
 - h. Examination security is maintained through established procedures; and
 - i. A retake policy is in place.
7. Issues certification based upon passing the examination and meeting all other certification requirements;
 8. Provides for periodic recertification which includes review of continued education, qualifications, and continued competence;
 9. Has mechanisms in place for communication to the Board for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan, and scope of practice;
 10. Has an evaluation process to provide quality assurance in its certification program.
- C. The Board will notify the appropriate certifying body when an APRN has any disciplinary action taken on their license or privilege to practice which restricts the APRN's ability to practice (eg, suspension or revocation).

HISTORY: Amended December 29, 2018; July 1, 2020

SECTION VIII PRESCRIPTIVE AUTHORITY

A. INITIAL APPLICANT

An applicant for an initial certificate of prescriptive authority shall:

1. Be currently licensed as an advanced practice registered nurse in Arkansas.
2. Provide evidence from the national certifying body that differential diagnosis and prescribing practices are recognized as being within the scope of practice for the applicant's certification category.
3. Provide documentation of successful completion of pharmacology coursework which shall include pharmacokinetics principles and their clinical application and the prescription of pharmacological agents in the prevention and treatment of illness, and the restoration and maintenance of health. The coursework shall contain a minimum of:
 - a. Three (3) graduate credit hour pharmacology course offered by an accredited college or university within two years immediately prior to the date of application to the Board; or
 - b. Forty-five (45) contact hours [a contact hour is fifty (50) to sixty (60) minutes] in a pharmacology course which includes a competency component, offered by an accredited college or university, within two (2) years immediately prior to the date of application to the Board; or
 - c. Three (3) graduate credit hours pharmacology course, included as part of an advanced practice nursing education program, within five (5) years immediately prior to the date of application to the Board.
4. Provide documentation of a minimum of three hundred (300) clock hours preceptorial experience in the prescription of drugs, medicines and therapeutic devices with a qualified preceptor, to be initiated with the pharmacology course and to be completed within one year of the beginning of the course. Preceptorial experience completed as a part of the formal educational program in which the pharmacology course is taught will meet the three hundred (300) clock hour requirement.
5. Submit a collaborative practice agreement with a practicing physician who is licensed under the Arkansas Medical Practices Act, §17-95-201 et seq., or a podiatrist licensed by the Arkansas Board of Podiatric Medicine under Arkansas Code Annotated §17-96-101, et. seq., if employed by the podiatrist, and who has training within the scope, specialty or expertise of the advanced practice registered nurse. APRNs who will prescribe controlled substances shall seek a collaborative practice with a physician or podiatrist who has an unrestricted DEA registration number. The collaborative practice agreement shall include, but not be limited to:

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- a. Availability of the collaborating physician(s) or podiatrist for consultation or referral or both;
 - b. Methods of management of the collaborative practice, which shall include the use of protocols for prescriptive authority;
 - c. Plans for coverage of the health care needs of a client in the emergency absence of the advanced practice registered nurse, podiatrist, or physician;
 - d. Provision for quality assurance;
 - e. Authorization for the APRN to prescribe hydrocodone combination products which were reclassified from Schedule III to Schedule II as of October 6, 2014 if expressly authorized by the collaborating physician; and
 - f. Authorization for the APRN to prescribe drugs listed in Schedule II subject to the provisions in Section VIII(D) if expressly authorized by the collaborating physician or podiatrist.
 - g. Signatures of the advanced practice registered nurse and collaborating physician(s) or podiatrist, signifying mutual agreement to the terms of the collaborative practice.
6. Submit the nonrefundable processing fee with the application for a certificate of prescriptive authority.
 7. APRNs issued a certificate of prescriptive authority after December 31, 2015 shall obtain a minimum of three (3) hours of prescribing education which includes information on maintaining professional boundaries and the prescribing rules, ~~regulations~~ and laws that apply to APRNs in the state of Arkansas within two (2) years of issuance of the prescriptive authority certificate.

B. ENDORSEMENT APPLICANT

1. An applicant for endorsement of prescriptive authority shall:
 - a. Provide documentation of a three (3) graduate credit hour pharmacology course offered by an accredited college or university or a forty-five (45) contact hour [a contact hour is fifty (50) to sixty (60) minutes] pharmacology course which includes a competency component offered by an accredited college or university;
 - b. Provide evidence that prescriptive authority is current and unencumbered in the jurisdiction from which the applicant is moving;
 - c. Provide evidence of prescribing in a clinical setting for at least 500 hours in the year prior to application for a certificate of prescriptive authority;
 - d. Have an unencumbered advanced practice registered nurse license to practice or the equivalent in the jurisdiction from which the applicant is moving;
 - e. Provide a copy of current DEA registration (if prescriber has DEA number) and history of registration status; and
 - f. Meet requirements in Section VIII.A.1, 2, 5, 6, 7.
2. Endorsement applicants who do not meet all requirements established herein shall be required to submit documentation acceptable to the Board according to Section VIII.A.

C. PROTOCOLS FOR PRESCRIPTIVE AUTHORITY

Protocols shall be made available upon request of the Board. Such protocols shall, at a minimum, include:

1. Indications for and classifications of legend drugs, controlled substances (if prescriber holds a DEA registration number), and therapeutic devices which will be prescribed or administered by the APRN;
2. Date the protocol was adopted or last reviewed, which shall be at least annually.

D. PRESCRIBING PRIVILEGES

1. The APRN, applying for a certificate of prescriptive authority, shall acknowledge in the application that he or she is familiar with all state and federal laws and rules regarding prescribing, and shall agree to comply with these laws and rules.
2. An advanced practice registered nurse with a certificate of prescriptive authority may receive and prescribe legend drugs, medicines or therapeutic devices appropriate to the APRN 's area of practice. The prescriptive authority for controlled drugs shall extend to drugs listed in Schedules ~~III~~ II through V and ~~only~~ hydrocodone combination products which were reclassified from Schedule III to Schedule II as of October 6, 2014.

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3. Prescribing stipulations are as follows:
 - a. Legend drugs, therapeutic devices, and controlled substances (Schedules ~~III~~ II-V), and ~~only~~ hydrocodone combination products, which were reclassified from Schedule III to Schedule II as of October 6, 2014, will be prescribed, administered, or ordered as established in protocols provided that the APRN has an assigned DEA registration number which is entered on each written prescription for a controlled substance.
 - ~~b. The APRN shall not prescribe hydrocodone combination products for acute pain in excess of seven (7) days.~~
 - b. The APRN shall not prescribe Schedule II opioids for acute pain for more than a five (5) day period. If additional Schedule II opioids are needed for management of acute pain, the patient shall be referred to the collaborating physician.
 - c. The APRN is authorized to prescribe Schedule II drugs that are classified as stimulants once the following criteria are met:
 1. The prescription was originally initiated by a physician;
 2. The physician has evaluated the patient within six (6) months before the APRN issues a prescription;
 3. The prescription by the APRN is to treat the same condition as the original prescription.
 - d. The APRN shall not prescribe Schedule II controlled substances for his/her own use or for the use of his/her immediate family.
 - e. The APRN shall file his/her DEA registration number with the Board upon receipt.
 - f. Advanced practice registered nurses shall not delegate to unlicensed ancillary staff the calling in of prescriptions to the pharmacy.
 - g. The APRN shall notify the Board in writing within seven (7) days following termination of the collaborative practice agreement. A new collaborative practice agreement is required to be on file prior to reactivating prescriptive authority.
4. The APRN may prescribe a legend drug, medicine or therapeutic devices not included in the written protocols only as follows:
 - a. Upon a specific written or verbal order obtained from the collaborating physician or podiatrist before the prescription or order is issued by the APRN; and
 - b. Include documentation of consultation as described above in the client's medical record to be signed by the APRN;
 - c. Schedule I ~~and II~~ controlled substances shall not be prescribed under the APRN's certificate of prescriptive authority. ~~with the exception of hydrocodone combination products which were reclassified from Schedule III to Schedule II as of October 6, 2014.~~
5. The APRN shall note prescriptions on the client's medical record and include the following information:
 - a. Medication and strength;
 - b. Dose;
 - c. Amount prescribed;
 - d. Directions for use;
 - e. Number of refills; and
 - f. Initials or signature of APRN.
6. The APRN will keep accurate records to include the medical history, physical examination, other evaluations and consultations, treatment plan objective, informed consent noted in the patient record, treatment, medications given, agreements with the patient and periodic reviews.
7. The APRN will periodically review the course of scheduled drug treatment of the patient and any new information about etiology of the pain. If the patient has not improved, the APRN may assess the appropriateness of continued prescribing of scheduled medications or dangerous drugs, or trial of other modalities.
8. The APRN will obtain written informed consent from those patients he or she is concerned may abuse controlled substances and discuss the risks and benefits of the use of controlled substances with the patient, his or her guardian, or authorized representatives.

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9. Advanced practice registered nurses in the category of certified registered nurse anesthetists shall not be required to have prescriptive authority to provide anesthesia care, including the administration of drugs or medicines necessary for such care.
10. Advanced practice registered nurses who prescribe prior to obtaining a certificate of prescriptive shall be considered illegal practitioners and shall be subject to the penalties provided for violation of the *Nurse Practice Act*.

E. PRESCRIPTION FORMAT

1. All prescriptions issued by the APRN shall contain the name of the client, and the APRN's name, title, address, telephone number, signature with the initials "APRN" and shall include information contained in Subsection D.5.a-f of this Section.
2. All prescriptions for controlled substances shall be in accordance with federal rules. The APRN's assigned DEA registration number shall be included on the prescription when a controlled substance is prescribed.

F. RECEIVING PREPACKAGED DRUG SAMPLES

1. APRNs who have an active prescriptive authority certificate may receive legend drug samples and therapeutic devices appropriate to their area of practice, including controlled substances contained in Schedules III through V and only hydrocodone combination products, which were reclassified from Schedule III to Schedule II as of October 6, 2014, which have been prepared, packaged, or fabricated by a pharmaceutical manufacturer in accordance with the Arkansas pharmacy laws and rules.
2. Records must comply with all applicable federal and state laws and rules.

G. TERMINATION OF PRESCRIPTIVE AUTHORITY

1. Prescriptive authority may be terminated by the Board when the prescriber:
 - a. Fails to maintain current active licensure as an advanced practice registered nurse;
 - b. Violates provisions of this *Act* and/or *Rules* established by the Arkansas Department of Health, Nursing or Pharmacy Boards;
 - c. Violates any state or federal law or rules applicable to prescriptions; or
 - d. Fails to follow any conditions imposed.
2. To reinstate prescriptive authority, the APRN must meet requirements of the Board at the time of reinstatement.

H. LAPSED CERTIFICATE OF PRESCRIPTIVE AUTHORITY

1. The certificate of prescriptive authority is lapsed if:
 - a. The licensee's active advanced practice registered nurse license is not renewed by the expiration date;
 - b. The national certification upon which licensure is based expires;
 - c. There is not a current collaborative practice agreement on file with the board; or
 - d. The advanced practice license is placed on inactive or retired status.
2. After reinstating a lapsed advanced practice registered nurse license, the licensee shall submit to the Board a current collaborative practice agreement to reactivate the certificate of prescriptive authority.
3. Any person engaged in prescribing during the time his or her certificate of prescriptive authority has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of the *Nurse Practice Act*.

I. INACTIVE STATUS

1. A certificate of prescriptive authority will automatically be considered lapsed and subject to the requirements of these rules when a licensee places his or her advanced practice registered nurse license on inactive status.
2. While the certificate of prescriptive authority or advanced practice registered nurse license is inactive, the licensee shall not engage in any practice within the scope of the certificate of prescriptive authority.
3. If the nurse desires to resume practice in this state, he or she shall request a renewal application which shall be completed and submitted with a renewal fee and the reinstatement fee. Fees are nonrefundable.
4. All certification requirements for renewal shall apply.

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5. If disciplinary proceedings on an inactive licensee have been initiated, the license shall not be reinstated until the proceedings have been completed.

J. REACTIVATION OF PRESCRIPTIVE AUTHORITY

APRNs whose prescriptive authority is inactive shall complete:

1. Five (5) contact hours of pharmacotherapeutics continuing education in the APRN's area of certification for each 12 months of non-prescribing activity in addition to the five (5) contact hours required for APRN license renewal, as noted in Chapter 4, III(F)(7), prior to reactivation of prescriptive authority.
2. Two (2) contact hours shall include information on maintaining professional boundaries and the prescribing rules, ~~regulations~~ and laws that apply to the APRNs in the state of Arkansas

K. PRESCRIPTION DRUG MONITORING PROGRAM

1. APRNs may delegate access to the Prescription Drug Monitoring Program (PDMP) for running requested reports to no more than two licensed nurses under his or her supervision or employment at each practice location.
2. APRNs with prescriptive authority shall review PDMP report from the Prescription Drug Monitoring Program prior to prescribing:
 - a. An opioid from Schedule II or Schedule III every time prescribing the medication to a patient; and
 - b. A benzodiazepine medication for the first time and every six (6) months thereafter prescribing for a patient.
3. Review of the PDMP report shall be documented in the patient's medical record.
4. Mandatory checking of the PDMP does not apply when prescribing a controlled substance to a patient;
 - a. Immediately before or during surgery; or
 - b. During recovery from surgery while in a healthcare facility; or
 - c. In a healthcare facility; or
 - d. When necessary to treat a patient in an emergency situation at the scene of an emergency, in a licensed ground ambulance or air ambulance, or in the intensive care unit of a licensed hospital; or
 - e. In palliative care or hospice; or
 - f. In a licensed nursing home facility; or
 - g. In situations in which the PDMP is not accessible due to technological or electrical failure.

HISTORY: Amended January 1, 2018

Amended July 1, 2020

**SECTION IX
PRESCRIBING GUIDELINES FOR ANOREXIANT DRUGS**

An Advanced Practice Registered Nurse (APRN) must maintain prescribing medication practices that are within the APRN's educational preparation and certification. An APRN will be in violation of the Arkansas *Nurse Practice Act* if he/she prescribes Schedule III and/or Schedule IV drugs under the Uniform Controlled Substance Act for short-term treatment of obesity, except in conformity with the requirements as set below.

A. PRESCRIBING GUIDELINES

1. An established APRN/patient relationship shall exist. The patient shall be age 18 or older, or have written consent from a parent or guardian. The medication shall only be an adjunct to a comprehensive weight loss program focused on appropriate nutrition education, a change in lifestyle, counseling, and an individualized exercise program. The APRN shall determine whether or not the patient has made a substantial good faith effort to lose weight through diet and alteration of lifestyle prior to beginning drug therapy.
2. The treating APRN shall take a complete history of the patient, including a detailed family history, dietary history, and shall perform a complete physical examination. The physical examination shall include a minimum

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of checking the blood pressure and pulse, examining the heart and lungs, recording height and weight, and administering any other appropriate diagnostic tests to evaluate for a metabolic disorder. The history and examination shall be sufficient to determine if the patient has previously been drug dependent, to determine if there is a metabolic cause of the obesity which would make anorexiants drugs inappropriate, and to determine if there are other contraindications to use of anorexiants drugs exists.

3. The APRN shall discuss with the patient different approaches to the treatment of obesity, and the risks and benefits associated with each approach. Risks shall include potential side effects, such as cardiovascular and pulmonary complications, as well as the potential for lack of success with weight loss. The APRN shall be aware of potential drug interactions between anorexiants, and other centrally acting drugs. The treating APRN shall prescribe a diet for weight loss and appropriate counseling regarding lifestyle change, and record these changes on the patient's medical record. Consideration on the use of anorexiants medications shall take into account the degree of overweight and associated medical conditions. The body mass index (BMI) shall be used as a guide to determine the degree of overweight status. In general, anorexiants medications shall only be used if the BMI is more than 27. In the case of associated obesity-related medical conditions, anorexiants medications may be considered with a BMI above 25. Obesity-related medical conditions include, but are not limited to, diabetes, hypertension, dyslipidemia, cardiovascular disease, sleep apnea, psychological conditions, disc disease, and severe arthritis of the lower extremities.
4. The treating APRN shall prescribe a daily dosage that does not exceed the dosage recommended in the manufacturer's prescribing information for the drug prescribed.
5. The APRN shall not prescribe more than a 30-day supply for a patient at each visit and regular follow-up visits shall not exceed 30 days. The patient shall be weighed at each visit prior to the prescribing of an additional supply of the drug.
6. At the time of each return patient visit, the treating APRN shall monitor progress of the patient. The patient's weight, blood pressure, pulse, heart, and lungs shall be assessed. In addition to any side effects of the medications, the APRN shall perform appropriate exams and tests to monitor the safety of any weight loss. This may include a detailed dietary questionnaire, serum electrolytes, blood glucose, and other tests deemed appropriate. The APRN shall discontinue the anorexiants medications when the patient reaches weight loss goals. These goals may be defined as a body weight that is no longer considered "obese" (e.g. BMI of less than or equal to 27), or an improvement in medical conditions (e.g. normalization of blood glucose). After the goal is reached, the APRN may continue to prescribe anorexiants drugs for up to an additional sixty (60) days.
7. Except as otherwise provided by this regulation, Schedule III and/or Schedule IV anorexiants drugs are only recommended for short-term use (e.g. 90 days). In addition, anorexiants drugs shall not be prescribed to a patient with a BMI of less than 27, unless prescribing for obesity-related conditions with a BMI of above 25. The treating APRN may extend therapy beyond 90 days under the following conditions:
 - a. When the anorexiants drugs are indicated for treatment of diseases other than obesity; and
 - b. When, in the APRN's professional judgment, the treating APRN is assessing and recording significant progress or benefit from the drugs and no adverse effects occur that are related to the treatment.

SECTION X

PRESCRIPTIVE AUTHORITY ADVISORY COMMITTEE

A. PURPOSE

The purpose of this committee shall include functioning in an advisory capacity to assist the Board with oversight and implementation of the provisions regarding prescriptive authority.

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B. COMPOSITION

The Advisory Committee shall be composed of six (6) members appointed by the Board and approved by the Governor. Four (4) members shall be advanced practice registered nurses with at least three (3) of whom hold certificates of prescriptive authority and an active Drug Enforcement Administration (DEA) number. One (1) committee member shall be a licensed physician who has been involved in a collaborative practice with an advanced practice registered nurse for at least five (5) years. One member shall be a licensed pharmacist who has been licensed for at least five (5) years.

C. TERMS OF OFFICE

Members shall serve three (3) year terms and may be reappointed. The Board may remove any advisory committee member, after notice and hearing, for incapacity, incompetence, neglect of duty, or malfeasance in office.

D. COMPENSATION

Advisory committee members shall serve without compensation; but may be reimbursed to the extent special monies are appropriated therefore for actual and necessary expenses incurred in the performance of their official Board duties.

SECTION XI
NURSING EDUCATION PROGRAMS

A. NEW APRN PROGRAM LEADING TO LICENSURE

1. Prerequisite Approval
 - a. An institution, seeking to establish a new APRN nursing education program leading to licensure, shall submit a letter of intent to the Board.
 - (1) An applicant for an Advanced Practice Registered Nursing (APRN) program shall comply with the "Criteria and Procedures for Preparing Proposals for New Programs," established by the Arkansas Department of Higher Education.
 - (2) Appropriate professional accreditation (nursing accrediting organizations recognized by the U.S. Department of Education and/or the Council for Higher Education Accreditation) of the new APRN program is considered to be deemed status as approved by the Board.
 - b. The institution shall submit:
 - (1) A copy of the curricula plan and course descriptions for Board review within thirty (30) days of sending the information to the accrediting body;
 - (2) Other accreditation materials as requested by the Board; and
 - (3) Documentation of accreditation within thirty (30) days of receipt of the report from the accrediting body.

B. ESTABLISHED PROGRAM THAT PREPARES GRADUATES FOR LICENSURE

1. Continued Full Approval – an established graduate program in advanced practice registered nursing shall submit to the Board documentation of the program's continued national nursing accreditation status within thirty (30) days of receipt from the accrediting body. Receipt of the documentation shall serve as deemed status for approval by the ASBN.

C. EDUCATION PROGRAM

1. The education program for advanced practice nursing shall meet the nursing accrediting body standards for advanced practice registered nursing.
2. The curriculum plan for advanced practice registered nursing shall include:
 - a. Preparation in one of the four identified APRN roles (CRNA, CNM, CNS, and CNP); and
 - b. Preparation in at least one of the approved population foci:
 - (1) Family/Individual Across the Lifespan
 - (2) Adult-Gerontology
 - (3) Neonatal

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- (4) Pediatrics
- (5) Women's Health/Gender-Related
- (6) Psychiatric/Mental Health; and
- c. Three separate graduate level courses (the APRN Core):
 - (1) Advanced physiology and pathophysiology
 - (2) Advanced health assessment
 - (3) Advanced pharmacology
- 3. Clinical Experiences
 - a. All graduate or post-graduate programs leading to advanced practice licensure shall have a minimum of 500 supervised clinical hours in direct clinical practice during the program.
 - b. APRN programs preparing for two population foci shall have a minimum of 500 supervised clinical hours for each population focus.
 - c. Clinical supervision must be congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus.
 - d. Student clinical experiences shall be congruent with the population focus of the role.

SECTION XII PRESCRIBING FOR CHRONIC NONMALIGNANT PAIN

- A. Chronic nonmalignant pain is defined as pain requiring more than three consecutive months of prescriptions for:
 - 1. An opioid that is written for more than the equivalent of ninety (90) tablets, each containing five (5) milligrams of hydrocodone; or
 - 2. A morphine equivalent dose of more than fifteen mg (15 mg) per day; or
 - 3. Tramadol – an average dose of two hundred milligrams (200 mg) or greater per day.
- B. When opioids are started, the lowest effective dosage should be prescribed. APRNs should use caution when prescribing opioids at any dosage and carefully reassess evidence of individual benefits and risks when considering increasing dosage to >50 morphine milligram equivalents (MME) per day. APRNs should avoid increasing dosage to >90 MME/day or carefully justify a decision to titrate dosage to >90 MME/day.
- C. If opioids are prescribed at a level defined by the Centers for Disease Control and Prevention (CDC) as excessive (>50 MME/day) the following shall be documented in the patient's medical record:
 - a. Objective findings, which include, but are not limited to, imaging studies, lab testing and results, nerve conduction testing, biopsy, and any other test that would establish pain generating pathology.
 - b. Specific reasons for the need to prescribe > 50 MME/day.
 - c. Documented alternative treatment plans as well as alternative therapies tried and failed prior to considering chronic opioid therapy.
 - d. Documented risk factor assessment detailing that the patient was informed of the risk and addictive nature of the prescribed drug.
 - e. Documented assessment of the potential for abuse and/or diversion of the prescribed drug.
 - f. Documented review of the Prescription Drug Monitoring report prior to issuing the prescription.
 - g. A detailed clinical rationale for the prescribing
- D. Patient Treatment and Evaluation
 - 1. The patient shall be evaluated through an in-person examination at least every three (3) months by the APRN and at least one (1) time every six (6) months by a physician who is licensed by the Arkansas State Medical Board.
 - 2. A current Prescription Drug Monitoring Program report shall be reviewed at least every six (6) months. The review shall be documented in the patient's medical record.
 - 3. A current pain contract with the patient shall be maintained and include, at a minimum, requirements for:
 - a. Random urine drug screens and
 - b. Random pill counts
- E. The requirements of this section shall not apply to a patient:
 - 1. Whose pain medications are being prescribed for a malignant condition:
 - 2. With a terminal condition;

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3. Who is a resident of a licensed healthcare facility;
4. Who is enrolled in a hospice program; or
5. Who is in an inpatient or outpatient palliative care program.

HISTORY: Adopted: March 26, 2017
Amended: January 1, 2018; December 29, 2018

**SECTION XIII
MINIMUM STANDARDS FOR ESTABLISHING A PATIENT RELATIONSHIP**

- A. The APRN shall establish a proper APRN/patient relationship prior to providing any patient care.
- B. A proper APRN/patient relationship, at a minimum requires that:
 1. The APRN perform a history and an “in person” physical examination of the patient adequate to establish a diagnosis and identify underlying conditions and/or contraindications to the treatment recommended/provided; OR
 2. The APRN perform a face-to-face examination using real-time audio and visual telemedicine technology that provides information at least equal to such information as would have been obtained by an in-person examination; AND
 3. Appropriate follow-up be provided or arranged, when necessary, at medically necessary intervals.
- C. A proper APRN/patient relationship is also deemed to exist in the following situations:
 1. When treatment is provided in consultation with, or upon referral by another health care provider who has an ongoing relationship with the patient, and who has agreed to supervise the patient’s treatment, including follow-up care and the use of any prescribed medications.
 2. On-call or cross-coverage situations arranged by the patient’s health care provider.
- D. Recognizing a Providers duty to adhere to the applicable standard of care, the following situations are hereby excluded from the requirement of this regulation:
 1. Emergency situations where the life or health of the patient is in danger or imminent danger.
 2. Providing information of a generic nature not meant to be specific to an individual.
 3. Providing prescriptions written or medications issued for use in expedited heterosexual partner therapy for the sexually transmitted diseases of gonorrhea and/or chlamydia.
 4. Administration of vaccines containing tetanus toxoid (e.g., DTaP, DTP, DT, Tdap, TD, or TT) or inactive influenza vaccines.

HISTORY: Adopted: January 1, 2018
Amended July 1, 2020

**SECTION XIV
TELEMEDICINE**

Requirement for all services provided by APRNs providing care via telemedicine:

- A. An APRN/patient relationship shall be established in accordance with Chapter 4, Section XIII before the delivery of services via telemedicine. A patient completing a medical history online and forwarding it to an APRN is not sufficient to establish the relationship, nor does it qualify as store-and-forward technology.
- B. The following requirements apply to all services provided by APRNs using telemedicine:
 1. The practice of nursing via telemedicine shall be held to the same standards of care as traditional in-person encounters.
 2. The APRN shall obtain a detailed explanation of the patient’s complaint from the patient or the patient’s health care provider.
 3. If a decision is made to provide treatment, the APRN shall agree to accept responsibility for the care of the patient.
 4. If follow-up care is indicated, the APRN shall agree to provide or arrange for such follow-up care.
 5. An APRN using telemedicine may NOT issue a prescription for any controlled substances defined as any

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scheduled medication under schedules III through V and only hydrocodone combination products which were reclassified from Schedule III to Schedule II as of October 6, 2014 unless the APRN has seen the patient for an in-person exam or unless a relationship exists through consultation or referral; or on-call or cross-coverage situations.

6. The APRN shall keep a documented medical record, including medical history.
7. At the patient's request, the APRN shall make available to the patient an electronic or hardcopy version of the patient's medical record documenting the encounter. Additionally, unless the patient declines to consent, the APRN shall forward a copy of the record of the encounter to the patient's regular treating health care provider if that health care provider is not the same one delivering the service via telemedicine.
8. Services shall be delivered in a transparent manner, including providing access to information identifying the APRN in advance of the encounter, with licensure and board certifications, as well as patient financial responsibilities.
9. If the patient, at the recommendation of the APRN, needs to be seen in person for the current medical issue, the APRN shall arrange to see the patient in person or direct the patient to their regular treating health care provider. Such recommendation shall be documented in the patient's medical record.
10. APRNs who deliver services through telemedicine shall establish protocols for referrals for emergency services.
11. APRNs providing care via telemedicine to a patient located within the State of Arkansas shall be licensed to practice nursing in the State of Arkansas.

HISTORY: Adopted: January 1, 2018

SECTION XV LICENSURE FOR CERTAIN MILITARY NURSES AND SPOUSES

A. EXPEDITED LICENSURE

1. Temporary permits for an active duty military service member or their spouse stationed in the State of Arkansas or a returning military veteran or their spouse applying within one (1) year of his/her discharge from active duty shall be issued within twenty-four (24) hours of receipt of all required documents.
2. The Board will give preference in the order of processing to applications for full licensure filed by the following individuals:
 - a. An active duty military service member stationed in the State of Arkansas;
 - b. A returning military veteran applying within one (1) year of his or her discharge from active duty; or
 - c. The spouse of a person under (a) or (b) above

B. EXTENSION OF LICENSURE EXPIRATION DATE

Upon written request and submission of appropriate documentation, members of the Armed Forces of the United States who are ordered to active duty outside of this state shall be allowed an extension of the expiration date without penalty or assessment of a late fee for renewing the service member's nursing license. The extension shall be effective for one hundred eighty (180) days after the service member or spouse returns from active deployment.

C. CONSIDERATION OF MILITARY TRAINING AND EXPERIENCE

When considering an application for licensure from an active duty military service member stationed in the State of Arkansas or a returning military veteran applying within one (1) year of his or her discharge from active duty, the Board shall:

1. Consider whether or not the applicant's military training and experience in the practice of nursing is substantially similar to the experience or education required for licensure.

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2. Accept the applicant's military training and experience in the practice of nursing in lieu of experience or education required for licensure, if the Board determines that the military training and experience is a satisfactory substitute for the experience or education required for licensure.

D. WAIVER OF CONTINUING EDUCATION

Upon written request and submission of appropriate documentation the continuing education requirements for license renewal shall be waived for:

- 1 An active duty military service member deployed outside the State of Arkansas;
- 2 A returning military veteran renewing within one (1) year of his/her discharge from active duty; or
- 3 The spouse of a person under (1) or (2) above.

History: Adopted: December 29, 2018

MARK-UP COPY**CHAPTER SIX
STANDARDS FOR NURSING EDUCATION PROGRAMS****SECTION I
APPROVAL OF PROGRAMS**

This chapter presents the Standards established by the Arkansas State Board of Nursing for nursing education programs that offer courses and learning experiences preparing graduates who are competent to practice nursing safely and who are eligible to take the NCLEX-PN® or RN® examination. These programs are often referred to as a pre-licensure nursing program.

A. NEW PROGRAM LEADING TO LICENSURE**1. Institution Requirement**

- a. A nursing education program whose parent institution is located in an Arkansas jurisdiction seeking to establish a new masters, baccalaureate, diploma, associate degree or practical nursing program shall meet the following requirements:
 - (1) Educational institutions or consortiums shall be approved by the Arkansas Department of Higher Education and be accredited by an accrediting body recognized by the United States Secretary of Education.
 - (2) Hospitals or hospital consortiums shall be approved by the Arkansas Department of Health and accredited by the Joint Commission on Accreditation of Health Care Organizations or equivalent accrediting organization.
 - (3) The parent institution shall meet the transfer or articulation requirements for courses in Arkansas education institutions.
- b. A nursing education program whose parent institution is located outside of Arkansas jurisdiction seeking to establish a new masters, baccalaureate, diploma, associate degree or practical nursing program shall meet the following requirements:
 - (1) Education institutions shall be approved by the Arkansas Department of Higher Education and be accredited by an accrediting body recognized by the United States Secretary of Education.
 - (2) Be approved/accredited by the Board of Nursing or equivalent agency in the state where the Parent institution originates.
 - (3) The parent institution shall meet the transfer or articulation requirements for courses in Arkansas education institutions.
 - (4) Maintain the Education Standards required of Arkansas based nursing education programs.

2. Prerequisite Approval

- a. An institution seeking to establish a new nursing education program leading to licensure shall submit a letter of intent to the Board at least one year prior to submission of a feasibility study.
- b. The institution must submit a current feasibility study, that is signed by the appropriate administrative officers, and includes the following:
 - (1) Purpose for establishing the program;
 - (2) Type of educational program to be established;
 - (3) Relationship to the parent institution, including an organizational chart;
 - (4) Mission, philosophy, purposes, and accreditation status of the parent institution;
 - (5) Financial statement of the parent institution for the past two fiscal years;
 - (6) A proposed budget for each year of the program's implementation;
 - (7) Documented need and readiness of the community to support the program, including surveys of potential students, employment availability, and potential employers;
 - (8) Source and numbers of potential students and faculty;
 - (9) Proposed employee positions including support staff;
 - (10) Proposed clinical facilities for student experiences, including letters of support from all major facilities expected to be used for full program implementation, including evidence of clinical space for additional students;
 - (11) Letters of support from approved nursing and health-related programs using the proposed clinical

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facilities; officers, and includes the following:

- (12) Proposed physical facilities including offices, classrooms, technology, library, and laboratories;
- (13) Availability of the general education component of the curriculum or letter of agreement, if planned, from another institution; and
- (14) A timetable for initiating the program, including required resources, and plans for attaining initial approval.
- (15) Other information as requested by the Board.
- c. The Board shall review all prerequisite documents and may determine the need for an on-site survey during a regularly scheduled Board meeting.
- d. The Board may grant, defer, or deny Prerequisite Approval.
- e. If the Board denies Prerequisite Approval the program must wait two years before submitting another proposal.
- f. After receiving Prerequisite Approval status, the institution may:
 - (1) Advertise for students; and
 - (2) Proceed toward compliance by following the Education Standards for Initial Approval.

3. Initial Approval

- a. The institution shall secure a nurse administrator of the program.
- b. The nurse administrator shall plan the program and
 - (1) Assure compliance with Board standards and recommendations;
 - (2) Address prerequisite recommendations;
 - (3) Prepare detailed budget;
 - (4) Employ qualified faculty and support staff;
 - (5) Prepare a program organizational chart showing lines of authority;
 - (6) Design the program's sequential curriculum plan;
 - (7) Develop student, faculty, and support staff policies and procedures;
 - (8) Attain agency affiliation agreements;
 - (9) Verify that proposed physical facilities are in place; and
 - (10) Submit documentation to the Board that Initial Approval Standards are met.
- c. A Board representative shall validate readiness of the program to admit students and prepare a report.
- d. The Board shall review all documents for Initial Approval during a regularly scheduled Board meeting.
- e. The Board may grant, defer or deny Initial Approval.
- f. After receiving Initial Approval, the program:
 - (1) May admit students;
 - (2) Shall proceed toward compliance by following the Education Standards for Full Approval; and
 - (3) Shall follow the same standards as those of established programs in terms of annual activities, projects, and reports.

4. Full Approval

- a. Before graduation of the first class, a Board representative shall validate compliance with the Standards and prepare a report.
- b. The report and documentation shall be reviewed during a regularly scheduled Board meeting.
- c. The Board may grant, defer, or deny Full Approval.

B. ESTABLISHED PROGRAM THAT PREPARES GRADUATES FOR PRACTICAL AND REGISTERED NURSING LICENSURE

1. Continued Full Approval

- a. A survey shall be periodically conducted to review the program for continued compliance with the Standards. An on-site or paper survey for a program includes:
 - (1) A newly established program shall have an on-site survey three (3) years after receiving initial Full Approval.
 - (2) An established professional or practical nurse program that has continued accreditation status with a national nursing accreditation organization and has maintained a NCLEX-RN® or NCLEX-PN® pass rate of at least 75% shall have a paper survey every five (5) years thereafter.
 - (3) An established professional or practical nurse program that does not meet the criteria for accreditation with a national nursing education accreditation organization or has failed to maintain

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- at least a 75% pass rate on the NCLEX-RN® or NCLEX-PN® shall have an on-site survey visit every five (5) years thereafter.
- b. The survey report and documentation shall be submitted to the Board and reviewed during a regularly scheduled Board meeting.
 - c. A program that is granted full approval shall maintain a NCLEX-RN® or NCLEX-PN® pass rate above 75% for two consecutive year prior to being considered for Continued Full Approval.
 - d. The Board may grant, defer, or deny Continued Full Approval.
2. Conditional Approval
 - a. If areas of noncompliance with standards are not corrected in the timeframe established by the Board, the Board shall award Conditional Approval.
 - b. Information regarding a nursing program requested by the Board shall be provided by the parent institution.
 - c. A representative of the Board may conduct an on-site survey and complete a written report at the request of the Board.
 - d. Additional information available to the Board may be considered.
 - e. The Board shall review all documents during a regularly scheduled Board meeting.
 - f. The Conditional Approval status shall be in effect for a maximum of one (1) year to correct noncompliance deviations from the standards, unless otherwise determined by the Board.
 - g. The program and parent institution shall receive written notification of noncompliance deviations and the Board action.
 - h. The Board may grant continued Conditional Approval, Full Approval, or withdraw the program's approval.
 3. Satellite Campus
 - a. Satellite campus programs shall be approved by the Board prior to implementation.
 - (1) Continued Full Approval program may submit a proposal for a satellite campus program.
 - (2) The proposal shall reflect requirements for prerequisite approval of a new program.
 - b. The Board may grant, defer, or deny approval.
 - c. All approved satellite campus programs shall maintain the same standards as the parent program.
 - d. Each satellite campus' data will be included in the program's annual report and five-year survey report.
 4. Distant Learning Sites
 - a. Distant learning sites shall be approved by the Board prior to utilization.
 - b. Each distant learning site's data shall be included in the program's annual report and five-year survey report.

HISTORY: Amended: January 1, 2018

SECTION II PROGRAM REQUIREMENTS

A. ADMINISTRATION AND ORGANIZATION

1. Institutional Accreditation

The parent institution shall be approved by the appropriate state body.
2. Institutional Organization
 - a. The parent institution shall be a post-secondary educational institution, hospital, or consortium of such institutions.
 - b. The institutional organizational chart shall indicate lines of authority and relationships with administration, the program, and other departments.
 - c. The program shall have at least equal status with comparable departments of the parent institution.
3. Program Organization
 - a. The program shall have a current organizational chart.
 - b. The program shall have specific current job descriptions for all positions.

B. PHILOSOPHY AND GRADUATE COMPETENCIES

1. The philosophy of the program shall be in writing and consistent with the mission of the parent institution.
2. Graduate competencies shall be derived from the program's philosophy.

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3. The philosophy and graduate competencies shall serve as the framework for program development and maintenance.

C. RESOURCES

1. Financial Resources
 - a. There shall be adequate financial support to provide stability, development, and effective operation of the program.
 - b. The director of the program shall administer the budget according to parent institutional policies.
 - c. The director shall make budget recommendations with input from the faculty and staff.
2. Library and Learning Resource Center
 - a. Each program and each satellite campus shall have a library or learning resource center with the following:
 - (1) Current holdings to meet student educational needs, faculty instructional needs, and scholarly activities.
 - (2) Budget plan for acquisitions of printed and multi-media materials.
 - (3) Written process for identifying and deleting outdated holdings.
 - (4) Resources and services accessible and conveniently available.

HISTORY: Amended January 1, 2018

D. FACILITIES

1. Classrooms and Laboratories
 - a. Each program and satellite campus shall have a clinical skills laboratory equipped with necessary educational resources.
 - b. Classrooms and laboratories shall be:
 - (1) Available at the scheduled time;
 - (2) Adequate in size for number of students;
 - (3) Climate controlled, ventilated, lighted; and
 - (4) Equipped with seating, furnishings and equipment conducive to learning and program goals.
 - c. Adequate storage space shall be available.
 - d. Facilities shall be in compliance with applicable local, state, and federal rules ~~and regulations~~ related to safety and the Americans with Disabilities Act.
2. Offices
 - a. The director of the program shall have a private office.
 - b. Faculty members shall have adequate office space to complete duties of their positions and provide for uninterrupted work and privacy for conferences with students.
 - c. There shall also be adequate:
 - (1) Office space for clerical staff;
 - (2) Secure space for records, files, equipment, and supplies; and
 - (3) Office equipment and supplies to meet the needs of faculty and clerical staff.
3. Clinical Facilities
 - a. Clinical facilities and sites shall provide adequate learning experiences to meet course objectives.
 - b. Clinical sites shall be adequately staffed with health professionals.
 - c. The program shall have a current and appropriate written agreement with each clinical site.
 - d. Written agreements shall include a termination clause and be reviewed annually.
 - e. Students shall receive orientation to each clinical site.

HISTORY: Amended January 1, 2018,
Amended January 1, 2020

E. PERSONNEL

1. Program Director
 - a. The program director shall have a current unencumbered registered nurse license to practice in Arkansas and be employed full time.

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- b. The practical nursing program director shall have a minimum of a baccalaureate degree in nursing. Directors appointed prior to January 1, 2004, shall be exempt for the duration of their current position.
 - c. The baccalaureate, diploma or associate degree program director shall have a minimum of a master's degree in nursing.
 - d. The master's degree program director shall have a graduate degree with a major in nursing and is doctorally prepared
 - e. The program director shall have previous experience in clinical nursing practice and/or education.
 - f. The program director's primary responsibility and authority shall be to administer the nursing program.
 - (1) The program director shall be accountable for program administration, planning, implementation, and evaluation.
 - (2) Adequate time shall be allowed for relevant administrative duties and responsibilities.
 - g. The program director shall verify the applicant has completed the program.
2. Faculty and Assistant Clinical Instructors
- a. Faculty shall hold a current unencumbered registered nurse license to practice in Arkansas.
 - b. Faculty shall have had at least two years previous experience in clinical nursing at or above the education program level.
 - c. Faculty teaching in a masters, baccalaureate, diploma, associate degree, or practical nurse program shall have a degree or diploma above the type of education program offered.
 - d. Nurses serving as assistant clinical instructors in a masters, baccalaureate, diploma, associate degree, or practical nurse program shall have a degree or diploma at or above the type of education program offered.
 - e. Assistant clinical instructors shall:
 - (1) Be under the direction of faculty;
 - (2) Hold a current unencumbered license to practice in Arkansas; and
 - (3) Have a minimum of two years experience in the clinical area.
 - f. All faculty shall maintain education and clinical competencies in areas of instructional responsibilities.
 - g. Non-nurse faculty shall meet the requirements of the parent institution.
 - h. Faculty shall be organized with written policies, procedures, and, if appropriate, standing committees.
 - i. Nursing faculty policies shall be consistent with parent institutional policies.
 - j. Program specific policies shall be developed by nursing faculty.
 - k. A planned program specific orientation for new faculty shall be in writing and implemented.
 - l. Consideration shall be given to safety, patient acuity, and the clinical area in determining the necessary faculty to student ratio for clinical experiences. The faculty to student ratio in clinical experiences shall be:
 - (1) In the acute care setting where students are providing direct patient care the ratio is one faculty member to eight students (1:8).
 - (2) In the non-acute care setting where students are providing direct patient care the ratio is one faculty member to ten students (1:10).
 - (3) In the community setting where the students have indirect or direct patient care with a community partner the ratio is one faculty member to fifteen students (1:15).
 - m. The minimum number of faculty shall be one (1) full-time member in addition to the director.
 - n. Faculty meetings shall be regularly scheduled and held. Minutes shall be maintained in writing.
 - o. Faculty members shall participate in program activities as per policies and procedures.
3. Support Staff
- There shall be secretarial designated support staff sufficient to meet the needs of the program.

F. PRECEPTORS

- 1. Preceptor Utilization
 - a. Preceptors shall not be utilized in foundation or introductory courses.
 - b. Preceptors shall not be considered in clinical faculty-student ratio. The ratio of preceptor to student shall not exceed 1:2.
 - c. There shall be written policies for the use of preceptors, that include:
 - (1) Communications between the program and preceptor concerning students;
 - (2) Duties, roles, and responsibilities of the program, preceptor, and student; and
 - (3) An evaluation process.
 - d. All preceptors shall be listed on the annual report by area, agency, and number of students precepted.

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2. Preceptor Criteria
 - a. Masters, baccalaureate, diploma, associate degree, or practical nurse program student preceptors shall hold a current unencumbered license to practice as a registered nurse in Arkansas. Practical nurse student preceptors shall hold a current unencumbered license to practice as a registered nurse, licensed practical nurse, or licensed psychiatric technician nurse in Arkansas.
 - b. Preceptors shall have a minimum of one-year experience in the area of clinical specialty for which the preceptor is utilized.
 - c. Preceptors shall participate in evaluation of the student.
3. Student Criteria
 - a. Precepted students shall be enrolled in courses specific to the preceptor's expertise.
 - b. Precepted students shall have appropriate learning experiences prior to the preceptorship.
 - c. There shall be no reimbursement to students for the educational preceptorship.
4. Faculty Criteria
 - a. Program faculty shall be responsible for the learning activity.
 - b. Program faculty shall be available for consultation with student and preceptor.
 - c. Program faculty shall be responsible for the final evaluation of the experience.

G. STUDENTS

1. Admissions, Readmissions, and Transfers
 - a. There shall be written policies for admission, readmission, transfer, and advanced placement of students.
 - b. Admission criteria shall reflect consideration of potential to complete the program and meet standards to apply for licensure (See ACA §17-87-312).
 - c. Students who speak English as a second language shall meet the same admission criteria as other students and shall pass an English proficiency examination.
 - d. Documentation of high school graduation or an equivalent, as determined by the appropriate educational agency, shall be an admission requirement.
2. Progression and Graduation: There shall be written policies for progression and graduation of students.
3. Student Services
 - a. Academic and financial aid services shall be accessible to all students.
 - b. If health services are not available through the parent institution, a plan for emergency care shall be in writing.
 - c. There shall be provision for a counseling and guidance program separate from nursing faculty.
4. Appeal Policies: Appeal policies shall be in writing and provide for academic and non-academic grievances.
5. Program Governance: Students shall participate in program governance as appropriate.

H. STUDENT PUBLICATIONS

1. Publications shall be current, dated, and internally consistent with parent institution and program materials.
2. The following minimum information shall be available in writing for prospective and current students:
 - a. Approval status of the program granted by the Board;
 - b. Admission criteria;
 - c. Advanced placement policies;
 - d. Curriculum plan;
 - e. Program costs;
 - f. Refund policy;
 - g. Financial aid information; and
 - h. Information on meeting eligibility standards for licensure, including information on ACA §17-87-312 and that graduating from a nursing program does not assure ASBN's approval to take the licensure examination.
3. The student handbook shall include the following minimum information:
 - a. Philosophy and graduate competencies;
 - b. Policies related to substance abuse, processes for grievances and appeal, grading, progression, and graduation; and
 - c. Student rights and responsibilities.

I. EDUCATIONAL PROGRAM

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1. The education program shall include curriculum and learning experiences essential for the expected entry level and scope of practice.
 - a. Curriculum development shall be the responsibility of the nursing faculty.
 - b. Curriculum plan shall be organized to reflect the philosophy and graduate competencies.
 - c. Courses shall be placed in a logical and sequential manner showing progression of knowledge and learning experiences.
 - d. Courses shall have written syllabi indicating learning experiences and requirements.
 - e. Theory content shall be taught concurrently or prior to related clinical experience.
 - f. Clinical experiences shall include expectations of professional conduct by students.
 - g. Curriculum plans for all programs shall include appropriate content in:
 - (1) Introduction to current federal and state patient care guidelines;
 - (2) Current and emerging infectious diseases;
 - (3) Emergency preparedness for natural and manmade disasters;
 - (4) Impact of genetic research;
 - (5) End of life care; and
 - (6) Legal and ethical aspects of nursing, including the *Arkansas Nurse Practice Act*.
2. The curriculum plan for practical nurse programs shall include:
 - a. Theoretical content and clinical experiences that focus on:
 - (1) Care for persons throughout the life span including cultural sensitivity;
 - (2) Restoration, promotion, and maintenance of physical and mental health; and
 - (3) Prevention of illness for individuals and groups.
 - b. The length of the practical nurse curriculum shall be no less than ten (10) calendar months which includes a minimum of thirty-five (35) credit hours in nursing content.
 - c. Theory content may be in separate courses or integrated and shall include at least the following:
 - (1) Anatomy and physiology;
 - (2) Nutrition;
 - (3) Pharmacology and intravenous therapy;
 - (4) Growth and development throughout the life span;
 - (5) Fundamentals of nursing;
 - (6) Gerontological nursing;
 - (7) Nursing of adults;
 - (8) Pediatric nursing;
 - (9) Maternal/infant nursing;
 - (10) Mental health nursing; and
 - (11) Principles of management in long term care, including delegation.
 - d. Clinical experiences shall be in the areas of:
 - (1) Fundamentals of nursing;
 - (2) Nursing of adults;
 - (3) Pediatric nursing;
 - (4) Gerontological nursing;
 - (5) Maternal/infant nursing;
 - (6) Mental health;
 - (7) Administration of medications, including intravenous therapy; and
 - (8) Management in long term care, including delegation.
3. The curriculum plan for registered nurse programs; masters, baccalaureate, diploma, or associate degree shall include:
 - a. Theoretical content and clinical experiences that focus upon:
 - (1) The prevention of illness and the restoration, promotion, and maintenance of physical and mental health;
 - (2) Nursing care based upon assessment, analysis, planning, implementing, and evaluating; and
 - (3) Care for persons throughout the life span, including cultural sensitivity.
 - b. Course content may be in separate courses or integrated and shall include at least the following:
 - (1) Biological and physical sciences content:
 - a. Chemistry;
 - b. Anatomy and physiology;
 - c. Microbiology;
 - d. Pharmacology;

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- e. Nutrition; and
- f. Mathematics.
- (2) Behavioral science and humanities content:
 - a. Psychology;
 - b. Sociology;
 - c. Growth and development;
 - d. Interpersonal relationships;
 - e. Communication; and
 - f. English composition.
- (3) Nursing science content:
 - a. Medical surgical adult;
 - b. Pediatrics;
 - c. Maternal/infant;
 - d. Gerontology;
 - e. Mental health;
 - f. Leadership, including nursing management and delegation; and
 - g. Masters and baccalaureate programs shall include community health.
- (4) Clinical experiences shall be in the areas of:
 - a. Medical/surgical;
 - b. Pediatrics;
 - c. Maternal/infant;
 - d. Mental health;
 - e. Gerontology;
 - f. Leadership and management, including delegation;
 - g. Rehabilitation; and
 - h. Masters and baccalaureate programs shall include clinical experiences in community health.
- 4. The curriculum plan for registered nursing and practical nursing education programs may include the use of simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours in each course. A program that uses simulation shall demonstrate the use of current standards of best practice for simulation and provide evidence of compliance that shall include:
 - a. An organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.
 - b. Management by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
 - c. A budget that will sustain the simulation activities and training of the faculty.
 - d. Appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.
 - e. Training for faculty involved in the use of simulation, both didactic and clinical,
 - f. On-going professional development in the use of simulation, for faculty involved in simulations, both didactic and clinical.
 - g. Programmatic outcome that are linked to simulation activities.
 - h. Written policies and procedures on the following:
 - (1) short-term and long-term plans for integrating simulation into the curriculum;
 - (2) method of debriefing each simulated activity; and
 - (3) plan for orienting faculty to simulation.
 - i. Criteria to evaluate the simulation activities.
 - j. Student evaluations of simulation experiences on an ongoing basis.
 - k. Information about the use of simulation, as requested by the Board of Nursing, on the annual report.

HISTORY: Amended: December 29, 2018

J. PROGRAM EVALUATION

1. Faculty shall be responsible for program evaluation.
2. A systematic evaluation plan of all program aspects shall be in writing, implemented, and include: philosophy and graduate competencies, curriculum, policies, resources, facilities, faculty, students, graduates, and employer evaluation of graduates.

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3. The outcomes of the systematic evaluations shall be used for ongoing maintenance and development of the program.
4. Appropriate records shall be maintained to assist in overall evaluation of the program after graduation.
5. The systematic program evaluation plan shall be periodically reviewed.
6. Students shall evaluate the courses, instructors, preceptors, and clinical experiences throughout the program, and the overall program after graduation.

K. RECORDS

1. Transcripts of all students enrolled in the program shall be maintained according to policies of the parent institution.
 - a. Transcripts shall reflect courses taken.
 - h. The final transcript shall include:
 - (1) Dates of admission;
 - (2) Date of separation or graduation from the program;
 - (3) Hours/credits/units earned, degree, diploma, or certificate awarded;
 - (4) The signature of the program director, registrar, or official electronic signature; and
 - (5) The seal of the school or be printed on security paper or an official electronic document.
 - i. Current program records shall be safely stored in a secure area.
 - j. Permanent student records shall be safely stored to prevent loss by destruction and unauthorized use.

HISTORY: Amended: January 1, 2018

SECTION III

REPORTS, LICENSURE EXAMINATION PERFORMANCE AND CLOSURE

A. REPORTS

1. Annual report: An annual report shall be submitted in a format and date determined by the Board.
2. Special reports/requests: The Board shall be notified in writing of major changes affecting the program, including but not limited to:
 - a. School name;
 - b. Director of Program; and
 - c. Ownership or merger of parent institution.
3. Curriculum changes:
 - a. Masters, baccalaureate, diploma, or associate degree nurse program changes – Major changes of curriculum or standards shall be reported to the Board prior to implementation, including but not limited to:
 - (1) Philosophy, competencies, and objectives.
 - (2) Reorganization of curriculum.
 - (3) Increase or decrease in length of program.
 - b. Practical Programs – Major changes of curriculum and standards shall be approved prior to implementation, including but not limited to:
 - (1) Philosophy, competencies, and objectives;
 - (2) Reorganization of curriculum; and
 - (3) Increase or decrease in length of program.
4. Pilot programs/projects that differ from the current approved program shall be approved prior to implementation.

B. LICENSURE EXAMINATION PERFORMANCE

1. The student pass rate on the licensure examination shall be calculated on the ASBN fiscal year.
2. The program shall maintain a minimum pass rate of 75% for first-time examination candidates.
3. Any program with a pass rate below 75% shall:
 - a. First year:
 - (1) Receive a letter of concern; and
 - (2) Provide the Board with a report analyzing all aspects of the program. The report shall identify and analyze areas contributing to the low pass rate and include plans for resolution which shall be implemented.

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- b. Second consecutive year:
 - (1) Receive a letter of warning; and
 - (2) Program director and parent institution representative shall appear and present a report to the Board. The report shall identify and analyze the failure of first year corrections and additional plans for resolution of the low pass rate.
- c. Third consecutive year:
 - (1) Be placed on conditional approval; and
 - (2) Conditional approval will be granted until two consecutive years of an above 75% pass rate is achieved or until the Board withdraws approval status for noncompliance with the education standards.

C. PROGRAM CLOSURE

- 1. Voluntary
 - a. The parent institution shall submit a letter of intent for closure at least six (6) months prior to the closure. The letter shall include:
 - (1) Date of closure; and
 - (2) Plan for completion of currently enrolled students.
 - b. The Board must approve closure plan prior to implementation.
 - c. All classes and clinical experiences shall be provided until current students complete the program or parent institution provides for transfer to another acceptable program.
 - d. Records of a closed program shall be maintained by the parent institution and be in compliance with federal and state laws. The institution shall notify the Board of arrangements for the storage of permanent student and graduate records.
- 2. Mandatory
 - a. Upon Board determination that a program has failed to comply with educational standards and approval has been withdrawn, the parent institution shall receive written notification for closure of the program. The notification shall include:
 - (1) The reason for withdrawal of approval;
 - (2) The date of expected closure; and
 - (3) A requirement for a plan for completion of currently enrolled students or transfer of students to another acceptable program.
 - b. Records of a closed program shall be maintained by the parent institution and be in compliance with federal and state laws. The institution shall notify the Board of arrangements for the storage of permanent student and graduate records.
- 3. A program that has had withdrawal of their approval status may apply as a new program after one year from official closure date.

HISTORY: Amended: January 1, 2018

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CHAPTER EIGHT MEDICATION ASSISTANT-CERTIFIED

SECTION I DEFINITION OF TERMS

DESIGNATED FACILITY – a nursing home.

MEDICATION ASSISTANT-CERTIFIED – (MA-C) a person who is certified by the Board to administer certain nonprescription and legend drugs in designated facilities.

SUPERVISION – the oversight of the medication assistant-certified by a licensed nurse on the premises of a nursing home.

LEGEND DRUG - a drug limited by § 503(b) (1) of the federal Food, Drug, and Cosmetic Act to being dispensed by or upon a medical practitioner's prescription.

INITIAL MEDICATION – a new medication that the patient has not been receiving and/or changes in dosage, route, or frequency of a medication that a patient is currently receiving.

SECTION II QUALIFICATIONS

- A. In order to be certified as a medication assistant-certified, an applicant shall submit to the Arkansas State Board of Nursing written evidence, verified by oath, that the applicant:
1. Is currently listed in good standing on the state's certified nurse aide registry;
 2. Has maintained registration on the state's certified nurse aide registry continuously for a minimum of one (1) year;
 3. Has completed at least one (1) continuous year of full-time experience as a certified nurse aide in this state;
 4. Is currently employed at a nursing home;
 5. Has a high school diploma or the equivalent;
 6. Has successfully completed a literacy and reading comprehension screening process approved by the Board;
 7. Has successfully completed a medication assistant-certified training course approved by the Board; and
 8. Has successfully passed a Board approved certification examination on subjects the Board determines; or
- B. Has completed a portion of a nursing education program equivalent to the medication assistant person training course and passed the board's medication assistant certification and is otherwise qualified.
- C. Any person holding certification as a medication assistant-certified shall have the right to use the title medication assistant-certified" and the abbreviation "MA-C."

SECTION III EXAMINATION

- A. **ELIGIBILITY**
The applicant shall meet the certification requirements of the Board.

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B. APPLICATION

1. Applications for examination shall be completed and filed with the Board prior to the examination.
2. Verification of successful completion of the medication assistant-certified program including date of completion shall be received in the Board office directly from the institution which provided the program.

C. FEE

1. The examination fee shall accompany the application.
2. The examination fee (first time or retake) is not refundable.

D. PASSING SCORE

The passing score on the certification examination shall be determined by the Board.

E. FAILING SCORE AND ELIGIBILITY TO RETAKE THE EXAMINATION

1. Any applicant whose score falls below the passing score shall fail the examination.
2. The frequency and number of retests by unsuccessful candidates shall be determined by the Board.

F. RESULTS

Examination results shall be available to all applicants and to their respective schools.

SECTION IV MA-C IDENTIFICATION

- A. Any person who holds a MA-C certification in this state shall use the legal title or abbreviation as set forth in Arkansas Code Annotated Section 17-87-101, et. seq. No other person shall assume any other name, title or abbreviation or any words, letters, signs, or devices that would cause a reasonable person to believe the user is certified as a MA-C.
- B. Any person certified as a MA-C shall wear a name badge with name and appropriate legal title or abbreviation during times when such person is administering medications.
- C. The name badge shall be prominently displayed and clearly legible such that the person receiving medications may readily identify the type of personnel administering such medications.

SECTION V SCOPE OF WORK

- A. A MA-C may perform the delegated function of medication administration and related tasks under the supervision of a licensed nurse. A MA-C shall not administer any medication which requires nursing assessment or judgment prior to administration, evaluation and follow up, even if the medication is given by an approved medication route. A MA-C shall not administer medications to more than forty (40) patients during a shift.

B. APPROVED MEDICATION ROUTES

The routes in which nonprescription and legend drugs may be administered by a MA-C when delegated by a licensed nurse include:

1. Orally
2. Topically
3. Drops for eye, ear or nose
4. Vaginally
5. Rectally
6. Transdermally
7. Oral inhaler

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C. TASKS NOT WITHIN THE SCOPE OF WORK

Tasks which shall not be delegated to the MA-C include, but are not limited to:

1. Receive, have access or administer controlled substances
2. Administer parenteral, enteral, or injectable medications
3. Administer any substance by nasogastric or gastrostomy tube
4. Calculate drug doses
5. Destroy medications
6. Receive written or verbal orders
7. Transcribe orders from the medical record
8. Order initial medications (Refer to Section I, Definition of Terms)
9. Evaluate medication error reports
10. Perform treatments
11. Conduct patient assessments or evaluations
12. Engage in patient teaching activities
13. Order or receive medications by a route that the medication assistant – certified can not administer

SECTION VI SUPERVISION

A licensed nurse shall not supervise more than two (2) medication assistant-certified persons during a shift.

SECTION VII NURSING HOMES UTILIZING MA-C

Nursing homes utilizing MA-C persons shall notify the Board, on forms supplied by the Board. The notification shall be signed by the facility administrator and director of nursing.

SECTION VIII DUPLICATE CERTIFICATE

- A. A duplicate certificate shall be issued when the MA-C submits a statement to the Board that the document is lost, stolen, or destroyed, and pays the required fee.
- B. The certificate will be marked "DUPLICATE."

SECTION IX CERTIFICATION/VERIFICATION TO ANOTHER JURISDICTION

Upon payment of a certification/verification fee, a MA-C seeking certification in another jurisdiction may have a certified statement of Arkansas Certification issued to the appropriate entity in that jurisdiction.

ARKANSAS STATE BOARD OF NURSING RULES

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SECTION X
NAME OR ADDRESS CHANGE

- A. A MA-C whose name is legally changed, shall be issued a replacement certificate following submission of a notarized statement, copy of marriage license or court action, and the required fee.
- B. A MA-C shall immediately notify the Board in writing of a change in mailing or residential address.

SECTION XI
RENEWALS

- A. Each person certified under the provisions of ACA §17-87-701 et. seq. shall renew certification biennially.
 - 1. Thirty (30) days prior to the expiration date, the Board shall mail a renewal notification to the last known address of each MA-C to whom a certificate was issued or renewed during the current period.
 - 2. An application shall be completed before the certification renewal is processed.
 - 3. The certificate holder must attest to being currently listed in good standing on the state's certified nurse aide registry, have completed the required continuing education, and are currently employed.
 - 4. The non refundable fee for renewal shall accompany the application.
 - 5. Pursuant to Act 996 of 2003 and upon written request and submission of appropriate documentation, members of the Armed Forces of the United States who are Arkansas residents and are ordered to active duty to a duty station located outside of this state shall be allowed an extension without penalty or assessment of a late fee for renewing the service member's certification. The extension shall be effective for the period that the service member is serving on active duty at a duty station located outside of this state and for a period not to exceed six months after the service member returns to the state.

B. EXPIRED CERTIFICATE

- 1. The certificate is expired if not renewed by the expiration date.
- 2. Failure to receive the renewal notice at the last address of record in the Board office shall not relieve the MA-C of the responsibility for renewing the certificate by the expiration date.
- 3. Any MA-C whose certificate is expired shall file a renewal application and pay the current renewal fee and the late fee.
- 4. Any person practicing during the time the certificate has lapsed shall be considered to be providing services illegally and shall be subject to the penalties provided for violation of ACA §17-87-701 et seq.
- 5. When disciplinary proceedings have been initiated against a MA-C whose certificate has expired, the certificate shall not be reinstated until the proceedings have been completed.
- 6. A MA-C applying to reinstate an expired certificate to active status shall complete the continuing education requirements prior to reinstatement of the certificate and attest to being currently listed in good standing on the state's certified nurse aide registry.
- 7. If the expired period exceeds five (5) years, the person must repeat a medication assistant – certified personnel training program approved by the Board and successfully pass a Board-approved certification examination.

SECTION XII
CONTINUING EDUCATION

Each person holding an active certificate or applying for reactivation of a certificate under the provisions as stated in these rules shall be required to complete certain continuing education requirements prior to certification renewal or reactivation.

A. DECLARATION OF COMPLIANCE

Each MA-C shall declare his/her compliance with the requirements for continuing education at the time of certification renewal or reactivation. The declaration shall be made on the form supplied by the Board.

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B. REQUIREMENTS

1. A MA-C who holds an active certificate shall document completion of eight (8) contact hours of continuing education approved by Arkansas State Board of Nursing during each renewal period.
2. Expired certifications have no requirements for continuing education. Certification reactivation within two (2) years or less shall require documented completion of the following:
 - a. Ten (10) contact hours of continuing education related to medication administration within the past two (2) years approved by the Arkansas State Board of Nursing, and
 - b. Provide other evidence as requested by the Board.
3. Certification reactivation greater than two (2) years, but less than five (5) years shall require documented completion of the following:
 - a. Ten (10) contact hours of continuing education related to medication administration within the past two (2) years approved by the Arkansas State Board of Nursing, or a medication related academic course, and
 - b. Provide other evidence as requested by the Board.
4. Continuing education hours beyond the required contact hours shall not be carried over to the next renewal period.

C. RESPONSIBILITIES OF THE INDIVIDUAL CERTIFIED

1. It shall be the responsibility of each MA-C to select and participate in those continuing education activities that will meet the criteria.
2. It shall be the MA-C's responsibility to maintain records of continuing education as well as documented proof such as original certificates of attendance, contact hour certificates, academic transcripts or grade slips, and to submit copies of this evidence when requested by the Board.
3. Records shall be maintained by the MA-C for a minimum of two (2) consecutive renewal periods or four (4) years.

D. RECOGNITION OF PROVIDERS

1. The Board shall approve all continuing education programs for the medication assistant-certified.
2. The Board shall work with the professional organizations, approved schools, and other providers of continuing educational programs to ensure that continuing education activities are available to MA-C's.

E. ACTIVITIES ACCEPTABLE FOR CONTINUING EDUCATION

1. The educational activity shall be at least one (1) contact hour in length.
2. The content shall be medication related, relevant to the MA-C scope of work, and provide for educational growth.
3. If participation is in an academic course or other program in which grades are given, a grade equivalent of "C" or better shall be required, or "pass" on a pass/fail grading system.

F. ACTIVITIES WHICH ARE NOT ACCEPTABLE AS CONTINUING EDUCATION

1. In-service programs. Activities intended to assist the MA-C to acquire, maintain, and/or increase the competence in fulfilling the assigned responsibilities specific to the expectations of the employer.
2. Orientation programs. A program by which new staff are introduced to the philosophy, goals, policies, procedures, role expectations, physical facilities, and special services in a specific work setting. Orientation is provided at the time of employment and at other times when changes in roles and responsibilities occur in a specific work setting.
3. Courses designed for lay people.

G. INDIVIDUAL REVIEW OF A CONTINUING EDUCATION ACTIVITY PROVIDED BY A NON-RECOGNIZED AGENCY/ORGANIZATION

1. A MA-C may request an individual review by:
 - a. Submitting an "Application for Individual Review".
 - b. Paying a fee.

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2. Approval of a non-recognized continuing educational activity shall be limited to the specific event under consideration.

H. AUDITS

1. The Board may perform random audits of MA-C's for compliance with the continuing education requirement.
2. If audited, the MA-C shall prove completion of the required continuing education during the twenty-four (24) months immediately preceding the renewal date, presenting photocopies of original certificates of completion to the Board.
3. MA-C shall provide evidence of continuing education requirements within thirty (30) calendar days from the mailing date of the audit notification letter sent from the Board to the last known address of the certified.
4. Certificate holders may be subject to disciplinary action by the Board if noncompliant with the audit.

I. FAILURE TO COMPLY

1. Any MA-C who fails to complete continuing education or who falsely certifies completion of continuing education shall be subject to disciplinary action, non-renewal of the certificate, or both, pursuant to ACA §17-87-706 and ACA §17-87-707 (a)(1)(a) and (a)(5).
2. If the Board determines that a MA-C has failed to comply with continuing education requirements, the MA-C will:
 - a. Be allowed to meet continuing education requirements within ninety (90) days of notification of non-compliance.
 - b. Be assessed a late fee for each contact hour that requirements are not met after the ninety (90) day grace period and be issued a Letter of Reprimand. Failure to pay the fee may result in further disciplinary action.

SECTION XIII ENDORSEMENT

- A. The Board may issue certification as a MA-C by endorsement to an applicant who has been licensed or certified as a MA-C under the laws of another state or territory, regardless of title if:
 1. In the opinion of the Board, the applicant meets the qualifications of MA-C in this state; and
 2. The Board recommends certification.

B. APPLICATION

1. Applications must be completed, certified, signed by the applicant, and filed with the Board.
2. Endorsement verifications will be accepted from the state of original certification only.

C. FEE

1. The endorsement fee must accompany the application.
2. The fees are not refundable.

SECTION XIV STANDARDS FOR TRAINING PROGRAMS

A. NEW PROGRAM APPROVAL

1. MA-C training programs shall be Board approved prior to implementation of the program.
2. The parent institution shall be a post secondary educational institution, hospital or consortium of such institutions which currently offers a nursing program, approved by the Board.
3. Approval
 - a. The institution shall submit a proposal that is signed by the appropriate administrative officers, and includes:

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- i. Evidence of adequate and appropriate faculty/resources to provide for the program and the requirements listed in this chapter.
- ii. A plan and timeline for meeting the program requirements.
- b. The Board shall conduct an initial survey
- c. The Board may grant, defer, or deny initial approval of the MA-C training program.
- d. After being granted approval, the institution may advertise and enroll students.

B. ESTABLISHED PROGRAM APPROVAL

- 1. Continued Approval:
 - a. A survey will be conducted every five (5) years to review the program for continued compliance with the Standards. The survey report and documentation shall be submitted to the Board and reviewed.
 - b. The Board may grant or defer continued approval or place the program on conditional approval.
- 2. Conditional Approval:
 - a. If areas of non-compliance with standards are not corrected within the timeframe established by the Board, the Board shall award conditional approval.
 - b. The conditional approval status shall be in effect for a maximum of one (1) year to correct noncompliance deviations from the Standards, unless otherwise determined by the Board.
- 3. The Board may grant continued conditional approval, full approval, or withdraw the MA-C training program's approval.
- 4. Satellite and Distance Learning sites shall be approved by the Board prior to implementation and shall meet the same standards as the parent program.

C. PROGRAM REQUIREMENTS

- 1. Administration and Organization:

The parent institution shall be approved by the appropriate state body.
- 2. Financial Resources:

There shall be adequate financial support to provide stability, development and effective operation of the program.
- 3. Facilities:
 - a. Each program and satellite campus shall have a clinical skills laboratory equipped with necessary educational resources.
 - b. Classrooms and laboratories shall be:
 - i. Available at the scheduled time.
 - ii. Adequate in size for number of students.
 - iii. Climate controlled, ventilated, lighted, equipped with seating, furnishings, and equipment conducive to learning and program goals.
 - c. Adequate storage space shall be available.
 - d. Facilities shall be in compliance with applicable local, state, and federal rules ~~and regulations~~ related to safety and the Americans with Disabilities Act.
 - e. Offices:
 - i. There shall be adequate office space for instructors.
 - ii. There shall be secure space for records, files, equipment, and supplies.
 - iii. There shall be office equipment and supplies to meet the needs of faculty and clerical staff.
 - f. Clinical Facilities:
 - i. Nursing homes shall provide adequate clinical learning experiences to meet course objectives.
 - ii. Students shall receive orientation at each clinical site.
- 4. Personnel:
 - a. The program shall have at least one instructor.
 - b. The instructor shall hold a current unencumbered registered nurse license to practice in Arkansas with at least two (2) years clinical experience and/or education experience in a nursing home.
 - c. The program may have clinical instructors who shall be licensed to practice nursing in Arkansas and have at least one (1) year recent experience in a nursing home.
 - d. An instructor or preceptor shall be onsite and available at all times during the student's clinical experience.

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- e. There shall be secretarial and other support staff sufficient to meet the needs of the program.
- 5. Students:
 - There shall be written policies for admission, readmission, progression, and completion for students which includes documentation of the student's qualifications which comply with ACA §17-87-704.
- 6. Training Program:
 - a. The training program shall include curriculum and learning experiences essential for the expected entry level and scope of work of the MA-C.
 - b. The training program shall have at least one hundred (100) hours to include forty-five (45) hours of didactic study, fifteen (15) hours of skills lab practice, and forty (40) hours of supervised progressive clinical.
 - c. The didactic content shall include, but not be limited to:
 - i. Role and scope of work of the MA-C;
 - ii. The legal and ethical issues of medication administration;
 - iii. Principles of medication properties, uses, and action;
 - iv. Principles of medication administration including safety, infection control, communication, and documentation skills;
 - v. Appropriate reporting of changes in clients' condition.
 - d. The skills lab shall include activities which focus on elderly clients in a nursing home.
 - e. Consideration shall be given to safety, patient acuity, and the clinical area in determining the necessary faculty to student ratio for clinical experiences.
 - e. The faculty to student ratio shall be no greater than 1:6.
 - f. There shall be a supervised progressive clinical experience with the first twenty-four (24) hours under the direct supervision of the clinical instructor. A preceptor may supervise the remaining clinical hours.
- 7. Preceptors:
 - a. Preceptors shall be licensed to practice nursing in Arkansas and have at least one (1) year recent experience in a nursing home.
 - b. The ratio of preceptor to student shall not exceed 1:1.
 - c. There shall be written policies for the use of preceptors, that include:
 - i. Communications between the program and preceptor concerning students.
 - ii. Duties, roles, and responsibilities of the program, preceptor, and student.
 - iii. An evaluation process.
 - d. All preceptors shall be listed on the annual report.
- 8. Program Evaluation:
 - a. Appropriate records shall be maintained to assist in overall evaluation of the program.
 - b. Students shall evaluate the courses, instructors, preceptors, and clinical experience.
- 9. Records:
 - a. Current program records shall be safely stored in a secure area.
 - b. The final record of all students enrolled in the program shall be maintained according to the policies of the parent institution.
 - c. The final record shall:
 - i. Reflect courses taken and include information as indicated by the Board;
 - ii. Be an official documentation of program completion;
 - iii. Be printed on security paper or an official electronic document.
 - d. Permanent student records shall be safely stored to prevent loss by destruction and unauthorized use.

HISTORY: Amended January 1, 2020

D. REPORTS, CERTIFICATION EXAMINATION PERFORMANCE, AND CLOSURE REPORTS

- 1. Reports:
 - a. An annual report shall be submitted in a format and date determined by the Board.
 - b. The Board shall be notified in writing of changes affecting the program, including but not limited to:

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- i. Curriculum
 - ii. School name
 - iii. Instructor
 - iv. Ownership or merger of parent institution
- c. Curriculum and program changes shall be approved by the Board prior to implementation.
- 2. Certification Examination Performance:
 - a. The program shall maintain a minimum pass rate of 75% for first-time certification examination candidates.
 - b. Any program with an annual pass rate below 75% shall be required to submit a plan and a progress report which includes evaluation and implementation of changes to the program to achieve the minimum pass rate.
- 3. Program Closure:
 - a. Voluntary:
 - i. The parent institution shall submit a letter of intent and plan for closure at least six (6) months prior to the closure.
 - ii. The Board shall approve the closure plan prior to implementation.
 - iii. All classes and clinical experiences shall be provided until current students complete the program.
 - iv. Records of a closed program shall be maintained by the parent institution. The institution shall notify the Board of arrangements for the storage of permanent student and graduate records.
 - b. Mandatory:
 - i. Upon Board determination that a program has failed to comply with educational standards and approval has been withdrawn, the parent institution shall receive written notification for closure of the program. The notification shall include a requirement for a plan for completion of currently enrolled students or transfer of students to another acceptable program.
 - ii. Records of a closed program shall be maintained by the parent institution. The institution shall notify the Board of arrangements for the storage of permanent student and graduate records.
 - c. Reapplication of Training Programs:
 - i. A closed program may submit reapplication for a MA-C Training Program after two (2) years.
 - ii. Reapplication shall follow same procedure as initial program applicant.

SECTION XV DISCIPLINE

A. GROUNDS FOR DISCIPLINE

- 1. The Board shall have sole authority to deny, suspend, revoke, or limit any MA-C certification issued by the Board or applied for in accordance with the provisions of this chapter, or to otherwise discipline a MA-C upon proof that the person:
 - a. Has been found guilty of or pleads guilty or nolo contendere to:
 - i. Fraud or deceit in procuring or attempting to procure a MA-C certificate;
 - ii. Providing services as a MA-C without a valid certificate; or
 - iii. Committing a crime of moral turpitude.
 - b. Is unfit or incompetent by reason of negligence, habits, or other causes;
 - c. Is habitually intemperate or is addicted to the use of habit-forming drugs;
 - d. Is mentally incompetent;
 - e. Is guilty of unprofessional conduct;
 - f. Has had a certificate or registration revoked, suspended;
 - g. Has been placed on probation or under disciplinary order in any jurisdiction;
 - h. Has voluntarily surrendered a certification or registration and has not been reinstated in any jurisdiction; or
 - i. Has willfully or repeatedly violated any of the provisions of this chapter.
- 2. The Board shall refuse to issue or shall revoke the certification of any person who would be disqualified from employment under the provisions of ACA §20-33-205.

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B. INVESTIGATIVE DETERMINATION, NOTICE OF FINDING

The Arkansas State Board of Nursing shall have jurisdiction to investigate all cases of suspected violation of ACA §17-87-701 et. seq.

1. Upon completion of an investigation, the Arkansas State Board of Nursing shall determine that an allegation against a certificant is either:
 - a. Unfounded, a finding that shall be entered if the allegation is not supported by substantial evidence;
 - b. Founded, a finding that shall be entered if the allegation is supported by substantial evidence.
2. After making an investigative determination, the Arkansas State Board of Nursing shall provide notice of the following in writing to the certificant at the last known address of record:
 - a. The investigative determination;
 - b. The disciplinary action taken against the certificant;
 - c. Statement that the certificant with the founded report has the right to an administrative hearing upon a timely written request;
 - d. A statement that the written request for an administrative hearing shall be made to the Arkansas State Board of Nursing within thirty (30) days of receipt of the notice of determination.
 - e. The fact that the certificant has the right to be represented by an attorney at the certificant's own expense;
 - f. A statement that the certificant's failure to request an administrative hearing in writing within thirty (30) days from the date of receipt of the notice will result in submission of the investigative report, including the investigative determination, to all interested parties;
 - g. The consequences of a finding by substantial evidence through the administrative hearing process that violation of ACA §17-87-701 et seq has occurred.

C. FINAL DETERMINATION OF FINDINGS

If the Arkansas State Board of Nursing's investigative determination of founded is upheld during the administrative hearing process or if the offender does not make a timely appeal for or waives the right to an administrative hearing, the Board shall report the final investigative determination in writing to all interested parties.

D. SUBPOENAS AND SUBPOENAS DUCES TECUM

1. The Arkansas State Board of Nursing shall have the power to issue subpoenas and subpoenas duces tecum in connection with its investigations and hearings;
2. A Subpoena duces tecum may require any book, writing, document, or other paper or thing which is germane to an investigation or hearing conducted by the Board to be transmitted to the Board;
3. Service of subpoena shall be as provided by law for the service of subpoenas in civil cases in the circuit courts of this state, and the fees and mileage of officers serving the subpoenas and of witnesses appearing in answer to the subpoenas shall be the same as provided by law for proceedings in civil cases in the circuit courts of this state;
4. The Board shall issue a subpoena or subpoena duces tecum upon the request of any party to a hearing before the Board;
5. The fees and mileage of the officers serving the subpoena and of the witness shall be paid by the party at whose request a witness is subpoenaed;
6. In the event a person shall have been served with a subpoena or subpoena duces tecum as provided in this section and fails to comply therewith, the Board may apply to the circuit court of the county in which the Board is conducting its investigation or hearing for an order causing the arrest of the person and directing that the person be brought before the court;
7. The court shall have the power to punish the disobedient person for contempt as provided by law in the trial of civil cases in the circuit courts of this state.

E. CIVIL PENALTIES

The Board may, after providing notice and a hearing, levy civil penalties in an amount not to exceed one thousand dollars (\$1,000.00) for each violation against those individuals or entities found to be in violation of this Chapter or Rules promulgated there under.

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1. Each day of violation shall be a separate offense.
2. These penalties shall be in addition to other penalties which may be imposed by the Board pursuant to this Chapter.
3. Unless the penalty assessed under this subsection is paid within fifteen (15) calendar days following the date for an appeal from the order, the Board shall have the power to file suit in the Circuit Court of Pulaski County to obtain a judgment for the amount of penalty not paid.

SECTION XVI **ADVISORY COMMITTEE**

- A. The purpose of this committee shall include functioning in an advisory capacity to assist the Board with oversight and implementation of the provisions regarding medication assistant -certified.

B. COMPOSITION

The Advisory Committee shall be composed of six (6) members appointed by the Board and approved by the Governor. Two (2) members shall be certified MA-C. One (1) member shall be a licensed nursing home administrator who has worked in that capacity for at least five (5) years of the last ten (10) years. One (1) member shall be a registered nurse who has been in a practice using certified nurse aides for at least five (5) years of the last ten (10) years. One (1) member shall be a lay person representing the interest of consumers of health care services. One (1) member shall be a registered nurse educator from an institution that offers a MA-C program.

C. TERMS OF OFFICE

Members shall serve three (3) year terms and may be reappointed. The Board may remove any advisory committee member after notice and hearing for incapacity, incompetence, neglect of duty, or malfeasance in office.

D. COMPENSATION

Advisory committee members shall serve without compensation, but may be reimbursed to the extent special monies are appropriated therefore for actual and necessary expenses incurred in the performance of their official Board duties.

Effective August 1, 2007

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CHAPTER TEN ALTERNATIVE TO DISCIPLINE

SECTION I QUALIFICATIONS FOR ADMISSION

In order to be eligible for admission to the ATD program the licensee or applicant for licensure shall:

- A. Hold an Arkansas nursing license or be eligible for licensure;
- B. Otherwise be eligible for continued licensure under the Arkansas *Nurse Practice Act*;
- C. ~~Admit in writing to a Substance Use Disorder (SUD) including alcohol;~~ Acknowledge a drug or alcohol abuse problem or addiction; and
- D. Voluntarily request participation in the ATD program.
- E. A participant may transfer from another state's alternative program if it is substantively similar and approved by the ATD program director.

HISTORY: Adopted: January 1, 2018
Amended: January 1, 2020

SECTION II DENIAL TO PROGRAM

Licensees or applicants for licensure will be denied participation in the ATD program if they:

- A. Do not meet the qualifications listed in Section I;
- B. Diverted controlled substances for reasons other than self-administration;
- C. Engaged in behaviors resulting in patient harm;
- D. Have prior discipline by any board of nursing for substance abuse or diversion; or
- E. Demonstrated unsuccessful participation resulting in termination from the Arkansas ATD program or similar program offered in another jurisdiction.

HISTORY: Adopted: January 1, 2018

SECTION III REQUIREMENTS FOR PARTICIPATION

The participant shall:

- A. Agree to immediately place licensure on inactive status;
- B. Complete an in-depth psychological and addictive evaluation by a Board approved evaluator;
- C. Agree to complete all treatment recommendations, if any, of the evaluator;
- D. Admit, in writing, to violation of the Arkansas *Nurse Practice Act*;
- E. Enter into an ATD program contract;
- F. Execute any release necessary to give the ATD program director access to records, including but not limited to medical, employment and criminal records; and
- G. Agree to not practice nursing without written authorization from the ATD program director.

HISTORY: Adopted: January 1, 2018

SECTION IV STANDARDS FOR APPROVED EVALUATORS AND TREATMENT PROVIDERS

- A. Board approved evaluators shall meet the following standards:

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1. Be a physician, psychiatrist, psychologist, or mental health certified Advanced Practice Registered Nurse who is engaged in the treatment of substance use disorder, including alcohol;
 2. Demonstrate the ability to perform an examination to include a detailed history with the appropriate testing i.e. drug screens and other psychological testing as indicated;
 3. Cooperate and communicate with the ATD program director; and
 4. Submit evaluation reports according to Board approved criteria.
- B. Board approved treatment providers shall meet the following standards:
1. Provide outpatient and/or inpatient treatment;
 2. Cooperate and communicate with the ATD program director;
 3. Submit individualized written plan of care to include, but not limited to, assessment, diagnosis, treatment goals, discharge criteria, and recommendations for continuing recovery; and
 4. Meet all regulatory requirements in their respective state.

HISTORY: Adopted: January 1, 2018

SECTION V DISCHARGE FROM PROGRAM

- A. A participant shall be discharged from the ATD program upon:
1. Successful completion of all terms and conditions of the ATD program contract; or
 2. Demonstration of noncompliance with the terms and conditions of the contract.
- B. If discharged from the ATD program for noncompliance, the licensee shall immediately surrender their licensure, accept a consent agreement, or be scheduled for a Board hearing.
- C. Participation in the ATD program does not preclude the Board from commencing any disciplinary action against a participant who is discharged from the ATD program or receives additional complaint(s).
- D. A participant may transfer to another state's alternative program if it is substantively similar and approved by the Arkansas ATD program director.
- E. If the participant voluntarily withdraws from the program, he/she shall immediately surrender his/her nursing licensure.

HISTORY: Adopted: January 1, 2018

SECTION VI REPORTING TO THE BOARD

The ATD program director shall make the following information available to the board:

- A. Names and results of any contact or investigation regarding an impaired nurse who is believed to be a danger to the public;
- B. Names of participants who:
 1. Fail to comply with the terms and conditions of the contract;
 2. Refuse to cooperate with the ATD program director; or
 3. Voluntarily withdraw or involuntarily discharge from the program;
- C. An annual evaluation of the program; and
- D. Other information and data as requested by the Board.

HISTORY: Adopted: January 1, 2018

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CHAPTER ONE GENERAL PROVISIONS

SECTION I PURPOSE AND AUTHORITY

A. PURPOSE

1. **ARKANSAS NURSE PRACTICE ACT** - Requires that any person who practices or offers to practice professional nursing, advanced practice nursing, registered nurse practitioner nursing, practical nursing, or psychiatric technician nursing for compensation be licensed and submit evidence that he or she is qualified to so practice and shall be licensed as hereinafter provided.
2. **ARKANSAS STATE BOARD OF NURSING** - Established by the *Arkansas Nurse Practice Act* for the implementation of the statute by carrying on the licensing or certification, disciplinary, and educational functions for professional, advanced practice, registered nurse practitioner, practical, and psychiatric technician nursing and medication assistants.

- B. **LEGAL AUTHORITY** - The authority of the Board is contained in the ACA §17-87-101 et seq.

SECTION II THE PRACTICE OF NURSING

A. THE PRACTICE OF PROFESSIONAL NURSING

The performance for compensation of any acts involving the observation, care, and counsel of the ill, injured, or infirm; the maintenance of health or prevention of illness of others; the supervision and teaching of other personnel; the delegation of certain nursing practices to other personnel as set forth in rules established by the board; or the administration of medications and treatments as prescribed by practitioners authorized to prescribe and treat according to state law where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social sciences.

B. THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING

The practice of advanced practice registered nursing means the delivery of health care services for compensation by professional nurses who have gained additional knowledge and skills through successful completion of an organized program of nursing education that certifies nurses for advanced practice roles as certified nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists.

1. **CERTIFIED NURSE PRACTITIONER** — The practice of certified nurse practitioner nursing means the performance for compensation of nursing skills by a registered nurse who, as demonstrated by national certification, has advanced knowledge and practice skill in the delivery of nursing services.
2. **CERTIFIED REGISTERED NURSE ANESTHETIST** — The practice of certified registered nurse anesthesia means the performance for compensation of advanced nursing skills relevant to the administration of anesthetics under the supervision of, but not necessarily in the presence of, a licensed physician, licensed dentist, or other person lawfully entitled to order anesthesia.
3. **CERTIFIED NURSE MIDWIFE** — The practice of nurse midwifery means the performance for compensation of nursing skills relevant to the management of women's health care, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, family planning, and gynecological needs of women, within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the client.
4. **CLINICAL NURSE SPECIALIST** — The practice of clinical nurse specialist nursing means the performance for compensation of nursing skills by a registered nurse who, through study and supervised practice at the graduate

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level and as evidenced by national certification, has advanced knowledge and practice skills in a specialized area of nursing practice.

C. THE PRACTICE OF REGISTERED NURSE PRACTITIONER NURSING

The delivery of health care services for compensation in collaboration with and under the direction of a licensed physician or under the direction of protocols developed with a licensed physician. Registered nurse practitioners shall be authorized to engage in activities as recognized by the nursing profession and as authorized by the Board. Nothing in this subdivision is to be deemed to limit a registered nurse practitioner from engaging in those activities which normally constitute the practice of nursing or those which may be performed by persons without the necessity of the license to practice medicine.

D. THE PRACTICE OF PRACTICAL NURSING

The performance for compensation of acts involving the care of the ill, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in rules established by the board; under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician, or a licensed dentist, which acts do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

E. THE PRACTICE OF PSYCHIATRIC TECHNICIAN NURSING

The performance for compensation of acts involving the care of the physically and mentally ill, retarded, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in rules established by the board, and the carrying out of medical orders under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, where such activities do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

SECTION III **IDENTIFICATION INSIGNIA**

- A. Any person who holds a license to practice nursing in this state shall use the legal title or the abbreviation as set forth in Arkansas Code Annotated Section 17-87-101, et. seq. No other person shall assume any other name, title, or abbreviation or any words, letters, signs, or devices that would cause a reasonable person to believe the user is licensed to practice nursing.
- B. Any person licensed to practice nursing shall wear an insignia to identify himself by his name and appropriate legal title or abbreviation during times when such person is providing health care to the public for compensation.
- C. The insignia shall be prominently displayed and clearly legible such that the person receiving care may readily identify the type of nursing personnel providing such care.

SECTION IV **DEFINITION OF TERMS**

ACCREDITED – The status granted by an accrediting agency through a voluntary process.

ACTIVE PRACTICE – The act of performing for compensation those acts within specified scope of practice and authorized by the board.

ACTIVITIES OF DAILY LIVING – Those self-care activities which must be accomplished each day in order for the client to care for his own needs and participate in society.

ADVANCED PRACTICE REGISTERED NURSE CATEGORIES – Certified nurse practitioner, certified registered

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nurse anesthetist, certified nurse midwife, and clinical nurse specialist.

APPROVAL – Recognized by the Board as meeting the education standards for preparing graduates for registered or practical nurse licensure.

APPROVAL TYPES:

PREREQUISITE — Status authorizing a program to proceed in establishing a program of nursing.

INITIAL — Status awarded to a program that has met all initial requirements and authorizes the program to proceed to admission of students and completion of educational standards.

FULL — Status awarded to a program that has met all educational standards.

CONTINUED FULL — Status awarded to a program that continues to maintain the educational standards.

CONDITIONAL — Status of a program that has not maintained the educational standards. Serves as a warning that if the standards are not followed withdrawal of approval may be initiated.

ATD – Alternative to Discipline program.

BOARD — The Arkansas State Board of Nursing.

BOARD-APPROVED EVALUATOR - An individual who meets board approved standards.

BOARD REPRESENTATIVE — A person appointed, hired, or otherwise authorized by the Board to carry out its functions.

CASE MANAGER – The ATD Program staff person who monitors participants' compliance.

CLINICAL EXPERIENCE- a faculty planned and guided learning activity that is designed to support students in meeting identified programs educational and course outcomes. The clinical settings include a variety of clinical of clinical practice settings or affiliating agencies, including but not limited to:

ACUTE CARE SETTING- A hospital based clinical site where students provide direct patient care and associated clinical conferences.

NON-ACUTE CARE SETTING- A long term, extended care, or nursing home based clinical site where students provide direct patient care and associated clinical conferences.

COMMUNITY SETTING- Community partner experiences with nurses and or professional staff in settings other than acute and non – acute settings where students provide indirect or direct patient care and associated clinical conferences.

CLINICAL FACILITY — A facility outside the framework of the program which provides educational experiences for the student.

COLLABORATING PHYSICIAN — A physician, licensed under the Arkansas Medical Practices Act, §17-93-201 et seq., who has a practice comparable in scope, specialty or expertise to that of the advanced practice nurse or registered nurse practitioner.

COLLABORATIVE PRACTICE AGREEMENT — Document setting out how an advanced practice nurse and physician intend to cooperate in the delivery of client care.

CONSULTING PHYSICIAN — A physician licensed by the Arkansas Medical Practices Act who has obstetric privileges in a hospital.

PROPOSED COPY

CONTRACT – The written agreement executed by a licensee or an applicant for licensure and the Board which establishes the terms for participation in the ATD program.

CONTACT HOUR- A measurement for continuing education; either a 50 or 60 minute clock hour of continuing education.

CONTINUING EDUCATION UNIT (CEU)- A measurement for continuing education; one CEU equals ten (10) contact hours.

CONTROLLED SUBSTANCE – Drug substance or immediate precursor in Schedules I-V.

CREDENTIAL – A license, certificate, or other evidence of qualifications.

DELEGATION – Entrusting the performance of a selected nursing task to an individual who is qualified, competent, and able to perform such tasks. The nurse retains the accountability for the total nursing care of the individual.

DISTANT LEARNING SITE – A location separate from the main campus where course offerings are delivered.

DOCUMENTATION – Written proof or evidence to substantiate factual claims or statements satisfactory to the Board.

DRUG SAMPLE – A unit of a legend drug which is distributed to a practitioner by a manufacturer or a manufacturer's representative at no charge, is not intended to be sold, and is intended to promote the sale of the drug.

EMERGENCY CARE – Unanticipated care provided to a person who is unconscious, ill, or injured, when the circumstances require prompt decisions and actions, and when the necessity of immediate care is so apparent that any delay would seriously worsen the physical condition or endanger the life of the person.

FIRST LEVEL NURSE – A nurse who provides and coordinates patient care after graduating from an approved program of at least two years in length. Regionally, the nurse may be referred to as a professional or a registered nurse (RN).

FAILED DRUG SCREEN- The analysis of a biological specimen which is determined to be dilute, substituted, abnormal, adulterated, or tests positive for controlled substances, abuse potential substances or their metabolites without a valid prescription.

GRADUATE COMPETENCIES – Educational outcomes expected of the nursing program's graduates.

IMPAIRED NURSE - A licensee or applicant for licensure who is impaired by alcohol use, a substance use disorder, or co-occurring disorder.

LEGEND DRUG – A drug limited by Section 503(b)(1) of the Federal Food, Drug, and Cosmetic Act to being dispensed by or upon a practitioner's prescription.

MAY – Indicates permission.

MISSION – Beliefs accepted by the parent institution for the framework of the school's programs and offerings.

NONCOMPLIANCE – Failure of the ATD participant to comply with the terms and conditions of the contract.

OBSERVATIONAL EXPERIENCE – One in which the nursing student provides no nursing care.

PARENT INSTITUTION – The official institution sponsoring the nursing program.

PROPOSED COPY

PARTICIPANT – A licensee who executes a contract with the Board.

PATIENT HARM – Actual or potential physical or mental injury, abuse or neglect of a patient.

PERSONAL CARE – Assistance with activities of daily living not requiring a medical prescription.

PHILOSOPHY – Beliefs adopted by the nursing faculty for the framework of the program.

PRACTICE- FOCUSED- Academic study or continuing education targeted to meet the needs of the nurse in his / her nursing practice role.

PRECEPTOR – A currently licensed nurse or physician, meeting the requirements of these rules, who serves as a facilitator of student learning in a practice setting.

PRECEPTORSHIP – Practice under the supervision of a qualified preceptor in the care of consumers of health services while a student in a Board approved program.

PRESCRIPTIVE AUTHORITY – Authorization, given by the Board, for an advanced practice nurse who meets established requirements to prescribe. Prescriptive authority for controlled substances shall only extend to drugs listed in Schedules III through V.

PROFESSIONAL BOUNDARIES – Social, physical, and psychological limits in a therapeutic relationship between a nurse and a patient or their family which promotes the client's dignity, independence, and best interests.

PROGRAM – An education unit that offers courses and learning experiences preparing graduates who are competent to practice nursing safely and who are eligible to take the NCLEX-PN or RN[®] examination. The program is often referred to as a pre-licensure nursing program. Types of pre-licensure nursing education programs are:

ASSOCIATE DEGREE PROGRAM – A professional nursing program leading to an associate degree with a major in nursing.

BACCALAUREATE DEGREE PROGRAM – A professional nursing program leading to a baccalaureate degree with a major in nursing.

DIPLoma PROGRAM – A professional nursing program leading to a diploma with a major in nursing.

MASTER'S DEGREE PROGRAM – A professional nursing program leading to a master's degree which is an individual's first professional degree in nursing.

PRACTICAL NURSING PROGRAM – A nursing program leading to a certificate in practical nursing.

PSYCHIATRIC TECHNICIAN NURSING PROGRAM – A nursing program leading to a certificate in psychiatric technician nursing.

PROGRAM DIRECTOR– The individual employed by the board to administer the ATD program or the person responsible for the specific educational unit in nursing, regardless of the official title in the institution.

PROTOCOL – A written statement which delineates agreed-upon approaches in client care and management.

REFRESHER COURSE- A formal course of instruction designed to provide a review and update of nursing theory and practice.

QUALIFIED PROVIDER – Individuals engaged in the treatment of substance use disorder, including alcohol, with sufficient education, training and experience.

RELAPSE –Use of any unauthorized controlled or abuse potential substance including alcohol as reported by the participant or the submission of any confirmed positive drug screen.

PROPOSED COPY

SATELLITE CAMPUS – A separate geographic location where a program is offered which has a separate student body and a separate faculty leader/coordinator and/or faculty.

SELF-REPORT – A licensee or an applicant for licensure who provides voluntary written notification to board staff or the ATD program director that the licensee or applicant for licensure is or has been impaired.

SHALL, WILL, MUST – Indicates a mandatory requirement.

SHOULD – Indicates a recommendation.

SUD – Substance Use Disorder is defined by the Substance Abuse and Mental Health Services Administration as the recurrent use of alcohol and/or drugs which causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

SURVEY – A visit to determine compliance with minimum requirements.

THERAPEUTIC DEVICE – An instrument or apparatus, requiring a prescription, that is intended for use in diagnosis or treatment, and in the prevention of disease or maintenance or restoration of health.

TRANSMITTING – Relaying an order for a medication, treatment, or therapeutic device.

UNDER THE DIRECTION OF A LICENSED PHYSICIAN – The performance of specific acts and procedures which have been authorized by a licensed physician and which may be performed outside the presence of the physician under conditions where a physician is readily available for consultation.

UNENCUMBERED LICENSE – Free of disciplinary limitations.

HISTORY: Amended January 1, 2018; January 1, 2020

SECTION V GENERAL MATTERS

A. OFFICE AND HOURS

The office of the Board is in Little Rock, Arkansas. The office shall be open during business hours each day; Saturday, Sunday, and holidays excepted.

B. EXAMINATION, INQUIRY, OR INVESTIGATION

The Board may, through one or more of its members, or staff especially authorized, conduct at its office in Little Rock, Arkansas, or in any part of the state, any examination, inquiry or investigation, hearing, or other proceeding necessary to perform its duties and functions. The executive director shall have custody of the seal and official records and shall be responsible for the maintenance and custody of the files and records of the Board, including the credentials for all Arkansas licensed nurses, transcripts of testimony and exhibits, the minutes of all actions taken by the Board and all of its findings, determinations, reports, opinions, orders, rules, and approved forms.

C. AUTHENTICATION

All notices and other actions of the Board shall be authenticated or signed by the president, secretary, or such other person as may be authorized by the Board.

D. NOTICE

Upon order of the Board, the president, secretary, or executive director shall issue all notices of hearings and other process as may be directed by the Board.

ARKANSAS STATE BOARD OF NURSING RULES

PROPOSED COPY

E. EXECUTIVE DIRECTOR

The executive director of the Board shall be a registered nurse and meet the qualifications required by the Board.

F. BOARD FUNDS AND FEES

1. The Board shall establish and collect fees for services relating to examination, licensing, endorsement, certification for prescriptive authority, temporary permits, license renewal, and other reasonable services as determined by the Board.
2. All funds received by the Board shall be deposited in the State Treasury to the credit of the Board.
3. Fees paid to the Board may be in the form of cashier checks, credit card or money orders. Personal checks for initial licensure are accepted from in-state residents only.
4. Fees paid to the Board are processing fees and are not refundable.

G. RECORDS

1. Record Maintenance
The executive director shall enter, in permanent form, credentials of all nurses, records of official transactions and proceedings, and keep such records in safekeeping.
2. Tapes
Meetings may be taped by a secretary as necessary for purposes of minute taking. Tapes may be erased after corresponding minutes have been approved.
3. Destruction
The executive director may destroy or dispose of records in the office in accord with applicable law.
4. Certified Copies
Upon written request and payment of a fee, the executive director shall provide to any nurse holding Arkansas licensure a certified copy of any of his or her records on file in the Board office.
5. Public Inspection
Records shall be open to public inspection except as may be specifically exempted by statute.
6. Request for Copies of Rules
Copies of rules of the Board will be furnished free of charge to any official of a government agency requesting them in the performance of his or her duties.

H. EXAMINATION REVIEW

A registered nurse, practical nurse, or psychiatric technician nurse candidate who has failed the licensure examination may review his or her examination and/or challenge examination items according to the policies and procedures of the test development vendor.

SECTION VI

FAITH A. FIELDS NURSING SCHOLARSHIP/LOAN PROGRAM

A. ELIGIBILITY REQUIREMENTS

As funds are made available, any Arkansas resident who is enrolled in, or has been accepted for admission to, an approved school of nursing in this state or in a nationally accredited school outside the state, in a course of study leading to qualification as a registered nurse, licensed practical nurse, or nurse educator shall be eligible to make application to the Arkansas State Board of Nursing for a nursing educator loan or a nursing practice loan. The Board may, depending upon available funds, make a nursing educator loan or a nursing practice loan to an applicant when it determines that the applicant:

1. Warrants financial assistance to complete his or her nursing studies.
2. Has signed a written agreement to, upon graduation and licensure and for one year for each year a loan is granted:
 - a. Teach in a nursing education program in the State of Arkansas if granted a nursing educator loan; or
 - b. Engage in practice as a registered nurse or licensed practical nurse in the State of Arkansas if granted a nursing practice loan; and
 - c. Repay each loan with interest at the maximum legal rate if the applicant fails to fulfill the requirements of the board.

PROPOSED COPY

B. MAINTENANCE REQUIREMENTS

1. Subject to the availability of funds and the limits set out in these rules, each loan made to an applicant shall be renewable annually for the number of years required to complete studies leading to qualification as a registered nurse, license practical nurse, or nursing educator.
2. Any loan made to an applicant subsequent to an initial loan shall be made only upon application of the recipient and upon finding by the Arkansas State Board of Nursing that the applicant:
 - a. Has successfully completed the nursing studies of the preceding academic year and remains in good standing as an enrolled student in the appropriate nursing program;
 - b. Warrants financial assistance to complete his or her nursing studies;
 - c. Has signed a written agreement to, upon graduation and licensure and for one year for each year a loan is granted:
 - i. Teach in a nursing education program in the State of Arkansas; or
 - ii. Engage in practice as a registered nurse or licensed practical nurse in the State of Arkansas; and
 - iii. Repay each loan with interest at the maximum legal rate if the applicant fails to fulfill the requirements of the board; and
 - d. Continues to be a lawful resident of the State of Arkansas.
3. The total of the loans made to any one (1) student shall not exceed twenty thousand dollars (\$20,000).

C. BORROWER'S LOSS OF GOOD STANDING

If the recipient of a loan ceases to be enrolled in good standing in a recognized nursing program before completing the education requirements to qualify as a registered nurse, licensed practical nurse, or nursing educator, the principal and interest of all loans made to the recipient shall become due and payable immediately or as provided in the loan agreement.

D. LOAN REPAYMENT

1. A recipient of a loan shall repay each loan together with interest at the maximum rate allowed by Arkansas law if the recipient:
 - a. Ceases to be enrolled in good standing in a recognized nursing program before completing the education requirements to qualify as a registered nurse, licensed practical nurse, or nursing educator;
 - b. Does not, for the period specified in the agreement, teach in an Arkansas nursing education program if granted a nursing educator loan, or engage in practice as a registered nurse or licensed practical nurse in Arkansas if granted a nursing practice loan; or
 - c. Fails to comply with any other requirements of the agreement.
2. Interest shall accrue from the date each payment of funds was received by the recipient.
3. No interest shall accrue and no obligation to repay a loan exists during any period of time that the recipient of the loan serves on active duty in the United States armed forces.
4. If repayment of a loan is required, upon the death of the recipient of the loan all unpaid principal and interest is due and payable.
5. The failure to repay a loan as specified may be considered unprofessional conduct for disciplinary purposes.

E. DEFAULT OR DELIQUENT STUDENT LOANS AND SCHOLARSHIPS

1. Except as provided for rural medical practice, student loans and scholarships under Arkansas Code Annotated § 6-81-701, et seq., the Arkansas State Board of Nursing shall not suspend or revoke a license that has been issued to an individual solely on the basis of that individual being in:
 - a. Default on the repayment obligations required by one (1) or more student loans; or
 - b. Delinquent in the payments of one (1) or more student loans; or
 - c. Default on the satisfaction of the requirements and conditions of a scholarship; or
 - d. Delinquent in the satisfaction of the requirements and conditions of a scholarship.

HISTORY: Amended January 1, 2020

1 State of Arkansas
2 92nd General Assembly
3 Regular Session, 2019

As Engrossed: H2/4/19
A Bill

HOUSE BILL 1296

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By: Representatives McCollum, Clowney, D. Garner, Payton, Pilkington, V. Flowers, Scott, G. Hodges

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For An Act To Be Entitled

AN ACT TO CREATE THE KEEP ARKANSANS WORKING ACT OF
2019; TO ENSURE THAT DEFAULT OR DELINQUENT STUDENT
LOANS OR SCHOLARSHIPS DO NOT RESULT IN SUSPENSION OR
REVOCAION OF A LICENSE; AND FOR OTHER PURPOSES.

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Subtitle

TO CREATE THE KEEP ARKANSANS WORKING ACT
OF 2019; AND TO ENSURE THAT DEFAULT OR
DELINQUENT STUDENT LOANS OR SCHOLARSHIPS
DO NOT RESULT IN SUSPENSION OR REVOCATION
OF A LICENSE.

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BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

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SECTION 1. Arkansas Code Title 17 is amended to add an additional
chapter to read as follows:

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Chapter 2 – Keep Arkansans Working Act of 2019

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17-2-101. Title.

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This subchapter shall be known and may be cited as the "Keep Arkansans
Working Act of 2019".

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17-2-102. Purpose.

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It is the purpose of this chapter to ensure that hard-working Arkansans
maintain occupational licenses while trying to maintain debt free lives and
trying not to be impoverished.

36



1 17-2-103. Definitions.

2 As used in this subchapter:

3 (1) "Default" means the failure to:

4 (A) Repay a student loan according to the terms agreed
5 upon in a promissory note; or

6 (B) Satisfy the requirements and conditions of a work
7 conditional scholarship for repayment;

8 (2) "Delinquent" means the failure to:

9 (A) Make a student loan payment when the payment is due;
10 or

11 (B) Satisfy the requirements and conditions of a work
12 conditional scholarship for repayment;

13 (3) "License" means a license, certificate, registration,
14 permit, or other form of authorization required by law or rule that is
15 required for an individual to engage in a particular occupation or
16 profession;

17 (4) "Scholarship" means an award of financial aid to a student
18 for education at a public or private institution of higher education;

19 (5) "State authority" means an office, board, commission,
20 department, council, bureau, or other agency of state government having
21 authority to license, certify, register, permit, or otherwise authorize an
22 individual to engage in a particular occupation or profession; and

23 (6) "Student loan" means a loan guaranteed by the federal
24 government or state government for purposes of education at a public or
25 private institution of higher education.

26
27 17-2-104. Student loans.

28 Except as provided for rural medical practice student loans and
29 scholarships under § 6-81-701 et seq., a state authority shall not suspend or
30 revoke a license that has been issued to an individual solely on the basis of
31 that individual being:

32 (1) Default on the repayment obligations required by one (1) or
33 more student loans; or

34 (2) Delinquent in the payment of one (1) or more student loans.

35
36 17-2-105. Scholarships.

1 Except as provided for rural medical practice student loans and
2 scholarships under § 6-81-701 et seq., a state authority shall not suspend or
3 revoke a license that has been issued to an individual solely on the basis of
4 that individual being:

5 (1) Default on the satisfaction of the requirements and
6 conditions of a scholarship; or

7 (2) Delinquent in the satisfaction of the requirements and
8 conditions of a scholarship.

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/s/McCollum

APPROVED: 2/28/19

1 State of Arkansas *As Engrossed: H2/27/19 H3/6/19*
2 92nd General Assembly **A Bill**
3 Regular Session, 2019

HOUSE BILL 1552

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By: Representatives Godfrey, Vaught, Hawks, Della Rosa, D. Douglas, D. Garner, Clowney, G. Hodges,
D. Ferguson, Payton, M. Gray, L. Johnson, D. Whitaker
By: Senator L. Eads

For An Act To Be Entitled

10 AN ACT TO AMEND THE LAWS CONCERNING NURSING
11 LICENSURES; TO AUTHORIZE THE ARKANSAS STATE BOARD OF
12 NURSING TO LICENSE RECIPIENTS OF THE DEFERRED ACTION
13 FOR CHILDHOOD ARRIVALS POLICY; AND FOR OTHER
14 PURPOSES.

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Subtitle

TO AMEND THE LAWS CONCERNING NURSING
LICENSURES.

22 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
23

24 SECTION 1. DO NOT CODIFY. Legislative findings and intent.

25 (a) The General Assembly finds that:

26 (1) The Deferred Action for Childhood Arrivals, also known as
27 "DACA", is a national immigration policy that allows some individuals who are
28 brought to the United States illegally as children to receive a renewable
29 two-year period of deferred action from deportation and to become eligible
30 for a work permit;

31 (2) In order to be eligible under the Deferred Action for
32 Childhood Arrivals policy, a recipient cannot have a criminal record of
33 felonies or serious misdemeanors;

34 (3) Several states allow recipients of the Deferred Action for
35 Childhood Arrivals policy to receive occupational or professional licensure;

36 (4) Arkansas has chosen not to allow recipients of the Deferred



1 Action for Childhood Arrivals policy to receive occupational or professional
2 licensure which has caused many students who are exempt under the Deferred
3 Action for Childhood Arrivals policy to leave the state after completion of
4 their vocational or professional coursework;

5 (5) Arkansas is presently suffering from a nursing shortage
6 across the state; and

7 (6) It is in the best interest of the State of Arkansas to make
8 full use of the skills and talents in the state by ensuring that an
9 individual who is work-authorized under the Deferred Action for Childhood
10 Arrivals policy is able to obtain an occupational or professional license and
11 practice his or her occupation or profession.

12 (b) It is the intent of this act to authorize recipients of the
13 Deferred Action for Childhood Arrivals policy to receive a nursing license in
14 Arkansas.

15
16 SECTION 2. Arkansas Code Title 17, Chapter 87, Subchapter 3, is
17 amended to add an additional section to read as follows:

18 17-87-313. Licensing of noncitizens.

19 (a) The Arkansas State Board of Nursing may grant a license under this
20 subchapter to an individual who, in addition to fulfilling the requirements
21 to practice nursing in this state, satisfies the following requirements:

22 (1) The United States Department of Homeland Security has
23 approved the individual's request for exemption under the Deferred Action for
24 Childhood Arrivals policy;

25 (2) The individual's exemption status under the Deferred Action
26 for Childhood Arrivals policy has not expired or has been properly renewed;
27 and

28 (3) The individual has a current and valid employment
29 authorization document issued by the United States Citizenship and
30 Immigration Service.

31 (b) This section is a state law within the meaning of subsection (c)
32 of 8 U.S.C. § 1621, as existing on January 1, 2019.

33 (c)(1) The board shall promulgate rules under this section.

34 (2)(A) When adopting the initial rules to implement this
35 section, the final rule shall be filed with the Secretary of State for
36 adoption under § 25-15-204(f):

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(i) On or before January 1, 2020; or
(ii) If approval under § 10-3-309 has not occurred
by January 1, 2020, as soon as practicable after approval under § 10-3-309.

(B) The board shall file the proposed rule with the
Legislative Council under § 10-3-309(c) sufficiently in advance of January 1,
2020, so that the Legislative Council may consider the rule for approval
before January 1, 2020.

/s/Godfrey

APPROVED: 4/10/19

1 State of Arkansas
2 92nd General Assembly
3 Regular Session, 2019

A Bill

HOUSE BILL 1230

4
5 By: Representative Boyd
6 By: Senator M. Johnson

For An Act To Be Entitled

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9 AN ACT TO AUTHORIZE A PODIATRIST TO HAVE A
10 COLLABORATIVE PRACTICE AGREEMENT WITH AN ADVANCED
11 PRACTICE REGISTERED NURSE; AND FOR OTHER PURPOSES.
12

Subtitle

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15 TO AUTHORIZE A PODIATRIST TO HAVE A
16 COLLABORATIVE PRACTICE AGREEMENT WITH AN
17 ADVANCED PRACTICE REGISTERED NURSE.
18

19
20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

21
22 SECTION 1. Arkansas Code § 17-87-310(a)(2), concerning the
23 prescriptive authority of an advanced practice registered nurse, is amended
24 to read as follows:

25 (2) Has a collaborative practice agreement with a practicing
26 physician who is licensed under the Arkansas Medical Practices Act, § 17-95-
27 201 et seq., § 17-95-301 et seq., and § 17-95-401 et seq., or a podiatrist
28 licensed by the Arkansas Board of Podiatric Medicine under § 17-96-101 et
29 seq., if employed by the podiatrist, and who has training in scope,
30 specialty, or expertise to that of the advanced practice registered nurse on
31 file with the Arkansas State Board of Nursing.
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34 APPROVED: 3/5/19
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1 State of Arkansas *As Engrossed: H2/27/19 S3/25/19*
2 92nd General Assembly **A Bill**
3 Regular Session, 2019

HOUSE BILL 1267

4
5 By: Representative Gonzales
6 By: *Senator K. Hammer*

7
8 **For An Act To Be Entitled**

9 AN ACT TO AMEND THE PRESCRIPTIVE AUTHORITY OF AN
10 ADVANCED PRACTICE REGISTERED NURSE; AND FOR OTHER
11 PURPOSES.

12
13 **Subtitle**

14 TO AMEND THE PRESCRIPTIVE AUTHORITY OF AN
15 ADVANCED PRACTICE REGISTERED NURSE.

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19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

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21 SECTION 1. Arkansas Code § 17-87-310(b), concerning the prescriptive
22 authority of an advanced practice registered nurse, is amended to read as
23 follows:

24 (b)(1) An advanced practice registered nurse with a certificate of
25 prescriptive authority may receive and prescribe drugs, medicines, or
26 therapeutic devices appropriate to the advanced practice registered nurse's
27 area of practice in accordance with rules established by the Arkansas State
28 Board of Nursing.

29 (2)(A) An advanced practice registered nurse's prescriptive
30 authority shall extend only to drugs listed in Schedules III – V and, if
31 expressly authorized by the collaborative practice agreement, also to those
32 hydrocodone combination products reclassified from Schedule III to Schedule
33 II as of October 6, 2014.

34 (B) An advanced practice registered nurse's prescriptive
35 authority also extends to drugs listed in Schedule II if:

36 (i) The prescription is for an opioid and the



1 prescription is only for a five-day period or less; or

2 (ii) The prescription is for a stimulant and meets
3 the following criteria:

4 (a) The prescription was originally initiated
5 by a physician;

6 (b) The physician has evaluated the patient
7 within six (6) months before the advanced practice registered nurse issues a
8 prescription; and

9 (c) The prescription by the advanced practice
10 registered nurse is to treat the same condition as the original prescription.

11 (3)(A) The Arkansas State Board of Nursing shall promptly adopt
12 rules applicable to an ~~advance~~ advanced practice registered nurse that are
13 consistent with the Arkansas State Medical Board’s rules governing the
14 prescription of dangerous drugs and controlled substances.

15 (B) Before approval of the Arkansas State Board of
16 Nursing’s rules, the Arkansas State Medical Board shall review the proposed
17 rules and verify that the proposed rules are consistent with the Arkansas
18 State Medical Board’s rules concerning the prescription of dangerous drugs
19 and controlled substances.

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21 /s/Gonzales

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24 **APPROVED: 3/29/19**

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