

NOTICES OF PROPOSED RULEMAKING

Unless exempted by A.R.S. § 41-1005, each agency shall begin the rulemaking process by first submitting to the Secretary of State's Office a Notice of Rulemaking Docket Opening followed by a Notice of Proposed Rulemaking that contains the preamble and the full text of the rules. The Secretary of State's Office publishes each Notice in the next available issue of the *Register* according to the schedule of deadlines for *Register* publication. Under the Administrative Procedure Act (A.R.S. § 41-1001 et seq.), an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the *Register* before beginning any proceedings for making, amending, or repealing any rule. (A.R.S. §§ 41-1013 and 41-1022)

NOTICE OF PROPOSED RULEMAKING

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 19. BOARD OF NURSING

PREAMBLE

1. Sections Affected:

R4-19-403
R4-19-501
R4-19-502
R4-19-503
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Rulemaking Action:

Amend
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Renumber
New Section
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New Section

2. The specific authority for the rulemaking, including both the authorizing statutes (general) and implementing statutes (specific):

Authorizing statutes: A.R.S. §§ 32-1606 (A)(1), (A)(6), (B)(12), and (B)(18), 32-1456, 32-1921, and 32-3208.

Implementing statutes: A.R.S. §§ 32-1601(5) (15) and (16), 32-1606, 32-1635.01, 32-1644, 32-1661, 32-1664(P), 32-1666, and 32-3208.

3. A list of all previous notices appearing in the Register addressing the proposed rules:

Notice of Rulemaking Docket Opening: 10, A.A.R. 507, February 13, 2004

Notice of Public Meeting on Open Rulemaking Docket: 10, A.A.R., 2444, June 18, 2004

4. Name and address of agency personnel with whom persons may communicate regarding the rulemaking:

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Notices of Proposed Rulemaking

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5. An explanation of the rules, including the agency's reasons for initiating the rules:

The Board is initiating rulemaking on this Article to implement the plan in a Five-Year Rule Report approved by the Council on February 5, 2002 and to reflect recent statutory changes. The following changes are being proposed:

R4-19-403

The Board is deleting those provisions in this rule that relate to nurse a practitioner prescribing, and updating unprofessional conduct standards to better reflect current practice and national standards for conduct. The changes should clarify for nurses and the public, those actions that the Board considers unprofessional and that could result in action on the nurse's license. The Board is defining both boundary violations and dual relationships for the purpose of clarity and to inform nurses that these types of activities are prohibited. The Board continues to receive complaints alleging that nurses are forming non-professional relationships with patients and subsequently either exploiting them or causing emotional trauma. When nurses befriend their patients, with the intent of exploiting or emotionally harming the patient, they are not engaging in safe practice. Nurses who take patients into their homes and allow others to exploit them are as culpable as the nurse who abuses the patient. These two definitions and the subsections they pertain to will inform nurses that this behavior may lead to disciplinary action by the Board. Other amendments provide clarity on specific behaviors that are considered unprofessional conduct, such as providing false information to the Board in an investigation, falsifying health or other institutional records for any reason, use of force with a client, making a false statement on an employment application, and assisting an unlicensed person in the unlawful practice of registered or practical nursing.

R4-19-501

This rule is being amended to substitute broader categories of advanced practice registered nursing for detailed specialty areas of practice. Rather than have a laundry list of specialty areas in a constantly evolving environment, the Board has established the criteria for advanced practice registered nursing. One of the criteria for a specialty area is the availability of an examination to verify competency of an individual nurse. The criteria proposed are consistent with national standards adopted by the National Council of State Boards of Nursing. The Board will publish a list of approved specialty areas on its web site and in its quarterly newsletter.

R4-19-502

The Board is amending its standards for advanced practice registered nursing programs to make them consistent with national standards for advanced practice registered nursing programs. Amendments include requiring a minimum of 500 hours of clinical practice, national accreditation, financial resources adequate to meet the needs of the program, and programs to establish professional conduct standards for students. Minimum requirements for a program director, faculty, and preceptors are also established.

R4-19-503

The Board is amending this rule to be consistent with other proposed rules in this rulemaking. The application reflects the requirements in the previous rule. There is also a provision in this rule for limited approval of programs that have not yet achieved national accreditation.

R4-19-504

The Board is adding this new rule to establish the criteria for rescinding the approval of an advanced practice program. The process is similar to that for pre-licensure programs in A.A.C. R4-19-211.

R4-19-505

In this proposed rule, the Board combines the application requirements for nurse practitioners and clinical nurse specialists into one rule. This will facilitate the use of one application for current advanced practice categories and specialty areas. Recent statute changes require all advanced practice nurses to hold national certification in their category and/or specialty area by July 1, 2004. Standards have been added for nurses educated in a foreign jurisdiction. Currently certified advanced practice nurses have been "grand-fathered." Two alternate mechanisms to certify clinical nurse specialists are being proposed in subsection A (4). For those clinical nurse specialists in a narrow specialty area that lacks a certifying exam, proof of successful practice is required. For those nurses practicing as clinical nurse specialists who completed a generic masters in nursing program without a major in a clinical specialty, a portfolio that demonstrates the core competencies may be submitted to meet the education requirement. The Board will utilize the expertise of a CNS educator, a practicing CNS, and the executive director of designee to evaluate the portfolios submitted. These mechanisms, while not consistent with national regulatory standards, were proposed by a group of clinical nurse specialists after a series of focus group meetings. Time limits are incorporated to allow individuals who

have been successfully practicing in this evolving field to obtain certification while moving toward adopting national regulatory standards.

R4-19-506

This is a new rule that was added to ensure that advanced practice nurses maintain national certification. Currently advanced practice certificates do not expire. With the inclusion of the criteria for national certification, it will become necessary for the Board to ensure that certification is maintained. This will be linked to the license renewal process.

R4-19-507

A.R.S. § 32-1635.01 allows the Board to issue a temporary advanced practice certification. This new rule establishes the mechanism, requirements, and limits of temporary certification. The Board recognizes that time-frame rules in Article 1 will need to be amended to include the temporary advanced practice certificate. The Board anticipates that the time-frame will be identical to that for temporary licensure.

R4-19-508

The Board is amending the scope of practice of a registered nurse practitioner to reflect recent statutory changes and current practice. The Board is not expanding the scope, but is clarifying the role and responsibilities of the registered nurse practitioner. The rule clarifies those situations in which a registered nurse practitioner must seek consultation from and referral to a physician. Changes to rules allowing registered nurse practitioners to perform radiologic tests are in response to concerns expressed by the Arizona Medical Radiologic Technology Board of Examiners.

R4-19-509

This new Section clarifies the registered nurse practitioner's responsibility in delegating to medical assistants. The Board intends that this rule closely mirror the rules of the Arizona Medical Board for delegation to medical assistants. The date for "grandfathering" persons functioning as medical assistants without formal training reflects the effective date of the Arizona Medical Board rules, to allow a nurse practitioner to continue to utilize a medical assistant who falls into this category. It is not the intent of the Board of Nursing to directly grandfather any persons functioning in this role.

R4-19-510

The Board is amending the rule on title protection to include defined areas of advanced practice registered nursing. The Board believes that this is necessary for the protection of the public. The Board has experienced a recent surge in complaints about nurse imposters. The proposed rule will allow the Board to deal effectively with non-qualified nurses who claim to be advanced practice nurses.

R4-19-511

The Board is amending the application process and requirements for prescribing and dispensing privileges to reflect increased use of distance education modalities and to allow pharmacology hours to be earned up to three years before the Board receives the application. Unprofessional conduct relating to prescribing was moved to this Section so that nurse practitioners with prescribing privileges could better access both the requirements and the prohibited acts relating to prescribing and dispensing in one Section. The Board believes that registered nurse practitioners will be more aware of provisions limiting prescribing if the prohibitions are in the same Section as prescribing privileges.

R4-19-512

These rules were re-organized to separate sections to distinguish prescribing responsibilities from dispensing responsibilities. The nurse practitioner's responsibilities in prescribing are detailed here and expanded to include educating the patient and not prescribing unless a nurse-patient relationship is established and an examination conducted. The prescribing rules related to controlled substances are consistent with those of the Arizona Medical Board and the Board of Pharmacy.

R4-19-513

The Board is amending the dispensing rules to clarify the nurse practitioner's role and the role of others in assisting in the dispensing process. This rule is amended in response to a request from the Maricopa County Department of Public Health, Health Care for the Homeless Program that the Board allow nurse practitioners to use other personnel in a manner consistent with physicians when dispensing drugs and devices.

R4-19-514

The scope of practice for clinical nurse specialists is updated to reflect the core competencies of clinical nurse specialty practice. This Section incorporates the spheres of influence of CNS practice: the patient, nurses and nursing practice, and organizations/systems.

R4-19-515

This Section is renumbered, but the Board is not changing the substance of the rule.

R4-19-516

Notices of Proposed Rulemaking

In this new Section, the Board is requiring nurses who administer anesthesia to inform the Board and provide proof of competence consistent with A.R.S. § 32-1661. A school that wishes to educate nurses to practice as nurse anesthetists must also notify the Board and provide evidence of accreditation. The scope of practice for nurse anesthetists is detailed in this Section. This scope is consistent with national standards and statewide practice.

6. A reference to any study relevant to the rules that the agency reviewed and proposes either to rely on or not rely on in its evaluation of or justification for the rules, where the public may obtain or review each study, all data underlying each study, any analysis of each study, and other supporting material:

None

7. A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

8. The preliminary summary of the economic, small business, and consumer impact:

The Arizona State Board of Nursing is charged with regulating registered nurses, practical nurses, and certified nursing assistants. The Board currently licenses approximately 54,000 registered nurses, 10,000 practical nurses and certifies approximately 21,000 nursing assistants. The Board also regulates advanced practice registered nursing (APRN) in the categories of registered nurse practitioner (a.k.a. nurse practitioner) including nurse midwife, and clinical nurse specialist. Additionally the Board requires nurses who administer anesthetics to be qualified under the statute A.R.S. § 32-1661. Currently the Board certifies 2,068 nurse practitioners and 108 clinical nurse specialists. The Board has authorized 554 nurse practitioners to prescribe and dispense, and 277 certified registered nurse anesthetists to prescribe. There are currently 16 approved advanced practice registered nurse programs in the state. The Board receives and investigates complaints of unprofessional conduct. In fiscal year 2003-2004, the Board received approximately 44 complaints (2% of certificate holders) of unprofessional conduct against advanced practice nurses.

The major economic impact of the rules will be the indirect beneficial effect for the public and regulated community due to the improved clarity of amended rules.

Nurse practitioner applicants, excluding nurse midwives, will bear the additional burden of paying for national certification exams and re-certification. The Board does not have accurate data on the number of nurse practitioners and persons practicing as clinical nurse specialists who hold national certification, but estimates that the majority of nurse practitioners are nationally certified due to reimbursement issues. Most nurse midwives and registered nurse anesthetists hold national certification because it is required in the setting where these nurses work. The cost for a certifying exam currently ranges from \$230 to \$500, depending on the specialty and discounts available. The applicant may also incur a fee to the certifying agency for sending verification of certification to the Board. Fees for this service are approximately \$25.00. The APRN certificate holder will also bear the cost burden of re-certifying. Re-certification costs range from approximately \$90-\$200 per year depending on the mechanism of re-certification.

The Board will bear the cost of incorporating this requirement into the certification and renewal process for nurse practitioners. The Board is not anticipating a fee increase for initial application. The cost to the Board is expected to be minimal for renewal because re-certification will be linked to license renewal. The Board may, in the future, seek statutory authority to charge a fee for renewal of an advanced practice certificate.

The requirement that advanced practice programs be nationally accredited is not expected to impose an additional economic burden on the schools, because all current programs in the state are nationally accredited and follow the guidelines specified in the rules. The requirement may pose an additional burden on the workload of the Board's Education Consultant in investigating complaints about APRN programs and surveying APRN programs. Because the Board has not received any complaints relating to APRN programs in the last 4 years, this effect is expected to be minimal to moderate.

Issuing a temporary advanced practice certificate is expected to benefit applicants by allowing them to practice while waiting for fingerprint results or before passing a national certification exam. The Board will bear the costs of processing applications and issuing temporary certificates. The cost burden will be minimized because the process will be linked to temporary RN licensure for endorsement candidates or initial certification for new APRN graduates. The Board may find, after analysis, that the charge for initial application will need to be increased to cover the costs of a temporary certificate or seek a statutory change to allow the Board to charge a fee for the temporary certificate. The Board does not anticipate taking this action in the near future. The Board will also bear the burden of rulemaking to establish a time-frame rule for the temporary certificate.

Changes to the dispensing rules to allow other personnel to assist in the process will be of economic benefit to clinics and small businesses that dispense medications to patients. The current rules require that the RNP participate in nearly all aspects of dispensing. The proposed amendments will require that the RNP oversee all aspects of the dispensing process. This will free the RNP of the need to count pills and type labels, and allow more time to diagnose and treat patients. By initialing the dispensed drug label, the public is assured that the RNP has verified that the dispensed product and directions are appropriate and accurate.

9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:

Notices of Proposed Rulemaking

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10. The time, place, and nature of the proceedings for the making, amendment, or repeal of the rules, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rules:

The Board has scheduled a public hearing on the proposed actions on December 10, 2004 at 9 a.m. in the Board offices at 1651 E. Morten, Ste 210, Phoenix, AZ. The Board will accept written comments submitted to Joey Ride-nour, RN, MN, Executive Director, 1651 East Morten, Suite 210, Phoenix, AZ until the close of record on December 10, 2004, at 5:00 p.m.

11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

12. Any material incorporated by reference and its location in the rules:

The Board is incorporating the national standards of the National Association of Clinical Nurse Specialists in providing an alternate mechanism for meeting the requirement to graduate from a clinical nurse specialist program. The reference is in R4-19-505(A)(4)(c)(1).

13. The full text of the rules follows:

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 19. BOARD OF NURSING

ARTICLE 4. REGULATION

Section
R4-19-403. ~~Competency to Practice Nursing~~ Unprofessional Conduct

ARTICLE 5. ADVANCED NURSING AND EXTENDED NURSING PRACTICE

Section
R4-19-501. ~~Categories and Specialty Areas of Registered Nurse Practitioners~~ Advanced Practice Registered Nursing
R4-19-502. ~~Requirements for Courses of Study~~ Advanced Practice Registered Nursing Programs for Registered Nurse Practitioners
R4-19-503. ~~Application for Approval of Course of Study for Registered Nurse Practitioners~~ an Advanced Practice Registered Nursing Program; Approval by Board
R4-19-504. ~~Recission of Approval of an Advanced Practice Registered Nursing Program~~
R4-19-504R4-19-505. ~~Requirements for Registered Nurse Practitioner~~ Advanced Practice Registered Nursing Certification
R4-19-506. ~~Expiration of Advanced Practice Certificates; Renewal~~
R4-19-507. ~~Temporary Advanced Practice Certificate~~
R4-19-505R4-19-508. ~~Scope of Practice of a Registered Nurse Practitioner~~
R4-19-509. ~~Repealed~~ Delegation to Medical Assistants
R4-19-506R4-19-510. ~~Use of Title of Registered Nurse Practitioner~~
R4-19-511. ~~Requirements for Clinical Nurse Specialist Certification~~
R4-19-507R4-19-511. ~~Prescribing and Dispensing Authority; Prohibited Acts~~
R4-19-507R4-19-512. ~~Prescribing and Dispensing Authority~~ Drugs and Devices
R4-19-508R4-19-513. ~~Dispensing of Drugs and Devices~~ Medications
R4-19-512R4-19-514. ~~Scope of Practice of the Clinical Nurse Specialist~~
R4-19-513R4-19-515. ~~Prescribing Authority of a Certified Registered Nurse Anesthetist~~
R4-19-516. Registered Nurse Anesthetist; Notification of the Board, Nurse Anesthetist Programs; Scope of Practice

ARTICLE 4. REGULATION

R4-19-403. Competency to Practice Nursing Unprofessional Conduct

A. For the purpose of this Section:

1. "Failure to maintain professional boundaries" means any conduct or behavior of a nurse that, regardless of the nurse's intention, could lessen the benefit of care to a patient, client, family, or community, including behavior engaged in with the intent of obtaining financial gain in excess of usual compensation; and
2. "Dual relationship" means a nurse simultaneously engages in both a professional and nonprofessional relationship with a patient that is avoidable, non-incidental, and results in the patient being exploited financially, emotionally, or sexually.

B. For purposes of A.R.S. § 32-1601(~~4~~ 16)(d), a any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public includes one or more of the following:

1. A pattern of failure to maintain minimum standards of acceptable and prevailing nursing practice;
2. Intentionally or negligently causing physical or emotional injury;
3. Failing to maintain professional boundaries or engaging in a dual relationship with a patient or a patient's family members;
4. Engaging in sexual conduct with a patient or a patient's family member, who does not have a pre-existing relationship with the nurse, or any conduct in the work place that a reasonable person would interpret as sexual;
- ~~3-5.~~ Abandoning or neglecting a patient requiring who requires immediate nursing care without making reasonable arrangement for continuation of such care;
- ~~4-6.~~ Removing a patient's life support system without appropriate medical or legal authorization;
- ~~5-7.~~ Failing to maintain for each a patient a record which that accurately reflects the nursing assessment, care, and treatment, and other nursing services provided to a-the patient;
- ~~14-8.~~ Falsifying or making a materially incorrect, inconsistent, or unintelligible entries entry in any patient records record or in the records of:
 - a. any Regarding a patient, health care facility, school, institution, or other work place location; or
 - b. pertaining Pertaining to the obtaining, possessing, or administration of administering any controlled substance as defined in the federal Controlled Substance Substances Act, 21 U.S.C. 801 et seq., or Arizona's Uniform Controlled Substance Substances Act, A.R.S. Title 36, Chapter 27;
- ~~6-9.~~ Failing to take appropriate action to safeguard a patient's welfare or to follow policies and procedures of the nurse's employer designed to safeguard the patient;
- ~~8-10.~~ Failing to take action in a health care setting to protect a patient whose safety or welfare is at risk from incompetent health care practice, or to report such the incompetent health care practice to employment or licensing authorities;
- ~~7-11.~~ Failing to report to the Board a licensed nurse whose work history includes conduct, or a pattern of conduct, which that leads to actual or may lead to an potential adverse patient consequences outcome threatening public health and safety;
- ~~9-12.~~ Assuming patient care responsibilities for which that the nurse lacks the education to perform, or for which the nurse has failed to maintain nursing competence, or that are outside the scope of practice of the nurse;
- ~~10-13.~~ Failing to supervise a persons person to whom nursing functions have been are delegated;
14. Delegating services that require nursing judgment to an unauthorized person;
15. Theft from a patient, employer, co-worker, or member of the public.
- ~~11-16.~~ Removing, without authorization, a narcotics narcotic, drugs drug, controlled substance, supplies supply, equipment, or medical records record from any health care facility, school, institution, or other work place location;
- ~~12-17.~~ A pattern of use using or being under the influence of alcoholic alcohol beverages, medications drugs, or a similar other substances substance to the extent that judgment may be impaired and nursing practice detrimentally affected, or while on duty in any health care facility, school, institution, or other work location;
- ~~13-18.~~ Obtaining, possessing, administering, or using any narcotic, controlled substance, or illegal drugs drug in violation of any federal or state criminal law, or in violation of the policy of any health care facility, school, institution, or other work location at which the nurse practices;
- ~~20-19.~~ Providing or administering any controlled substance or prescription-only drug for other than accepted therapeutic or research purposes;
- ~~15-20.~~ Engaging in fraud, misrepresentation, or deceit in writing taking the a licensing examination or on an initial or renewal application for licensure a license or certificate or a renewal of license;
- ~~16-21.~~ Impersonating professional and licensed practical nurses a nurse licensed or certified under this Chapter;
- ~~17-22.~~ Permitting or allowing another person to use the nurse's license for any purpose;
- ~~18-23.~~ Advertising of the practice of nursing in which with untruthful or misleading statements are made;
19. Prescribing controlled substances to members of the registered nurse practitioner's immediate family or for oneself;
21. Prescribing controlled substances by a registered nurse practitioner, including amphetamines and similar class II drugs, in the treatment of exogenous obesity, for a period in excess of 30 days within a 12-month period for an indi-

- vidual; or the non-therapeutic use of injectable amphetamines;
22. ~~Delegating, by the registered nurse practitioner the prescribing or dispensing of drugs to any other person;~~
- 23-24. Practicing nursing without a current license or while the license is suspended;
- 24-25. Failing to cooperate with the Board by:
- ~~Not furnishing~~ Furnish in writing a full and complete explanation ~~covering the~~ of a matter reported pursuant to A.R.S. § 32-1664, or
 - ~~Not responding~~ Respond to a subpoena issued by the Board;
26. Making a written false or inaccurate statement to the Board or the Board's designee in the course of an investigation;
27. Making a false or misleading statement on a nursing or health care related employment, or credential application concerning previous employment, employment experience, education, or credentials;
28. If a licensee or applicant is charged with a felony or a misdemeanor involving conduct that may affect patient safety, failing to notify the Board, in writing, within 10 days of being charged under A.R.S. § 32-3208. The nurse or applicant shall include the following in the notification:
- Name, address, telephone number, social security number, and license number, if applicable;
 - Date of the charge; and
 - Nature of the offense;
29. Failing to notify the Board, in writing, of a conviction for a felony or an undesignated offense within 10 days of the conviction. The nurse or applicant shall include the following in the notification:
- Name, address, telephone number, social security number, and license number, if applicable;
 - Date of the conviction; and
 - Nature of the offense;
30. For a registered nurse granted prescribing privileges, any act prohibited under R4-19-511 (D).
- 25-31. Practicing in any other manner which that gives the Board reasonable cause to believe that the health of a patient or the public may be harmed.

ARTICLE 5. ADVANCED AND EXTENDED NURSING PRACTICE

R4-19-501. Categories and Specialty Areas of Registered Nurse Practitioners—Advanced Practice Registered Nursing

- ~~A.~~ The Board shall approve a nurse practitioner education program that meets the standards in R4-19-502 and certify the following specialty areas for registered nurse practitioners:
- ~~Nurse midwife;~~
 - ~~Pediatric nurse practitioner;~~
 - ~~Family nurse practitioner;~~
 - ~~Adult nurse practitioner;~~
 - ~~Woman's health care nurse practitioner;~~
 - ~~Neonatal nurse practitioner;~~
 - ~~School nurse practitioner;~~
 - ~~Psychiatric and mental health nurse practitioner;~~
 - ~~Geriatric nurse practitioner; and~~
 - ~~Acute care nurse practitioner.~~
- A. The Board uses the following categories of advanced practice registered nursing:
- Registered nurse practitioner (RNP) in a specialty area including Certified Nurse Midwife as a specialty area of RNP; and
 - Clinical Nurse Specialist (CNS) in a specialty area.
- B. A specialty area of advanced practice registered nursing is a field of practice that meets all of the following criteria. The specialty area is:
- Approved by the Board as a recognized advanced practice specialty area.
 - Broad enough for an educational program to be developed that prepares a registered nurse to function both within the scope of practice of a category of advanced practice under A.R.S. § 32-1601 and within the specialty area, and
 - Recognized as an advanced practice specialty area by a national certifying body that:
 - Is accredited by the National Commission for Certifying Agencies, the American Board of Nursing Specialties, or an equivalent organization as determined by the Board;
 - Has educational requirements that are consistent with the requirements in R4-19-505;
 - Has an application process and credential review that includes documentation that the applicant's education and clinical practice is in the advanced practice specialty area being certified;
 - Is national in the scope of its credentialing;
 - Uses an examination as a basis for certification in the advanced practice specialty area that meets all of the following criteria:

Notices of Proposed Rulemaking

- i. The examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community;
 - ii. The examination assesses entry-level practice in the advanced practice category and specialty area;
 - iii. The examination assesses the knowledge, skills, and abilities essential for the delivery of safe and effective advanced nursing care to clients;
 - iv. Examination items are reviewed for content validity, cultural sensitivity, and correct scoring using an established mechanism, both before first use and periodically;
 - v. The examination is evaluated for psychometric performance and conforms to psychometric standards that are routinely utilized for other types of high-stakes testing;
 - vi. The passing standard is established using accepted psychometric methods and is re-evaluated periodically;
 - vii. Examination security is maintained through established procedures;
 - viii. A re-take policy is in place; and
 - ix. Conditions for taking the certification examination are consistent with standards of the testing community;
 - f. Issues certification based on passing the examination and meeting all other certification requirements;
 - g. Provides for periodic re-certification that includes review of qualifications and continued competence;
 - h. Has mechanisms in place for communication to the Board regarding timely verification of an individual's certification status and changes in the certification program, including qualifications, test plan, and scope of practice; and
 - i. Has an evaluation process to provide quality assurance in its certificate program.
- C.** The Board shall maintain and publish a list of approved specialty areas and examinations for advanced practice registered nursing.
- D.** The Board shall approve a specialty area that meets the criteria established in this Section. An entity that seeks approval of a specialty area and is denied approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

R4-19-502. Requirements for ~~Courses of Study~~ Advanced Practice Registered Nursing Programs for Registered Nurse Practitioners

- A.** ~~The Board shall approve a course of study for registered nurse practitioners in a specialty area, only if the course of study complies with the following: An educational institution or other entity that offers an advanced practice registered nursing program for registered nurse practitioners or clinical nurse specialists shall ensure that the program:~~
- 1. ~~The course of study is~~ Is offered by or affiliated with a college or university ~~accredited by the North Central Association of Colleges and Schools that is accredited under A.R.S. § 32-1644;~~
 - 2. ~~The course of study is~~ Is a formal educational program, ~~beyond a diploma, associate degree, or baccalaureate degree that is part of a masters program or a post-masters program in nursing with a concentration in an advanced practice registered nursing category and specialty under R4-19-501; with a curriculum that is at least nine months in length and includes theory and supervised clinical experience to prepare professional nurses to do the following:~~
 - a. ~~Assess the physical and psychosocial health status of individuals and families through health and developmental history taking and physical examination;~~
 - b. ~~Evaluate the assessment data to make prospective decisions with other health professionals;~~
 - e. ~~Institute and provide routine health care to patients;~~
 - d. ~~Provide counseling and health teaching to patients and their families; and~~
 - e. ~~Perform the acts described in R4-19-505.~~
 - 3. ~~The course of study has a preceptorship.~~
 - 3. Is nationally accredited by an approved national nursing accrediting agency as defined in R4-19-101;
 - 4. Offers a curriculum that covers the scope of practice for both the category of advanced practice as specified in A.R.S. § 32-1601 and the specialty area;
 - 5. Includes a minimum of 500 hours of clinical practice;
 - 6. Notifies the Board of any changes in hours of clinical practice or accreditation status and responds to Board requests for information;
 - 7. Has financial resources sufficient to support the educational goals of the program; and
 - 8. Establishes academic, professional, and conduct standards that determine admission to the program, progression in the program, and graduation from the program that are consistent with sound educational practices and recognized standards of professional conduct.
- B.** A faculty member who is educated and nationally certified in the same or a related specialty area and certified as an advanced practice registered nurse by the Board shall coordinate the educational component for the category and specialty in the advanced practice registered nursing program.
- ~~**B.C.** Each~~ The parent institution of an advanced practice registered nursing program shall ensure that a nursing program faculty member of a course of study for registered nurse practitioners is appointed to oversee any advanced practice regis-

tered nursing course that includes a clinical experience. The faculty member appointed shall hold: ~~shall meet the requirements established by an Arizona university or college for faculty membership and one of the following:~~

1. ~~Current licensure as a professional nurse in Arizona with a Master's Degree in a nursing or clinical specialty; or~~
1. An unencumbered active license in good standing or a multistate privilege to practice as a registered nurse in Arizona, and
2. ~~Current licensure as a physician in Arizona~~
2. A graduate degree with a major in nursing or a clinical specialty.

D. Other licensed health care professionals may teach a non-clinical course or assist in teaching a clinical course in an advanced practice registered nursing program within their area of licensure and expertise.

E. The parent institution of an advanced practice nursing program shall ensure that a preceptor supervising a student in clinical practice:

1. Holds an unencumbered active license or multistate privilege to practice as a registered nurse or physician in the state in which the preceptor practices or, if employed by the federal government, holds an unencumbered active RN or physician license in the United States;
2. Has at least one year clinical experience as a physician or an advanced practice nurse, and
3. For nurse preceptors, has at least one of the following:
 - a. National certification in the advanced practice category in which the student is enrolled;
 - b. Current Board certification in the advanced practice category in which the student is enrolled; or
 - c. If an advanced practice preceptor cannot be found who meets the requirements of (a) or (b), educational and experiential qualifications that will enable the preceptor to precept students in the program, as determined by the nursing program and verified by the Board.

R4-19-503. Application for Approval of ~~Course of Study for Registered Nurse Practitioners~~ an Advanced Practice Registered Nursing Program; Approval by Board

A. An administrator of an educational institution that proposes to offer an advanced practice registered nursing program shall submit the following to the Board:

~~A.1.~~ An educational institution proposing to offer a course of study to prepare professional nurses for certification in a specialty area for extended and advanced nursing practice shall submit a completed application to the Board on a form provided by the Board. The application shall contain that includes all of the following information:

- 1-a. Category, Specialty and specialty area that meets the criteria in R4-19-501(B) and faculty member coordinating the of the registered nurse practitioner course of study program under R4-19-502 (B);
- 2-b. Name, and address and accreditation status of the applicant or affiliated educational institution;
3. Discussion of the background development of the course of study;
4. Statement of philosophy of the applicant institution;
5. Statement of the purpose for the extended and advanced nursing practice course;
6. Discussion of the community and state job market for registered nurse practitioners who complete the course of study;
- 7-c. Description of the The mission, goals, and objectives of the course of study, program consistent with generally accepted standards for advanced practice education;
- 8-d. List of the core courses and any specialty required courses, included in the course of study and a description, measurable objectives, and content outline of for each required course;
- 9-e. Designation of a A proposed time schedule for implementation of the course of study, program;
- 10-f. Designation of the The total clock hours required allotted of both for both didactic instruction and supervised clinical practicum in the course of study program;
11. Description of the budgetary provisions for the course of study;
12. List of the names and titles of persons responsible for the course of study;
- 13-g. List of the names and titles qualifications of the each faculty member; and
- 14-h. A self-study that provides Evidence evidence of compliance with R4-19-502.

B. An applicant shall submit the following additional information with the application for approval of the course of study:

1. Copies of any studies, historical data, or other evidence of need for the course of study; and
2. Qualifications of each faculty member.

C.B. The Board shall grant approval to approve a course of study an advanced practice registered nursing program to prepare professional nurses for certification in a specialty role for extended and advanced nursing practice if approval is in the best interest of the public and the course program meets the requirements of this Article. The Board may grant approval for a period of two years or less to an advanced practice nursing program where the program meets all the requirements of this Article except for accreditation by a national nursing accrediting agency based on the program's presentation of evidence that it has applied for accreditation and meets accreditation standards.

D.C. An educational institution that is denied approval of a course of study an advanced practice registered nursing program may request a hearing by filing a written request with the Board within 40 30 days of service of the Board's order denying

Arizona Administrative Register / Secretary of State
Notices of Proposed Rulemaking

its application for approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

- D.** Approval of an advanced practice registered nursing program expires 12 months from the date of approval if a class of students is not admitted within that time.

R4-19-504. Rescission of Approval of an Advanced Practice Registered Nursing Program

- A.** The Board may periodically survey an advanced practice registered nursing program to determine whether criteria for approval are being met.
- B.** The Board shall, upon determining that an advanced practice registered nursing program is not in compliance with R4-19-502, provide to the program administrator a written notice of deficiencies that establishes a reasonable time, based upon the number and severity of deficiencies, to correct the deficiencies. The time for correction may not exceed 18 months.
1. The program administrator shall, within 30 days from the date of service of the notice of deficiencies, consult with the Board or designated Board representative and, after consultation, file a plan to correct each of the identified deficiencies.
 2. The program administrator may, within 30 days from the date of service of the notice of deficiencies, submit a written request for a hearing before the Board to appeal the Board's determination of deficiencies. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
 3. If the Board's determination is not appealed or is upheld upon appeal, the Board may conduct periodic evaluations of the program during the time of correction to determine whether the deficiencies have been corrected.
- C.** The Board shall, following a Board-conducted survey and report, rescind the approval or limit the ability of a program to admit students if the program fails to comply with R4-19-502 within the time set by the Board in the notice of deficiencies provided to the program administrator.
1. The Board shall serve the program administrator with a written notice of proposed rescission of approval or limitation of admission of students that states the grounds for the rescission or limitation. The program administrator has 30 days to submit a written request for a hearing to show cause why approval should not be rescinded or admissions limited. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
 2. Upon the effective date of a decision to rescind program approval, the effected advanced practice registered nursing program shall immediately cease operation and be removed from the official approved-status listing. An advanced practice registered nursing program that is ordered to cease operations shall assist currently enrolled students to transfer to an approved nursing program.
- D.** The Board may rescind approval of an advanced practice registered nursing program, based on the severity of the violations, if rescission is in the best interest of the public or for one or both of the following reasons:
1. For a program that was served with a notice of deficiencies within the preceding three years and timely corrected the noticed deficiencies, subsequent noncompliance with the standards in R4-19-502; or
 2. Failure to comply with orders of or stipulations with the Board within the time determined by the Board.

~~R4-19-504~~R4-19-505. Requirements for ~~Registered Nurse Practitioner~~ Advanced Practice Registered Nursing Certification

- A.** An applicant for certification as a registered nurse practitioner (RNP) or clinical nurse specialist (CNS) in a specialty area, shall:
1. Hold a current Arizona registered nurse (RN) license in good standing or an RN license in good standing from a compact party state with multistate privileges to practice as a professional nurse in Arizona; and
 2. Submit an application to the Board that provides all of the following:
 - a. A notarized application furnished by the Board which provides the following information:
 - ia. The applicant's full Full name and any former names used by the applicant;
 - ii-b. The applicant's current Current mailing address and telephone number;
 - ii-c. The applicant's professional nurse RN license number, application for RN license, or copy of a multistate compact RN license;
 - iv-d. A description of the applicant's educational Educational background, including the name and location of all advanced practice registered nursing education programs or schools attended, the number of years attended, the length of each program, the date of graduation or completion, and the type of degree or certificate awarded;
 - v-e. The Category and specialty area for which the applicant wishes to be certified; is applying;
 - vi-f. The applicant's current Each current and previous employer, including address, type of position, and dates of employment;
 - vii-g. Whether the applicant has taken and passed a national certification examination, Information regarding national certification or recertification as an advanced practice registered nurse in the category and specialty area, if applicable, for which the applicant is applying, including and the name of the certifying organization, specialty area, certification number, and date of certification, and expiration date;

- viii. ~~h. Whether the applicant has ever had a nursing license denied, suspended, or revoked, and an explanation of any license denial, suspension, or revocation;
Whether the applicant is under investigation or has disciplinary action pending against their nursing license or advanced practice certificate or license in any state, other than Arizona, or territory of the United States;~~
- i. ~~Whether the applicant has ever been convicted, entered a plea of guilty, nolo contendere, or no contest, or ever been sentenced, served time in jail or prison, or had deferred prosecution or sentence deferred in any felony or undesignated offense;~~
- j. ~~Whether the applicant has committed an act of unprofessional conduct as defined in A.R.S. § 32-1601;~~
- ix. ~~Whether a disciplinary action, consent order, or settlement agreement has been imposed upon the applicant, and an explanation of any disciplinary action, consent order, or settlement agreement; and~~
- k. ~~Completed fingerprint card if the applicant has not submitted a fingerprint card to the Board within the last two years; and~~
- x. ~~1. A sworn statement by the applicant Signature verifying the truthfulness of the information provided; by the applicant.~~
3. ~~For an RNP applicant, submit an official transcript directly from an institution under accredited under A.R.S. § 32-1644 or a Board-approved database that provides evidence of a graduate degree with a major in nursing.~~
4. ~~For a CNS applicant, submit:~~
- a. ~~An official transcript directly from an institution accredited under A.R.S. § 32-1644 or a Board-approved database that provides evidence of a graduate degree with a major in nursing; and~~
- b. ~~Evidence that the applicant completed a program in a clinical specialty that prepared the applicant to practice as a CNS, as part of a graduate degree or post-masters program; or~~
- c. ~~If applying within a year of the effective date of this Article, an applicant who did not complete a designated Clinical Nurse Specialist program under subsection (b), may submit a portfolio that:~~
- i. ~~Contains evidence of mastery of core competencies and outcomes of a Clinical Nurse Specialist in a specialty area as prescribed in, Statement on Clinical Nurse Specialist Practice and Education, 2nd edition, 2004; which is incorporated by reference and available from the National Association of Clinical Nurse Specialists, 2090 Linglestown Road, Suite 107, Harrisburg, PA 17110, www.nacns.org. This incorporation by reference does not include any later amendments or editions and is on file in the Board offices; and~~
- ii. ~~Is reviewed for consistency with the standards in subsection (i) and recommended for approval by a Board-appointed committee that consists of at least one CNS educator, one practicing CNS, and the Executive Director of the Board or the director's designee.~~
5. ~~For an RNP applicant who completed a registered nurse practitioner program that was not part of a graduate degree from a regionally accredited university, submit documentation of completing a program in the specialty area for which the applicant is applying. The applicant shall ensure that any one of the following is submitted to the Board either directly from the program or from a Board-approved database:~~
- b. ~~An official transcript and a copy of a certificate or official letter received from a course of study verifying completion of a registered nurse practitioner course of study in an approved registered nurse practitioner program, or~~
- a. ~~An official letter or a copy of a certificate or transcript from a Board-approved RNP program.~~
- b. ~~An official transcript from an RNP program offered by or affiliated with a regionally accredited college or university accredited under A.R.S. § 32-1644, which was of at least nine months or two full-time semesters in length duration and included theory and clinical experience; to prepare the applicant as a registered nurse practitioner.~~
- or
- c. ~~If the course of study program is was not an approved program or provided by a regionally an accredited college or university but is located in the U.S. or territories; an official transcript, a copy of a certificate, or an official letter received from a registered nurse practitioner program which that shows that the program was:~~
- i. ~~Was At at least nine months in length or equivalent to two semesters full-time study, or contained didactic and at least 500 hours clinical instruction; and~~
- ii. ~~Contained theory and clinical experiences sufficient to prepare the graduate to practice within the category and specialty area of practice for which the nurse is applying under A.R.S §32-1601; and~~
- iii. ~~Included theory and clinical experience to prepare the applicant as a registered nurse practitioner, which program the Board determines to be substantially equivalent to an approved program. Was a RNP program recognized by the jurisdiction where it was located for the purpose of granting nurse practitioner licensure or certification;~~
6. ~~For an applicant who completed an RNP program, CNS program, or graduate program in a foreign jurisdiction, submit an evaluation from the Commission on Graduates of Foreign Nursing Schools or a Board-approved credential evaluation service that indicates the applicant's program is comparable to a U.S. graduate nursing program, clinical nurse specialist program, or registered nurse practitioner program in the specialty area.~~
- d. ~~7. If a nurse midwife, evidence For a Clinical Nurse Specialist or Certified Nurse Midwife applicant, or for a Registered~~

Notices of Proposed Rulemaking

Nurse Practitioner applicant submitting an application after July 1, 2004, submit verification of current national certification or recertification in the applicant's category and specialty, as applicable, ~~from the American College of Nurse-Midwives or its Certification Council; and from a certifying body that meets the criteria in R4-19-501(B)(3);~~

8. For a CNS applicant who submits an application to the Board within one year of the effective date of this Article and practices in a specialty that lacks a certification exam under R4-19-501, or is unable to qualify to sit for a certification exam, submit:
 - a. A description of the applicant's scope of practice that is consistent with A.R.S. §32-1601(5).
 - b. One of the following:
 - i. A letter from a faculty member who supervised the applicant during the master's degree program attesting to the applicant's competence to practice within the defined scope of practice;
 - ii. A letter from a supervisor verifying the applicant's competence in the defined scope of practice; or
 - iii. A letter from a physician, RNP, or CNS attesting to the applicant's competence in the defined scope of practice; and
 - c. A form verifying that the applicant has practiced a minimum of 500 hours in the specialty area within the past 2 years, which may include clinical practice time in a CNS program; and
- e-9. The ~~Submit the prescribed~~ required fee.
- B. An applicant for certification as a registered nurse practitioner on or after January 1, 2001, shall have a master of science degree in nursing or a masters degree in a health related area. The Board shall continue to certify:
 1. a ~~An~~ registered nurse practitioner RNP without the masters degree required by this Section who was certified prior to January 1, 2001, if the registered nurse practitioner: without a graduate degree with a major in nursing if the applicant:
 - a. Meets all other requirements for certification; and
 - b. Was certified or licensed in the applicant's category and specialty area of advanced practice in this or another state:
 - i. Before January 1, 2001, if the RNP applicant lacks a graduate degree; or
 - ii. Before the effective date of this Article if the RNP's graduate degree is in a health-related area other than nursing.
 1. Maintains a current license in good standing to practice as a professional nurse in Arizona
 2. Qualifies for certification by endorsement, or
 3. Maintains a current license in good standing to practice as a professional nurse outside the United States and qualifies as a registered nurse practitioner under subsection (A).
 2. An RNP or CNS applicant without evidence of national certification who received initial advanced practice certification or licensure in another state not later than July 1, 2004 and provides evidence that such certification or licensure is current; and
 3. A CNS applicant who received initial certification or advanced practice licensure in this or another state not later than the effective date of this rule without evidence of completing a program in a clinical specialty.
- C. The Board shall issue a certificate to practice as a registered nurse practitioner ~~in a specialty area,~~ or a clinical nurse specialist in a specialty area to a professional registered nurse who meets the criteria set forth in this Section. An applicant who is denied a certificate may request a hearing by filing a written request with the Board within ~~40~~ 30 days of service of the Board's order denying the application for certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article ~~6~~ 10 and 4 A.A.C. 19, Article 6.

R4-19-506. Expiration of Advanced Practice Certificates; Renewal

- A. An advanced practice certificate issued after July 1, 2004, expires when the certificate holder's RN license expires. Certificates issued on or before July 1, 2004 or those issued without proof of national certification under R4-19-505 (A)(8) and (B)(2) do not expire.
- B. A registered nurse requesting renewal of an advanced practice certificate shall:
 1. Provide evidence of national certification or recertification under R4-19-505(A)(7), and
 2. Submit the required fee, if any.
- C. The Board shall renew a certificate to practice as a registered nurse practitioner or a clinical nurse specialist in a specialty area for a registered nurse who meets the criteria in this Section. An applicant who is denied renewal of a certificate may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying renewal of certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

R4-19-507. Temporary Advanced Practice Certificate

- A. Based on the registered nurse's qualifications, the Board may issue a temporary certificate to practice as a registered nurse practitioner or a clinical nurse specialist in a specialty area. A registered nurse who is applying for a temporary certificate shall:

1. Apply for certification as an advanced practice nurse;
 2. Submit an application for a temporary certificate;
 3. Demonstrate authorization to practice as a registered nurse in Arizona on either a permanent or temporary Arizona license or a multistate compact privilege;
 4. Meet all requirements of R4-19-505 or meet the requirements of R4-19-505 with the exception of national certification under R4-19-505(A)(7);
 5. Submit evidence that the applicant has applied for and is eligible to take or has taken an advanced practice certifying examination in the applicant's category and specialty area of practice, if applicable; and
 6. Submit the required fee.
- B.** Temporary certification as an advanced practice nurse expires in six months and may be renewed for an additional six months for good cause. Good cause means reasons beyond the control of the temporary certificate holder such as unavoidable delays in obtaining information required for certification.
- C.** Notwithstanding subsection (B), the Board shall withdraw a temporary advanced practice certificate under any one of the following conditions. The temporary certificate holder:
1. Does not meet requirements for RN licensure in this state or the RN license is suspended or revoked.
 2. Fails to renew the RN license upon expiration.
 3. Loses the multistate compact privilege.
 4. Fails the national certifying examination, or
 5. Violates a statute or rule of the Board.
- D.** A temporary registered nurse practitioner certificate does not qualify an applicant for prescribing or dispensing privileges.
- E.** An applicant who is denied a temporary certificate may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the temporary certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

~~R4-19-505~~R4-19-508. Scope of Practice of a Registered Nurse Practitioner

- A.** An RNP shall refer a patient to a physician or another health care provider if the referral will protect the health and welfare of the patient and consult with a physician and other health care providers if a situation or condition occurs in a patient that is beyond the RNP's knowledge and experience.
- B.** In addition to the scope of practice permitted a ~~professional nurse~~ registered nurse, an RNP may perform the following ~~acts in collaboration with a physician~~ acts within the limits of the specialty area of certification:
1. Examine a patient and establish a medical diagnosis by client history, physical examination, and other criteria;
 2. Admit a patient into a health care facility For a patient who requires the services of a health care facility:
 - a. Admit the patient to the facility.
 - b. Manage the care the patient receives in the facility, and
 - c. Discharge the patient from the facility;
 3. Order, ~~perform~~, and interpret laboratory, radiographic, and other diagnostic tests, and perform those tests that the RNP is qualified to perform;
 4. Identify, develop, implement, and evaluate a plan of care for a patient to promote, maintain, and restore health;
 5. Perform therapeutic procedures that the RNP is qualified to perform;
 6. Prescribe treatments;
 - 5-7. If authorized under ~~R4-19-507~~ R4-19-511, prescribe and dispense ~~medication~~ drugs and devices; and
 - 6-8. Refer to and consult with appropriate health care professionals. Perform additional acts that the RNP is qualified to perform.

~~R4-19-509~~. Repealed Delegation to Medical Assistants

- A.** Under A.R.S. § 32-1601(15), an RNP may delegate patient care to a medical assistant in an office or outpatient setting. The RNP shall verify that a medical assistant to whom the RNP delegates meets one of the following qualifications:
1. Completed an approved medical assistant training program as defined in R4-16-301;
 2. If a graduate of an unapproved medical assistant training program, passed the medical assistant examination administered by either the American Association of Medical Assistants or the American Medical Technologists;
 3. Completed an unapproved medical assistant training program and was employed as a medical assistant on a continuous basis since completion of the program before February 2, 2000;
 4. Was directly supervised by the same registered nurse practitioner for at least 2000 hours before February 2, 2000; or
 5. Completed a medical services training program of the Armed Forces of the United States.
- B.** A medical assistant may perform, under the delegation and onsite supervision of a registered nurse practitioner, those acts authorized under R4-16-303.

~~R4-19-506~~R4-19-510. Use of Title of Registered Nurse Practitioner

~~A nurse~~ Under A.R.S. § 32-1666, a person shall not practice as a registered nurse practitioner, in a specialty area also known as

a nurse practitioner, a certified nurse midwife also known as nurse midwife or a clinical nurse specialist, or use any words or letters to indicate the nurse person is a registered nurse practitioner, nurse practitioner, certified nurse midwife, nurse midwife, or clinical nurse specialist unless certified as a registered nurse practitioner by the Board.

R4-19-511. Requirements for Clinical Nurse Specialist Certification Repealed

~~R4-19-507~~R4-19-511. Prescribing and Dispensing Authority; Prohibited Acts

- A.** An applicant for certification as a clinical nurse specialist shall:
1. Hold a current license in good standing to practice as a professional nurse in Arizona;
 2. Have a master of science degree in nursing or a master's degree with specialization in a clinical area of nursing practice;
 3. Have evidence of current certification by a national nursing credentialing agency in a clinical area of nursing practice;
 4. Submit to the Board:
 - a. A notarized application furnished by the Board which provides the following information:
 - i. The applicant's full name and any former names used by the applicant;
 - ii. The applicant's current home and business address and phone numbers;
 - iii. The applicant's professional nurse license number;
 - iv. A description of the applicant's educational background, including the name and location of schools attended, the number of years attended, the date of graduation, and the type of degrees or certificates awarded;
 - v. The applicant's current employer, including address, type of position, and dates of employment;
 - vi. A description of the applicant's national certification including the name of the national certification examination, name of the certifying organization, specialty area, certification number, and date of certification;
 - vii. Whether the applicant has ever had a nursing license denied, suspended, or revoked, and an explanation of any license denial, suspension, or revocation;
 - viii. Whether a disciplinary action, consent order, or settlement agreement has been imposed upon the applicant and an explanation of any disciplinary action, consent order, or settlement agreement; and
 - ix. A sworn statement by the applicant verifying the truthfulness of the information by the applicant.
 - b. An official transcript and a copy of a letter received from the education program verifying completion of the requirement in R4-19-511(A)(2).
- B.** The Board shall issue a certificate to practice as a clinical nurse specialist to a professional nurse who meets the criteria set forth in this Section. An applicant who is denied a certificate may request a hearing by filing a written request with the Board within 10 days of service of the Board's order denying the application for a certificate. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6, and 4 A.A.C. 19, Article 6.
- A.** The Board shall authorize an RNP to prescribe and dispense (P&D) drugs and devices ~~medication~~ within the RNP's specialty area and scope category of practice only if the RNP does all of the following:
1. Is a professional nurse currently licensed in Arizona in good standing and authorized by the Board to practice as a registered nurse practitioner, within a specialty area identified in R4-19-501;
 2. Applies for prescribing and dispensing privileges on the application for registered nurse practitioner certification;
 - 2-3. Submits a completed, ~~notarized~~ application on a form provided by the Board containing all of the following information:
 - a. Name, address, and home ~~phone~~ telephone number;
 - b. Arizona Professional registered nurse license number, or copy of compact license;
 - c. Nurse practitioner specialty;
 - d. Nurse practitioner certification Certification number issued by the Board;
 - e. Business address and ~~phone~~ telephone number; and
 - f. Length of time that applicant has practiced as an RNP and whether full or part time;
 - g. If a faculty member, the number of hours of direct patient contact during the year preceding the date of application;
 - h. Chronological listing of continuing education obtained by the applicant in pharmacology or clinical management of drug therapy or both in the last 2 years;
 - i. Whether the applicant intends to apply for a DEA number to prescribe controlled substances;
 - j. Authority for which the applicant is applying; and
 - kf. Applicant's ~~A~~ sworn statement verifying the truthfulness of the information provided;
 4. Submits evidence of ~~completion~~ of a minimum of 45 contact hours of education within the three years immediately preceding the application in covering one or both of the following topics:
 - a. ~~pharmacology~~ Pharmacology, or
 - b. ~~clinical~~ Clinical management of drug therapy ~~or both~~; and
 - a. An applicant shall complete:

Notices of Proposed Rulemaking

- i. At least 6 of the 45 hours in the 12-month period immediately prior to the application date; and
 - ii. All 45 hours within the 2-year period before the application date.
 - b. One half (22 hours) of the required contact hours may be from mediated instruction and self study.
 - e. If documented, contact hours may consist of hours of the initial presentations of an RNP who leads, instructs, or lectures to groups of health professionals on pharmacy-related topics in continuing education activities.
 - d. An RNP whose primary responsibility is the education of health professionals does not earn contact hours for time expended on normal teaching duties within a learning institution.
5. Submits the required fee.
- B.** An applicant who is denied medication P & D authority may request a hearing by filing a written request with the Board within ~~40~~ 30 days of service of the Board's order denying the ~~application~~ application for P & D authority. Board hearings shall comply with 41 A.R.S. 6, Article 10, and 4 A.A.C. 19, Article 6.
- C.** An RNP shall not prescribe or dispense drugs or devices without Board authority or in a manner inconsistent with law. The Board may impose an administrative or civil penalty for each violation, suspend the RNP's P & D authority, or impose other sanctions under A.R.S. § 32-1606(C). In determining the appropriate sanction, the Board shall consider factors such as the number of violations, the severity of each violation, and the potential for or existence of patient harm.
- D.** In addition to acts listed under R4-19-403, for a nurse who prescribes or dispenses a drug or device, a practice that is or might be harmful to the health of a patient or the public, includes all of the following:
- 1. Prescribing a controlled substance to self or a member of the nurse's family;
 - 2. Providing any controlled substance or prescription-only drug or device for other than accepted therapeutic purposes;
 - 3. Prescribing an amphetamine or similar Class II drug, in the treatment of exogenous obesity, for a period in excess of 30 days within a 12-month period for an individual; or the non-therapeutic use of injectable amphetamines;
 - 4. Delegating the prescribing and dispensing of drugs or devices to any other person; and
 - 5. Prescribing, dispensing, or furnishing a prescription drug or a prescription-only device to a person unless the nurse has examined the person and established a professional relationship, except when the nurse is engaging in one or more of the following:
 - a. Providing temporary patient care on behalf of the patient's regular treating and licensed health care professional;
 - b. Providing care in an emergency medical situation where immediate medical care or hospitalization is required by a person for the preservation or health, life, or limb; or
 - c. Furnishing a prescription drug to prepare a patient for a medical examination.
- R4-19-507R4-19-512. Prescribing and Dispensing Authority Drugs and Devices**
- C-A.** An RNP with granted P & D authority by the Board may:
- 1. Prescribe drugs and devices; medications, medical devices, and appliances;
 - 2. Provide for refill of prescription-only drugs and devices medications for one year from the date of the prescription.
- D-B.** An RNP with P & D authority who wishes to prescribe a controlled substance shall ~~apply to the DEA to obtain a DEA registration number before prescribing a controlled substance. The RNP shall file the DEA registration number with the Board.~~
- E-C.** An RNP with a DEA registration number may prescribe:
- 1. A a Class II controlled substance as defined in the Federal federal Uniform Controlled Substance Substances Act, 21 U.S.C. § 801 et seq., or Arizona's Uniform Controlled Substance Substances Act, 36 A.R.S. Title 36, Chapter 27, but shall not prescribe refills of the prescription;
- F.** ~~An RNP with a DEA registration number may prescribe a~~
- 2. A Class III or IV controlled substance, as defined in the Federal federal Uniform Controlled Substance Substances Act or Arizona's Uniform Controlled Substances Act, and may prescribe a maximum of five refills in six months;
and
- G.** ~~An RNP with a DEA registration number may prescribe a~~
- 3. A Class V controlled substance, as defined in the Federal federal Controlled Substance Substances Act or Arizona's Uniform Controlled Substance Substances Act, and may prescribe refills for a maximum of one year.
- D.** An RNP whose DEA registration is revoked or expires shall not prescribe controlled substances. An RNP whose DEA registration is revoked or limited shall report the action to the Board.
- E.** In all outpatient settings and at the time of hospital discharge, an RNP with P & D authority shall personally provide a patient or the patient's representative with the name of the drug, directions for use, and any special instructions, precautions, or storage requirements necessary for safe and effective use of the drug if any of the following occurs:
- 1. A new drug is prescribed or there is a change in the dose, form, or direction for use in a previously prescribed drug;
 - 2. In the RNP's professional judgment, these instructions are warranted; or
 - 3. The patient or patient's representative requests instruction.
- H-F.** An RNP with P & D authority shall ensure that all prescription orders contain the following:
- 1. The RNP's name, address, ~~phone~~ telephone number, and specialty area;
 - 2. The prescription date;

Notices of Proposed Rulemaking

3. The name and address of the patient;
 4. The full name of the drug, strength, dosage form, and directions for use;
 5. ~~Two signature lines for the prescriber with "dispense as written" under the left signature line and "substitution permissible" under the right~~ The letters "DAW", "dispense as written", "do not substitute", "medically necessary" or any similar statement on the face of the prescription form if intending to prevent substitution of the drug; and
 6. The RNP's DEA registration number, if applicable; and
 7. The RNP's signature.
- ~~I. The Board of Nursing shall annually send a list of registered nurse practitioners with P & D authority to the Board of Pharmacy, the Board of Medical Examiners, and the Board of Osteopathic Examiners in Medicine and Surgery.~~
- ~~J. An RNP shall not prescribe or dispense medications without prior Board authority. The Board may impose a civil penalty for each violation, suspend the RNP's P & D authority, and impose other sanctions under A.R.S. § 32-1606(C). In determining the appropriate sanction, the Board shall consider factors such as the number of violations, the severity of the violation, and the potential or existence of patient harm.~~

~~R4-19-508, R4-19-513, Dispensing of Drugs and Devices Medications~~

- ~~A. A registered nurse practitioner (RNP) granted prescribing and dispensing authority by the Board may:~~
1. ~~Dispense drugs and devices to patients;~~
 2. ~~Dispense samples of drugs packaged for individual use without a prescription order or additional labeling;~~
 3. ~~Only dispense drugs and devices obtained directly from a pharmacy, manufacturer, wholesaler, or distributor; and~~
 4. ~~Allow other personnel to assist in the delivery of medications provided that the RNP retains responsibility and accountability for the dispensing process.~~
- ~~A.B. Before~~ If dispensing a medication drug or device, an RNP with P & D dispensing authority shall: give a patient
1. Ensure that the patient has a written prescription that complies with R4-19-512 (F) with the following statement in bold type and inform the patient that: "THIS PRESCRIPTION MAY BE FILLED BY THE REGISTERED NURSE PRACTITIONER OR BY A PHARMACY OF YOUR CHOICE." ~~the prescription may be filled by the prescribing RNP or by a pharmacy of the patient's choice;~~
 2. Affix a prescription number to each prescription that is dispensed; and
 3. Ensure that all original prescriptions are preserved for a minimum of seven years and make the original prescriptions available at all times for inspection by the Board of Nursing, Board of Pharmacy, and law enforcement officers in performance of their duties.
- ~~B. An RNP with P & D authority may dispense medications, medical devices, and appliances. An RNP with P & D authority may dispense samples of medications packaged for individual use by licensed manufacturers or repackagers of medication without a prescription order.~~
- ~~C. An RNP practicing in a public health facility operated by this state or a county or in a qualifying community health center under A.R.S. § 32-1921 (F) may dispense drugs or devices to patients without a written prescription if the public health facility or the qualifying community health center adheres to all storage, labeling, safety, and recordkeeping rules of the Board of Pharmacy.~~
- ~~C.D. An RNP with P & D dispensing authority shall ensure that a drug is dispensed~~ dispense all medication with a label that contains all of the following information:
1. ~~Dispensing~~ The dispensing RNP's name and specialty area;
 2. ~~address, phone number, Address and telephone number of the location at which the drug is dispensed, and specialty area;~~
 - 2-3. The date the medication is Date dispensed;
 - 3-4. ~~The patient's~~ Patient's name and address;
 - 4-5. ~~The name Name and strength of the drug, medication, manufacturer's name; quantity in the container, directions for its use, and any cautionary statements necessary for the safe and effective use of the drug; and~~
 6. Manufacturer and lot number; and
 - 5-7. Prescription ~~The prescription~~ order number.
- ~~D. In all outpatient settings and at the time of hospital discharge, an RNP with P & D authority shall personally provide to the patient or the patient's representative, directions for use, name of prescribed medication, and any special instructions, precautions, or storage requirements when any of the following occurs:~~
1. ~~A new prescribed medication is dispensed to a patient or a new prescription number is assigned to a previously dispensed medication;~~
 2. ~~A prescription medication has not been previously dispensed to the patient in the same strength or dosage form, or directions for a prescription medication have been changed;~~
 3. ~~In the RNP's professional judgment, these instructions are warranted; or~~
 4. ~~The patient or patient's representative requests instruction.~~
- ~~E. An RNP with P & D dispensing authority shall ensure that the following information about the drug or device is entered~~ enter into the patient's medical record:

Notices of Proposed Rulemaking

1. ~~The name and~~ Name of the drug, strength, quantity, directions for use, and number of refills; ~~of the medication dispensed;~~
 2. ~~The date the medication is~~ Date dispensed; ~~and~~
 3. ~~The therapeutic~~ Therapeutic reason; ~~for the medication.~~
 4. Manufacturer and lot number; ~~and~~
 5. Prescription order number.
- F.** ~~An RNP with P & D dispensing authority shall; obtain medication only from a pharmacy, manufacturer, wholesaler, or distributor.~~
- G.** ~~An RNP with P & D authority shall:~~
1. ~~Keep all drugs medication in a locked cabinet or room~~ in an area that is not accessible to patients;
 2. ~~Control access to the cabinet or room by a written procedure;~~ ~~and~~
 3. ~~Maintain a current inventory of the contents of the cabinet or room.~~
 2. If dispensing a controlled substance:
 - a. Control access by a written policy that specifies:
 - i. Those persons allowed access, and
 - ii. Procedures to report immediately the discovery of a shortage or illegal removal of drugs to a local law enforcement agency and provide that agency and the DEA with a written report within seven days of the discovery;
- H.** ~~An RNP with P & D authority shall preserve all original prescription orders dispensed for a minimum of three years. The RNP shall make the original prescription orders available at all times for inspection by the Board of Nursing, the Board of Pharmacy, and law enforcement officers in performance of their duties~~
- I.** ~~An RNP shall, if dispensing a controlled substance,~~
- b. Maintain maintain and make available to the Board upon request an ongoing inventory and record of:
 1. i. A Schedule II controlled substance, as defined in the Federal federal Controlled Substance Substances Act or Arizona's Uniform Controlled Substances Act, separately from all other records, and a prescription for a Schedule II controlled substance in a separate prescription file; and
 2. ii. A Schedule III, IV, and or V controlled substance, as defined in the Federal federal Controlled Substance Substances Act or Arizona's Uniform Controlled Substances Act, either separately from all other records or in a form that the information required is readily retrievable from ordinary business other records. A prescription for these substances shall be maintained either in a prescription file for Schedule III, IV, and V controlled substances only or in a form that is readily retrievable from other prescription records. A prescription is readily retrievable if, at the time it is initially filed, the face of the prescription is stamped in red ink in the lower right corner with the letter "C" no less than 1 inch high and filed either in the prescription file for a Schedule II controlled substance or in the usual consecutively numbered prescription file for a non-controlled substance.
- J.G.** ~~An If a prescription order is refilled, an RNP with P & D authority shall record the following information on the back of each the prescription order or in the patient's medical record when the prescription order is refilled:~~
1. ~~Date refilled,~~
 2. ~~Quantity dispensed if different from the full amount of the original prescription, and~~
 3. ~~RNP's name or identifiable initials, and. By initialing and dating the back of the prescription order, the RNP dispenses a refill for the full amount of the original prescription order.~~
 4. Manufacturer and lot number.
- K.** ~~An RNP with P & D authority shall comply with all applicable laws and rules in prescribing, administering, and dispensing a medication or controlled substance, including compliance with labeling requirements of 32 A.R.S. 18.~~
- L.H.** ~~Under the supervision of an RNP with P & D authority, licensed or unlicensed other personnel may assist the RNP in the following:~~
1. Receive Receiveing and record a prescription refill request from a patient or a patient's representative for refilling a prescription medication by prescription order number;
 2. Accepting a verbal refill authorization from the RNP; and
 3. 2. Reecording Receive and record a verbal refill authorization on the back of the original prescription form and in the patient's medical record with from the RNP including:
 - a. The RNP's name;
 - b. Date of refill;
 - c. Name, directions for use, and quantity of medication drug.; and
 - d. Manufacturer and lot number;
 4. 3. Typing Prepare and affixing affix a prescription labels label; and for prescription medications.
 4. Prepare a drug or device for delivery, provided that the dispensing RNP:
 - a. Inspects the drug or device and initials the label before issuing to the patient to ensure compliance with the prescription; and

Notices of Proposed Rulemaking

- 2.b. Ensures that the patient ~~has been~~ is informed of the name of the drug or device, directions for use, precautions, and storage requirements.

~~R4-19-512~~-R4-19-514. Scope of Practice of the Clinical Nurse Specialist

In addition to the functions of ~~the professional~~ a registered nurse, a clinical nurse specialist, under A.R.S. § 32-1601(5), being an expert in a specialty area of clinical nursing practice, may perform one or more of the following for an individual, family, or group within the specialty area of certification:

1. Perform a ~~Comprehensive~~ comprehensive assessment, analysis, and evaluation of individuals, families, communities, or any combination of individuals, families, and communities, with a patient's complex health needs within an area of specialization;
2. Diagnose symptoms, functional problems, risk behaviors, and health status;
- ~~2-3.~~ Direct patient health care as an advanced clinician within the clinical nurse specialist's specialty area and develop, implement, and evaluate treatment plans within that specialty;
4. Develop, implement, and evaluate a treatment plan according to a patient's need for specialized nursing care;
5. Establish nursing standing orders, algorithms, and practice guidelines related to interventions and specific plans of care;
6. Manage health care according to written protocols;
7. Facilitate system changes on a multidisciplinary level to assist a health care facility improve patient outcomes cost-effectively;
- ~~3-8.~~ Consulting Consult with the public and professionals in health care, business, and industry in the areas of research, case management, education, and administration; and,
4. Psychotherapy, by clinical nurse specialists with expertise in adult, or child and adolescent psychiatric and mental health nursing.
9. Perform psychotherapy if certified as a clinical nurse specialist in adult or child and adolescent psychiatric and mental health nursing;
10. Prescribe and dispense durable medical equipment.; or
11. Perform additional acts for which the clinical nurse specialist is qualified to perform.

~~R4-19-513~~-R4-19-515. Prescribing Authority of a Certified Registered Nurse Anesthetist Renumbered

- A. No change
1. No change
 2. No change
 3. No change
 4. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
 - i. No change
 - ii. No change
 - iii. No change
 - iv. No change
 - v. No change
 - vi. No change
 - vii. No change
- B. No change
- C. No change
- D. No change
1. No change
 2. No change
 3. No change
 4. No change

R4-19-516. Registered Nurse Anesthetist; Notification of the Board; Nurse Anesthetist Programs; Scope of Practice

A. A registered nurse, who does not have prescribing authority under R4-19-515, and wishes to administer anesthetics under A.R.S. § 32-1661 shall provide the nurses name, RN license number, and the following information to the Board before using the title nurse anesthetist or carrying out any activities under A.R.S. §32-1661:

1. An official transcript that provides evidence that the nurse graduated from a nationally accredited program in the sci-

- ence of anesthesia; and
- 2. Whether the applicant has applied for national certification as a certified registered nurse anesthetist, including the date of the application, the name of the certifying agency, and results of any certifying exam; or
- 3. Evidence of current registered nurse anesthetist certification from an approved certifying agency under R4-19-310.
- B.** An administrator of an educational institution that wishes to provide a course of study that allows nurses to administer anesthetics under A.R.S. § 32-1661 shall inform the Board and furnish evidence of accreditation by an approved national nursing accrediting agency recognized by the Board under R4-19-101 before accepting students.
- C.** In addition to the scope of practice permitted a registered nurse under A.R.S. § 32-1601, a registered nurse anesthetist may perform one or more of the following acts:
 - 1. Assess the health status of an individual as that status relates to the relative risks associated with anesthetic management of an individual;
 - 2. Obtain informed consent;
 - 3. Order and interpret laboratory and other diagnostic tests and perform those tests that the CRNA is qualified to perform;
 - 4. Order and interpret radiographic imaging studies that the CRNA is qualified to order and interpret;
 - 5. Identify, develop, implement, and evaluate an anesthetic plan of care for a patient to promote, maintain, and restore health;
 - 6. Take action necessary in response to an emergency situation;
 - 7. Perform therapeutic procedures that the CRNA is qualified to perform; or
 - 8. Perform additional acts for which the CRNA is qualified.