

NOTICES OF FINAL RULEMAKING

The Administrative Procedure Act requires the publication of the final rules of the state's agencies. Final rules are those which have appeared in the *Register* first as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council or the Attorney General. The Secretary of State shall publish the notice along with the Preamble and the full text in the next available issue of the *Register* after the final rules have been submitted for filing and publication.

NOTICE OF FINAL RULEMAKING

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 19. BOARD OF NURSING

Editor's Note: The following two Notices of Final Rulemaking were exempt from Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 1458.)

[R13-73]

PREAMBLE

1. Articles, Parts and Sections Affected

Rulemaking Action

| | |
|-----------|-------------|
| Article 2 | Amend |
| R4-19-201 | Amend |
| R4-19-202 | Amend |
| R4-19-203 | Amend |
| R4-19-204 | Amend |
| R4-19-205 | Amend |
| R4-19-206 | Amend |
| R4-19-207 | Amend |
| R4-19-208 | Amend |
| R4-19-209 | Amend |
| R4-19-210 | Amend |
| R4-19-211 | Re-number |
| R4-19-211 | New Section |
| R4-19-212 | Re-number |
| R4-19-212 | Amend |
| R4-19-213 | Re-number |
| R4-19-213 | Amend |
| R4-19-214 | Re-number |
| R4-19-214 | New Section |
| R4-19-215 | Re-number |
| R4-19-215 | Amend |
| R4-19-216 | Re-number |
| R4-19-216 | Amend |
| R4-19-217 | Re-number |
| R4-19-217 | Amend |
| R4-19-702 | Amend |

2. Citations to the agency's statutory rulemaking authority to include the authorizing statutes (general) and the implementing statutes (specific):

Authorizing statutes: A.R.S. §§ 32-1606(A)(1), (A)(9), (B)(1), (B)(2), (B)(3), (B)(8), (B)(10), (B)(23) and (C).

Implementing statutes: ARS §§ 32-1601(2), (16), (20); 32-1644(A), (B), (C), (D) and (E); 32-1664(G), (H) and (N); 32-1666(B); 32-1667(3); and 41-1056.01.

3. The effective date of the rules:

July 6, 2013

4. Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the record of the proposed rule:

Notice of Rulemaking Docket Opening: 18 A.A.R. 3226, December 7, 2012

Notice of Proposed Rulemaking: 18 A.A.R. 3190, December 7, 2012

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5. The agency's contact person who can answer questions about the rulemaking:

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6. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

The Arizona State Board of Nursing (Board) engaged in this rulemaking to implement the plan for rule revision approved by the Governor's Regulatory Review Council on March 2, 2010, for Article 2 and January 10, 2012, for R4-19-702 as part of five-year rule reviews. Other changes were proposed by stakeholders to increase regulatory effectiveness and public safety. Specific changes to each Section are summarized below.

R4-19-201. Organization and Administration

The Board amended this Section to require: continuing evidence of institutional accreditation; evaluation of graduation and attrition rates of each cohort; specific evaluation components related to protection of patient safety; and an articulation agreement if providing an associate degree RN program. In addition, technical, grammatical and clarifying changes were made to this Section.

R4-19-202. Resources, Facilities, Services and Records

This rule is amended to clarify the standards by which program resources will be evaluated. Amendments include the articulation of requirements for office space, student facilities, conference rooms, dedicated support personnel, access to learning resources and equipment and access to current technology. Other amendments are made to improve clarity, conciseness or understandability.

R4-19-203. Administrator; Qualifications and Duties

The Board amended this section to: require that both RN and PN nursing program administrators hold a minimum of a graduate degree in nursing, have three years nursing experience and at least one year teaching experience in a pre-licensure nursing program; provide for the appointment of an interim program director if Board qualifications are not met; clarify that the administrator has a duty to evaluate faculty when performance concerns arise; clarify that safety requirements for faculty and students be equivalent; require policies regarding minimum nursing skill set and knowledge for both students and faculty for the type of clinical unit assigned; require that the nursing program administrator not administer any other program unless there is an appointed assistant administrator. Other amendments are made to improve clarity, conciseness or understandability.

R4-19-204. Faculty; Personnel Policies; Qualifications and Duties

Amendments to this Section were made to improve clarity, conciseness or understandability. The lone substantive amendment requires written policies for orientation, continuous learning and evaluation of faculty.

R4-19-205. Students; Policies and Admissions

The Board amended this Section to: delineate the duty of nursing programs to provide resources for admitted students and limit admissions if resources are not available; require written admission and progression criteria that are evidence-based; require a nursing program to enforce policies; require that certain policies be available to the general public; clarify notification that must be given to change policies. Additional amendments are made to improve clarity, conciseness and understandability.

R4-19-206. Curriculum

The Board amended this Section to: require that clinical sites provide experiences that meet objectives; detail the standards for a written curriculum; clarify course requirements including the inclusion of the Quality and Safety Education in Nursing (QSEN) competencies recommended by the Institute of Medicine (IOM) to reduce error; specify standards for precepted experiences; allow an LPN program to engage in precepted clinical experiences; allow for simulation as long as it does not completely substitute for a clinical experience; and establish an on-time graduation standard.

R4-19-207. New Programs; Proposal Approval; Provisional Approval

The Board amended this Section to: require that a qualified nurse write or direct the proposal and provisional applications; require new programs to merely notify other programs of their intent rather than estimating the effect on other programs; clarify that programs must be structured consistent with Board regulations; amend evidence requirements regarding accreditation; require curriculum development at the proposal stage; provide evidence that clinical sites are secured for projected enrollment at both proposal and provisional stages; require that entities seeking to establish a

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program in Arizona that are in other jurisdictions have NCLEX and attrition results consistent with Arizona regulations and have no substantiated complaints; limit enrollment to 60 students per year until Board verifies that the program is compliant with regulations; require a report within one year and a Board site visit to verify compliance; limit expansion of enrollment and sites; and provide for an administrative hearing if provisional approval is rescinded. Other amendments were made to improve clarity, conciseness or understandability.

R4-19-208. Full Approval of a New Nursing Program

Amendments made to this Section improve clarity, conciseness or understandability.

R4-19-209. Nursing Program Change

The Board amended this Section to: require that nursing program changes be supported by evidence; clarify which changes to mission and goals need approval; clarify that length of the program refers to academic credits in nursing; clarify that deleting a geographical location does not need approval; require all programs regardless of size to gain approval to increase admissions annually by 30 students or more; and requiring Board approval to establish a modification of a program with alternate admission or graduation requirements. Other amendments to this Section improve clarity, conciseness or understandability.

R4-19-210. Renewal of Approval of a Nursing Program not Accredited by a National Nursing Accrediting Organization

Amendments improve clarity, conciseness or understandability and incorporate electronic submission of documents.

R4-19-211. Unprofessional Conduct

Due to increasing complaints of unethical and unsafe instruction on the part of nursing program personnel, and based on legal advice and consultation with stakeholders, the Board added this new Section regarding acts that would be considered unprofessional program conduct.

R4-19-212. Notice of Deficiency

The Board re-titled and amended this Section to improve clarity and understandability and allow for more options including discipline for programs that are non-compliant or have additional violations. Additionally a provision was added preventing a program under discipline or threat of discipline from merely closing and re-opening for a period of two years.

R4-19-213. Nursing Programs Holding National Program Accreditation

The Board amended this Section to: provide additional clarity regarding the relationship between the Board and nationally accredited nursing programs; clarify that programs are required to submit a copy of all accreditation reports to the Board following an accreditation visit; and require programs to notify the Board of all accrediting agency site visits.

R4-19-214. Pilot Programs for Innovative Approaches in Nursing Education

The Board adopted this new Section to allow for programs to apply for innovation and rule variance to explore new approaches to nursing education. The Section is consistent with national models for approving innovative programs and requires evidence and extensive evaluation of the innovative approach.

R4-19-215. Voluntary Termination of a Nursing Program or a Refresher Program

Amendments to this section clarify that a program is considered voluntarily terminated when it no longer admits or plans to admit students after current students graduate.

R4-19-216. Approval of a Refresher Program

The Board amended this Section to: incorporate curriculum recommendations from stakeholders including the addition of Quality and Safety in Education for Nurses (QSEN) competencies; establish qualifications of the administrator and faculty; require private entities to purchase insurance or a bond and a fire inspection report; provide an opportunity for an applicant who completed a refresher program in another jurisdiction to have the program accepted by the Board for licensure purposes; report program changes to the Board; and to provide for hearing rights. Other amendments are made to this Section to improve clarity, conciseness or understandability.

R4-19-217. Distance Learning Nursing Programs; Out-of-State Nursing Programs

Amendments to this Section include requiring out of state programs seeking clinical opportunities in Arizona to submit evidence of clinical placement of students and residential faculty to supervise the clinical experience. Other amendments are made to this Section to improve clarity, conciseness or understandability.

ARTICLE 7

R4-19-702. Petition for Rulemaking; Review of Agency Practice or Substantive Policy Statement; Objection to Rule Based Upon Economic, Small Business, or Consumer Impact

The Board is amending this Section to reflect statutory changes in A.R.S. § 41-1056.01(A)(3).

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7. A reference to any study relevant to the rules that the agency reviewed and proposes either to rely on or not to 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, and any analysis of each study and other supporting material:

There are no studies that Board either relied on or did not rely on in its evaluation or justification for the rules.

8. 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

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

The proposed amendments to Article 2 are expected to have a little to no economic impact on the Board and may have varying impacts on regulated programs depending on their current state of affairs. The Board regulates 38 nursing programs, 13 refresher programs and has approved four out-of-state programs for clinical placements. Twenty-three RN nursing programs hold national program accreditation. The majority of regulated programs meet the proposed rule requirements and many were instrumental in crafting this rulemaking. These programs will incur no additional costs. Programs with inadequate resources or who frequently violate rules will incur additional expenses related to compliance. Applicant programs will have an increased burden to show they can provide sound education, however due to the number of applicant programs that are non-compliant with regulations within the first year of operation, improved outcomes are expected from these amendments. Limitations in the number of students that new programs accept may decrease the profit to be gained from establishing a nursing program and admitting large numbers of students. However, no new nursing program has been able to admit more than 60 qualified students during the first year of operations. Programs will benefit from the provision for a rule variance to support innovation in education.

Consumers, especially students are expected to benefit from the improved transparency required of programs with this rulemaking and the increased requirements related to safety and the attrition. The limitation of admissions in a new program is expected to limit risk to students who may enroll in a program that does not have the resources they purported to have in their application documents. Small businesses operating refresher programs may be affected by amendments to R4-19-216, however all refresher programs were contacted and provided input to this rule amendment. In summary, the Board believes that the benefits to students, consumers and patients outweigh the costs of compliance.

10. A description of any changes between the proposed rulemaking to include supplemental notice and the final rulemaking:

Technical and grammatical changes were made with the advice of the Secretary of State's office and Council staff. The rule citation in R4-19-204(E)(2) was changed to reflect the current location of the definition of clinical instruction in R4-19-101.

11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:

One written comment was received on January 9, 2013, from Rob Duke, Counsel for the Surety & Fidelity Association of America. Mr. Duke asked the Board to consider changing R4-19-216 (D) to lower the bond requirement for refresher programs from "A" to either "A-minus" or "licensed and in good standing" with the Arizona Department of Insurance. The Board chose the "A" requirement because that is the requirement in statute (A.R.S. § 32-3023 (D)) for private post-secondary institutions. Currently most refresher programs are offered in post secondary institutions, which have adequate protections already in place for students. The three approved programs offered by private entities have no mandated protection for students in case of bankruptcy or other financial mishaps. The bonding standard of "no less than A" set by statute for Arizona State Board for Private Postsecondary Education is the appropriate standard for these programs.

The Board held an oral proceeding on January 14, 2013, at 3:30 p.m. in the Board offices at 4747 N. 7th St., Suite 200, Phoenix, AZ 85014. There were no persons in attendance other than Board staff. The comment period closed on January 14, 2013, at 5:00 p.m.

12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. § § 41-1052 and 41-1055 shall respond to the following question:

There are no other matters prescribed by statute applicable to the Board or this specific class of rules.

a. Whether the rules requires a permit, whether a general permit is used and if not the reasons why a general permit is not used:

This rulemaking does not require a permit however this Article relates to the issuance of program approval which can be considered a general permit.

b. Whether a federal law is applicable to the subject of the rule, whether the rules is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of the federal law:

Federal law is not applicable to the subject of the rule.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness

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of business in this state to the impact on business in other states:

No analysis was submitted

13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

There is no material incorporated by reference.

14. Whether the rules were previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:

None of the rules in this package were made, amended or repealed as an emergency rule.

15. The full text of the rules follows:

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 19. BOARD OF NURSING

**ARTICLE 2. ~~ARIZONA REGISTERED PROFESSIONAL~~ AND PRACTICAL NURSING PROGRAMS;
REFRESHER PROGRAMS**

Section

- R4-19-201. Organization and Administration
- R4-19-202. Resources, Facilities, Services, and Records
- R4-19-203. Administrator; Qualifications and Duties
- R4-19-204. Faculty; Personnel Policies; Qualifications and Duties
- R4-19-205. Students; Policies and Admissions
- R4-19-206. Curriculum
- R4-19-207. ~~Application for Provisional Approval of a Nursing Program~~ New Programs; Proposal Approval; Provisional Approval
- R4-19-208. ~~Application for Full Approval of a New Nursing Program~~
- R4-19-209. Nursing Program Change
- R4-19-210. Renewal of Approval of ~~Board-approved~~ Nursing Programs Not Accredited by a National Nursing Accrediting Agency
- R4-19-211. Unprofessional Conduct in a Nursing Program
- ~~R4-19-211~~R4-19-212. ~~Rescission of Approval~~ Notice of Deficiency
- ~~R4-19-212~~R4-19-213. ~~Nationally Accredited~~ Nursing Programs Holding National Program Accreditation
- R4-19-214. Pilot Programs for Innovative Approaches in Nursing Education
- ~~R4-19-213~~R4-19-215. Voluntary Termination of a Nursing Program or a Refresher Program
- ~~R4-19-214~~R4-19-216. Approval of a Refresher Program
- ~~R4-19-215~~R4-19-217. Distance Learning Nursing Programs; Out-of-State Nursing Programs

ARTICLE 7. PUBLIC PARTICIPATION PROCEDURES

Section

- R4-19-702. Petition for Rulemaking; Review of Agency Practice or Substantive Policy Statement; Objection to Rule Based Upon Economic, Small Business, or Consumer Impact

**ARTICLE 2. ~~ARIZONA REGISTERED PROFESSIONAL~~ AND PRACTICAL NURSING PROGRAMS;
REFRESHER PROGRAMS**

R4-19-201. Organization and Administration

- A. The parent institution of a nursing program shall be accredited as a post-secondary institution, college, or university, by an accrediting body that is recognized as an accrediting body by the U.S. Department of Education, and shall hold Arizona private post-secondary approval status if applicable. The parent institution shall submit evidence to the board of continuing accreditation after each reaccreditation review or action. If the parent institution holds both secondary and post-secondary accreditation, it shall operate any RN or PN program under its post-secondary accreditation.
- B. A nursing program shall have a written statement of mission and goals consistent with those of the parent institution and compatible with current concepts in nursing education and practice appropriate for the type of nursing program offered.
- C. A nursing program shall be an integral part of the parent institution and shall have at a minimum equivalent status with other academic units of the parent institution.
- D. The parent institution shall center the administrative control of the nursing program in the nursing program administrator

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- and shall provide the support and resources necessary to meet the requirements of R4-19-203 and R4-19-204.
- E.** A nursing program shall provide an organizational chart that identifies the actual relationships, lines of authority, and channels of communication within the program, and between the program and the parent institution.
- F.** A nursing program shall have a written agreement between the program and each clinical agency where clinical experience is provided to the program's students that:
1. Defines the rights and responsibilities of both the clinical agency and the nursing program,
 2. Lists the role and authority of the governing bodies of both the clinical agency and the nursing program,
 3. Allows faculty members of the program the right to participate in selecting learning experiences for students, and
 4. Contains a termination clause that provides sufficient time for enrolled students to complete the clinical experience upon termination of the agreement.
- G.** A nursing program shall ~~have~~ implement written policies and procedures that provide a mechanism for student input into the development of academic policies and procedures and ~~participation in the evaluation plan~~ allow students to anonymously evaluate faculty, nursing courses, clinical experiences, resources and the overall program.
- H.** The parent institution shall appoint a sole individual to the full-time position of nursing program administrator. The parent institution shall ensure that the individual appointed who meets or exceeds the requirements of, and fulfills the duties specified in, R4-19-203, whether on an interim or permanent basis.
- I.** A nursing program shall ~~have~~ develop and implement a written plan for the systematic evaluation of the total program that is based on program and student learning outcomes and that incorporates continuous improvement based on the evaluative data. The plan shall include ~~the methodology, frequency of evaluation, assignment of responsibility, and evaluative criteria~~ measurable outcome criteria, logical methodology, frequency of evaluation, assignment of responsibility, actual outcomes and actions taken. The following areas shall be evaluated:
1. Internal structure of the program, its relationship to the parent institution, and compatibility of program policies and procedures with those of the parent institution;
 2. Mission and goals;
 3. Curriculum;
 4. Education facilities, resources, and student support services;
 5. Clinical resources;
 6. Student achievement of program educational outcomes
 7. Graduation and attrition for each admission cohort including at a minimum:
 - a. Number and percent of students who left the program;
 - b. Number and percent of students who are out of sequence in the program; and
 - c. Number and percent of students who graduated within 100%, 150% or greater than 150% of time allotted in the curriculum plan.
 78. Graduate performance on the licensing examination;
 89. Faculty performance; and
 910. Protection of patient safety including but not limited to:
 - a. Student and faculty policies regarding supervision of students, practicing within scope and student safe practice;
 - b. The integration of safety concepts within the curriculum;
 - c. The application of safety concepts in the clinical setting; and
 - d. Policies made under R4-19-203(C)(6).
- J.** ~~A nursing program shall notify the Board of a vacancy or pending vacancy in the position of nursing program administrator within 15 days of the program's awareness of the vacancy or pending vacancy and do the following:~~
1. ~~Appoint an interim administrator or a permanent administrator who meets the requirements of R4-19-203(A) within 15 days of the effective date of the vacancy, and~~
 2. ~~Notify the Board of the appointment of an interim or permanent administrator within 15 days of appointment and provide a copy of the administrator's credentials to the Board.~~
- J.** The parent institution shall provide adequate fiscal, human, physical, and learning resources to support program processes and outcomes necessary for compliance with this Article.
- K.** The parent institution shall provide adequate resources to recruit, employ, and retain sufficient numbers of qualified faculty members to meet program and student learning outcomes and the requirements of this Article.
- L.** The parent institution shall notify the Board of a vacancy, pending vacancy, or leave of absence greater than 30 days in the position of nursing program administrator within 15 days of the program's awareness of the vacancy, pending vacancy, or leave of absence and do the following:
1. Appoint an interim or permanent administrator who meets the requirements of R4-19-203(A) within 15 days of the effective date of the vacancy or absence, and
 2. Notify the Board of the appointment of an interim or permanent administrator within 15 days of appointment and provide a copy of the administrator's credentials to the Board.
- M.** A parent institution shall notify the Board within 15 days of any change or pending change in institutional accreditation status or reporting requirements.

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N. Prior to final approval for new nursing programs and by July 31, 2015 for existing programs, all RN nursing programs offering less than a bachelor's degree in nursing shall have a minimum of one articulation agreement with a Board approved and nationally accredited baccalaureate or higher nursing program that includes recognition of prior learning in nursing and recognition of foundational courses.

R4-19-202. Resources, Facilities, Services, and Records

A. The parent institution of a nursing program shall consider the size of the program including number of program faculty and number of program students and shall provide and maintain resources, services and facilities for the for the effective development and implementation of the program that are at a minimum:

1. Equivalent to those provided by approved programs of equivalent size and type, or in the case of no equivalent program, scaled relative to an approved program;
2. Comparable to those provided to other academic units of the parent institution; and program
3. that meet Include the following requirements:
 - 1a. A private office for the administrator of the nursing program nursing program administrator;
 - 2b. Faculty offices that are conveniently located to program classrooms and secretarial support staff; and comparable to other faculty offices of the parent institution
 - 3c. Space for private faculty-student conferences. If faculty offices are not private, the parent institution shall provide dedicated space for private faculty-student conferences that is:
 - i. Conveniently located to faculty offices, and
 - ii. Available whenever confidential student information is discussed.
 - 4d. Space for clerical staff secretarial support and a secure area for records; and files, and equipment convenient to the nursing program faculty and administrator;
 - 5e. Facilities including classrooms-Classrooms, laboratories, and conference rooms available at the time needed, of the size and type needed with furnishings and equipment consistent with the educational purposes for which the facilities are used; and equivalent in size, number, and type to facilities provided by approved programs of equivalent size and type or, in the case of no equivalent program, scaled relative to an approved program;
 - 6f. Acoustics, lighting, ventilation, plumbing, heating and cooling; in working order; seating arrangements, location, and storage, and supplies to simulate patient care equivalent to those provided by approved programs of equivalent size and scope, or in the case of no equivalent program, scaled relative to an approved program;
 - 7g. Dedicated Secretarial secretarial, laboratory and clerical other support personnel available to assist meet the needs of the program of the administrator and faculty.
 - 8h. Access to a comprehensive, current, and relevant collection of educational materials and learning resources for faculty members and students that are current and equivalent to materials and resources provided by an approved program of equivalent size or scope, or, in case of no equivalent program, scaled relative to an approved program.
 - i. Access to supplies and equipment to simulate patient care that are:
 - i. In working order,
 - ii. Organized in a manner so that they are readily available to faculty.
 - iii. Consistent with current clinical practices, and
 - iv. Of sufficient quantity for the number of students enrolled.
 - j. Current technology in working order to support teaching and learning. Institutions offering web-enhanced and distance education shall provide ongoing and effective technical, design and production support for faculty members and technical support services for students.

B. A nursing program shall maintain current and accurate records of the following:

1. Student records, including admission materials, courses taken, grades received, scores in any standardized tests taken, health and performance records, and health information submitted to meet program or clinical requirements for a minimum of three years after the fiscal year of program completion for academic records and one year after program completion for health records;
2. Faculty records, including Arizona professional nursing license number, evidence of fulfilling the requirements in R4-19-204, and performance evaluations for faculty employed by the parent institution for one or more years. Records shall be kept current during the period of employment and retained for a minimum of three years after termination of employment;
3. Minutes of faculty and committee meetings for a minimum of three years;
4. Administrative records and reports Reports from accrediting agencies and the Board for a minimum of 10 years; and
5. The statement of mission and goals, current curriculum, and course outlines and curricular materials consistent with the requirements of R4-19-206 for the current curriculum and, if the current curriculum is less than three years old, the previous curriculum; and
6. Formal program complaints and grievances since the last site review with evidence of due process and resolution.

R4-19-203. Administrator; Qualifications and Duties

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- A. ~~A nursing program~~ The nursing program administrator shall appoint an administrator who holds hold a current Arizona registered nurse license in good standing or multi-state privilege to practice in Arizona under A.R.S., Title 32, Chapter 15 and:
1. For ~~registered professional nursing programs, a graduate degree with a major in nursing; or:~~
 - a. A graduate degree with a major in nursing;
 - b. A minimum of three years work experience as a registered nurse providing direct patient care; and
 - c. If appointed to the position of nursing program administrator on or after the effective date of these rules, have a minimum of one academic year full-time experience teaching in or administering a nursing education program leading to licensure; or
 - d. If lacking the requirements of subsection (A)(1)(c), the parent institution may appoint an individual to the position of "Interim Program Administrator" under the following conditions:
 - i. The individual is subject to termination based on performance and any factors determined by the institution;
 - ii. A direct supervisor evaluates performance periodically over the next 12 months to ensure institutional and program goals are being addressed; and
 - iii. If evaluations are satisfactory, the individual may be appointed to permanent status after 12 months in the interim position.
 2. For practical nursing programs, ~~a baccalaureate degree with a major in nursing.:~~
 - a. If appointed prior to the effective date of these rules, a baccalaureate degree with a major in nursing; and
 - b. If appointed on or after the effective date of these rules, the requirements of subsection (A)(1).
- B. The administrator shall have comparable status with other program administrators in the parent institution and shall report directly to an academic officer of the institution.
- C. The administrator shall have the authority to direct the program in all its phases, including:
1. ~~Administer~~ Administering the nursing education program;
 2. ~~Facilitate and coordinate~~ Directing activities related to academic policies, personnel policies, curriculum, resources, facilities, services, and program evaluation;
 3. ~~Prepare~~ Preparing and ~~administer~~ administering the budget;
 4. ~~Recommend~~ Recommending candidates for faculty appointment, retention, and promotion;
 5. In addition to any other evaluation used by the parent institution, ~~ensure~~ ensuring that ~~faculty nursing program faculty members~~ are evaluated at a minimum:
 - a. ~~At least every three years, Annually in the first year of employment and every three years thereafter;~~
 - b. Upon receipt of information that a faculty member, in conjunction with performance of their duties, may be engaged in intentional, negligent or other behavior that either is or might be:
 - i. Below the standards of the program or the parent institution,
 - ii. Inconsistent with nursing professional standards, or
 - iii. Potentially or actually harmful to a patient.
 - bc. By the nurse administrator or a nurse educator designated by the nurse administrator, and
 - ed. In the areas of teaching ability and application of nursing knowledge and skills relative to the teaching assignment.
 6. Maintain, enforce, and evaluate written policies and procedures that require all students, faculty, and preceptors who participate in clinical practice settings to be physically and mentally able to provide safe client care; and Together with faculty develop, enforce and evaluate equivalent student and faculty policies necessary for safe patient care and to meet clinical agency requirements regarding:
 - a. Physical and mental health,
 - b. Criminal background checks,
 - c. Substance use screens,
 - d. Functional abilities, and
 - e. Supervision of clinical activities.
 7. ~~Participate~~ Participating in activities that contribute to the governance of the parent institution.;
 8. Together with faculty develop, enforce and evaluate both student and faculty policies regarding minimal requisite nursing skills and knowledge necessary to provide safe patient care for the type of unit and patient assignment; and
 9. Enforcing consistent application of all nursing program policies.
- D. The administrator of the nursing program shall not carry a teaching load of more than three clock hours per week if required to teach teach more than 45 contact hours per academic session.
- E. The administrator may have administrative responsibilities other than the nursing program, provided that a nursing program faculty member is designated to assist with program management and the administrator is able to fulfill the duties of this Article.

R4-19-204. Faculty; Personnel Policies; Qualifications and Duties

- A. A nursing program shall implement written personnel policies for didactic and clinical nursing faculty members including workload policies that at minimum conform to those for other faculty members of the parent institution and that are in

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- accordance with accepted nursing educational standards or provide a written explanation of any differences not related to the requirements of this Article.
- B.** A nursing program shall provide at a minimum the number of qualified faculty members necessary for compliance with the provisions of this Article and comparable to that provided by approved programs of equivalent size and program type, or, in the case of no equivalent program, a number scaled relative to an approved program.
- C.** The parent institution of a nursing program shall ensure that ~~the ratio of students to nursing faculty at least one nursing faculty member is assigned to no more than ten students~~ while students are directly or indirectly involved in the care of patients including precepted experiences ~~is not more than ten to one~~.
- D.** The faculty shall supervise all students in clinical areas in accordance with the acuity of the patient population, clinical objectives, demonstrated competencies of the student, ~~geographic placement of the student~~, and requirements established by the clinical agency.
- E.** The parent institution of a nursing program shall ensure that every registered professional nursing program faculty member holds a current Arizona registered nurse license in good standing or multi-state privilege to practice in Arizona under A.R.S., Title 32, Chapter 15 and that every faculty member meets one of the following:
1. If providing didactic instruction:
 - a. At least two years of experience as a registered professional nurse providing direct patient care; and
 - b. A graduate degree. The majority of the faculty members of a registered professional nursing program shall hold a graduate degree with a major in nursing. If the graduate degree is not in nursing, the faculty member shall hold a minimum of a baccalaureate degree in nursing; or
 2. If providing clinical instruction, as defined in ~~R4-19-206~~ R4-19-101, only:
 - a. The requirements for didactic faculty, or
 - b. A baccalaureate degree with a major in nursing and at least three years of experience as a registered professional nurse providing direct patient care.
- F.** The parent institution of a nursing program shall ensure that each practical nursing program faculty member ~~has~~ holds a current Arizona registered nurse license in good standing or multi-state privilege to practice in Arizona under A.R.S., Title 32, Chapter 15 and that every faculty member meets the following:
1. At least two years of experience as a registered professional nurse providing direct patient care, and
 2. A minimum of a baccalaureate degree with a major in nursing.
 3. A professional nurse license that is active and in good standing under A.R.S. Title 32, Chapter 15, and
 4. At least two years of experience as a professional nurse providing direct patient care.
- G.** Under the leadership of the nursing program administrator, the nursing faculty, together with the program administrator, nursing program faculty members shall:
1. Develop, implement, and evaluate, and revise the program of learning including the curriculum and learning outcomes of the program; and
 2. Develop, and implement, evaluate and revise standards for the admission, progression, and graduation of students; and
 3. Participate in advisement and guidance of students.
- H.** Together with the nursing program administrator, develop, implement and evaluate written policies for faculty orientation, continuous learning and evaluation.

R4-19-205. Students; Policies and Admissions

- A.** The number of students admitted to a nursing program shall be determined by the number of qualified faculty, the size, number and availability of educational facilities and resources, and the availability of the appropriate clinical learning experiences for students. The number of students admitted shall not exceed the number for which the program was approved plus minor increases allowed under R4-19-209 without Board approval.
- B.** A nursing program shall implement written student admission and progression requirements that are evidence-based, allow for a variety of clinical experiences and satisfy the licensure criteria of A.R.S. Title 32, Chapter 15 and A.A.C. Title 4 Chapter 19.
- AC.** A nursing program shall have and enforce written policies available to students and the public regarding admission, readmission, transfer, advanced placement, progression, graduation, withdrawal, and dismissal.
- BD.** A nursing program and parent institution shall have and enforce written policies that are readily available to students in either the college catalogue or nursing student handbook that address student rights, responsibilities, grievances, health, and safety.
- CE.** A nursing program and parent institution shall provide accurate and complete written information that is readily available to all students and prospective students the general public about the program including, but not limited to:
1. The nature of the program, including course sequence, prerequisites, co-requisites and academic standards;
 2. The length of the program;
 3. ~~The current cost of the program~~ Total program costs including tuition, fees and all program related expenses;
 4. The transferability of credits to other public and private educational institutions in Arizona; and
 5. A clear statement regarding any technology based instruction and the technical support provided to students. Program teaching methods and supporting technology.

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F. A nursing program shall communicate changes in policies, procedures and program information clearly to all students, prospective students and the public and provide advance notice similar to the advance notice provided by an approved program of similar size and type.

R4-19-206. Curriculum

A. For the purposes of this Section, “clinical instruction” means the guidance and supervision provided by a qualified faculty member or designee while a nursing student is providing patient care. A nursing program shall assign students only to those clinical agencies that provide the experience necessary to meet the established clinical objectives of the course.

B. A nursing program shall provide a written program curriculum to students that includes:

1. Student centered outcomes for the program;
2. A curriculum plan that identifies the prescribed course sequencing and time required;
3. Specific course information that includes:
 - a. A course description;
 - b. Student centered and measurable didactic objectives;
 - c. Student centered and measurable clinical objectives, if applicable;
 - d. Student centered and measurable simulation objectives, if applicable;
 - e. A course content outline that relates to the course objectives;
 - f. Student centered and measurable objectives and a content outline for each unit of instruction.
 - g. Graded activities to demonstrate that course objectives have been met.

BC. A nursing program administrator and faculty members shall develop and implement a curriculum that includes level objectives, course objectives, measurable learning outcomes for each class session, and course content outlines for each course ensure that the curriculum:

1. Reflects its the nursing program’s mission and goals;
2. Is designed so that the student is able to achieve program objectives within the curriculum plan;
3. Are Is logically consistent between and within courses and structured in a manner whereby each course builds on previous learning.
4. Incorporates established professional standards, guidelines or competencies; and
35. Are Is designed so that a student who completes the program will have the knowledge and skills necessary to function in accordance with the definition and scope of practice specified in A.R.S. § 32-1601(12) (16) and R4-19-401 for a practical nurse or A.R.S. § 32-1601(13) (20) and R4-19-402 for a registered professional nurse.

CD. A nursing program shall provide for progressive sequencing of classroom and clinical instruction sufficient to meet the goals of the program and be organized in such a manner to allow the student to form necessary links of theoretical knowledge, clinical reasoning, and practice.

1. A nursing program curriculum shall provide coursework that includes, but is not limited to:
 - a. Content in the biological, physical, social, psychological and behavioral sciences to provide a foundation for safe and effective nursing practice consistent with the level of the nursing program;
 - b. Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care;
 - c. Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health in patients across the life span and from diverse cultural, ethnic, social and economic backgrounds to include:
 - i. Patient centered care,
 - ii. Teamwork and collaboration,
 - iii. Evidence-based practice,
 - iv. Quality improvement,
 - v. Safety, and
 - vi. Informatics.

42. A registered nursing (RN) program shall provide clinical instruction that includes, at a minimum, selected and guided experiences that develop a student's ability to apply core principles of registered nursing in varied settings when caring for:

- a. Adult and geriatric patients with acute, chronic, and complex, life-threatening, medical and surgical conditions;
- b. Patients experiencing pregnancy and delivery; Peri-natal patients and families;
- c. Neonates, infants, and children;
- d. Patients with mental, psychological, or psychiatric conditions; and
- e. Patients with wellness needs.

2. A practical nursing program (PN) shall provide clinical instruction that includes, at minimum, selected and guided experiences that develop an understanding of physiological, psychological, pathological, and basic nursing care needs when that develop a student’s ability to apply core principles of practical nursing when caring for:

- a. Patients with medical and surgical conditions throughout the life span,
- b. Patients experiencing pregnancy and delivery, Peri-natal patients, and

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- c. Neonates, infants, and children in varied settings.
- E.** A nursing program may provide precepted clinical instruction. Programs offering precepted clinical experiences shall:
 - 1. Develop and adhere to policies that require preceptors to:
 - a. Be licensed nurses at or above the level of the program either by holding an Arizona license in good standing, holding multi-state privilege to practice in Arizona under A.R.S. Title 32, Chapter 15, or if practicing in a federal facility, meet requirements of A.R.S. § 32-1631(5);
 - b. For LPN preceptors, practice under the general supervision of an RN or physician according to A.R.S. § 32-1601(16).
 - 2. Develop and implement policies that require a faculty member of the program to:
 - a. Together with facility personnel, select preceptors that possess clinical expertise sufficient to accomplish the goals of the preceptorship;
 - b. Supervise the clinical instruction according to the provisions of R4-19-204(C) and (D), and
 - c. Maintain accountability for student education and evaluation.
- F.** A nursing program may utilize simulation in accordance with the clinical objectives of the course. Unless approved under R4-19-214, a nursing program shall not utilize simulation for an entire clinical experience with any patient population identified in subsection (D) of this Section.
- DG.** A nursing program shall maintain at least a ~~75%~~ 80% NCLEX® passing rate for graduates taking the NCLEX-PN® or NCLEX-RN® for the first time within 12 months of graduation. The Board shall issue a notice of deficiency to any program that has a NCLEX® passing rate less than ~~75%~~ 80% for two consecutive calendar years or less than 75% for one calendar year.
- H.** At least 45% of students enrolled in the first nursing clinical course shall graduate within 100% of the prescribed period. "Prescribed period" means the time required to complete all courses and to graduate on time according to the nursing program's curriculum plan excluding the time to complete program pre-requisite or pre-clinical courses.

R4-19-207. Application for New Programs; Proposal Approval; Provisional Approval of a Nursing Program

- A.** At a minimum of one year before ~~Before~~ establishing a nursing program, a parent institution shall submit to the Board one electronic copy and ~~20~~ one paper copy of an application for proposal approval to the Board. ~~that~~ The parent institution shall ensure that the proposal application was written by or under the direction of a registered nurse who meets the requirements of R4-19-203(A) and includes the following information and documentation:
 - 1. Name and address of the parent institution;
 - 2. Statement of intent to establish a nursing program, including the academic and licensure level of the program; and
 - 3. Proposal that includes, but is not limited to, the following information:
 - a. Documentation of the present and future need for the type and level of program in the state including availability of potential students, and need for entry level nurses at the educational level of the program and availability of clinical placements that meet the requirements of R4-19-206;
 - b. Potential effect on existing nursing programs in a 50-mile radius of the proposed program; Evidence that written notification of intent to establish a new nursing education program has been provided to the nursing program administrators of all existing Arizona-approved programs a minimum of 30 days prior to submission of the proposal application, to existing nursing programs within a 50-mile radius of the proposed program of the potential new program, including projected student enrollment and clinical sites;
 - c. Organizational structure of the educational institution documenting the relationship of the nursing program within the institution and the role of the nursing program administrator consistent with R4-19-201 and R4-19-203;
 - d. Evidence of institutional accreditation consistent with R4-19-201 and post-secondary approval status of the parent institution, if applicable. The institution shall provide the most recent full reports including findings and recommendations of the applicable accrediting organization or approval agency. The Board may request additional accreditation or approval evidence.
 - e. Purpose; and mission and goals of the nursing program,
 - f. Curriculum development documentation to include:
 - i. Student-centered outcomes for the program;
 - ii. A plan that identifies the prescribed course sequencing and time required; and
 - iii. Identification of established professional standards, guidelines or competencies upon which the curriculum will be based;
 - fg. Availability of Name, qualifications, and job description of a nursing program administrator who meets the requirements of R4-19-203 and availability and job description of ~~qualified administrator and~~ faculty who meet qualifications of R4-19-204;
 - gh. Number of budgeted clinical and didactic faculty positions from the time of the first admission to graduation of the first class;
 - hi. Source and description of Evidence that the program has secured clinical resources sites for its projected enrollment that meet the requirements of R4-19-206 for the program;

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- ij. Anticipated student ~~population enrollment per session and annually;~~
 - j-k. Documentation of planning for adequate academic facilities and secretarial and support staff to support the nursing program consistent with the requirements of R4-19-202;
 - k l. Evidence of program financial resources comparable to an approved program of similar size and type or, if there is no comparable program, scaled relative to an approved program adequate for the planning, implementation, and continuation of the nursing program; and
 - † m. Tentative time schedule for planning and initiating the nursing program including faculty hiring, entry date and size of student cohorts, and obtaining and utilizing clinical placements and the intended date for entry of the first class into the program from the expected date of proposal approval to graduation of the first cohort.
 - n. A parent institution or owner corporation that has multiple nursing programs in one or more U.S. jurisdictions including Arizona, shall provide the following evidence for each nursing program:
 - i. Program approval in good standing with no conditions, restrictions, ongoing investigations or deficiencies;
 - ii. An NCLEX pass rate of at least 80% for the past two years or since inception; and
 - iii. An on-time graduation rate consistent with the requirements of R4-19-206(H).
- B. The Board shall grant proposal approval to any parent institution that ~~demonstrates~~ meets the requirements of subsection (A) if the Board deems that such approval is in the best interests of the public. Proposal approval expires one year from the date of Board issuance.
- 1. ~~The need for a program;~~
 - 2. ~~The resources to operate a program;~~
 - 3. ~~The availability of students;~~
 - 4. ~~The availability and resources to secure a qualified administrator and faculty, and~~
 - 5. ~~Satisfaction of the accreditation requirements in R4-19-201(A).~~
- C. A parent institution that is denied proposal 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 application for proposal 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. A parent institution that receives proposal approval may submit 20 copies of an application to the Board for provisional approval that includes the following information and documentation. At a minimum of 180 days before planned enrollment of students, a parent institution that received proposal approval within the previous year may submit to the Board one electronic copy and one paper copy of an application for provisional approval. The parent institution shall ensure that the provisional approval application was written by or under the direction of a registered nurse who meets the requirements of R4-19-203(A) and includes the following information and documentation:
- 1. Name and address of parent institution; ~~and~~
 - 2. ~~Plan for~~ A self-study that provides evidence supporting compliance with R4-19-201 through R4-19-206, including but not limited to and the following:
 - 3. ~~Name~~ Names and qualifications of:
 - a. ~~appointed~~ The nursing program administrator;
 - b. ~~Names and qualifications of~~ Didactic nursing faculty or one or more nurse consultants who are responsible for developing the curriculum and determining nursing program admission, progression and graduation criteria;
 - 4. Plan for recruiting and hiring additional didactic faculty for the first semester or session of operation at least 60 days before classes begin;
 - 5. Plan for recruiting and hiring additional clinical nursing faculty at least 30 days before the clinical rotation begins;
 - 6. Final program implementation plan including dates and number of planned student admissions not to exceed 60 per calendar year, recruitment and hire dates for didactic and clinical faculty for the period of provisional approval. An increase in student admissions may be sought under subsection (H) of this Section;
 - d. Curriculum, including course outlines, program objectives, and learning outcomes;
- e. ~~7.~~ Descriptions of available and proposed physical facilities with dates of availability; and
- f. ~~8.~~ List of available clinical facilities within the geographic area, including facility type, size, number of beds, and type of patients. Detailed written plan for clinical placements for all planned enrollments until graduation of the first class that is:
- a. Based on current clinical availability and curriculum needs;
 - b. Accompanied by documentation of commitment from proposed clinical agencies for the times and units specified, in addition to a signed clinical contract that meets the requirements of R4-19-201(F) from each agency; and
 - c. Lists any nursing programs who are currently using the planned clinical units for the times proposed and will be displaced.
- E. Following an onsite evaluation conducted according to A.R.S. § 41-1009, the Board shall grant provisional approval to a parent institution that meets the requirements of R4-19-201 through R4-19-206 if approval is in the best interest of the public. A parent institution that is denied provisional 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 application for provisional 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.

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- F. The provisional approval of a nursing program expires 12 months from the date of the grant of provisional approval if a class of nursing students is not admitted by the nursing program within that time. The Board may rescind the provisional approval of a nursing program for a violation of any provision of this Article according to R4-19-211.
- G. One year after admission of the first nursing class into nursing courses, the program shall provide a report to the Board containing information on:
 - 1. Implementation of the program including any differences from the plans submitted in the applications for proposal and provisional approval and an explanation of those differences; and
 - 2. The outcomes of the evaluation of the program according to the program's evaluation plan under R4-19-201(I);
- H. Following receipt of the report, a representative of the Board shall conduct a site survey visit under A.R.S. § 41-1009 to determine compliance with this Article. A report of the site visit shall be provided to the Board. After reviewing the consultant report and at the request of the program under R4-19-209, the Board may grant permission to increase admissions.
- GJ. If a nursing program fails to apply for full approval within two years of graduating its first class of students, the Board shall rescind its provisional approval. A nursing program whose provisional approval is rescinded may request a hearing by filing a written request with the Board within 30 days of service of the Board's order rescinding the provisional 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.
- J. A nursing program or the parent institution or governing body of a nursing program under provisional approval may not admit additional students other than those specifically provided for in the application or subsequently approved by the Board under subsection (H) of this Section and R4-19-209 and may not expand to another geographical location.
- K. A nursing program whose provisional approval is rescinded may request a hearing by filing a written request with the Board within 30 days of service of the Board's order rescinding the provisional 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.

R4-19-208. Application for Full Approval of a New Nursing Program

- A. A nursing program seeking full approval shall submit an electronic and one paper copy of an application that includes the following information and documentation:
 - 1. Name and address of the parent institution,
 - 2. Date the nursing program graduated its first class of students, and
 - 3. ~~Twenty copies of a~~ A self-study report that contains evidence the program is in compliance with R4-19-201 through R4-19-206.
- B. Following an onsite evaluation conducted according to A.R.S § 41-1009, the Board shall grant full approval for a maximum of five years or the accreditation period for nationally accredited programs governed by ~~R4-19-212-R4-19-213,~~ to a nursing program that meets the requirements of ~~R4-19-201 through R4-19-206~~ this Article and if approval is in the best interest of the public. A nursing program that is denied full 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 application for full 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.
- C. ~~A nursing program shall apply for full approval within a two-year period after graduating its first class or its provisional approval may be rescinded by the Board following notice and an opportunity for hearing.~~

R4-19-209. Nursing Program Change

- A. The program administrator shall ensure that the following changes to a nursing education program are evidence-based and supported by rationale. A nursing program administrator shall receive approval from the Board before implementing any of the following nursing program changes:
 - 1. Substantive change in ~~Changing~~ the mission or goals of the program that requires revision of curriculum or program delivery method;
 - 2. Increasing or decreasing the ~~length~~ academic credits or units of the program excluding pre-requisite credits;
 - 3. Adding ~~or deleting~~ a geographical location of the program;
 - 4. Increasing the student ~~enrollment~~ admission capacity annually by more than ~~20%~~ 30 students;
 - 5. Changing the level of educational preparation provided; ~~or~~
 - 6. Transferring the nursing program from one institution to another; ~~or~~
 - 7. Establishing different admission, progression or graduation requirements for specific cohorts of the program.
- B. The administrator shall submit one electronic and ~~20 one paper copies~~ copy of the following materials with the request for nursing program changes:
 - 1. The rationale for the proposed change and the anticipated effect on the program administrator, faculty, students, resources, and facilities;
 - 2. A summary of the differences between the current practice and proposed change;
 - 3. A timetable for implementation of the change; and
 - 4. The methods of evaluation to be used to determine the effect of the change.
- C. The Board shall approve a request for a nursing program change if the program demonstrates that it has the resources to implement the change and the change is evidence-based and consistent with R4-19-201 through R4-19-206. A nursing

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program that is denied approval of program changes may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for full 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.

R4-19-210. Renewal of Approval of Board-approved Nursing Programs Not Accredited by a National Nursing Accrediting Agency

- A. An approved nursing program that is not accredited by an approved national nursing accrediting agency shall submit an application packet to the Board at least four months before the expiration of the current approval that includes the following:
1. Name and address of the parent institution,
 2. Evidence of Current regional current institutional accreditation status under R4-19-201,
 3. Copy of or on-line access to:
 - a. ~~the~~ A current catalog of the parent institution,
 - b. ~~4. Copy of current~~ Current nursing program and institutional student and academic policies, and
 - c. Institutional and nursing program faculty policies and job descriptions for nursing program faculty, and
 54. ~~Twenty One~~ electronic copy and one paper copies copy of a self-study report that contains evidence of compliance with R4-19-201 through R4-19-206.
- B. Following an onsite evaluation conducted according to A.R.S. § 41-1009, the Board shall renew program approval for a maximum of five years if the nursing program meets the criteria in R4-19-201 through R4-19-206 and if renewal is in the best interest of the public. The Board shall determine the term of approval that is in the best interest of the public.
- C. If the Board denies renewal of approval, the nursing program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for renewal of 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.

R4-19-211. Unprofessional Conduct

A disciplinary action, denial of approval, or notice of deficiency may be issued against a nursing or refresher program for any of the following acts of unprofessional conduct in a nursing program:

1. Failure to maintain minimum standards of acceptable and prevailing educational or nursing practice;
2. Deficiencies in compliance with the provisions of this Article;
3. Utilization of students to meet staffing needs in health care facilities;
4. Non-compliance with the program's or parent institution's mission or goals, program design, objectives, or policies;
5. Failure to provide the variety and number of clinical learning opportunities necessary for students to achieve program outcomes or minimal competence;
6. Student enrollments without necessary faculty, facilities, or clinical experiences;
7. Ongoing or repetitive employment of unqualified faculty or program administrator;
8. Failure to comply with Board requirements within designated time-frames;
9. Fraud or deceit in advertising, promoting or implementing the program;
10. Material misrepresentation of fact by a nursing or refresher program in any advertisement, application or information submitted to the Board;
11. Failure to allow Board staff to visit the program or conduct an investigation including failure to supply requested documents; or
12. Any other evidence that gives the Board reasonable cause to believe the program's conduct may be a threat to the safety and well-being of students, faculty, patients or potential patients.

~~R4-19-211~~R4-19-212. Rescission of Approval Notice of Deficiency

- A. ~~The~~ Under A.R.S. § 32-1644 D, when surveying or re-surveying a nursing program, the Board shall, upon initially determining that a nursing program ~~or a refresher program~~ is not in compliance with applicable provisions of R4-19-201 through R4-19-214, this Article provide to the nursing program administrator a written notice of deficiencies that establishes a reasonable time, based upon the number and severity of deficiencies, to correct the deficiencies not to exceed 18 months. The time for correction may not exceed 18 months.
1. The administrator shall, within 30 days from the date of service of the notice of deficiencies, file a plan to correct each of the identified deficiencies after consultation with the Board or designated Board representative.
 2. The 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 shall conduct periodic evaluations of the program during the time of correction to determine whether the deficiencies have been corrected.
- B. The Board shall, following a ~~Board-conducted survey and report determination of continued non-compliance,~~ rescind the approval of, or restrict admissions to a nursing program ~~or refresher program~~ if the program fails to comply with ~~R4-19-201 through R4-19-214~~ Article 2 within the time set by the Board in the notice of deficiencies served upon the program.
1. The Board shall serve the administrator with a written notice of proposed rescission of approval or restriction of

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admissions that states the grounds for the proposed action. The administrator shall have 30 days to submit a written request for a hearing ~~to show cause why the proposed action should not occur to appeal the Board's proposed action.~~ 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 nursing program shall immediately cease operation and be removed from the official approved-status listing. A nursing program that has been ordered to cease operations shall assist currently enrolled students to transfer to an approved nursing program.
- C. In addition to the cause in subsection (B), ~~if the Board determines that the effectiveness of instruction to students is impaired,~~ the Board may, depending on the severity and pattern of violations, issue discipline, rescind approval of or restrict admissions to a nursing program for any of the following causes:
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 ~~R4-19-201 through R4-19-214~~ this Article; or
 2. Failure to comply with orders of or stipulations with the Board within the time determined by the Board; or
 3. Unprofessional program conduct under R4-19-211.
- D. A parent institution that voluntarily terminates a nursing education program while under a Board action, including a Notice of Deficiency, shall not apply to open a new nursing education program for a period of two years and shall provide evidence in any future application that the basis for the Board action has been rectified.

R4-19-212R4-19-213. Nationally Accredited Nursing Programs Holding National Program Accreditation

- A. An approved nursing program that is accredited by an approved national nursing accrediting agency shall submit to the Board evidence of initial accreditation ~~and shall submit evidence of continuing accreditation after each reaccreditation review, including a copy of the site visit report and the official notice of accreditation.~~
- ~~B.~~ The administrator shall submit to the Board any report from a national accrediting agency citing deficiencies or recommendations at the time the report is received by the nursing program.
- ~~B.~~ A nationally accredited nursing program or a program seeking national accreditation or re-accreditation shall inform the Board at least 30 days in advance of any pending visit by a nursing program accrediting agency and allow Board staff to attend all portions of the visit.
- ~~C.~~ The administrator of a nursing program shall notify the Board within 10 days of any change in accreditation status.
- ~~C.~~ Following any visit by the accrediting agency, a nursing program shall submit a complete copy of all site visit reports to the Board within 15 days of receipt by the program and notify the Board within 15 days of any change or pending change in program accreditation status or reporting requirements.
- D. The administrator of a nursing program that loses its accreditation status or allows its accreditation status to lapse shall file an application for renewal of approval under R4-19-210 within 30 days of loss of or lapse in accreditation status.
- ~~E.~~ Under A.R.S. § 32-1644(D) the Board may periodically re-survey a nationally accredited program to determine compliance with this Article and require a self study report. Board site visits may be conducted in conjunction with the national accrediting team.
- ~~EF.~~ Unless otherwise notified by the Board following receipt and review of the documents required by subsections (A), ~~and (B) and (C),~~ a nationally accredited nursing program continues to have full-approval status. The administrator of a nursing program that has its continuing approval-status rescinded by the Board may request a hearing by filing a written request with the Board within 30 days of service of the Board's order rescinding continuing full-approval status. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

R4-19-214. Pilot Programs for Innovative Approaches in Nursing Education

- ~~A.~~ Under A.R.S. § 32-1606(A)(9) a nursing education program, refresher program or a certified nursing assistant program may implement a pilot program for an innovative approach by complying with the provisions of this Section. Education programs approved to implement innovative approaches shall comply with all other applicable provisions of A.R.S. Title 32, Chapter 15 and A.A.C. Title 4, Chapter 19.
- ~~B.~~ A program applying for a pilot program shall:
 1. Hold full approval;
 2. Have no substantiated complaints, discipline or deficiencies in the past two years; and
 3. Have been compliant with all Board regulations during the past two years.
- ~~C.~~ The following written information shall be provided to the Board at least 90 days prior to a Board meeting:
 1. Identifying information including name of program, address, responsible party and contact information;
 2. A brief description of the current program, including accreditation and Board approval status;
 3. Identification of the regulation or regulations that the proposed innovative approach would violate;
 4. Length of time for which the innovative approach is requested;
 5. Description of the innovative approach, including objectives;
 6. Brief explanation of the rationale for the innovative approach at this time;
 7. Explanation of how the proposed innovation differs from approaches in the current program;
 8. Available evidence supporting the innovative approach;
 9. Identification of resources that support the proposed innovative approach;

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10. Expected impact the innovative approach will have on the program, including administration, students, faculty, and other program resources;
 11. Plan for implementation, including timeline;
 12. Plan for evaluation of the proposed innovation, including measurable outcomes, method of evaluation, and frequency of evaluation; and
 13. Additional application information as requested by the Board.
- D.** The Board shall approve an application for innovation that meets the following criteria:
1. Eligibility criteria in subsection (B) and application criteria in subsection (C) are met;
 2. The innovative approach will not compromise the quality of education or safe practice of students;
 3. Resources are sufficient to support the innovative approach;
 4. Rationale with available evidence supports the implementation of the innovative approach;
 5. Implementation plan is reasonable to achieve the desired outcomes of the innovative approach;
 6. Timeline provides for a sufficient period to implement and evaluate the innovative approach; and
 7. Plan for periodic evaluation is comprehensive and supported by appropriate methodology.
- E.** The Board may:
1. Deny the application or request additional information if the program does not meet the criteria in subsections (B) and (C); or
 2. Rescind the approval of the innovation or require the program to make modifications if:
 - a. The Board receives substantiated evidence indicating adverse impact.
 - b. The program fails to implement or evaluate the innovative approach as presented and approved, or
 - c. The program fails to maintain eligibility criteria in subsection (B).
- F.** An education program that is granted approval for an innovation shall maintain eligibility criteria in subsection (B) and submit:
1. Progress reports conforming to the evaluation plan annually or as requested by the Board; and
 2. A final evaluation report that conforms to the evaluation plan, detailing and analyzing the outcomes data.
- G.** If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued.
- H.** The Board may grant the request to continue approval if the innovative approach has achieved desired outcomes and has not compromised public protection.

~~R4-19-213~~**R4-19-215. Voluntary Termination of a Nursing Program or a Refresher Program**

- A. The administrator of a nursing program or a refresher program shall notify the Board within 15 days of a decision to voluntarily terminate the program. The administrator shall, at the same time, submit a written plan for terminating the nursing program or refresher program. A program is considered voluntarily terminated when it no longer admits or plans to admit students after current students graduate.
- B. The administrator shall ensure that the nursing program or refresher program is maintained, including the nursing faculty, until the last student is transferred or completes the program. At that time the Board shall remove the program from the current list of approved programs.
- C. Within 15 days after the termination of a nursing program or refresher program, the administrator shall notify the Board of the permanent location and availability of all program records.

~~R4-19-214~~**R4-19-216. Approval of a Refresher Program**

- A. An applicant for approval of a refresher program for nurses whose licenses have been inactive or expired for five or more years, nurses under Board order to enroll in a refresher program, or nurses who have not met the requirements of R4-19-312 shall submit one electronic and one paper copy of a completed application that provides all of the following information and documentation:
 1. Applicant's name, address, e-mail address, telephone number, web site address, if applicable, and fax number;
 2. Proposed starting date for the program;
 3. Name and curriculum vitae qualifications of all instructors that meet the requirements of subsection (C);
 4. Statement describing the facilities, staff, and resources that the applicant will use to conduct the refresher program;
 5. A program and participant evaluation plan that includes student evaluation of the course, instructor, and clinical experience; ~~and~~
 6. Evidence of a curriculum that meets the requirements of subsection (B);
- B. A refresher program shall provide:
 1. A minimum of 40 hours of didactic instruction ~~and 112 hours of supervised clinical practice;~~ for a licensed practical nurse program and 80 hours of didactic instruction for a registered nurse program. Didactic instruction shall include, at a minimum:
 - a. Nursing process and patient centered care;
 - b. Pharmacology, medication calculation, and medication administration;
 - c. Communication;

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- d. Critical thinking, clinical decision making and evidence-based practice;
- e. Delegation, management, and leadership;
- f. Working with interdisciplinary teams;
- g. Meeting psychosocial and physiological needs of adult clients with medical-surgical conditions;
- h. Ethics;
- i. Documentation including electronic health records;
- j. Informatics;
- k. Quality Improvement; and
- l. At the program's discretion, additional content hours in other populations of care for students who will be engaged in clinical experiences with these populations.
- 2. ~~A minimum of 80 hours of didactic instruction and 160 hours of supervised clinical practice for a professional nurse program;~~
- 2. A clinical experience of a type and duration to meet course objectives for each student which consists of a minimum of 112 hours for a practical nurse program and 160 hours for a registered nurse program. Relative to the clinical portion of the program, the program shall:
 - a. Ensure that each qualified student has a verified clinical placement within 12 months of course enrollment;
 - b. Provide program policies for clinical placement in advance of enrollment that specify both the obligations of the school and the student regarding placement;
 - c. Validate that a student has the necessary theoretical knowledge to function safely in the specific clinical setting before starting a clinical experience;
 - d. Ensure that clinical placements provide an opportunity to demonstrate safe and competent application of program didactic content through either direct or indirect client care; and
 - e. Include, at its discretion, up to 32 hours of scheduled clinical time in laboratory experiences including simulation.
- 3. ~~A planned and supervised clinical experience that is consistent with course goals and provides an opportunity for the student to demonstrate safe and competent application of program content. The student may spend up to 24 of the required clinical hours in a supervised lab setting.~~
- 4.3. ~~Curriculum and other materials to students and prospective students that, including:~~ include:
 - a. ~~An overall program description including goals; and~~
 - b. ~~Objectives, content, and hours allotted for each area of instruction;~~
 - c. Implemented course policies that include but are not limited to admission requirements, passing criteria, cause for dismissal, clinical requirements, grievance process and student responsibilities; and
 - d. Program costs and length of the program.
- 5. ~~Instruction in current nursing care concepts and skills including:~~
 - a. ~~Nursing process;~~
 - b. ~~Pharmacology, medication calculation, and medication administration;~~
 - c. ~~Communication;~~
 - d. ~~Critical thinking, and clinical decision making;~~
 - e. ~~Delegation, management, and leadership; and~~
 - f. ~~Meeting psychosocial and physiological needs of clients.;~~
- C. Refresher program personnel qualifications and responsibilities
 - 1. An administrator of a refresher program shall:
 - a. Hold a graduate degree in nursing or a bachelor of science in nursing degree and a graduate degree in either education or a health-related field, and
 - b. Be responsible for administering and evaluating the program.
 - 2. A faculty member of a refresher program shall:
 - a. Hold a minimum of a bachelor of science in nursing degree,
 - b. Be responsible for implementing the curriculum and supervising clinical experiences either directly or indirectly through the use of clinical preceptors.
 - 3. Licensure requirements for program administrator and faculty:
 - a. If the program is located in Arizona, the administrator and faculty members shall hold a current Arizona RN license in good standing or a multi-state privilege under A.R.S., Title 32, Chapter 15;
 - b. If the program is located in another state, the administrator and didactic faculty members shall either hold a current RN license in good standing in the state of the program location or meet the requirements of subsection (a).
 - 4. If preceptors are used for clinical experiences, the program shall adhere to the preceptorship requirements of R4-19-206(E).
 - 5. Other licensed health care professionals may participate in course instruction consistent with their licensure and scope of practice and under the direction of the program administrator or faculty.
- C. ~~A refresher program may adapt the curriculum based on the need to incorporate content applicable to specialty and indi-~~

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rect care areas of nursing practice for students who plan to practice in those areas. The clinical experience for such students may include indirect care, depending on the course goals and objectives. The program shall include concepts and skills needed to deliver safe nursing care in any adapted curriculum.

D. Program types: bonding

1. A refresher program may be offered by:
 - a. A private educational institution that is accredited by the private post-secondary board.
 - b. A public post-secondary educational institution.
 - c. A licensed health care institution, or
 - d. A private individual, partnership or corporation.
2. If the refresher program is offered by a private individual, partnership or corporation, the program shall:
 - a. Submit proof of insurance covering any potential or future claims for damages resulting from any aspect of the program or provide evidence of a surety bond from a surety company with a rating of "A" or better by either Best's Credit Ratings, Moody's Investor Service, or Standard and Poor's rating service in the amount of a minimum of \$15,000. The program shall ensure that:
 - i. Bond or insurance distributions are limited to students or former students with a valid claim for instructional or program deficiencies;
 - ii. The amount of the bond or insurance coverage is sufficient to reimburse the full amount of collected tuition and fees for all students during all enrollment periods of the program; and
 - iii. The bond or insurance is maintained for an additional 24 months after program closure.
 - b. For programs offering on-ground instruction, provide a fire inspection report of the classroom and building by the Arizona State Fire Marshall or an entity approved by the Arizona State Fire Marshall for each program location.
 - c. Subsection (D) is effective immediately for new programs and within one year of the effective date for approved programs.

DE. ~~The Board shall approve a refresher program that meets the requirements of subsection (A), of this Section, if approval is in the best interest of the public, for a maximum term of ~~four~~ five years. An applicant who is denied refresher program 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 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.~~

EF. ~~The refresher program sponsor shall apply for renewal of approval in accordance with subsection (A) not later than 90 days before expiration of the current approval. The sponsor of a refresher program that is denied renewal of 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 application for renewal of approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, and 4 A.A.C. 19, Article 6.~~

FG. ~~The sponsor of an approved refresher program shall provide written notification to the Board within 15 days of a participant's completion of the program of the following:~~

1. ~~Name of the participant and whether the participant successfully completed or failed the program,~~
2. ~~Participant's license, and~~
3. ~~Date of participant's completion of the program.~~

H. ~~The Board may accept a refresher program from another U.S. jurisdiction for an individual applicant on a case-by-case basis if the applicant provides verifiable evidence that the refresher program substantially meets the requirements of this Section. The acceptance of the program for an individual applicant does not confer approval status upon the program.~~

I. ~~Within 30 days, a refresher program shall report to the Board changes in:~~

1. ~~Name, address, electronic address, web site address or phone number of the program;~~
2. ~~Clinical or didactic hours of the program;~~
3. ~~Program delivery method; or~~
4. ~~Ownership including adding or deleting an owner.~~

J. ~~The Board may take action against the approval of a refresher program under A.R.S § 32-1606(C) and the provisions of this Article. The administrator of a refresher program whose approval is disciplined or subject to a notice of deficiency may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for renewal of approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, and 4 A.A.C. 19, Article 6.~~

~~R4-19-215~~R4-19-217. Distance Learning Nursing Programs; Out-of-State Nursing Programs

- A. ~~An out-of-state nursing program that is in good standing in another state that and plans to provide both distance based didactic instruction and on-ground clinical instruction in Arizona shall comply with the application requirements of R4-19-207 and R4-19-208. The program shall employ at least one faculty member who is physically present in this state to coordinate the education and clinical experience.~~
- B. ~~A Any nursing program that delivers didactic instruction by distance learning methods, whether in this state or another, shall ensure that the methods of instruction are compatible with the program curriculum plan and enable a student to meet~~

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the goals, competencies, and objectives of the educational program and standards of the Board.

1. A distance learning nursing program shall establish a means for assessing individual student outcomes, and program outcomes including, at minimum, student learning outcomes, student retention, student satisfaction, and faculty satisfaction.
 2. For out-of-state nursing programs, the program shall be within the jurisdiction of and regulated by an equivalent United States nursing regulatory authority in the state from which the program originates, unless also providing clinical experience in Arizona.
 3. ~~Didactic Faculty~~ faculty members shall be licensed in the state of origination of a distance learning nursing program. Clinical supervising faculty shall be licensed in the location of the clinical activity
 4. A distance learning nursing program shall provide students with supervised clinical and laboratory experiences so that program objectives are met and didactic learning is validated by supervised, land-based clinical and laboratory experiences.
 5. A distance-learning nursing program shall provide students with access to technology, resources, technical support, and the ability to interact with peers, preceptors, and faculty.
- C. A nursing program, located in another state or territory of the United States, that wishes to provide clinical experiences in Arizona under A.R.S. § 32-1631(3), shall obtain Board approval before offering or conducting a clinical session. To obtain approval, the program shall submit a proposal package that contains:
1. A self study, describing the program's compliance with R4-19-201 through R4-19-206; and
 2. A statement regarding ~~the anticipated effect on clinical placements for students currently enrolled in an Arizona-approved nursing program, the number and type of student placements planned, a copy of signed clinical contracts and written commitment by the clinical facilities to provide the necessary clinical experiences, the name and qualifications of faculty licensed in Arizona and physically present in the facility who will supervise the experience and verification of good standing of the program in the jurisdiction of origin.~~
- D. The Board may require a nursing program approved under this Section to file periodic reports for the purpose of data collection or to determine compliance with the provisions of this Article. A program shall submit a report to the Board within 30 days of the date on a written request from the Board or by the due date stated in the request if the due date is after the normal 30-day period.
- E. The Board shall approve an application to conduct clinical instruction in Arizona that meets the requirements in A.R.S. Title 32, Chapter 15 and this Chapter, and is in the best interest of the public. An applicant who is denied approval to conduct clinical instruction in Arizona may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the 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.
- F. The Board may rescind an approval held by an out-of-state nursing program to conduct clinical instruction in Arizona, in accordance with ~~R4-19-211~~ R4-19-212.
- G. If the Board finds that a nursing program located and approved in another state or territory of the United States does not meet requirements for nursing programs prescribed in ~~R4-19-201 through R4-19-206~~ this Article the Board shall either provide a notice of deficiency to the program as prescribed in ~~R4-19-211~~ R4-19-212(A), (A)(1) and (A)(2) or take other disciplinary action depending on the severity of the offense under R4-19-211.
1. If the Board issues a notice of deficiency and the program fails to correct the deficiency before the expiration of the period of correction, the Board shall rescind approval of the program as prescribed in ~~R4-19-211~~ R4-19-212(B)(1).
 2. If the period of rescission, from the date of rescission to the date of reinstatement, is at any time concurrent with an applicant's education from the date of admission to the date of graduation, the Board shall withhold licensure unless the applicant meets all licensure requirements and completes any remedial education prescribed by the Board under R4-19-301(H). The Board shall ensure that the applicant has completed a curriculum that is equivalent to that of an approved nursing program.
 3. If a nursing program provides evidence of compliance with ~~R4-19-201 through R4-19-206~~ with this Article after the rescission of approval, the Board shall review the evidence, determine whether or not the nursing program complies with these standards, and reinstate approval of the program if the program complies with these standards and reinstatement is in the best interest of the public.

ARTICLE 7. PUBLIC PARTICIPATION PROCEDURES

R4-19-702. Petition for Rulemaking; Review of Agency Practice or Substantive Policy Statement; Objection to Rule Based Upon Economic, Small Business, or Consumer Impact

A person may petition the Board, requesting the making of a final rule, or a review of an existing agency practice or substantive policy statement that the petitioner alleges to constitute a rule under A.R.S. § 41-1033, or objecting to a rule under A.R.S. § 41-1056.01, by filing a petition which contains the following:

1. The name, current address, and telephone number of the person submitting the petition.
2. For the making of a new rule, the specific language of the proposed rule.
3. For amendment of a current rule, the *Arizona Administrative Code* (A.A.C.) Section number, the Section heading,

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- and the specific language of the current rule, with any language to be deleted stricken through but legible, and any new language underlined.
4. For repeal of a current rule, the A.A.C. Section number and Section heading proposed for repeal.
 5. The reasons the rule should be made, specifically stating in reference to an existing rule, why the rule is inadequate, unreasonable, unduly burdensome, or otherwise not acceptable. The petitioner may provide additional supporting information including:
 - a. Any statistical data or other justification, with clear references to attached exhibits;
 - b. An identification of any person or segment of the public that would be affected and how they would be affected; and
 - c. If the petitioner is a public agency, a summary of relevant issues raised in any public hearing, or written comments offered by the public.
 6. For a review of an existing agency practice or substantive policy statement alleged to constitute a rule, the reasons the existing agency practice or substantive policy statement constitutes a rule and the proposed action requested of the Board.
 7. For an objection to a rule based upon the economic, small business, or consumer impact, evidence ~~that~~ of any of the following grounds:
 - a. The actual economic, small business, or consumer impact significantly exceeded the impact estimated in the economic, small business, and consumer impact statement submitted during the making of the rule; ~~or~~
 - b. The actual economic, small business, or consumer impact was not estimated in the economic, small business, and consumer impact statement submitted during the making of the rule and that actual impact imposes a significant burden on persons subject to the rule.
 - c. The Board did not select the alternative that imposes the least burden and costs to persons regulated by the rule, including paperwork and other compliance costs, necessary to achieve the underlying regulatory objective.
 8. The signature of the person submitting the petition.

NOTICE OF FINAL RULEMAKING

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 19. BOARD OF NURSING

[R13-75]

PREAMBLE

1. Articles, Parts and Sections Affected

Rulemaking Action

| | |
|-----------|-------|
| Article 5 | Amend |
| R4-19-501 | Amend |
| R4-19-502 | Amend |
| R4-19-503 | Amend |
| R4-19-504 | Amend |
| R4-19-505 | Amend |
| R4-19-506 | Amend |
| R4-19-507 | Amend |
| R4-19-508 | Amend |
| R4-19-509 | Amend |
| R4-19-511 | Amend |
| R4-19-512 | Amend |
| R4-19-513 | Amend |
| R4-19-514 | Amend |

2. Citations to the agency’s statutory rulemaking authority to include both the authorizing statute (general) and the implementing statutes (specific):

Authorizing statutes: A.R.S. §§ 32-1605.01(B)(3), 32-1606 (A)(1), (A)(8), (B)(1), (B)(2), (B)(8), (B)(10), (B)(12), (B)(15), (B)(17), (B)(18), (B)(21) and (B)(22), 32-1456, 32-1921, and 32-3208.

Implementing statutes: A.R.S. §§ 32-1601(2), (5), (6), (9), (13), (17) and (19), 32-1634.03, 32-1634.04, 32-1635.01, 32-1636, 32-1643, 32-1644, 32-1664, 32-1666, 32-1667 and 41-1080.

3. The effective date of the rules:

July 6, 2013

4. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the final rulemaking package:

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Notice of Rulemaking Docket Opening: 18 A.A.R. 3226, December 7, 2012

Notice of Proposed Rulemaking: 18 A.A.R. 3209, December 7, 2012

5. The agency's contact person who can answer questions about the rulemaking:

Name: Pamela K. Randolph RN, MS
Associate Director of Education and Evidence-based Regulation

Address: 4747 N. 7th St., Suite 200
Phoenix, AZ 85014

Telephone: 602-771-7803

Fax: 602-771-7888

E-mail: prandolph@azbn.gov

6. An agency's justification and reason why rules should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

The Arizona State Board of Nursing (Board) is amending Article 5 for the following reasons:

1. To improve consistency between the Board's rules and other state laws, specifically A.R.S. §§ 32-3208 regarding mandatory reporting of criminal offenses which was amended in R4-19-505.
2. To incorporate "Uniform Licensure Requirements" adopted by the Delegate Assembly of the National Council of State Boards of Nursing (NCSBN) in August, 2011 and the "APRN Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education" (Consensus Model) adopted by NCSBN on July 7, 2008. These requirements establish consistency between nursing regulatory agencies across the country. Consistent with the consensus model the term "population focus" is replacing the term "specialty area". However, due to current lack of congruence between education and certification, the Board is proposing more than the six population foci envisioned by the model.

"The requirements [of the consensus model]... specify that all APRNs will be educated, certified, and licensed in one of four roles and in at least one of six population foci. ...Education, certification, and licensure of an individual must be congruent in terms of role and population foci.

APRNs may specialize but they can not be licensed solely within a specialty area. Specialties can provide depth in one's practice within the established population foci. APRNs may also decide to choose a specialty to add to the level of care they can offer within their chosen population. Competence at the specialty level will not be assessed or regulated by boards of nursing but rather by professional organizations." https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf

3. To implement the plan for rule revision approved by the Governor's Regulatory Review Council on May 3, 2011, as part of the five-year rule review of Article 5.
4. To reflect statutory changes regarding Certified Registered Nurse Anesthetists contained in Senate Bill 1362 which became effective August 2, 2012.
5. Other changes are made to provide clarity and understandability.
6. Changes to specific rules that fall into other categories are explained below.

R4-19-504. Notice of Deficiency; Unprofessional Program Conduct

The Board is adding a subsection to this Section to specify conditions under which a disciplinary action may be issued against an APRN program.

R4-19-506. Expiration of APRN Certificate; Practice Requirement; Renewal

The Board is deleting the option of maintaining certification to meet the practice requirement in subsection A. The Board is aware of nurses who have not practiced advanced practice or registered nursing for five or more years yet are able to maintain APRN certification through CE and self study tests. The Board believes and evidence supports that practice in the role is essential to maintain competencies. This amendment is similar to that for RN and LPN licensure renewal.

7. A reference to any study relevant to the rules that the agency reviewed and either relied on or did 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, and any analysis of each study and other supporting material:

There were no relevant studies that were either relied upon or not relied upon in the Board's justification for this rule repeal.

8. 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

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9. A summary of the economic, small business, and consumer impact:

The majority of proposed amendments to this Article are not expected to have an economic impact on any regulated entity, the Board, or small businesses.

The Arizona State Board of Nursing licenses approximately 72,000 registered nurses and 11,000 practical nurses and certifies approximately 26,000 nursing assistants. The Board certifies approximately 3700 nurse practitioners, 205 certified nurse-midwives, 188 clinical nurse specialists and recognizes 569 certified registered nurse anesthetists (CRNA). Additionally the Board oversees 38 in-state pre-licensure nursing programs, 12 refresher programs, 21 advanced practice nursing programs and approximately 130 nursing assistant programs.

Adopting uniform licensure requirements and the requirements of A.R.S. § 32-3208 will impact the Board as more self reports of possible unprofessional conduct are expected. It is anticipated that triage time will increase to accommodate the expected increase in self reporting. There also may be increased investigations for failure to provide accurate information on an application, if an applicant does not self-report. It is difficult to determine the exact impact of these amendments on Board staffing, and the Board is not requesting increases in personnel or operating costs at the present time. The amendments will also impact applicants with a criminal or substance use history and may delay certification causing potential loss of income. These amendments, however, will apply to very few nurses.

The deletion of the option to maintain certification to meet the practice requirement to renew an APRN certificate will negatively affect those nurses who maintain certification without practice. However the benefit to the public is expected to outweigh the negative effect on these individuals.

Amendments proposed delineating unprofessional conduct for nursing programs will provide programs and the public with additional guidelines regarding issues that may be reportable to the Board. To the Board's knowledge there are no current APRN programs that would be subject to discipline by adopting these standards. Amendments incorporating language consistent with the Consensus Model will benefit APRNs by providing consistency between states.

10. A description of any changes between the proposed rulemaking, to include supplemental notices and the final rulemaking:

Technical and grammatical changes were made with the advice of the Secretary of State's office and Council Staff to improve clarity. Specific changes as recommended by Jana Conover, a representative of the American Association of Nurse Anesthetists were:

R4-19-501(C)(1)(a): The designation "American Board of Nursing Specialties" was changed to the "Accreditation Board for Specialty Nursing Certification" which is the arm of the American Board of Nursing Specialties that actually accredits certifying organizations.

R4-19-502(C) and R4-19-503(B): The designation "American Association of Nurse Anesthetists' Council on Accreditation of Nurse Anesthesia Education Programs" was changed to the "Council on Accreditation of Nurse Anesthesia Education Programs" because this Council is considered independent from the American Association of Nurse Anesthetists.

R4-19-501(C)(5): Replaced the word "failure" with "results". At the present time exam regulations governing accrediting bodies preclude failures being reported to the Board without the candidate's permission. Results, whether passing or failing, are reported to the Board with the candidate's permission.

11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:

One written comment was received on January 3, 2013, from Jan Conover, Assistant Director of State Government Affairs for the American Association of Nurse Anesthetists. Ms. Conover requested changes to R4-19-501, R4-19-502, and R4-19-503 which were made and are described in item 10 above.

The Board held an oral proceeding on January 14, 2013, at 4:30 p.m. in the Board offices at 4747 N. 7th St., Suite 200, Phoenix, AZ 85014. There were no persons in attendance other than Board staff. The comment period closed on January 14, 2013, at 5:00 p.m.

12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. § § 41-1052 and 41-1055 shall respond to a through c:

There are no other matters prescribed by statute applicable to the Board or this specific class of rules.

a. Whether the rules require a permit, whether a general permit is used and if not the reasons why a general permit is not used:

This rulemaking does not require a permit however this Article relates to the issuance of a license or an approval which can be considered a general permit.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of the federal law:

Federal law is not applicable to the subject of the rule.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness

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of business in this state to the impact on business in other states:

No analysis was submitted.

13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

None

14. Whether the rules were previously made, amended or repealed as emergency rules. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:

None of the rules in this package were made, amended or repealed as an emergency rule.

15. The full text of the rules follows:

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 19. BOARD OF NURSING

ARTICLE 5. ~~ADVANCED AND EXTENDED NURSING PRACTICE~~ REGISTERED NURSING

Section

- R4-19-501. ~~Categories~~ Roles and Specialty Areas ~~Population Foci~~ of Advanced Practice Registered Nursing (APRN); Certification Programs
- R4-19-502. Requirements for ~~Advanced Practice Registered Nursing~~ APRN Programs
- R4-19-503. Application for Approval of an Advanced Practice Registered Nursing Program; Approval by Board
- R4-19-504. ~~Reeission of Approval of an Advanced Practice Registered Nursing Program~~ Notice of Deficiency; Unprofessional Program Conduct
- R4-19-505. Requirements for ~~Advanced Practice Registered Nursing~~ Initial APRN Certification
- R4-19-506. Expiration of ~~Advanced Practice APRN Certificates~~ Certificate; Practice Requirement; Renewal
- R4-19-507. Temporary Advanced Practice Certificate; Temporary Prescribing and Dispensing Authority
- R4-19-508. ~~Scope of Standards Related to Practice of a Registered Nurse Practitioner~~ Scope of Practice
- R4-19-509. Delegation to Medical Assistants
- R4-19-511. Prescribing and Dispensing Authority; Prohibited Acts
- R4-19-512. Prescribing Drugs and Devices
- R4-19-513. Dispensing Drugs and Devices
- R4-19-514. ~~Scope Standards Related to of Practice of the Clinical Nurse Specialist~~ Scope of Practice

ARTICLE 5. ~~ADVANCED AND EXTENDED NURSING PRACTICE~~ REGISTERED NURSING

R4-19-501. ~~Categories~~ Roles and Specialty Areas ~~Population Foci~~ of Advanced Practice Registered Nursing (APRN); Certification Programs

- A. The Board ~~uses~~ recognizes the following categories of APRN roles ~~advanced practice registered nursing:~~
1. Registered nurse practitioner (RNP) in a ~~specialty area~~ population focus including Certified Nurse Midwife as a ~~specialty area~~ population focus of RNP; ~~and~~
 2. Clinical Nurse Specialist (CNS) in a ~~specialty area~~ population focus; ~~and~~
 3. Certified Registered Nurse Anesthetist (CRNA).
- B. RNPs and CNSs shall practice within one or more ~~A specialty area population foci, consistent with their education and certification. Population foci include: of advanced practice registered nursing is a field of practice that meets all of the following criteria. The specialty area is:~~
1. ~~Approved by the Board as a recognized advanced practice specialty area,~~
 2. ~~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~~
1. Family-individual across the life span;
 2. Adult-gerontology primary or acute care;
 3. Neonatal;
 4. Pediatric primary or acute care;
 5. Women's health-gender related;
 6. Psychiatric-mental health;
 7. For Certified Nurse Midwives, women's health gender related including childbirth and neonatal care;
 8. Other foci that have been recognized by the Board previously and new foci that meet the following conditions:
 - a. There is an accredited educational program and a national certifying process that meets the requirements of sub-

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section (C); and

- b. The focus is broad enough for an educational program to be developed that prepares a registered nurse to function both within the scope of practice of the role and population focus.

C. The Board shall accept advanced practice certifications from programs that meet the following qualifications:

~~3-1. Recognized~~ The certification program: as an advanced practice specialty area by a national certifying body that:

- a. Is accredited by the National Commission for Certifying Agencies, the American Board of Nursing Specialties Accreditation Board for Specialty Nursing Certification, or an equivalent organization as determined by the Board;
- b. ~~Has~~ Establishes educational requirements for certification that are consistent with the requirements in R4-19-505;
- c. Has an application process and credential review that ~~includes~~ requires an applicant to submit original source documentation ~~that of the applicant's education and clinical practice is in the advanced practice specialty role and population focus, if applicable, for which certification is granted area being certified; and~~
- d. Is national in the scope of its credentialing.
- e.

2. The certification program uses ~~Uses~~ an examination as a basis for certification in the advanced practice ~~specialty area role and population focus, as applicable~~ that meets all of the following criteria:

- ~~i-a.~~ The examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community both initially and every five years;
- ~~ii-b.~~ The examination assesses entry-level practice in the advanced practice ~~category role~~ and ~~specialty area population focus, if applicable;~~
- ~~iii-c.~~ The examination assesses the knowledge, skills, and abilities essential for the delivery of safe and effective advanced nursing care to clients;
- ~~iv-d.~~ Examination items are reviewed for content validity, cultural sensitivity, and correct scoring using an established mechanism, both before first use and periodically; items are reviewed for currency at least every three years;
- ~~v-e.~~ The examination is evaluated for psychometric performance and conforms to psychometric standards that are routinely utilized for other types of high-stakes testing;
- ~~vi-f.~~ The passing standard is established using accepted psychometric methods and is re-evaluated periodically;
- ~~vii-g.~~ Examination security is maintained through established procedures;
- ~~viii-h.~~ A re-take policy is in place; and
- ~~ix-i.~~ Conditions for taking the certification examination are consistent with standards of the testing community;

~~f.3. Issues certification~~ Certification is issued based on ~~upon~~ passing the examination and meeting all other certification requirements;

~~g.4. Provides for periodic~~ The certification program periodically provides for re-certification that includes review of qualifications and continued competence;

~~h.5. Has~~ The certification program mechanisms in place for communication provides timely communication to the Board regarding ~~timely verification of an individual's licensee or applicant certification status, changes in an individual's certification status, exam results~~ and changes in the certification program, including qualifications, test plan, and scope of practice; and

~~i.6. Has~~ The certification program has an evaluation process to provide quality assurance in its certificate program.

C.D. The Board shall determine whether a certification program ~~or exam~~ meets the requirements of this Section. The following ~~specialty area certifications and exams certification programs~~ meet the requirements of this Section as of the effective date of this rulemaking:

1. For RNP:

- a. American Academy of Nurse Practitioner certification ~~programs in the specialties of:~~

- i. Adult nurse practitioner,
- ii. Family nurse practitioner,
- ~~iii. Gerontologic nurse practitioner.~~
- ~~iv. Adult health-gerontological nurse practitioner.~~

- b. American Nurses Credentialing Center certification ~~programs in the specialties of:~~

- i. Acute care nurse practitioner (adult/gerontology),
- ii. Adult nurse practitioner,
- iii. Family nurse practitioner,
- iv. Gerontological nurse practitioner,
- v. Pediatric nurse practitioner,
- vi. Adult psychiatric and mental health nurse practitioner,
- vii. Family psychiatric and mental health nurse practitioner,
- ~~viii. Adult health-gerontological nurse practitioner.~~

- c. Pediatric Nursing Certification Board certification ~~programs; in the specialty of pediatric nurse practitioner,~~

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- i. Pediatric nurse practitioner primary care.
 - ii. Pediatric nurse practitioner acute care.
 - d. National Certification Corporation for Obstetric, Gynecological, and Neonatal Nursing Specialties certification programs ~~in the specialties of:~~
 - i. Women's health nurse practitioner,
 - ii. Neonatal nurse practitioner,
 - e. ~~American College of Nurse-Midwives Certification Council~~ For a nurse-midwife, the American Midwifery Certification Board certification program in the specialty of nurse-midwife-midwifery,
 - f. AACN Certification Corporation certification programs:
 - i. Adult acute care nurse practitioner.
 - ii. Adult-gerontology acute care nurse practitioner.
2. For CNS:
- a. ~~American Association of Critical Care Nurses certification in the specialties of:~~ AACN Certification Corporation certification programs:
 - i. Adult acute and critical care CNS,
 - ii. Pediatric acute and critical care CNS,
 - iii. Neonatal acute and critical care CNS,
 - b. American Nurses Credentialing Center certification ~~in the specialties of:~~
 - i. Adult psych/mental health going across the life span psychiatric-mental health CNS,
 - ii. Family Child/adolescent psych psychiatric- mental health CNS,
 - iii. Community health CNS,
 - iv. Gerontological CNS,
 - v. Home health CNS,
 - vi. Medical-surgical Adult health CNS,
 - vii. Pediatric CNS.
3. For CRNA, National Board of Certification and Recertification for Nurse Anesthetists.
- D. The Board shall approve a specialty area certification program that meets the criteria established in this Section. An entity that seeks approval of a specialty area certification program 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 ~~Advanced Practice Registered Nursing~~ APRN Programs

- A. An educational institution or other entity that offers an ~~advanced practice registered nursing~~ APRN program in this state for registered nurse practitioners for RNP or clinical nurse specialists CNS roles shall ensure that the program:
- 1. Is offered by or affiliated with a college or university that is accredited under A.R.S. § 32-1644;
 - 2. For new programs, the college or university offering the program has at least one additional nationally accredited nursing program as defined in R4-19-101 or otherwise provides substantial evidence of the ability to attain national APRN program accreditation for all graduating cohorts;
 - 2-3. Is a formal educational program, that is part of a masters or doctoral program or a post-masters program in nursing with a concentration in an advanced practice registered nursing category role and specialty population focus under R4-19-501;
 - 3-4. Is nationally accredited, or has achieved candidacy status for national accreditation by an approved national nursing accrediting agency as defined in R4-19-101;
 - 4-5. Offers a curriculum that covers the scope of practice for both the category role of advanced practice as specified in A.R.S. § 32-1601 and the specialty area population focus including:
 - a. Three separate graduate level courses in:
 - i. Advanced physiology and pathophysiology, including general principles across the lifespan;
 - ii. Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches;
 - iii. Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad category agents;
 - b. Diagnosis and management of diseases across practice settings including diseases representative of all systems;
 - c. Preparation that provides a basic understanding of the principles for decision making in the identified role;
 - d. Preparation in the core competencies for the identified APRN role including legal, ethical and professional responsibilities; and
 - e. Role preparation in an identified population focus under R4-19-501.
 - 6. Verifies that each student has an unencumbered license to practice as an RN in the state of clinical practice;
 - 5-7. Includes a minimum of 500 hours of faculty supervised clinical practice; (programs that prepare students for more than one role or population focus shall have 500 hours of clinical practice in each role and population focus);
 - 6-8. Notifies the Board of any changes in hours of clinical practice, or accreditation status, denial or deferral of accreditation;

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- tion or program administrator and responds to Board requests for information;
- ~~7-9.~~ Has financial resources sufficient to support accreditation standards and the educational goals of the program; ~~and~~
- ~~8-10.~~ 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;
11. Establishes provisions for advanced placement for individuals holding a graduate degree in nursing who are seeking education in an APRN role and population focus, provided that advanced placement students master the same APRN competencies as students in the graduate-level APRN program; and
12. Provides the Board an application for approval under the provisions of R4-19-209 (B) before making changes to the:
- a. Scope of the program, or
 - b. Level of educational preparation provided.
- B.** A CNS or RNP program shall appoint the following personnel:
1. An APRN program administrator who:
 - a. Holds a current unencumbered RN license or multi-state privilege to practice in Arizona and a current unencumbered APRN certificate issued by the Board;
 - b. Holds an earned doctorate in nursing or health-related field if appointed after the effective date of this Section;
 - c. Has at least two years clinical experience as an APRN; and
 - d. Holds current national certification as an APRN.
 - ~~B-2.~~ A lead faculty member who is educated and certified both nationally and by the Board in the same role and population focus and nationally certified in the same or a related specialty area and certified as an advanced practice registered nurse by the Board shall to coordinate the educational component for the category role and specialty population focus in the advanced practice registered nursing program.
- C.** ~~The parent institution of an advanced practice registered nursing program shall ensure that a nursing program faculty member is appointed to oversee any advanced practice registered nursing course that includes a clinical experience. The faculty member appointed shall hold:~~
- ~~1. An unencumbered active license in good standing or a multistate privilege to practice as a registered nurse in Arizona, and~~
 - ~~2. A graduate degree with a major in nursing or a clinical specialty.~~
 3. Nursing faculty to teach any APRN course that includes a clinical learning experience who have the following qualifications:
 - a. A current unencumbered RN license or multi-state privilege to practice registered nursing in Arizona;
 - b. A current unencumbered Arizona APRN certificate,
 - c. A graduate degree in nursing or a health related field in the population focus,
 - d. Two years of APRN clinical experience, and
 - e. Current knowledge, competence and certification as an APRN in the role and population focus consistent with teaching responsibilities.
 4. Adjunct or part-time clinical faculty employed solely to supervise clinical nursing experiences shall meet all of the faculty qualifications for the APRN program they are teaching.
- ~~D-5.~~ 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. Interdisciplinary faculty who teach non-clinical courses shall have advanced preparation in the areas of course content.
- ~~E-6.~~ The parent institution of an advanced practice nursing program shall ensure that a preceptor supervising a student in clinical practice: Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace faculty. A clinical preceptor shall be approved by program administration or faculty and:
- ~~1-a.~~ Hold an a current 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 a current unencumbered active RN or physician license in the United States;
 - ~~2-b.~~ Has Have at least one year clinical experience as a physician or an advanced practice nurse, and;
 - c. Practice in a population focus comparable to that of the APRN program;
 - ~~3-d.~~ For nurse preceptors, has have at least one of the following:
 - a-i. Current National national certification in the advanced practice category role and population focus of the course or program in which the student is enrolled;
 - b-ii. Current Board certification in the advanced practice category role and population focus of the course or program in which the student is enrolled; or
 - e-iii. If an advanced practice preceptor cannot be found who meets the requirements of (E)(3)(a) or (b), subsection (B)(6)(d)(i) or (ii), educational and experiential qualifications that will enable the preceptor to precept students in the program, as determined by the nursing program and verified approved by the Board.
- C.** An entity that offers a CRNA program in Arizona shall maintain full national program accreditation with no limitations from the Council on Accreditation of Nurse Anesthesia Educational Programs or an equivalent agency approved by the

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Board. The program shall notify the Board of all program accreditation actions within 30 days of official notification by the accrediting agency.

R4-19-503. Application for Approval of 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~~ a CNS or RNP program shall submit an application that includes all of the following information to the Board:

~~1. An application that includes all of the following information:~~

~~a.1. Category, specialty area~~ Role, population focus that meets the criteria in R4-19-501(B); ~~the faculty member coordinating the program~~ program administrator and lead faculty member as required in ~~under~~ R4-19-502(B);

~~b.2. Name, address, and evidence verifying institutional accreditation status of the applicant or affiliated educational institution and program accreditation status of current nursing programs offered by the educational institution;~~

~~e.3. The mission, goals, and objectives of the program consistent with generally accepted standards for advanced practice education in the role and population focus of the program;~~

~~d.4. List of the required courses, and a description, measurable objectives, and content outline for each required course consistent with curricular requirements in R4-19-502;~~

~~e.5. A proposed time schedule for implementation of the program and attaining national accreditation;~~

~~f.6. The total hours allotted for both didactic instruction and supervised clinical practicum in the program;~~

~~g. List of the names and qualifications of each faculty member; and~~

7. A program proposal that provides evidence of sufficient financial resources, clinical opportunities and available faculty and preceptors for the proposed enrollment and planned expansion;

~~H.8. A self-study that provides evidence of compliance with R4-19-502;~~

B. An entity that wishes to offer a CRNA program shall submit evidence of current accreditation by the Council on Accreditation of Nurse Anesthesia Education Programs or an equivalent organization.

~~B.C.~~ The Board shall approve an advanced practice registered nursing program if approval is in the best interest of the public and the 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.

~~C.D.~~ An educational institution or entity that is denied approval of an advanced practice registered nursing program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying 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.E.~~ 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~~ Notice of Deficiency of an Advanced Practice Registered Nursing Program; Unprofessional Program Conduct

A. The Board may periodically survey an advanced practice registered nursing program under its jurisdiction 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~~ this Article, 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~~ affected advanced practice registered

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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.

A disciplinary action, denial of approval, or notice of deficiency may be issued against an RNP or CNS nursing program for any of the following acts of unprofessional conduct:

1. Failure to maintain minimum standards of acceptable and prevailing educational practice;
2. 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 this Article;
3. Utilization of students to meet staffing needs in health care facilities;
4. Non-compliance with the program or parent institution mission or goals, program design, objectives, or policies;
5. Failure to provide the variety and number of clinical learning opportunities necessary for students to achieve program outcomes or minimal competence;
6. Student enrollments without adequate faculty, facilities, or clinical experiences;
7. Ongoing or repetitive employment of unqualified faculty;
8. Failure to comply with Board requirements within designated time-frames;
9. Fraud or deceit in advertising, promoting or implementing a nursing program;
10. Material misrepresentation of fact by the program in any advertisement, application or information submitted to the Board;
11. Failure to allow Board staff to visit the program or conduct an investigation;
12. Any other evidence that gives the Board reasonable cause to believe the program's conduct may be a threat to the safety and well-being of students, faculty or potential patients.

R4-19-505. Requirements for Initial Advanced Practice Registered Nursing APRN Certification

A. An applicant for certification as a registered nurse practitioner (RNP) or clinical nurse specialist (CNS) in a specialty area an advanced practice registered nurse, 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; and
2. Submit ~~an~~ a verified application to the Board on a form provided by the Board that provides all of the following:
 - a. Full legal name and any all former names used by the applicant;
 - b. Current mailing address, including primary state of residence and telephone number;
 - c. Place and date of birth;
 - ~~e-d.~~ RN license number, application for RN license, or copy of a multistate compact RN license;
 - e. Social security number for an applicant who lives or works in the United States;
 - f. Current e-mail address;
 - ~~d-g.~~ Educational background, including the name and location of ~~at~~ basic nursing program, the institution that awarded the highest degree held and any and all advanced practice registered nursing education programs or schools attended, including the number of years attended, the length of each program, the date of graduation or completion, and the type of degree or certificate awarded;
 - ~~e-h.~~ Category Role and specialty area population focus, as applicable for which the applicant is applying;
 - ~~f-i.~~ Each current and previous employer, including address, type of position, and dates of employment; Current employer or practice setting, including address, position, and dates of service, if employed or practicing in nursing or health care;
 - ~~g-j.~~ Information regarding Evidence of national certification or recertification as an advanced practice registered nurse in the category role and specialty area population focus, if applicable, of the application and by a certification program that meets the requirements of R4-19-501(C). The applicant shall include for which the applicant is applying, including the name of the certifying organization, specialty area, population focus, certification number, date of certification, and expiration date;
 - k. For applicants holding a multistate compact RN license in a state other than Arizona:
 - i. State of original licensure and license number;
 - ii. State of current compact RN license, license number and expiration date;
 - iii. Date of taking RN licensure exam and name of exam;
 - iv. Whether the applicant ever submitted an application for and was granted an Arizona license and, if applicable, the date of Arizona licensure;
 - v. Other information related to the nurse's practice for the purpose of collecting nursing workforce data; and
 - vi. State of licensure and license number of all RN licenses held,

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- ~~h-1.~~ Responses regarding the applicant's background on the following subjects: Whether the applicant is under investigation or has disciplinary action pending against the applicant's nursing license or advanced practice certificate or license in any state, other than Arizona, or territory of the United States;
 - ~~i.~~ Current investigation or pending disciplinary action by a nursing regulatory agency in the United States or its territories;
 - ~~ii.~~ 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;
 - ~~iii.~~ Undesignated offense and felony charges, convictions and plea agreements including deferred prosecution;
 - ~~iv.~~ Misdemeanor charges, convictions, and plea agreements, including deferred prosecution, that are required to be reported under A.R.S. § 32-3208;
 - ~~v.~~ Actions taken on a nursing license by any other state;
 - ~~v.~~ Whether the applicant has committed an act of unprofessional Unprofessional conduct as defined in A.R.S. § 32-1601;
 - ~~vi.~~ Substance use disorder within the last five years;
 - ~~vii.~~ Current participation in an alternative to discipline program in any other state; and
- ~~m.~~ Information that the applicant meets the criteria in R4-19-506(A) or (C).
- ~~k-3.~~ Submit a ~~Completed~~ fingerprint card on a form provided by the Board or prints if the applicant has not submitted a fingerprint card fingerprints to the Board within the last two years; and,
 - ~~l.~~ Signature verifying the truthfulness of the information provided;
- ~~m-4.~~ Submit ~~An~~ an official transcript from an institution accredited under A.R.S. § 32-1644 either sent directly from the institution or obtained from a Board-approved database that provides evidence of;
 - ~~a.~~ a ~~A~~ graduate degree with a major in nursing for RNP and CNS Applicants, or
 - ~~b.~~ A graduate degree associated with a CRNA program for a CRNA applicant.
- 3. For a CNS applicant, submit 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, either directly from the program or a Board-approved database.
- 4.5. For an RNP applicant, submit The applicant shall cause the program to provide the Board with evidence of completion of an APRN program in the role and population focus of the application through of completion of an RNP program in the specialty area, for which the applicant is applying either submission of an official letter or other official program document sent either directly from the program, or from a reliable Board-approved data base, and one of the following The APRN program shall meet one of the following criteria during the period of the applicant's attendance in the program:
 - ~~a.~~ Evidence of completion of an RNP program that The program was part of a graduate degree, or post-masters program at an institution accredited under A.R.S. § 32-1644; or
 - ~~b.~~ Evidence of completion of a Board-approved RNP program The program was approved or recognized in the U.S jurisdiction of program location for the purpose granting APRN licensure or certification.
 - ~~e.~~ An official transcript from an RNP program offered by or affiliated with a college or university accredited under A.R.S. § 32-1644, which was at least nine months or two full-time semesters in duration and included theory and clinical experience; or
 - ~~d.~~ If the program was not provided by 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 that shows the program;
 - ~~i.~~ Was at least nine months in length or equivalent to two semesters full-time study, or contained didactic and at least 500 hours clinical instruction;
 - ~~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.~~ Was a RNP program recognized by the jurisdiction where it was located for the purpose of granting nurse practitioner licensure or certification.
- 5.6. For an applicant who completed an RNP program, CNS program, advanced practice 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 or APRN program;, clinical nurse specialist program, or registered nurse practitioner program in the specialty area;
- 6. For a Clinical Nurse Specialist or Certified Nurse Midwife applicant, or for a Registered 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 a certifying body that meets the criteria in R4-19-501(B)(3);
- 7. For a CNS applicant who submits an application to the Board, and completed a maternal-child clinical nurse specialist program that meets the requirements of subsection (A) but cannot be nationally certified due to lack of a certification exam that meets the requirements of R4-19-501, submit:

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- 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 graduate 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~~
- e- ~~A form verifying that the applicant has practiced a minimum of 500 hours in the specialty area within the past two years, which may include clinical practice time in a CNS program; and~~

8.7. Submit the required fee.

B. If the applicant satisfies all other requirements, The the Board shall continue to certify:

1. An RNP without a graduate degree with a major in nursing if the applicant:
 - a. Meets all other requirements for certification; and
 - b. ~~Provides~~ Ensures that the U.S. jurisdiction of an applicant's previous RNP licensure or certification submits evidence, directly from the jurisdiction, of the applicant's certification or licensure in the advanced practice category nurse practitioner role and specialty population focus in this or another state or territory of the United States, that either is current or was current at least six months before the application was received by the Board, and was originally issued:
 - i. Before January 1, 2001, if the RNP applicant lacks a graduate degree; or
 - ii. Before November 13, 2005 if the RNP's graduate degree is in a health-related area other than nursing.
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, directly from the jurisdiction, that the certification or licensure is current; ~~and.~~
3. A CNS applicant without evidence of completion of a CNS program who received initial certification or advanced practice licensure in this or another state not later than November 13, 2005 and provides evidence, directly from the jurisdiction, that the certificate or license is current ~~without evidence that the applicant completed a program in a clinical specialty.~~
4. A CRNA who completed a CRNA program before the effective date of this Section without evidence of a graduate degree.
5. A CNS applicant who completed a women's health clinical nurse specialist program that was part of a graduate degree in nursing program under subsection (A), without evidence of national certification upon submission of the following:
 - a. A description of the applicant's scope of practice that is consistent with A.R.S. § 32-1601(6);
 - b. One of the following:
 - i. A letter from a faculty member who supervised the applicant during the graduate program attesting to the applicant's competence to practice within the defined scope of practice;
 - ii. A letter from a current supervisor verifying the applicant's competence in the defined scope of practice; or
 - iii. A letter from a physician, RNP, or CNS who has worked with the applicant within the past two years 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 population focus within the past two years, which may include clinical practice time in a CNS program.

C. The Board shall issue a certificate to practice as a ~~registered nurse practitioner~~ RNP in a population focus, or a clinical nurse specialist ~~CNS in a specialty area population focus, or a registered nurse anesthetist~~ to a registered nurse who meets the criteria in this Section. An applicant who is denied 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 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.

R4-19-506. ~~Expiration of Advanced Practice APRN Certificates~~ Certificate; Practice Requirement; 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)(7)~~ (B)(5) and (B)(2) do not expire unless the RN license expires under A.R.S. § 32-1642 or the nurse has not practiced advanced practice nursing at the applicable level of certification for a minimum of 960 hours in the five years before the date the application is received. This requirement is satisfied if the applicant verifies that the applicant has:
1. Completed an advanced practice nursing education program within the past five-years; or
 2. Practiced for a minimum of 960 hours within the past five years where the nurse:
 - a. Worked for compensation or as a volunteer, as an ~~RNP or CNS, and APRN~~ and performed one or more acts under A.R.S. § 32-1601~~(§ 6)~~ for a CNS, ~~or~~ A.R.S. § 32-1601~~(45 19)~~ for an RNP or A.R.S. § 32-1634.04 for a CRNA; or
 - b. Held a position for compensation or as a volunteer that required, preferred or recommended, in the job description, the level of advanced practice certification being sought or renewed.

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- B. A registered nurse requesting renewal of an advanced practice certificate or an RNP certificate issued after July 1, 2004 shall provide evidence of current national certification or recertification under R4-19-505(A)(6)-(2)(j). This provision does not apply to a CNS granted a waiver of certification.
- C. An advanced practice nurse ~~requesting renewal of an advanced practice certificate~~ who does not satisfy the practice requirement of subsection (A) shall complete coursework or continuing education activities at the graduate or advanced practice level that include, at minimum, 45 contact hours of advanced pharmacology and 45 contact hours in a subject or subjects related to the role and population focus of certification. Upon completion of the coursework, the nurse shall engage in a period of precepted clinical practice as specified in this subsection either:
 - 1. ~~Provide evidence of current national certification in the category and specialty area of Board certification; or~~
 - 2. ~~Complete coursework or continuing education activities at the graduate or advanced practice level that includes, at minimum, 45 contact hours of advanced pharmacology and 45 contact hours in a subject or subjects related to the category and specialty area of certification. Upon completion of the coursework, the nurse shall engage in a period of precepted clinical practice as specified in this subsection:~~
 - a.1. ~~Precepted clinical practice shall be directly supervised by an advanced practice nurse in the same category role and specialty area population focus as the certification being renewed or a physician who engages in practice with the same population focus as the certification being renewed.~~
 - b.2. ~~Practice hours completed during the time-frame specified below may be applied to reduce the number of precepted clinical practice hours, except that in no case shall the hours be reduced by more than half the requirement. The nurse shall complete hours according to the following schedule:~~
 - i.a. ~~300 hours if the applicant has practiced less than 960 hours in only the last five years;~~
 - ii.b. ~~600 hours if the applicant has not practiced 960 hours in the last five years, but has practiced at least 960 hours in the last six years;~~
 - iii.c. ~~1000 hours if the applicant has not practiced at least 960 hours in the last six years, but has practiced 960 hours in the last seven to 10 years; or~~
 - e.d. ~~If the nurse has not practiced 960 hours of advanced practice nursing in the category role and specialty area population focus being renewed in more than 10 years, complete a program of study as recommended by an approved advanced practice nursing program that includes, at minimum, 500 hours of faculty supervised clinical practice in the category role and specialty area population focus of certification. An applicant who qualifies for any option in subsection (C)(2) (b)(a) through (c) may complete the requirements of this subsection to satisfy the practice requirement.~~
- D. An applicant who, in addition to not meeting the requirements for continued APRN certification, does not meet the requirements for RN renewal, shall fulfill all RN renewal requirements before satisfying the requirements of this Section.
- ~~D.E.~~ The Board shall renew a certificate to practice as a registered nurse practitioner in a population focus, or a clinical nurse specialist in a specialty area population focus, or a registered nurse anesthetist 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; Temporary Prescribing and Dispensing Authority

- 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 population focus or a registered nurse anesthetist. 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 in good standing 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 for RNP and CNS applicants unless exempt under R4-19-505(A)(6)(B); and
 - 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.~~
 - a. Has applied for and is eligible to take an approved national advanced practice certification exam in the role and population focus of the application;
 - b. Has requested that the certification program transmit all exam results directly to the Board; or
 - c. For a CRNA, holds national certification according to R4-19-501.
- B. If an applicant fails to meet criteria for national advanced practice certification or has failed a certification exam, the applicant is not eligible for a temporary certificate.
- C. The Board may issue temporary prescribing and dispensing authority for RNP applicants, if the applicant:
 - 1. Meets all application requirements for temporary certification in this Section,
 - 2. Applies for and meets all requirements for prescribing and dispensing authority under R4-19-511,
 - 3. Has been certified or licensed as a nurse practitioner or nurse midwife with prescribing and dispensing authority in

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the same role and population focus in another state or territory of the United States.

4. Either holds current national certification as a registered nurse practitioner or nurse midwife in the population focus of the application or is exempt from national certification under R4-19-505(B), and
5. Meets the practice requirement of R4-19-506(A)(2).

~~B.D.~~ Temporary certification as an advanced practice nurse and temporary prescribing and dispensing authority expires expire 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.E.~~ Notwithstanding subsection ~~(B)~~ (D), the Board shall withdraw a temporary advanced practice certificate and temporary prescribing and dispensing authority 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.F.~~ An applicant who is denied a temporary certificate or temporary prescribing and dispensing authority 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 or authority. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

R4-19-508. Scope of Standards Related to Practice of a Registered Nurse Practitioner Scope of Practice

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 registered nurse, a registered nurse practitioner, under A.R.S. §§ 32-1601~~(45)~~ (19) and 32-1606(B)(12), may perform the following acts within the limits of the ~~specialty area~~ population focus of certification:

1. Examine a patient and establish a medical diagnosis by client history, physical examination, and other criteria;
2. 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 and interpret laboratory, radiographic, and other diagnostic tests, and perform those tests that the RNP is qualified to perform;
4. Prescribe, order, administer and dispense therapeutic measures including pharmacologic agents and devices if authorized under R4-19-511, and non-pharmacological interventions including, but not limited to, durable medical equipment, nutrition, home health care, hospice, physical therapy and occupational therapy.
- ~~4-5.~~ Identify, develop, implement, and evaluate a plan of care for a patient to promote, maintain, and restore health;
- ~~5-6.~~ Perform therapeutic procedures that the RNP is qualified to perform;
- ~~6-7.~~ Prescribe treatments; Delegate therapeutic measures to qualified assistive personnel including medical assistants under R4-19-509.
- ~~7.~~ If authorized under R4-19-511, prescribe and dispense drugs and devices; and
8. Perform additional acts that the RNP is qualified to perform and that are generally recognized as being within the role and population focus of certification.

C. An RNP shall only provide health care services including prescribing and dispensing within the ~~nurse practitioner's scope of practice~~ RNP's population focus and role and for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice.

R4-19-509. Delegation to Medical Assistants

A. Under A.R.S. §§ 32-1456 and 32-1601~~(45)~~ (19)(d)(vii), 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 at least one of the following qualifications:

1. Completed an approved medical assistant training program as defined in A.A.C. R4-16-101(3);
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.

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- B. ~~A medical assistant may perform, under the delegation and direct supervision, as defined in A.R.S. § 32-1401, of a registered nurse practitioner, those acts authorized under A.R.S. § 32-1456(A) and A.A.C. R4-16-402. An RNP may delegate the following acts to a medical assistant who is under the direct supervision of the RNP and demonstrates competency in the performance of the act:~~
1. Obtain vital signs;
 2. Perform venipuncture and draw blood;
 3. Perform capillary puncture;
 4. Perform pulmonary function testing;
 5. Perform electrocardiography;
 6. Perform patient screening using established protocols;
 7. Perform dosage calculations as applicable to written orders;
 8. Apply pharmacology principles to prepare and administer oral, inhalant, topical, otic, optic, rectal, vaginal and parenteral medications (excluding intravenous medications);
 9. Maintain medication and immunization records;
 10. Assist provider with patient care;
 11. Perform Clinical Laboratory Improvement Amendments (CLIA) waived hematology, chemistry, urinalysis, microbiological and immunology testing;
 12. Screen test results;
 13. Obtain specimens for microbiological testing;
 14. Obtain patient history;
 15. Instruct patients according to their needs to promote health maintenance and disease prevention;
 16. Prepare a patient for procedures or treatments;
 17. Document patient care and education;
 18. Perform first aid procedures;
 19. Perform whirlpool treatments;
 20. Perform diathermy treatments;
 21. Perform electronic galvaton stimulation treatments;
 22. Perform ultrasound therapy;
 23. Perform massage therapy (subject to regulation by massage therapy board);
 24. Apply traction treatments;
 25. Apply Transcutaneous Nerve Stimulation unit treatments;
 26. Apply hot and cold pack treatments; and
 27. Administer small volume nebulizer treatments.

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

- A. The Board shall authorize an RNP to prescribe and dispense (P&D) drugs and devices within the RNP's ~~specialty area and category of practice~~ population focus only if the RNP does all of the following:
1. Obtains authorization by the Board to practice as a registered nurse practitioner;
 2. Applies for prescribing and dispensing privileges on the application for registered nurse practitioner certification;
 3. Submits a completed verified application on a form provided by the Board that contains all of the following information:
 - a. Name, address, e-mail address and home telephone number;
 - b. Arizona registered nurse license number, or copy of compact license;
 - c. Nurse practitioner ~~specialty population focus~~;
 - d. Nurse practitioner certification number issued by the Board; and
 - e. Business address and telephone number; ~~and~~
 - f. ~~A sworn statement verifying the truthfulness of the information provided.~~
 4. Submits evidence of a minimum of 45 contact hours of education within the three years immediately preceding the application, covering one or both of the following topics consistent with the population focus of education and certification:
 - a. Pharmacology, or
 - b. Clinical management of drug therapy, and
 5. Submits the required fee.
- B. An applicant who is denied P & D authority may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the P & D authority. Board hearings shall comply with A.R.S. Title 41, Chapter 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.

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- 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 one or more of the following:
1. Prescribing a controlled substance to one's 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;~~
 - 4.3. Delegating the prescribing and dispensing of drugs or devices to any other person; ~~and~~
 4. Prescribing for a patient that is not in the registered nurse practitioner's population focus of education and certification except as authorized in subsection (D)(5)(d); 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; ~~or~~
 - d. Prescribing antimicrobials to a person who is believed to be at substantial risk as a contact of a patient who has been examined and diagnosed with a communicable disease by the prescribing RNP even if the contact is not in the population focus of the registered nurse practitioner's certification.

R4-19-512. Prescribing Drugs and Devices

- A.** An RNP granted P & D authority by the Board may:
1. Prescribe drugs and devices;
 2. Provide for refill of prescription-only drugs and devices for one year from the date of the prescription.
- B.** An RNP with P & D authority who wishes to prescribe a controlled substance shall obtain a DEA registration number before prescribing a controlled substance. The RNP shall file the DEA registration number with the Board.
- C.** An RNP with a DEA registration number may prescribe:
1. A ~~Class~~ Schedule II controlled substance as defined in the federal ~~Uniform~~ Controlled Substances Act, 21 U.S.C. § 801 et seq., or Arizona's Uniform Controlled Substances Act, A.R.S. Title 36, Chapter 27, but shall not prescribe refills of the prescription;
 2. A ~~Class~~ Schedule III or IV controlled substance, as defined in the federal ~~Uniform~~ Controlled Substances Act or Arizona's Uniform Controlled Substances Act, and may prescribe a maximum of five refills in six months; and
 3. A ~~Class~~ Schedule V controlled substance, as defined in the federal ~~Uniform~~ Controlled Substances Act or Arizona's Uniform Controlled 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 or 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.
- F.** An RNP with P & D authority shall ensure that all prescription orders contain the following:
1. The RNP's name, address, telephone number, and ~~specialty area~~ population focus;
 2. The prescription date;
 3. The name ~~and address~~ of the patient and either the address of the patient or a blank for the address if the prescription is not being dispensed by the RNP;
 4. The full name of the drug, strength, dosage form, and directions for use;
 5. 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;
 6. The RNP's DEA registration number, if applicable; and
 7. The RNP's signature.

R4-19-513. Dispensing Drugs and Devices

- 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.

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- B.** If dispensing a drug or device, an RNP with dispensing authority shall:
1. Ensure that the patient has a written prescription that complies with R4-19-512(F) and contains the address of the patient and inform the patient that 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;~~and~~
 4. Report the dispensing of controlled substances to the Board of Pharmacy's Controlled Substance Prescription Monitoring Program as required in A.R.S. § 36-2608.
- 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 (D) and (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.
- D.** An RNP ~~with dispensing authority who dispenses a drug~~ shall ensure that a drug is dispensed with a label is affixed that contains all of the following information:
1. Dispensing RNP's name and ~~specialty area~~ population focus;
 2. Address and telephone number of the location ~~at~~ from which the drug is dispensed;
 3. Date dispensed;
 4. Patient's name and address;
 5. Name and strength of the drug, quantity in the container, directions for use, and any cautionary statements necessary for the safe and effective use of the drug;
 6. Manufacturer and lot number; and
 7. Prescription order number.
- E.** An RNP ~~with dispensing authority who dispenses a drug or device~~ shall ensure that the following information about the drug or device is entered into the patient's medical record:
1. Name of the drug, strength, quantity, directions for use, and number of refills;
 2. Date dispensed;
 3. Therapeutic reason;
 4. Manufacturer and lot number; and
 5. Prescription order number.
- F.** An RNP with dispensing authority shall:
1. Keep all drugs in a locked cabinet or room in an area that is not accessible to patients;
 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;
 - b. Maintain and make available to the Board upon request an ongoing inventory and record of:
 - i. A Schedule II controlled substance, as defined in the federal ~~Uniform~~ Controlled 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
 - ii. A Schedule III, IV, or V controlled substance, as defined in the federal ~~Uniform~~ Controlled Substances Act or Arizona's Uniform Controlled Substances Act, in a form that is readily retrievable from other records.
- G.** If a prescription order is refilled, an RNP with P & D authority shall record the following information on the back of the prescription order or in the patient's medical record:
1. Date refilled,
 2. Quantity dispensed if different from the full amount of the original prescription,
 3. RNP's name or identifiable initials, and
 4. Manufacturer and lot number.
- H.** Under the supervision of an RNP with P & D authority, other personnel may:
1. Receive and record a prescription refill request from a patient or a patient's representative;
 2. Receive and record a verbal refill authorization from the RNP including:
 - a. The RNP's name;
 - b. Date of refill;
 - c. Name, directions for use, and quantity of drug; and
 - d. Manufacturer and lot number;
 3. Prepare and affix a prescription label; and

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

R4-19-514. ~~Scope Standards Related to Practice of the Clinical Nurse Specialist~~ Scope of Practice

In addition to the functions of a registered nurse, a ~~clinical nurse specialist~~ CNS, under A.R.S. § 32-1601~~(5)~~(6), may perform one or more of the following for an individual, family, or group within the ~~specialty area~~ population focus of certification and for which competency has been maintained:

1. ~~Perform a comprehensive~~ Conduct an advanced assessment, analysis, and evaluation of a patient's complex health needs;
2. ~~Diagnose symptoms, functional problems, risk behaviors, and health status~~ Establish primary and differential health status diagnoses;
3. Direct health care as an advanced clinician;
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 and improve patient outcomes cost-effectively;
8. Consult with the public and professionals in health care, business, and industry in the areas of research, case management, education, and administration;
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 that the clinical nurse specialist is qualified to perform.