



Certification Page Regular and Emergency Rules

Revised June 2013

Emergency Rules *(After completing all of Sections 1 and 2, proceed to Section 5 below)*

Regular Rules

1. General Information		
a. Agency/Board Name Department of Administration and Information/Nursing, Board of		
b. Agency/Board Address 130 Hobbs Ave, Ste B	c. City Cheyenne	d. Zip Code 82002
e. Name of Contact Person Cynthia LaBonde	f. Contact Telephone Number 307-777-8504	
g. Contact Email Address cynthia.labonde@wyo.gov	h. Adoption Date November 5, 2013	
i. Program Wyoming State Board of Nursing		
2. Rule Type and Information: For each chapter listed, indicate if the rule is New, Amended, or Repealed.		
If "New," provide the Enrolled Act numbers and years enacted:		
c. Provide the Chapter Number, Short Title, and Rule Type of Each Chapter being Created/Amended/Repealed <i>(Please use the Additional Rule Information form for more than 10 chapters, and attach it to this certification)</i>		
Chapter Number: 1+	Short Title: Information Practice	<input type="checkbox"/> New <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Repealed
Chapter Number: 1	Short Title: General Provisions	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 2	Short Title: Licensure/Certification Requirements	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 3	Short Title: Scope and Standards of Nursing Practice	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 4	Short Title: Advanced Practice Registered Nurse	<input type="checkbox"/> New <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Repealed
Chapter Number: 5	Short Title: Fees	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 6	Short Title: Standards for Nursing Education Programs	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 7	Short Title: Certified Nursing Assistants	<input type="checkbox"/> New <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Repealed
Chapter Number: 8	Short Title: Practice and Procedure for Discipline Matters	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 9	Short Title: Delegation and Assignment	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
d. <input checked="" type="checkbox"/> The Statement of Reasons is attached to this certification.		
e. If applicable, describe the emergency which requires promulgation of these rules without providing notice or an opportunity for a public hearing:		

3. State Government Notice of Intended Rulemaking

a. Date on which the Notice of Intent containing all of the information required by W.S. 16-3-103(a) was filed with the Secretary of State: August 27, 2013
b. Date on which the Notice of Intent and proposed rules in strike and underscore format and a clean copy were provided to the Legislative Service Office: August 27, 2013
c. Date on which the Notice of Intent and proposed rules in strike and underscore format and a clean copy were provided to the Attorney General: August 27, 2013

4. Public Notice of Intended Rulemaking

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. Yes No N/A
b. A public hearing was held on the proposed rules. Yes No

If "Yes:"	Date:	Time:	City:	Location:

5. Final Filing of Rules

a. Date on which the Certification Page with original signatures and final rules were sent to the Attorney General's Office for the Governor's signature: November 6, 2013
b. Date on which final rules were sent to the Legislative Service Office: November 6, 2013
c. Date on which a PDF of the final rules was electronically sent to the Secretary of State: November 6, 2013

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct.

Signature of Authorized Individual
(Blue ink as per Rules on Rules, Section 7)

Printed Name of Signatory

Cynthia LaBonde

Signatory Title

Executive Director

Date of Signature

November 6, 2013

7. Governor's Certification

I have reviewed these rules and determined that they:

- 1. Are within the scope of the statutory authority delegated to the adopting agency;
- 2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
- 3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature

Date of Signature

Attorney General: 1. Statement of Reasons; 2. Original Certification Page; 3. Summary of Comments (regular rules); 4. Hard copy of rules: clean and strike/underscore; and 5. Memo to Governor documenting emergency (for emergency rules only).

LSO: 1. Statement of Reasons; 2. Copy of Certification Page; 3. Summary of Comments (regular rules); 4. Hard copy of rules: clean and strike/underscore; 5. Electronic copy of rules: clean and strike/underscore; and 6. Memo to Governor documenting emergency (for emergency rules only).

SOS: 1. PDF of clean copy of rules; and 2. Hard copy of Certification Page as delivered by the AG.



Matthew H. Mead
Governor

Wyoming

STATE BOARD OF NURSING

Cynthia LaBonde MN, RN
Executive Director

130 Hobbs Ave., Suite B • Cheyenne, Wyoming 82002 • Phone: 307-777-7601 • FAX: 307-777-3519 • <http://nursing.state.wy.us>

STATEMENT OF PRINCIPAL REASONS FOR FORMAL ADOPTION OF REGULAR RULES

Pursuant to the directive from the Governor's Office to reduce and streamline agency rules, the Wyoming State Board of Nursing has adopted amendments to Chapters 1, 2, 3, 5, 6, 8, and 9 and repeal of Chapters 1+, 4 and 7. Specifically, rules have been reduced by 30% in number and approximately 50% in length. These changes are non-substantive, but rather are an attempt to reduce, reorganize and clarify existing rules. In general, with respect to all chapters of the rules, the Board adopted the following changes:

- Utilized consistent language when referring to the Board's authority regarding rules.
- Removed unnecessary and duplicative language.
- Utilized organization abbreviations and acronyms.
- Condensed sections regarding similar subject matter.
- Reformatted chapter content utilizing recommended outline format to maintain consistency across chapters.
- Reorganized content according to licensure hierarchy: *i.e.*, Advanced Practice Registered Nurse (APRN) first, followed by Registered Nurse (RN), Licensed Practical Nurse (LPN), and Certified Nursing Assistant (CNA).
- Combined licensure with certification: *i.e.*, licensure/certification to mean RNs, LPNs and CNAs.
- Combined RN with LPN language when requirements the same.

In addition, the Board adopted the following proposed amendments related to each chapter:

Chapter 1+: Information Practices

- Repealed entire chapter because it represented obsolete rules, with exception of provisions related to "Public Record Inspection," which was moved to Chapter 1.

Chapter 1: General Provisions

- Updated and reduced language in existing definitions, and deleted unnecessary or obsolete definitions.
- Consolidated "application" methods.
- Consolidated "approval" for education nursing programs.
- Added references to administrative procedures from Chapter 2, specifically Verification of Licensure, and Change of Name/Address.
- Deleted Board Meetings section, which is identified in the Nurse Practice Act (NPA).
- Added Public Record Inspection from repealed Chapter 1+.

Chapter 2: Licensure/Certification Requirements

- Reorganized chapter to include all categories of nursing licensure/certification, including qualifications, application procedures and competency. In doing so, added language regarding APRNs and CNAs from Chapters 4 and 7.
- Reduced and clarified Temporary Permit language.
- Clarified “Failure to Renew” language.
- Clarified APRN educational preparation.
- Clarified English proficiency language requirements for foreign educated nurses.
- Reduced Nurse Volunteer information with reference to the NPA.

Chapter 3: Standards of Nursing Practice

- Reorganized chapter to reflect scope and standards of practice for all nursing levels.
- Added applicable APRN information, including standards of practice and prescriptive authority, from Chapter 4.
- Added applicable CNA information from Chapter 7.
- Moved standards considered to be understood by all RNs/LPNs to Advisory Opinions.
- Removed disciplinary grounds, and added to Chapter 8.

Chapter 4: Advance Practice Registered Nurse

- Repealed Chapter.
- Moved APRN information to Chapters 2, 3, 6 and 8 to align with licensure requirements, standards of practice, education and discipline specific to those chapters.

Chapter 5: Fees

- Reformatted and grouped fees by licensure-type to mirror Chapter 2.

Chapter 6: Standards for Nursing Education Programs

- Added APRN accreditation programs language from Chapter 4.
- Added Board Notification of Application/Examination Process from Chapters 2 and 7.
- Added standards for LPN IV and CNA training from Chapters 3 and 7.

Chapter 7: Certified Nursing Assistants

- Repealed chapter.
- Moved CNA information to Chapters 2, 3, and 6 to align with certification requirements, defined role, and education specific to those chapters.

Chapter 8: Practice and Procedure for Disciplinary, Application and Licensure Matters.

- Added disciplinary grounds and consolidated language for all nursing levels from Chapters 2, 3, 4, and 7.
- Deleted Sections 10 through 18 and incorporated procedural rules from Office of Administrative Hearing for contested cases.

Chapter 9: Delegation and Assignment

- Deleted Definitions.
- Moved specific list of tasks that may not be delegated to Advisory Opinions while retaining the “Nursing Process” language.
- Moved the Decision Tree for Delegation to CNAs to Advisory Opinions.



Matthew H. Mead
Governor

Wyoming

STATE BOARD OF NURSING

Cynthia LaBonde, MN RN
Executive Director

130 Hobbs Avenue, Suite B • Cheyenne, Wyoming 82002 • Phone: 307-777-7601 • FAX: 307-777-3519 • <http://nursing.state.wy.us>

Summary of Comments and Responses to Rules Reduction

- Licensing base notified by:
 - Notice of Intent published in Casper newspaper August 27, 2013.
 - Notice of Intent posted in the Wyoming Nurse Reporter (WNR), Vol. 9, Number 3, Fall 2013, page 23, and mailed to all licensed nurses.
 - Documentation posted on WSNB website August 27, 2013.
- Public comment period open from August 27, 2013 to October 14, 2013:
 - 9 total nurses responded from licensing base of just under 16,000.
 - 8 of the 9 nurses suggested minor non-substantive wording changes to clarify existing language.
 - 1 of the 9 nurses was opposed to the Rules Reduction.
- The Board accepted changes to the rules based on the following comments:
 - Clarify APRN educational and nursing preparation.
 - Identify the number and method of Annual Report copies to be submitted.
 - Clarify specific terms that are uncommon or confusing:
 - i.e. deeming, peer review, CNA, CNA II, MA-C.
- The Board accepted changes to the rules based on a specific portion of the comments:
 - Maintain all scope and standards of practice for nurses and the role of the CNA.
 - Maintain “Nursing Process” in the Delegation chapter, as tasks that cannot be delegated.
 - Specific tasks for nurses and CNAs, which can change rapidly due to the fluctuating nature of healthcare, have been included in Advisory Opinions.

- The Board did not accept changes to the rules based on the following comments:
 - Change “nursing assistant” wording to “ unlicensed assistive personnel” and allow delegation to unlicensed assistive personnel.
 - Considered substantive changes. To be considered at later date.
 - Modify inactive status to include APRNs and CNAs.
 - Considered substantive change. To be considered at later date.
 - Define the phrase: “critical thinking and professional judgment”.
 - Not defined as considered commonly understood terms in the nursing profession.
 - Maintain “Training and Competency Evaluations” for CNA, CNA II, MA-C and LPN IV.
 - Specific training for nurses and CNAs, which can change rapidly due to the fluctuating nature of healthcare, included in Advisory Opinions.
 - Maintain the “Delegation Decision Tree”.
 - Moved to Advisory Opinion due to the fluctuating nature of healthcare. Board to consider Nursing Delegation rule changes at a later date.
- Initial response sent to each individual that provided comments to recognize receipt of comment and identify the review process.
- Formal response sent to each individual that provided comments identifying final Board action.

**WSBN Rule Change Comments
Rules Reduction
Public Comment Period August 27 – October 14, 2013**

PUBLIC COMMENTS

From: Jolene Knaus <knaushouse@bresnan.net>

Date: **September 20, 2013**

I have reviewed the proposed rules and regs changes and have the following comments/input:

1. Chapter 1-12-are the definitions for WDSA and WPA needed? Granted I did not read all the areas 100% but if they are not included in the document I do not think they need to be included. If they are included and I missed them, then, of course, they need to stay.
2. Chapter 2-9-Is 'MA-C' defined prior to its usage? If not, I think it should be. If it is already there, great.
3. Chapter 3-13-(c)Where are the 'Advisory Opinions' found? In Rules and Regs or NPA? Also are CNA and CNA II defined in this document? If not, as with MA-C,I think they should be.
4. Chapter 5-1-the fee schedule changes is great and much easier to read.
5. Chapter 6-11- There is a '(v)' that has not verbiage after it.
6. Chapter 9-2- (viii)-...do 'do critical thinking and professional judgment need to be defined?

I noticed Chapter 6 did not have much changes and as I recall the Governor vetoed the previous revisions (the ones NEW worked on with the Board). I hope there is a plan to look at it again so that chapter also becomes streamlined and with less reading

I do think the revisions have 'reduced and streamlined' the rules and regulations. They are easier to read and follow.

Thanks for all the hard work all of you put in to accomplish this.

Jolene Knaus, MS, RN

Retired Casper College DON

Dear Jolene,

Thank you for your comments on the proposed Rules Reduction. We are glad to know the proposed Rules, including Chapter 5 Fees, are "reduced and streamlined" and easier to read and follow.

The Board reviewed and discussed your specific comments and recommended the following:

- *The definitions for WDSA and WPA will remain in Chapter 1 as the acronyms are found later in Chapter 3, Section 2(b).*
- *CNA, CNA II and MA-C definitions have been added to Chapter 1.*
- *The words "Advisory Opinion" have been deleted in the Rules Reduction. You will be able to find Advisory Opinions on the WSBN website.*
- *The "v" that stands alone in Chapter 6-11 in the "Strikethrough – Underline" Rules Reduction copy that was made available to you appears correctly, with a sentence following, in the Rules Reduction "Clean" copy.*
- *In Chapter 9-2, "critical thinking and professional judgment" is noted. These terms will not be defined as they are commonly understood terms in the nursing profession.*
- *It is WSBN's intent to amend Chapter 6 in early 2014.*

Again, thank you for taking the time to review and email your comments regarding the proposed Rules Reduction.

Respectfully,

Cynthia LaBonde MN, RN

Executive Director

From: **Kathy Luzmoor** <kluzmoor@wwcc.wy.edu>

Date: **September 30, 2013**

Cynthia,

As we have discussed the addition of Section 8 into Chapter 6 is confusing. As stated it appears that all nursing programs would require national accreditation from a nursing accredited organization. Although it has been the norm for all ADN and higher programs to be accredited, the WWCC Nursing Program would prefer this language not be considered at this time. Also as this chapter affects PN programs as well, I respectfully request your agency to work on better wording for the intended outcome.

Chapter 6 addition

Section 8. Nationally Accredited Educational Programs Accepted by the Board.

(a) A nationally pre-accredited or accredited nursing educational program which offers a formal post-graduate program in a role and population focus area of advanced practice registered nursing or which confers a master's degree or doctorate with a major in a role and population focus area of advanced nursing practice, may be accepted by the Board.

(b) Education programs, including graduate degree granting (master's, doctoral) and post-graduate certificate programs, are accredited by a nursing or nursing-related accrediting organization that is recognized by the United States Department Education and/or the Council for Higher Education Accreditation

Thank you.

Kathy Luzmoor, MS, RN, CNE

Interim Director of Nursing
2500 College Drive, Box F 370
Rock Springs, WY 82902-0428
[307-382-1801](tel:307-382-1801)

Dear Kathy,

Thank you for your comments on the proposed Rules Reduction. The Board reviewed and discussed your specific comments and agreed the title required clarification. As such, the Board recommended the addition of the word APRN in the title of Chapter 6, Section 8 to clarify the type of Nationally Accredited Educational Programs accepted by the Board.

Again, thank you for taking the time to review and email your comments regarding the proposed Rules Reduction.

Respectfully,

*Cynthia LaBonde MN, RN
Executive Director*

From: **Tammy Krell** <tkrell@wwcc.wy.edu>

Date: **Tue, Oct 1, 2013 at 2:16 PM**

Subject: Changes in the Proposed Rules and Regulations Reductions

To: "wsbn-info-licensing@wyo.gov" <wsbn-info-licensing@wyo.gov>

Section 2 c ii B Continued Full Approval

(E) Ten (10) copies of the nursing education program's self-evaluation report of compliance with the standards for nursing education shall be submitted to the bBoard thirty (30) 30 days prior to the scheduled site visit; (preferred method electronic)

Section 3. Board Review of Nursing Education Programs.

(a) Annual Review.

(i) (a) All nursing education program(s) excluding those with provisional approval shall submit an annual report with ten copies providing documentation of continued compliance with the standards for nursing education, projected program changes, faculty data forms, and current college catalog within sixty (60) days after the end of each program year. This was changed: The requirement by agreement since 2010 is 1 electronic and 1 hard copy

Section 8. Nationally Accredited Educational Programs Accepted by the Board.

(b) Education programs, including graduate degree granting (master's, doctoral) and post-graduate certificate programs, **are accredited by a nursing or nursing-related accrediting organization** that is recognized by the United States Department Education and/or the Council for Higher Education Accreditation. PN programs may not be accredited by a nursing or nursing related accrediting organization because the benefits do not out way the cost.
Tammy Krell MSN, RN

Dear Tammy,

Thank you for your comments on the proposed Rules Reduction. The Board reviewed and discussed your specific comments and agreed the title in Chapter 6, Section 8 required clarification. As such, the Board recommended the addition of the word APRN in the title of Chapter 6, Section 8 to clarify the type of Nationally Accredited Educational Programs accepted by the Board.

The PE Committee also reviewed and discussed your comment regarding the submittal of ten (10) copies of the nursing education program's self-evaluation report (Annual Report). The requirement by agreement with the nursing education programs since 2010 has been one (1) electronic copy and one (1) hard copy of the Annual Report to WSBN. The Board agrees and recommended the language in Chapter 6, Section 2 and 3 be changed to reflect the agreed number of electronic and hard copies to be submitted. The Board also recommended the deletion of the words "(preferred method electronic)."

Again, thank you for taking the time to review and email your comments regarding the proposed Rules Reduction.

Respectfully,

*Cynthia LaBonde MN, RN
Executive Director*

From: **Parry Davison <davisonp94@hotmail.com>**

Date: **October 3, 2013**

Cynthia,

I am writing this to act as comments on the current rule change. I also would like to discuss the Department of Health letter with you as soon as possible. If you could call me at [\(307\)723-0135](tel:3077230135).

Thanks,

Parry

October 1, 2013

Wyoming State Board of Nursing

130 Hobbs, Suite B

Cheyenne, WY 82002.

Re: Proposed APRN rule amendments

To whom it may concern:

As president of the Wyoming Association of Nurse Anesthetists (WANA), I submit these comments regarding the Wyoming State Board of Nursing's (BON) proposed amendments to the Board Administrative Rules and Regulations regarding advanced practice registered nurses (APRNs). Comments below are based on the version of the proposed rules posted at <https://nursing-online.state.wy.us/Default.aspx?page=24> (under "Draft of Proposed Changes").

Degree Issues

Current Rules Chapter 4 has acceptable language concerning APRN degree requirements, and requires the following for APRNs:

"Provide an official transcript documenting completion of one of the following:

(A) A pre-accredited or accredited **graduate-level advanced practice registered nurse educational program**; or

(B) An **accredited advanced practice registered nurse educational program** prior to January 1, 1999, or as per a board-approved national certifying agency....”

The proposed revisions to the rules would move degree requirements to Chapter 2 (at [https://nursing-online.state.wy.us/Resources/Chapter%2020\(S-U\)%208-20-2013.pdf](https://nursing-online.state.wy.us/Resources/Chapter%2020(S-U)%208-20-2013.pdf)). It appears that the degree requirements in proposed Chapter 2, however, have been changed from what is in current Chapter 4, to instead require degrees “in nursing” and graduation from an accredited “nursing program.”

Nurse anesthesia educational programs are housed in both schools of nursing, and in other educational areas. About half of the current 114 CRNA programs are in schools of nursing, and grant degrees “in nursing,” such as MSN or DNP degrees. The remaining half of the programs are housed in other academic schools (e.g., allied health), and may therefore grant degrees in other areas, such as Master’s degrees in anesthesia or biology, or Doctorate of Anesthesia Practice. All CRNA educational programs must meet the same strict accreditation requirements of the Council on Accreditation of Nurse Anesthesia Educational Programs, regardless of the academic school in which they are located. It is only the degree terminology which differs.

For this reason, and for consistency with current requirements in Chapter 4, we request that the proposed rules be amended as follows (**bold** is new added language, ~~strike through~~ is deleted language):

Chapter 2, Page 2-2:

2. Licensure/Certification by Examination.

(a) APRN Recognition

(i) Applicant shall:

(A) Meet qualifications for RN licensure by examination or endorsement;

(B) Graduate from a **graduate-level advanced practice registered nurse educational program** ~~master’s degree program in nursing~~;

(C) Completed an advanced program of study in a specialty area in an accredited **advanced practice registered nurse educational program** ~~nursing program~~

Chapter 2, Page 2-6:

Section 3. Licensure/Certification by Endorsement for Nurses.

(a) An applicant who is unable to provide satisfactory verification of education, training or competency shall be required to meet the requirements for licensure or certification by examination.

(b) APRN Recognition

(i) Applicant shall:

(A) Meet qualifications for RN licensure by examination or endorsement;

(B) Graduate from a **graduate-level advanced practice registered nurse educational program** ~~master’s degree program in nursing~~ or has completed an accredited APRN education program prior to January 1, 1999;

(C) Complete an advanced program of study in a specialty area in an accredited **advanced practice registered nurse educational program** ~~nursing program~~

The WANA appreciates this opportunity to provide comments. If you have any questions, please contact me at (307) 877-3687 or davisonp94@hotmail.com.

Sincerely,

Parry Davison, CRNA

President, Wyoming Association of Nurse Anesthetists

Dear Parry,

Thank you for your comments on the proposed Rules Reduction. The Board reviewed and discussed your specific comments and agreed there needs to be a change in the language to clarify and more accurately reflect the current educational preparation for Advanced Practice Registered Nurses, which includes Certified Registered Nurse Anesthetists. As WSBN had received another response regarding the same topic, the Board recommended a change in the language to accommodate both responses. As such, the language in Chapter 2, Section 2 and 3 now includes the language “graduate or post-graduate level advanced practice registered nurse education program”

To address your comments regarding the program of study in a specialty area in Chapter 2, Sections 2 and 3, the Board reviewed and discussed your comments and recommended the language be changed for purposes of clarity. The new language replaces “specialty area” with language that more accurately reflects APRN training. The new language will read, “a program of study in a role and population focus area of advanced practice registered nursing.”

Again, thank you for taking the time to review and email your comments regarding the proposed Rules Reduction.

*Respectfully,
Cynthia LaBonde MN, RN
Executive Director*

From: **Anderson, Jennifer** <janderso@lccc.wy.edu>

Date: **October 7, 2013**

Hi Cynthia and Paula—

I've been reviewing the proposed changes to Chapter 6 and had a question. Under 8 (b) it appears to me that all nursing programs must be nationally accredited. Does that mean a college will no longer have the option of just being state approved? My concern is that ACEN is under so much turmoil right now and some programs are entertaining the idea of going with NLN when they have their accrediting body up and running. However, in the meantime, a school might choose to drop their ACEN accreditation.

Thanks for clarifying this for me. Have a good day.

Jennifer

Jennifer A. Anderson, MS, RN

Director, Nursing Program

Laramie County Community College

[307.778.1133](tel:307.778.1133)

janderso@lccc.wy.edu

Dear Jennifer,

Thank you for your comments on the proposed Rules Reduction. The Board reviewed and discussed your specific comments and agreed the title required clarification. As such, the Board recommended the addition of the word APRN in the title of Chapter 6, Section 8 to clarify the type of Nationally Accredited Educational Programs accepted by the Board.

Again, thank you for taking the time to review and email your comments regarding the proposed Rules Reduction.

*Respectfully,
Cynthia LaBonde MN, RN
Executive Director*

From: **Faith Jones** <fjones@bresnan.net>

Date: **October 9, 2013**

In response to the comment period on the Board of Nursing rules and regulations, I have two issues that I would like to comment on regarding Chapter 9.

Chapter 9 Issue 1

In the proposed section 2 as well as throughout the chapter, it is proposed that all nursing assistant language be changed to C.N.A. I believe that all references should be changed from nursing assistant to unlicensed assistive personnel in this chapter as well as anywhere else in the rules and regulations that refer to delegation.

Rationale:

As our healthcare environment is changing and more paraprofessionals are introduced into the care environment, it is imperative that nursing rules and regulations support the nurse in the collaboration of care throughout the continuum of care. Limiting delegation to just certified nursing assistants creates a silo around nursing care and limits the ability for nurses to be an integral part of the collaboration and complex system that is patient care in a variety of care settings. It is imperative that nursing be central in the coordination of care and in order to fulfill this central purpose, nurses must have the ability to interact and delegate to paraprofessionals from all disciplines. Using the terminology of unlicensed assistive personnel will not only meet the needs of today's environment but will allow us to be prepared as the future of healthcare continues to change. The term unlicensed assistive personnel is common terminology that is used throughout the industry in a variety of states. Therefore, please replace all areas currently referenced as nursing assistant with Unlicensed Assistive Personnel and NOT with C.N.A.

Current - Section 3. Principles of Delegation.

(a) (ii) *The registered nurse directs care and determines the appropriate utilization of any **nursing assistant** involved in providing direct patient care.*

(vi) *The registered nurse individualizes communication regarding the delegation to the nursing assistant and client situation. The communication should be clear, concise, correct and complete. The registered nurse verifies comprehension with the nursing assistant and that the **nursing assistant** accepts the delegation and the responsibility that accompanies it.*

Section 5. Standard for Delegation of Basic Nursing Tasks and Skills

(b) ***Nursing assistant** may complement the licensed nurse in the performance of*

(c) *Delegation shall be task-specific, client-specific, and **nursing assistant** specific.*

(d) *The standards of **nursing assistant** practice evolve from the performance of delegated nursing related tasks and services regardless of an individual's title or care setting.*

(e) (i) *When delegating a nursing task, the delegator shall:*

(B) *Verify the **nursing assistant's** competence to perform any nursing task prior to delegation;*

(C) *Verify appropriate continuing education for each **nursing assistant** for each task to be performed;*

(D) *Communicate with **nursing assistant** allowing the opportunity to ask questions, provide feedback, or clarification;*

(I) *Make clear to the **nursing assistant** that the delegated task cannot be re-delegated.*

(ii) *The delegating nurse must delegate only those tasks which:*

(D) *Do not require the **nursing assistant** to exercise nursing judgment, complex observations or nursing assessments, critical decision making or interventions except in an emergency situation;*

(E) *Are client specific, task specific, and **nursing assistant** specific and outcomes are predictable*

Section 6. Degree of Direction or Supervision.

(a) *The degree of required direction or supervision for the **nursing assistant** shall comply with the following criteria:*

Section 8. Decision Tree for Delegation to **Certified Nursing Assistants/Nurse Aides**

Decision Tree for Delegation to **Nursing** Assistive Personnel (Revised for the State of Wyoming)

Chapter 9 Issue 2

In Chapter 9 Section 7, there is an outline of what cannot be delegated. I agree that the nursing process cannot be delegated; however, I do not think it is prudent to list additional tasks beyond the nursing process. I do not believe

that the first part of this section should be deleted – I think the nursing process should remain undelegatable. I do agree that the list of tasks in the following section should be deleted.

Rationale:

As our paraprofessionals grow and change it may not be out of the realm for some of these tasks to be delegated. However, the nursing process requires the knowledge and judgment of the nurse.

Faith M. Jones, MSN, RN, NEA-BC

476 N. Douglas St

Powell, WY 82435

fjones@bresnan.net

(307) 272-2207

Dear Faith,

Thank you for your comments on the proposed Rules Reduction. The Board reviewed and discussed your specific comments and recommended the following:

- *The request to replace “nursing assistant” language in Chapter 9 with “unlicensed assistive personnel” would be considered a substantive change and does not meet the Governor’s request to “reduce and streamline” our agency rules. The Board does agree that the topic of nurses delegating to unlicensed assistive personnel is important and will be considered by the Board in the near future.*
- *The Board agrees with your request to retain the “nursing process” section in Chapter 9, as the nursing process requires the knowledge and judgment of the nurse and cannot be delegated. The Board also agrees that the additional tasks following the nursing process section will be deleted and moved to Advisory Opinion.*

Again, thank you for taking the time to review and email your comments regarding the proposed Rules Reduction.

Respectfully,

Cynthia LaBonde MN, RN

Executive Director

From: **Mary E. Burman** <MBurman@uwyo.edu>

Date: **October 13, 2013**

Dear Members of the Wyoming State Board of Nursing:

Thank you for the opportunity to review the proposed rules changes. I have several recommendations that I hope will clarify the language used in several sections.

First, in Chapter on licensure/certification, under APRN Recognition in Section 2, it reads that an applicant shall “graduate from a master’s degree program in nursing.” As post-BSN Doctor of Nursing Practice (DNP) programs increase, there will be an increasing number of APRNs who do not have a master’s degree but will have a DNP. This is true for the graduates of our DNP program. I would recommend that the language be broadened to say “graduate from a graduate degree program in nursing.” The language could also read, “graduate from a master’s or doctoral degree program in nursing.”

Second, also in that same section, the proposed rules read that an applicant shall complete “an advanced program of study in a *specialty area* in an accredited program. This language is not consistent with the APRN consensus document. It should read that the applicant complete “a program of study in a role and population focus area of advanced practice registered nursing.” The use of the word specialty refers to preparation beyond the initial role and population focus.

Third, this same language is repeated in Section 3 under Licensure/Certification by Endorsement. I am unclear what the differences are for Section 2 and Section 3. Section 2 refers to licensure/certification by examination while Section 3 refers to licensure/certification by endorsement. The introduction notes that “an applicant who is unable to provide satisfactory verification of education, training or competency shall be required to meet the

requirements for licensure or certification by examination” and then it looks like the same requirements from Section 2 are repeated.

Please let me know if you have any questions about my comments.

Sincerely,

Mary E. Burman

Dean and Professor

Fay W. Whitney School of Nursing

Dear Mary,

Thank you for your comments on the proposed Rules Reduction. The Board reviewed and discussed your specific comments and agreed there needs to be a change in the language to clarify and more accurately reflect the current educational preparation for Advanced Practice Registered Nurses. As WSBN had received another response regarding the same topic, the Board recommended a change in the language to accommodate both responses. As such, the language in Chapter 2, Sections 2 and 3 now includes the language “graduate or post-graduate level advanced practice registered nurse education program.”

To address your comments regarding the program of study in a specialty area in Chapter 2, Sections 2 and 3, the Board reviewed and discussed your comments and recommended the language be changed for purposes of clarity. The new language replaces “specialty area” with language that more accurately reflects APRN training. The new language will read, “a program of study in a role and population focus area of advanced practice registered nursing.”

Again, thank you for taking the time to review and email your comments regarding the proposed Rules Reduction.

Respectfully,

Cynthia LaBonde MN, RN

Executive Director

From: **Tammy Krell** <tkrell@wwcc.wy.edu>

Date: **October 9, 2013**

In response to the comment period on the Board of Nursing rules and regulations, I have two issues that I would like to comment on regarding Chapter 9.

Chapter 9 Issue 1

In the proposed section 2 as well as throughout the chapter, it is proposed that all nursing assistant language be changed to C.N.A. I believe that all references should be changed from nursing assistant to unlicensed assistive personnel in this chapter as well as anywhere else in the rules and regulations that refer to delegation.

Rationale:

As our healthcare environment is changing and more paraprofessionals are introduced into the care environment, it is imperative that nursing rules and regulations support the nurse in the collaboration of care throughout the continuum of care. Limiting delegation to just certified nursing assistants creates a silo around nursing care and limits the ability for nurses to be an integral part of the collaboration and complex system that is patient care in a variety of care settings. It is imperative that nursing be central in the coordination of care and in order to fulfill this central purpose, nurses must have the ability to interact and delegate to paraprofessionals from all disciplines.

Using the terminology of unlicensed assistive personnel will not only meet the needs of today’s environment but will allow us to be prepared as the future of healthcare continues to change. The term unlicensed assistive personnel is common terminology that is used throughout the industry in a variety of states. Therefore, please replace all areas currently referenced as nursing assistant with Unlicensed Assistive Personnel and NOT with C.N.A.

Current - Section 3. Principles of Delegation.

(a)

(ii) The registered nurse directs care and determines the appropriate utilization of any nursing assistant involved in providing direct patient care.

(vi) The registered nurse individualizes communication regarding the delegation to the nursing assistant and client situation. The communication should be clear, concise, correct and complete. The registered nurse verifies comprehension with the nursing assistant and that the nursing assistant accepts the delegation and the responsibility that accompanies it.

Section 5. Standard for Delegation of Basic Nursing Tasks and Skills

(b) Nursing assistant may complement the licensed nurse in the performance of

(c) Delegation shall be task-specific, client-specific, and nursing assistant specific.

(d) The standards of nursing assistant practice evolve from the performance of delegated nursing related tasks and services regardless of an individual's title or care setting.

(e) (i) When delegating a nursing task, the delegator shall:

(B) Verify the nursing assistant's competence to perform any nursing task prior to delegation;

(C) Verify appropriate continuing education for each nursing assistant for each task to be performed;

(D) Communicate with nursing assistant allowing the opportunity to ask questions, provide feedback, or clarification;

(I) Make clear to the nursing assistant that the delegated task cannot be re-delegated.

(ii) The delegating nurse must delegate only those tasks which:

(D) Do not require the nursing assistant to exercise nursing judgment, complex observations or nursing assessments, critical decision making or interventions except in an emergency situation;

(E) Are client specific, task specific, and nursing assistant specific and outcomes are predictable

Section 6. Degree of Direction or Supervision.

(a) The degree of required direction or supervision for the nursing assistant shall comply with the following criteria:

Section 8. Decision Tree for Delegation to Certified Nursing Assistants/Nurse Aides

Decision Tree for Delegation to Nursing Assistive Personnel (Revised for the State of Wyoming)

Chapter 9 Issue 2

In Chapter 9 Section 7, there is an outline of what cannot be delegated. I agree that the nursing process cannot be delegated; however, I do not think it is prudent to list additional tasks beyond the nursing process. I do not believe that the first part of this section should be deleted – I think the nursing process should remain undelegatable. I do agree that the list of tasks in the following section should be deleted.

Rationale:

As our paraprofessionals grow and change it may not be out of the realm for some of these tasks to be delegated. However, the nursing process requires the knowledge and judgment of the nurse.

Tammy Krell MSN, RN

Dear Tammy,

Thank you for your comments on the proposed Rules Reduction. The Board reviewed and discussed your specific comments and recommended the following:

- *The request to replace “nursing assistant” language in Chapter 9 with “unlicensed assistive personnel” would be considered a substantive change and does not meet the Governor’s request to “reduce and streamline” our agency rules. The Board does agree that the topic of*

nurses delegating to unlicensed assistive personnel is important and will be considered by the Board in the near future.

- *The Board agrees with your request to retain the “nursing process” section in Chapter 9, as the nursing process requires the knowledge and judgment of the nurse and cannot be delegated. The Board also agrees that the additional tasks following the nursing process section will be deleted and moved to Advisory Opinion.*

Again, thank you for taking the time to review and email your comments regarding the proposed Rules Reduction.

*Respectfully,
Cynthia LaBonde MN, RN
Executive Director*

From: “**Veronica Taylor**” Veronica.Taylor@ccmh.net

Date: **October 13, 2013**

Hey Tracy - I am reading changes to rules and regs. I am concerned with this slash and dash that we will lose some things. Have you found all the pertinent pieces for chapter 4 in other chapters. I remember the blood and sweat that was put into that chapter and really am concerned about losing it. WY is one of the most progressive of all states with advanced practice nurses - will we lose or is the potential there for us to lose some of that. Thanks.

Veronica

Veronica Taylor

Infection Prevention, Professional Development, & Disaster Preparedness

[307-688-6014](tel:307-688-6014)

[307-660-6452](tel:307-660-6452)

Dear Veronica,

Thank you for your comments on the proposed Rules Reduction. WSBN received a request from Governor Mead to “reduce and streamline” agency rules by one-third (1/3) in length and one-third (1/3) in number. In order to reduce and streamline rules without making substantive changes, the Board requested that all Chapter 4 - Advanced Practitioners of Nursing (APRN) and Chapter 7 – Certified Nursing Assistants (CNA) content be moved to other chapters, appropriate to content. To address your concerns about loss of pertinent pieces of APRN Chapter 4, the Board requested a thorough review of the current Chapter 4 Rules and Regulations and the proposed Rules Reduction chapters. The review confirmed that all current Chapter 4 APRN content was moved to other chapters appropriate to specific areas such as the new Chapter 2 – Licensure Requirements for Registered Professional Nurses and Licensed Practical Nurses and Certification Requirements for Nursing assistants/Nurses Aides and the new Chapter 3 - Scope and Standards of Nursing Practice and the CNA Role. We hope the Rules Reduction Crosswalk that was emailed helped to identify the changes that were made during the Rules Reduction process.

Again, thank you for taking the time to email your concerns regarding the proposed Rules Reduction.

Respectfully,

*Cynthia LaBonde MN, RN
Executive Director*

From: **Deborah Gaspar** <dgaspar@sweetwatermemorial.com>

Date: **October 14, 2013**

Dear State Board of Nursing:

Thank you for the opportunity to review the changes to the practice act. I find myself in a situation in which I am very concerned about these changes as they are more than just deleting duplicative language and clarifying. Essentially the Board has taken upon themselves the sole responsibility to redefine nursing in the state of Wyoming and to lessened the ability to protect the public. In addition you have weakened nursing leadership's ability across the state to assist you and also to clearly define what is expected. Most states at this time are strengthening their practice acts to protect the public. I find the language blurs the lines between CAN-LPN- and RN and yet hold accountability to the practice act as an unclear event. The role of the Board is unclear. The role of advisory opinions is weak and unclear and I believe you have placed nursing in a vulnerable position. As you can tell I am not in support of these changes without due process. I believe you report to the legislation and I wonder how you can move on this in face of the governor's action without their agreement. Look to other states and their recent modifications and I think you can see why I am very concerned.

Deborah Gaspar, Chief Nursing Officer, RN, MS, MPA
Nursing and Clinical Services

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Dear Deborah,

Thank you for your concerns/comments on the proposed Rules Reduction. The Administrative Rules and Regulations guide the process by which the Nurse Practice Act (NPA) is administered. In combination, the NPA and Administrative Rules and Regulations serve to guide nursing practice and education in Wyoming. Any changes to the NPA require Legislative Action. Any changes to the Administrative Rules and Regulation require Governor approval.

The Board worked diligently to meet the Governor's request to reduce and streamline the Rules by one-third (1/3) in length and one-third (1/3) in number, without making substantive changes. There were no changes made to the NPA.

The Board reviewed and discussed your concerns/comments regarding the changes and provided the following responses, linked into common themes:

- *Acronyms: In order to reduce and streamline the rules, acronyms were identified and defined in Chapter 1, Section 5 and then used throughout the Rules Reduction chapters. These acronyms included CNA, CNA II and MA-C.*
- *Definitions: The Board recommended the addition of "deeming" and "peer review" to Chapter 1, Section 5 to clarify language in following chapters.*
- *Inactive Status: The NPA only allows Inactive Status for RNs and LPNs. The addition of APRN and CNA would be considered substantive and does not reflect the Governor's request regarding Rules Reduction. The Board will consider this change in the near future as they address other possible rule changes.*
- *Link Wyoming Statutes to Rules and Regulations on the WSBN website: The suggestion to link Wyoming NPA Statutes to the electronic version of the Rules and Regulations on the WSBN*

website is being implemented. It was determined the links would simplify the cross-reference process.

- *Advisory Opinions and Scope and Standards of Nursing Practice and the CNA Role: It was determined that only the essential roles and responsibilities for all nursing practice levels would remain in Chapter 3. Standards that are considered to be understood by all RNs or LPNs as minimally acceptable practice were deleted. Regarding LPN scope of practice, the Board determined that LPNs contribute to nursing care with the practices identified. Specifically, there are situations where LPNs do participate in nursing management as defined by the role ie LPN-Charge Nurse.*
- *Specific tasks for nurses and CNAs, which can change rapidly due to the fluctuating nature of healthcare, have been included in Advisory Opinion. These include “nursing interventions (tasks) that may not be delegated”; CNA, CNA II and MA-C roles and LPN-IV scope of practice. The Nursing Process, which cannot be delegated, will remain in Chapter 3, Section 6.*
- *Advisory Opinions and Training and Competency Evaluations: The Training and Competency Evaluations for CNA, CNA II, MA-C and LPN IV have been moved to Advisory Opinion. The move to Advisory Opinion will allow the Board to more quickly address changes in nursing roles and responsibilities and corresponding nursing education.*
- *Delegation: The Delegation Decision Tree was deleted and evidence-based Advisory Opinions will be utilized in the future as one method to guide nursing practice in Wyoming. The Board understands the concerns regarding nursing delegation and will undertake a review of Chapter 9 – Delegation in the future.*

Again, thank you for taking the time to review and email your concerns/comments regarding the proposed Rules Reduction. The Board has appreciated the opportunity to respond to your concerns/comments and look forward to working with you in the future.

*Respectfully,
Cynthia LaBonde MN, RN
Executive Director*

CHAPTER 1

GENERAL PROVISIONS

Section 1. Authority. These Board Rules are adopted to implement the Board's authority under the Nurse Practice Act (NPA) and the Wyoming Administrative Procedures Act (WAPA).

Section 2. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to establish administrative procedures.

Section 3. Severability. If any provision of these Board Rules or the application thereof to any person or circumstance is invalid, such invalidity shall not affect other provisions or application of Board Rules which can be given effect without the invalid provision or application, and to this end the provisions of Board Rules are declared to be severable.

Section 4. Terms Defined by Statute and Herein.

(a) Terms defined in the NPA shall have the same meaning when used in these Board Rules unless the context or subject matter clearly requires a different interpretation.

(b) As used in these Board Rules, the following terms shall have the meanings set forth unless the context or subject matter clearly requires a different interpretation.

Section 5. Definitions.

(a) **“Abandonment”** means the termination of a client relationship, with or without the client's knowledge, without making arrangements for appropriate continuation of care.

(b) **“Abuse”** means any behavior that is designed to control and subjugate another human being through the use of fear, humiliation, or assault, either verbal or physical.

(c) **“Academic facilities”** means the physical facilities of such as classrooms, offices, laboratories, libraries, hospitals and other essential resources available to conduct an educational program.

(d) **“Accountability”** means being responsible and answerable for actions or inactions of self and others in the context of delegation.

(e) **“Accreditation”** means an official authorization or status granted by a nationally recognized accrediting agency.

(f) **“Advisory opinion”** means a statement developed by the Board to provide guidance, clarification and direction regarding APRN, RN, LPN, LPN IV, CNA, CNA II, or MA-C practice, procedures, policies or education.

(g) **“Annual report”** means a condensed report from a nursing education program which summarizes significant revisions pertaining to the criteria.

(h) **“Applicant”** means any person applying for any type of license, certificate,

recognition or permit issued by the Board.

(j) **“Application”** means applying for licensure, certification, recognition or permit by one of the following methods:

(i) Licensure/Certification by Examination means meeting competency by successfully passing a Board-approved examination.

(ii) Licensure/Certification by Endorsement means meeting competency by licensed or certified practice in another jurisdiction.

(iii) Renewal means meeting competency during the renewal period.

(iv) Relicensure/Recertification means meeting competency after failing to renew.

(v) Reactivation means meeting competency after inactive status.

(vi) Reinstatement means meeting competency after being revoked, surrendered, suspended or conditioned.

(vii) Temporary Permit means non-renewable, and may be revoked by the Board at any time.

(viii) Volunteer License means restricted ability to practice nursing pursuant to W.S. 33-21-157.

(k) **“Approval”** as related to nursing education programs means:

(i) Provisional approval means the initial status granted to a new nursing education program that meets the criteria of the established standards for nursing education programs.

(ii) Conditional approval means a temporary status given to a nursing education program which has not met the criteria of the standards for nursing education programs which specifies deficiencies that shall be removed or corrected within a designated period of time determined by the Board.

(iii) Full approval means the status granted to a nursing education program meeting the criteria for the established standards for nursing education programs.

(l) **“ARC”** means Application Review Committee. The Application Review Committee may be comprised of:

(i) At least one (1) Board member; or

(ii) Executive Director in application matrix process matters.

(m) **“Assignment”** means the performance of designated nursing activities/tasks by an APRN, RN, LPN or CNA that are consistent with the scope of practice of the APRN, RN, LPN or the role of the CNA; the distribution of work that each staff member is to accomplish on

a given shift or work period.

(n) **“Biennial”** means every two (2) years.

(o) **“Board-approved program”** means a basic nursing education program, APRN, RN, LPN, CNA, CNA II, MA-C and nurse refresher course which meets the minimum educational standards as prescribed by the appropriate jurisdiction.

(p) **“Board Rules”** means the administrative rules and regulations promulgated by the Wyoming State Board of Nursing.

(q) **“Boundaries”** mean the conscious limits of the professional relationship that allow for safe therapeutic connection between the professional and the client. Boundaries protect the space between the professional’s powers and the client’s vulnerability. Establishing boundaries provides a means for a professional’s control of this power differential and allows for a safe connection based on the client’s need. The professional is responsible for delineating and maintaining the boundaries.

(r) **“CEU”** means continuing education unit.

(s) **“Client”** means a recipient of care that can be an individual, family, group, or community.

(t) **“Clinical facilities”** means those institutions established for the delivery of healthcare services, utilized by students enrolled in nursing education programs or CNA training, competency and evaluation programs.

(u) **“CNA”** means Certified Nursing Assistant.

(v) **“CNA II”** means Certified Nursing Assistant-Level II.

(w) **“Complainant”** means the person(s), organization or agency who initiates a complaint.

(x) **“DC”** means Disciplinary Committee. The Disciplinary Committee may be comprised of:

(i) At least one (1) Board member; or

(ii) Executive Director in discipline matrix process matters.

(y) **“DCI”** means the Wyoming Department of Criminal Investigation.

(z) **“Deeming”** means the process through which CNA certification is obtained by successfully completing the first semester of a Board approved RN or LPN nursing education program.

(aa) **“Delegation”** means transferring to a competent individual the authority to perform a specific nursing task in a selected situation. The nurse retains responsibility and

accountability for the delegated tasks.

(bb) **“Direct care”** means primary care or a basic level of healthcare given by a healthcare provider.

(cc) **“Direction”** means:

(i) Monitor and guide the practice of another through written or verbal communication;

(ii) The intermittent observation, guidance and evaluation of the nursing practice of another by a licensed physician, APRN, dentist or RN who may only occasionally be physically present; or

(iii) Joint development of a plan of care in advance by those individuals involved which will be implemented without the physical presence of a licensed physician, APRN, dentist, or RN, but shall be available for consultation. The evaluation of the patient care situation and the caregiver’s educational preparation and demonstrated proficiency shall determine the degree of direction needed.

(dd) **“Director”** means the RN faculty member who has the responsibility to administer the nursing education program regardless of the official title assigned by the governing body.

(ee) **“Equivalent”** means equal to or exceeding the requirements as stated in these Board Rules.

(ff) **“Evaluation”** means the final and critical step of delegation; to review the nursing care provided, the effectiveness of the nursing interventions and the need to change any part of the plan of care in order to better meet patient needs.

(gg) **“Faculty”** means RNs who:

(i) Meet the criteria of the established standards for nursing education programs; and

(ii) Have been employed by the governing body for the purpose of administration, teaching, evaluation, guidance and research in nursing.

(hh) **“FCSA”** means Federal Controlled Substances Act, 21 U.S.C. 801 *et seq.*

(jj) **“Formal instruction”** means an independent study, organized program, course, or other planned learning experience approved by the Board that is directed or taught by the faculty of a Board-approved nursing education program or CNA training, competency and evaluation program.

(kk) **“Governing body”** means the agency or institution which has the authority to conduct a nursing education program, administer the program, assume responsibility for financial support, graduate students, and grant degrees or certificates to the graduates.

(ll) **“Lapsed”** means a license, certificate or recognition which is no longer valid due to failure to renew and results in the termination of the privilege to practice nursing.

(mm) **“Lawful presence”** means someone who enters or lives in the United States with official authorization.

(nn) **“MA-C”** means Medication Assistant - Certified.

(oo) **“Misappropriation of property”** means negligently or deliberately taking, misusing, exploiting, using or selling money or property belonging to another, whether temporarily or permanently, and without regard to consent.

(pp) **“NATCEP”** means a Nursing Assistant Training and Competency Evaluation Program.

(qq) **“NCLEX”** means National Council Licensure Examination.

(rr) **“NCSBN”** means National Council of State Boards of Nursing, Inc., which is a national nursing organization, comprised of individual jurisdictions, which acts on matters of common interest affecting nursing practice and education, and which develops and administers the NCLEX examination.

(ss) **“Neglect”** means the failure to provide necessary goods, services, care, or attention and may include:

(i) Insufficient observation; the failure to provide adequate assessment and intervention directly or indirectly through inadequate supervision;

(ii) Failure to intervene when a client condition warrants intervention;

(iii) Inappropriate delegation or assignment of care to an unqualified care giver; and

(iv) Accepting assignments beyond level of competency or scope of practice.

(tt) **“Nolo contendere”** means a no contest plea in a criminal case and is the same as pleading guilty.

(uu) **“NPA”** means the Nurse Practice Act, W.S. 33-21-119 *et seq.*

(vv) **“Peer Review”** means a systematic evaluation of a peer’s performance compared to professional standards of practice.

(ww) **“Preceptor”** means an individual at or above the level of licensure that an assigned student is seeking, who serves as a teacher, mentor, role-model, and/or supervisor in a clinical setting.

(xx) **“Predictable”** means expected, foreseeable, or anticipated with reasonable assurance and accuracy.

(yy) **“Prescriptive authority”** means the authority granted by the Board to the APRN to select, prescribe, administer, dispense, or provide prescriptive and non-prescriptive medications including, but not limited to, vaccines, immunizing agents and devices.

(zz) **“PRN”** means as required.

(aaa) **“Refresher course”** means a planned nursing education program approved by the board, relating to basic review of current nursing practice, updating nursing theory and skills, and specifically planned for nurses who have not been actively employed in nursing and are preparing for reentry into nursing practice.

(bbb) **“Renewal cycle”** means the period for meeting competency for renewal of licensure, certification, or recognition which is from January 1st of every odd year to December 31st of every even year.

(ccc) **“Renewal period”** means the period for renewal of licensure, certification, or recognition from October 1st through December 31st of even years.

(ddd) **“Scope and standards of practice”** means the parameters of the authority to practice granted to a nurse through licensure.

(eee) **“Self-study”** means a comprehensive report written by the administrative head and faculty of a nursing education program or nursing assistant training program, which describes all aspects of the program pertaining to the criteria of the established standards for nursing education programs or nursing assistant training and competency evaluation programs.

(fff) **“Site visit”** means a planned visit by representatives of the Board to the governing body of a nursing education program for the purpose of program evaluation. When a site visit is deemed necessary by the Board in conjunction with self-study, the purpose of the site visit will be to verify, clarify, and amplify information contained in the self-study.

(ggg) **“Standard”** means an authoritative statement by which the Board can determine the quality of education and training or practice of APRN, RN, LPN and CNA.

(hhh) **“Supervision”** means the immediate physical availability of a licensed physician, APRN, dentist or RN for the purpose of providing assistance, coordination and evaluation of the practice of another.

(jjj) **“WAPA”** means the Wyoming Administrative Procedure Act, W.S. 16-3-101 *et seq.*

(kkk) **“WCSA”** means the Wyoming Controlled Substances Act, W.S. 35-7-1001 through 35-7-1101.

(lll) **“WPA”** means Wyoming Pharmacy Act, W.S. 33-24-101 through 33-24-204.

Section 6. Verification of Licensure/Certification to another Jurisdiction. Upon receipt of a signed form requesting verification of licensure/certification to another jurisdiction and the

appropriate verification fee, the Board will complete and return the verification form to the jurisdiction specified by the licensee/certificate holder.

Section 7. Change of Name and/or Address.

(a) A licensee/certificate holder shall notify the Board of any changes in name and/or address within ninety (90) days of the change.

(b) Any notification from the Board shall be mailed to the last known name and address provided to the Board by the licensee/certificate holder, and shall be deemed proper service on said licensee/certificate holder.

(c) The licensee/certificate holder who has changed his/her name shall complete a change of name affidavit form and pay fee.

(i) Upon receipt of the completed change of name affidavit form and the previously issued license or certificate, the Board shall reissue a license/certificate in the applicant's current name.

Section 8. Public Record Inspection.

(a) Parties may verify licensure/certification status and final disciplinary action on the Board's website.

(b) If a party requests an electronic or hard copy of the public record, then that party shall pay a fee. Such fee shall include cost of administrative time and producing a copy of the public record.

(c) Record inspection shall take place under the following conditions:

(i) An appointment must be made to review the file between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday at the office of the Board.

(ii) Record inspection must take place in the presence of a member of the Board staff.

(iii) Original documents must remain with the Board but may be copied at the Board offices for a reasonable fee. Such fee shall include cost of administrative time and copying.

CHAPTER 1

GENERAL PROVISIONS

Section 1. Authority. These Board Rules are adopted to implement the Board's authority under the NPA and the WAPA.

~~(a) — These rules and regulations are promulgated by the Wyoming State Board of Nursing pursuant to its authority under the Wyoming Nurse Practice Act, W.S. 33-21-119 through 33-21-157; and pursuant to the Wyoming Administrative Procedure Act, W.S. 16-3-101, et seq.; and pursuant to applicable federal requirements.~~

~~(b) — The board shall have all of the duties, powers and authority granted by and necessary to the enforcement of the Wyoming Nurse Practice Act and reasonable rules governing the regulation of advanced practice registered nurses, registered professional nurses, licensed practical nurses, and nursing assistants.~~

~~(c) — Without limiting the foregoing, the board may do the following:~~

~~(i) — Make, adopt, amend, repeal and enforce uniform and reasonable standards, considering national standards and current best evidence, for nursing practice and nursing assistant functions;~~

~~(ii) — Issue licenses and certificates to qualified individuals who have met the required standards;~~

~~(iii) — Conduct investigations, hearings and proceedings concerning alleged violations of the board's rules and regulations and the Wyoming Nurse Practice Act;~~

~~(A) — Request criminal history background information on license or certificate applicants as authorized by W.S. 7-19-106(a)(viii);~~

~~(B) — Require fingerprints and other information necessary for a criminal history record background check pursuant to W.S. 7-19-201; 33-21-122(c)(xxiv); 33-21-127(d).~~

~~(iv) — Compel attendance of witnesses, issue subpoenas and administer oaths to those testifying at hearings;~~

~~(v) — Implement a disciplinary process for nurses and nursing assistants;~~

~~(vi) — Determine and administer appropriate disciplinary action against all individuals found to have violated the board rules and regulations or the Wyoming Nurse Practice Act;~~

~~(vii) — Publish advisory opinions regarding acceptable standards of nursing and nursing practice and nursing assistant functions;~~

~~(viii) — Conduct conferences, forums, studies and research on nursing practice and education;~~

- ~~(ix) Determine and collect reasonable fees not to exceed statutory limits;~~
- ~~(x) Receive and expend funds for the pursuit of the authorized objectives of the board.~~
- ~~(xi) Develop and enforce uniform standards for nursing education programs, certified nursing assistant II training, competency and evaluation programs and medication assistant training, competency and evaluation programs;~~
- ~~(xii) Approve nursing education programs that meet the prescribed standards of the board; and~~
- ~~(xiii) Approve nursing assistant II and medication assistant training, competency and evaluation programs that meet the prescribed standards of the board.~~
- ~~(d) The Board of Nursing is not required to act upon violations of these rules whenever, in the board's opinion, the public interest will be served adequately by providing written notice or warning to affected parties.~~
- ~~(e) The responsibility for enforcement of the provisions of these rules is vested in the Board of Nursing.~~

Section 2. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to establish administrative procedures.

- ~~(a) These rules and regulations are adopted to implement the authority of the Wyoming State Board of Nursing to:~~
 - ~~(i) Regulate the qualifications and standards of performance of nurses and nursing assistants practicing in Wyoming;~~
 - ~~(ii) Develop and enforce standards for nursing and nursing assistant education programs;~~
 - ~~(iii) Approve nursing and nursing assistant education programs that meet the standards;~~
 - ~~(iv) Provide for enforcement and proper administration of the provisions of the Wyoming Nurse Practice Act and the board's rules and regulations;~~
 - ~~(v) Administer appropriate disciplinary action against advanced practice registered nurses, registered professional nurses, licensed practical nurses, and certified nursing assistants for proven violations of the Wyoming Nurse Practice Act; the board's rules and regulations; and applicable federal requirements;~~

Section 3. Severability. If any provision of these Board Rules or the application thereof to any person or circumstance is invalid, such invalidity shall not affect other provisions or application of these regulations which can be given effect without the invalid provision or

application, and to this end the provisions of these regulations are declared to be severable.

~~(a) If any provision of these regulations or the application thereof to any person or circumstance is invalid, such invalidity shall not affect other provisions or application of these regulations which can be given effect without the invalid provision or application, and to this end the provisions of these regulations are declared to be severable.~~

Section 4. Terms Defined by Statute and Herein.

(a) Terms defined in the NPA W.S. 33-21-119 through 33-21-157 shall have the same meaning when used in these ~~regulations~~ Board Rules unless the context or subject matter clearly requires a different interpretation.

~~Section 5. Terms Defined Herein.~~

~~(a)(b)~~ As used in these ~~regulations~~ Board Rules, the following terms shall have the meanings set forth unless the context or subject matter clearly requires a different interpretation.

~~Section 6.~~ Section 5. Definitions.

~~(a) The definitions set out in the Wyoming Nurse Practice Act, W.S. 33-21-120, are hereby incorporated by reference to these rules and regulations. In addition, as used in these rules and regulations, the following definitions shall apply:~~

~~(b) “Abandonment” means the termination of a client relationship, with or client contact without the client's knowledge, ~~(when appropriate) and~~ without making arrangements for appropriate continuation of care; ~~and may include:~~~~

~~(c) Withdrawal of service; that is, after having accepted the assignment, the failure to give sufficient notice to a manager or other responsible party of intent to cease providing nursing care so that arrangements can be made for continuation of care.~~

~~(d) “Abuse” means any behavior that is designed to control and subjugate another human being through the use of fear, humiliation, or assault, either verbal or physical.~~

~~(e) “Academic facilities” means the physical facilities of such as classrooms, offices, laboratories, libraries, hospitals and other essential resources available to conduct an educational program.~~

~~(f) “Acceptable documentation of employment” means any evidence that clearly substantiates an individual was employed in the capacity of an advanced practice registered nurse; a licensed nurse; or a nursing assistant.~~

~~(g) “Acceptable documentation of program completion” means an official or notarized copy of a certificate of completion or an official transcript from a board approved education and/or training program.~~

~~(h) “Accountability” means being responsible and answerable for actions or~~

inactions of self and others in the context of delegation.

~~(i)~~(e) “Accreditation” means an official authorization or status granted by a nationally recognized accrediting agency.

~~(j)~~ "Administrative head" means the registered professional nurse faculty member who has the responsibility to administer the nursing education program regardless of the official title assigned by the governing body.

~~(k)~~(f) “Advisory opinion” means a statement developed by the Board to provide guidance, clarification and direction regarding whether nursing or nursing assistant CNA practice, procedures, or policies or education comply with acceptable standards or nursing or nursing assistant practice as defined in the Wyoming Nurse Practice Act and board rules and regulations.

~~(l)~~ “Alford Plea” means a plea agreement where the defendant has pled guilty yet not admitted to all the facts that comprise the crime.

~~(m)~~(g) “Annual report” means a condensed report from a board-approved nursing education program which summarizes significant revisions pertaining to the criteria of the established standards for nursing education programs.

(h) “Applicant” means any person applying for any type of license, certificate, recognition or permit or ~~certificate~~ issued by the Board.

(j) “Application” means applying for licensure, certification, recognition or permit by one of the following methods:

(i) Licensure/Certification by Examination means meeting competency by successfully passing a Board-approved examination.

(ii) Licensure/Certification by Endorsement means meeting competency by practicing in another jurisdiction.

(iii) Renewal means meeting competency during the renewal period.

(iv) Relicensure/Recertification means meeting competency after failing to renew.

(v) Reactivation means meeting competency after inactive status.

(vi) Reinstatement means meeting competency after being revoked, surrendered, suspended or conditioned.

(vii) Temporary Permits means non-renewable, limited, and restricted ability to practice nursing.

~~(i)~~(viii) Volunteer License means restricted ability to practice nursing pursuant to W.S. 33-21-157.

(k) “Approval” means:

(i) Provisional approval means the initial status granted to a new nursing education program that meets the criteria of the established standards for nursing education programs.

(ii) Conditional approval means a temporary status given to a nursing education program which has not met the criteria of the standards for nursing education programs which specifies deficiencies that shall be removed or corrected within a designated period of time determined by the Board.

(iii) Full approval means the status granted to a nursing education program meeting the criteria for the established standards for nursing education programs.

(l) “ARC” means Application Review Committee. The Application Review Committee may be comprised of:

(i) At least one (1) Board member; or

(ii) Executive Director in application matrix process matters.

~~(k)-(m)~~ “Assignment” means the performance of designated nursing activities/tasks by an APRN, RN, LPN licensed nurse or certified nursing assistant CNA that are consistent with the scope of practice of the licensed nurse APRN, RN, LPN or the role description of the certified nursing assistant CNA; the distribution of work that each staff member is to accomplish on a given shift or work period.

~~(l) “Authority” means the source of the power to act.~~

~~(n)~~ “Biennial” means an event that occurs every two (2) years.

(o) “Board-approved program” means a basic nursing education program, APRN, RN, LPN, CNA, CNA II, MA-C and nurse refresher course which meets the minimum educational standards as prescribed by the appropriate jurisdiction.

~~(m)-(p)~~ “Board Rules” means the administrative rules and regulations promulgated by the Wyoming State Board of Nursing.

~~(n) “Board” means the Wyoming State Board of Nursing as defined by W.S. 33-21-119 thru 33-21-157.~~

(q) “Boundaries” mean the conscious limits of the professional relationship that allow for safe therapeutic connection between the professional and the client. Boundaries protect the space between the professional’s powers and the client’s vulnerability. Establishing boundaries provides a means for a professional’s control of this power differential and allows for a safe connection based on the client’s need. The professional is responsible for delineating and maintaining the boundaries.

~~(o)-(r)~~ “CEU” means continuing education unit.

~~(p) “Candidate” means an individual who has met all the requirements for completion~~

~~of a board-approved nursing education program and is applying for a graduate temporary permit or licensure by examination.~~

~~(q) ——— “Certificate holder” means a person to whom a certificate is granted to practice as a certified nursing assistant.~~

~~(r)(s) “Client” means a recipient of care ~~and may~~that can be an individual, family, group, or community.~~

~~(s)(t) “Clinical facilities” means those institutions established for the delivery of healthcare services, utilized by students enrolled in nursing education programs or ~~nurse aide~~CNA training, competency and evaluation programs.~~

~~(t) “Competence” means the application of knowledge and the interpersonal, decision-making and psychomotor skills expected for the practice role, within the context of public health, safety and welfare.~~

~~(u) ——— “Competency examination” means an objective examination approved by the board to determine minimal level of safe nursing practice at entry level.~~

~~(v)(u) “Complainant” means the person(s), organization or agency who initiates a complaint.~~

~~(w) ——— “Conditional approval” means a temporary status given to a nursing education program which has not met the criteria of the standards for nursing education programs which specifies deficiencies that shall be removed or corrected within a designated period of time determined by the board.~~

~~(x) ——— “Continued competency” means the method by which a nurse or certified nursing assistant maintains or refines practice knowledge, skills and abilities, which can occur through a formal education program, continuing education, or clinical practice, and is expected to continue throughout the individual’s career.~~

~~(y) ——— “Current” means most recent.~~

~~(v) “DC” means Disciplinary Committee. The Disciplinary Committee may be comprised of:~~

~~(i) At least one (1) Board member; or~~

~~(ii) Executive Director in discipline matrix process matters.~~

~~(w) “DCI” means the Wyoming Department of Criminal Investigation.~~

~~(z)(x) “Delegation” means transferring to a competent individual the authority to perform a specific nursing task in a selected situation. The nurse retains responsibility and accountability for the delegated tasks.~~

~~(aa)-(y)~~ (y) **“Direct care”** means primary care or a basic level of healthcare usually given by a healthcare provider.

~~(bb)-(z)~~ (z) **““Direction””** means

(i) Monitoring and guiding the practice of another through written or verbal communication;

(ii) The intermittent observation, guidance and evaluation of the nursing practice of another by a licensed physician, ~~advanced practice registered nurse~~APRN, dentist or ~~registered professional nurse~~RN who may only occasionally be physically present; or

(iii) Joint development of a plan of care in advance by those individuals involved which will be implemented without the physical presence of a licensed physician, ~~advanced practice registered nurse~~APRN, dentist, or ~~registered professional nurse~~RN, ~~but—A licensed physician, advanced practice registered nurse, dentist or registered professional nurse~~ shall be available for consultation. The evaluation of the patient care situation and the caregiver’s educational preparation and demonstrated proficiency ~~demonstrated will~~shall determine the degree of direction needed.

(aa) “Director” means the RN faculty member who has the responsibility to administer the nursing education program regardless of the official title assigned by the governing body.

~~(ee)-(bb)~~ (bb) **““Equivalent””** means equal to or exceeding the requirements as stated in these ~~rules and regulations.~~ Board Rules.

~~(dd)-(cc)~~ (cc) **“Evaluation”** means the final and critical step of delegation; to review the nursing care provided, the effectiveness of the nursing interventions and the need to change any part of the plan of care in order to better meet patient needs.

~~(ee)-(dd)~~ (dd) **““Faculty””** means ~~registered professional nurses~~RN who:

(i) Meet the criteria of the established standards for nursing education programs; and

(ii) Have been employed by the governing body for the purpose of administration, teaching, evaluation, guidance and research in nursing.

(ee) “FCSA” means Federal Controlled Substances Act, 21 U.S.C. 801 et seq.

(ff) **““Formal instruction””** means an independent study, organized program, course, or other planned learning experience approved by the Bboard that is directed or taught by the faculty of a Bboard-approved nursing education program or ~~nurse aide~~CNA training, competency and evaluation program.

~~(gg) —“Full approval” means the status granted to a nursing education program meeting the criteria of the established standards for nursing education programs.~~

~~(hh)~~ (gg) **“Governing body”** means the agency or institution which has the authority to conduct a nursing education program, administer the program, assume responsibility for financial support, graduate students, and grant degrees or certificates to the graduates.

~~(ii)~~ **“Graduate temporary permit”** means a current document permitting the supervised practice of nursing skills learned in a basic nursing assistant training program, a basic nursing education program, or an advanced practice nursing education program issued to those individuals who have met all the eligibility requirements to take the national licensure examination, the nurse aide assessment or advanced practice certifying examination for the first time.

~~(jj)~~ **“Graduate nursing assistant”** means a nursing assistant who has successfully completed the basic nursing assistant training but:

~~(i)~~ Has not taken the board approved examination; or

~~(ii)~~ Has taken the board approved examination and is waiting for test results; and

~~(iii)~~ Is permitted to work only in a care unit where supervision by a licensed nurse is available.

~~(kk)~~ **“Grandfather”** means provision in a new law or regulation that exempts those already in or a part of the existing system.

~~(ll)~~ **“Inactive status”** means the license is not on active status and the licensee may not legally engage in the practice of nursing.

~~(mm)~~ **“Internationally educated nurse”** means the nurse received nursing education outside the United States.

~~(nn)~~ **“Jurisdiction”** means the governmental authority for licensure and regulation of nurses within a specific geographic region.

~~(oo)~~ (hh) **“Lapsed license”** means a license, certificate or recognition which is no longer valid due to ~~the individual’s~~ failure to renew and results in the termination of the. ~~When a license lapses, the individual’s~~ privilege to practice nursing terminates.

(jj) **“Lawful presence”** means someone who enters or lives in the United States with official authorization.

~~(kk)~~ **“Licensed nurse”** means an individual holding a current license issued by the board to practice as a practical nurse or registered professional nurse in accordance with the Wyoming Nurse Practice Act and the board rules and regulations.

~~(ll)~~ **“Licensee”** means a person to whom a license is granted to practice as an advanced practice registered nurse, a registered nurse or a practical nurse.

~~(mm)~~ **“Licensure by endorsement”** means the granting of authority to practice nursing

~~based on an individual's licensure in another jurisdiction.~~

~~(nn) "Licensure by examination" means the granting of authority to practice nursing based on an individual's passing of a board approved examination.~~

~~(oo) "Licensure reinstatement" means the procedure of restoring or reestablishing a nursing license that has lapsed or that has been suspended, revoked, or voluntarily surrendered.~~

~~(pp) "Licensure renewal" means the process for periodic reissuing of the authority to practice nursing.~~

~~(qq) "May" means optional; not required.~~

~~(rr) "Medication Assistant training program" means a board approved training program designed to prepare the individual to perform medication assistant functions in order to take the medication assistant assessment evaluation.~~

~~(ss) "Minimum competency" means that level of knowledge, skill and ability necessary to safely perform the job of a nursing assistant or to practice as a licensed nurse.~~

~~(tt)(kk) **"Misappropriation of property"** means negligently or deliberately taking, misusing, exploiting, using or selling money or property belonging to another, whether temporarily or permanently, and without regard to consent.~~

(ll) "NATCEP" means a Nursing Assistant Training and Competency Evaluation Program.

(mm) "NCLEX" means National Council Licensure Examination.

~~(uu)(nn) **"National Council of State Boards of Nursing, Inc. NCSBN"** means National Council of State Boards of Nursing, Inc., which is a national nursing organization, comprised of individual jurisdictions, which acts on matters of common interest affecting nursing practice and education, and which develops and administers the a national nursing licensure NCLEX examination.~~

~~(vv) "National League for Nursing" means the national nursing organization, composed of individual jurisdictions, which acts on matters of common interest affecting nursing practice, and which develops and administers a national nursing licensure examination.~~

~~(ww)(oo) **"Neglect"** means the failure to provide necessary goods, services, care, or attention and may include:~~

~~(i) Insufficient observation; the failure to provide adequate assessment and intervention directly or indirectly through inadequate supervision;~~

~~(ii) Failure to intervene when a client condition warrants intervention;~~

~~(iii) Inappropriate delegation or assignment of care to an unqualified care giver; and~~

(iv) Accepting assignments beyond level of competency or scope of practice.

~~(xx)~~(pp) **“Nolo contendere”** means a no contest plea in a criminal case and. ~~A plea of nolo contendere has the same effect as~~ is the same as pleading guilty.

~~(yy)~~ **“Nursing assistant training and competency evaluation program (NATCEP)”** means a board approved training program designed to prepare the individual to perform nursing assistant functions in order to take the nurse aide assessment evaluation.

~~(zz)~~ **“Nursing assistant II training program”** means a board approved training program designed to prepare the individual to perform nursing assistant II functions.

(qq) **“NPA”** means the Nurse Practice Act, W.S. 33-21-119 *et seq.*

~~(aaa)~~(rr) **“Preceptor”** means an individual at or above the level of licensure that an assigned student is seeking, who ~~may~~ serves as a teacher, mentor, role-model, and/or supervisor in a clinical setting.

~~(bbb)~~(ss) **“Predictable”** means expected, foreseeable, or anticipated with reasonable assurance and accuracy.

~~(eee)~~(tt) **“Prescriptive authority”** means the authority granted by the Bboard to the ~~licensee~~ APRN to select, prescribe, administer, dispense, or provide prescriptive and non-prescriptive medications including, but not limited to, vaccines, immunizing agents and devices.

~~(ddd)~~ **“Provisional approval”** means the initial status granted to a new nursing education program that meets the criteria of the established standards for nursing education programs.

~~(eee)~~ **“Reactivation”** means the process for moving a license from inactive status and placing the license on active status.

(uu) **“PRN”** means as required.

~~(fff)~~(vv) **“Refresher course”** means a planned nursing education program approved Bby the board, relating to basic review of current nursing practice, updating nursing theory and skills, and specifically planned for nurses who have not been actively employed in nursing and are preparing for reentry into nursing practice.

~~(ggg)~~ **“Reinstatement”** means reissuing a license which has been suspended, revoked, conditioned, or surrendered.

~~(hhh)~~ **“Relicensure”** means reissuing a license which has lapsed as a result of failure to renew.

~~(iii)~~ **“Renewal license”** means the document issued to a licensee after the licensee has met the requirements for license renewal.

(ww) **“Renewal cycle”** means the period for meeting competency for renewal of

licensure, certification, or recognition which is from January 1st of every odd year to December 31st of every even year.

~~(jjj)~~(xx) **“Renewal period”** means the ~~biennial~~ period for renewal of licensure, certification, or recognition from October 1st through December 31st of even years.

~~(kkk)~~ **“Respondent”** means a person who is seeking licensure or who is licensed by the board and who received notification from the board they are alleged to have violated the Wyoming Nurse Practice Act or board rules and regulations or applicable federal requirements.

~~(lll)~~ **“Satisfactory completion”** means to complete the required course of study and clinical practicum, pass the course examination, and successfully perform the required skills on the clinical skills checklist.

~~(mmm)~~(yy) **“Scope and standards of practice”** means the parameters of the authority to practice granted to a nurse through licensure.

~~(nnn)~~(zz) **“Self-study”** means a comprehensive report written by the administrative head and faculty of a nursing education program or nursing assistant training program, which describes all aspects of the program pertaining to the criteria of the established standards for nursing education programs or nursing assistant training and competency evaluation programs.

~~(ooo)~~ **“Shall”** means mandatory.

~~(ppp)~~(aaa) **“Site visit”** means a planned visit by representatives of the Bboard to the governing body of a nursing education program for the purpose of program evaluation. When a site visit is deemed necessary by the Bboard in conjunction with self-study, the purpose of the site visit will be to verify, clarify, and amplify information contained in the self-study.

~~(qqq)~~(bbb) **“Standard”** means an authoritative statement by which the Bboard can determine the quality of nursing education and nursing assistant training or nursing practice and of APRN, RN, LPN and nursing assistant CNA. functions and practice.

~~(rrr)~~ **“State board approved program”** means a basic nursing education program, nursing assistant training program, nursing assistant II training program, medication assistant training program or nurse refresher course which meets the minimum educational standards as prescribed by the appropriate jurisdiction.

~~(sss)~~(ccc) **“Supervision”** means the immediate physical availability of a licensed physician, advanced practice registered nurse APRN, dentist or registered professional nurse RN for the purpose of providing assistance, coordination and evaluation of the practice of another.

~~(ttt)~~ **“Temporary permit”** means a nonrenewable, nontransferable document permitting the practice of nursing as an advanced practice registered nurse, registered professional nurse, or licensed practical nurse for a limited period of time.

~~(uuu)~~ **“Transcript”** means an official document from the governing body which indicates

~~the date of completion of the nursing education program, certificate or degree awarded the official seal of the governing body, and evidence of program requirements.~~

(ddd) “WAPA” means the Wyoming Administrative Procedure Act, W.S. 16-3-101 et. seq.

(eee) “WCSA” means the Wyoming Controlled Substances Act, W.S. 35-7-1001 through 35-7-1101.

(fff) “WPA” means Wyoming Pharmacy Act, W.S. 33-24-101 through 33-24-204.

~~**Section 6. — Board Meetings.**~~

~~(a) — The Board shall meet at least once every six (6) months to transact its business. One (1) meeting shall be designated as the annual meeting for the purpose of electing officers, establishing dates of board meetings for the coming year, and board reorganization and planning. The Board may meet at other times as it may deem necessary to transact its business.~~

~~(b) — Notice of board meetings shall be given to any person who requests such notice. The notice shall specify the time and place of the meeting and the business to be transacted. A notice of each meeting will be filed in the Governor's office ten (10) days prior to a scheduled board meeting.~~

~~(c) — All meetings shall be open to the public; the board may conduct executive sessions in accordance with W.S. 16-4-405.~~

~~(d) — A written record shall be kept of all meetings, and such records shall be retained as the permanent record of the transactions of the board.~~

Section 6. A majority of the board members, including the president or vice president constitutes a quorum. The act of the majority of members present at a meeting, which includes a quorum, shall be the act of the board of nursing. **Verification of Licensure/Certification to another Jurisdiction.** Upon receipt of a signed form requesting verification of licensure/certification to another jurisdiction and the appropriate verification fee, the Board will complete and return the verification form to the jurisdiction specified by the licensee/certificate holder.

Section 7. Change of Name and/or Address.

(a) A licensee/certificate holder shall notify the Board of any changes in name and/or address within ninety (90) days of the change.

(b) Any notification from the Board shall be mailed to the last known name and address provided to the Board by the licensee/certificate holder, and shall be deemed proper service on said licensee/certificate holder.

(c) The licensee/certificate holder who has changed his/her name shall complete a change of name affidavit form and pay fee.

(i) Upon receipt of the completed change of name affidavit form and the previously

issued license or certificate, the Board shall reissue a license/certificate in the applicant's current name.

Section 8. Public Record Inspection.

(a) Parties may verify licensure/certification status and final disciplinary action on the Board's website.

(b) If a party requests an electronic or hard copy of the public record, then that party shall pay a fee. Such fee shall include cost of administrative time and producing a copy of the public record.

(c) Record inspection shall take place under the following conditions:

(i) An appointment must be made to review the file between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday at the office of the Board.

(ii) Record inspection must take place in the presence of a member of the Board staff.

(iii) Original documents must remain with the Board but may be copied at the Board offices for a reasonable fee. Such fee shall include cost of administrative time and copying.

CHAPTER 2

LICENSURE / CERTIFICATION REQUIREMENTS

Section 1. Statement of Purpose.

(a) These Board Rules are adopted to implement the Board's authority to establish and regulate the requirements and procedures for application and renewal of a license, certificate, recognition or permit.

(b) An applicant for licensure, certification, recognition or permit shall have committed no acts which were grounds for disciplinary action, or if the act was committed, the state has found after investigation that sufficient restitution has been made and the applicant no longer presents a threat to the public safety.

Section 2. Licensure/Certification by Examination.

(a) APRN Recognition

(i) Applicant shall:

(A) Meet qualifications for RN licensure by examination or endorsement;

(B) Graduate from a graduate or post-graduate level advanced practice nurse educational program;

(C) Complete a program of study in a role and population focus area of advanced practice registered nursing;

(D) Successfully pass a national certification examination;

(E) Submit completed application and fees;

(F) Submit fingerprints and fee; and

(G) Submit evidence of meeting competency under Section 12.

(b) RN/LPN

(i) Applicant shall:

(A) Graduate from a state board-approved nursing RN or LPN education program;

(B) Submit completed application and fee;

(C) Submit fingerprints and fee; and

- (D) Successfully pass the NCLEX specific to RN or LPN education program.
 - (ii) The Board shall notify the applicant by mail of official test results.
 - (iii) If an applicant fails the NCLEX, the applicant may retake the NCLEX and shall:
 - (A) Submit completed application and fee for licensure by re-examination;
- and
- (B) Submit fingerprints and fee, as needed.
 - (iv) The Board may allow an applicant to sit for the NCLEX no more than ten (10) times within a five (5) year period following graduation.

(c) CNA

- (i) Applicant shall:
 - (A) Graduate from a state board-approved CNA training and competency evaluation program;
 - (B) Submit completed application and fee;
 - (C) Submit fingerprints and fee; and
 - (D) Successfully pass the NATCEP.
- (ii) The Board shall notify the applicant by mail of official test results.
- (iii) The Board may allow an applicant to sit for the NATCEP no more than five (5) times within a one (1) year period following graduation.

Section 3. Licensure/Certification by Endorsement.

(a) An applicant who is unable to provide satisfactory verification of education, training or competency shall be required to meet the requirements for licensure or certification by examination.

(b) APRN Recognition

- (i) Applicant shall:
 - (A) Meet qualifications for RN licensure by examination or endorsement;
 - (B) Graduate from a graduate or post-graduate level advanced practice registered nurse educational program or has completed an accredited APRN education program prior to January 1, 1999;

(C) Complete a program of study in a role and population focus area of advanced practice registered nursing;

(D) Submit evidence of current national certification;

(E) Submit completed application and fees;

(F) Submit fingerprints and fee; and

(G) Submit evidence of meeting competency under Section 12.

(c) RN/LPN

(i) Applicant shall:

(A) Graduate from a state board-approved nursing RN or LPN education program;

(B) Submit completed application and fee;

(C) Submit fingerprints and fee;

(D) Submit the verification of initial state of licensure by examination; and

(E) Submit evidence of meeting competency under Section 12.

(d) CNA

(i) Applicant shall:

(A) Graduate from a state board-approved CNA training and competency evaluation program;

(B) Submit completed application and fee;

(C) Submit fingerprints and fee;

(D) Submit the verification of initial state of certification by examination; and

(E) Submit evidence of meeting competency under Section 12.

(e) CNA Certification by Deeming

(i) Applicant shall:

(A) Successfully complete the first semester of a state board-approved RN or LPN nursing education program within two (2) years prior to application;

(B) Submit completed application and fee; and

(C) Submit fingerprints and fee.

Section 4. Other Certifications/Recognitions.

(a) APRN Prescriptive Authority

(i) Applicant shall:

(A) Submit completed application and fee; and

(B) Submit evidence of completion of coursework in pharmacology and clinical management of drug therapy within the five (5) year period immediately before the date of application, specifically:

(I) Two (2) semester credit hours, or

(II) Three (3) quarter credit hours, or

(III) Thirty (30) contact hours of coursework.

(b) LPN Intravenous (IV)

(i) Applicant shall:

(A) Meet qualifications for LPN licensure by examination or endorsement;

(B) Complete a state Board-approved LPN IV basic or advanced course; and

(C) Submit completed application.

(c) MA-C

(i) Applicant shall:

(A) Meet qualifications for State CNA II certification;

(B) Complete a Board-approved MA-C training and competency evaluation program;

(C) Successfully pass a MA-C examination; and

(D) Submit completed application.

(d) CNA II

(i) Applicant shall:

- (A) Meet qualifications for CNA by examination, endorsement or deeming;
 - (B) Complete a Board-approved CNA II training and competency evaluation program; and
 - (C) Submit completed application.
- (e) Home Health Assistant
- (i) Applicant shall:
 - (A) Meet qualifications for CNA by examination, endorsement, or deeming;
 - (B) Complete a Board-approved Home Health Assistant training and competency evaluation program; and
 - (C) Submit completed application.

Section 5. Licensure of Foreign Educated RN/LPN.

- (a) Applicant shall:
 - (i) Graduate from a foreign nursing RN or LPN education program;
 - (ii) Submit certification from a national certifying organization;
 - (iii) Submit written evidence of English proficiency, from a national certifying body, if English is not the first language of the applicant;
 - (iv) Submit completed application and fee;
 - (v) Submit fingerprints and fee; and
 - (vi) Successfully pass the NCLEX specific to RN or LPN education program.
- (b) If an applicant fails the NCLEX, the applicant may retake the NCLEX and shall:
 - (i) Submit completed application and fee for licensure by re-examination; and
 - (ii) Submit fingerprints and fee, as needed.
- (c) The Board may allow an applicant to sit for the NCLEX no more than ten (10) times within a five (5) year period.

Section 6. Temporary Permit.

- (a) A temporary permit is non-renewable and may be revoked by the Board at any time.

(b) Graduate Temporary Permit

(i) The Board may issue a graduate temporary permit for APRN, RN, LPN and CNA. However, a graduate temporary permit shall not include:

- (A) Prescriptive authority for GAPRNs.
- (B) Ability to work as a Home Health Assistant for GNAs.

(ii) A graduate temporary permit holder shall:

(A) Be held to the established standards of nursing practice and CNA role;
and

(B) Practice only under appropriate direction and supervision as follows:

- (I) GAPRN supervised by APRN within the same specialty or physician,
- (II) GN or GPN supervised by an APRN or RN, or
- (III) GNA supervised by an APRN, RN, or LPN.

(iii) If the applicant does not successfully pass the initial national examination, the graduate temporary permit shall expire and applicant cannot practice nursing in the State.

(c) Temporary Permit while seeking Licensure or Certification

(i) An APRN, RN, LPN, or CNA seeking licensure or certification may request a temporary permit.

(d) Temporary Permit without Licensure or Certification

(i) An APRN, RN, LPN, or CNA not seeking permanent licensure or certification may request a temporary permit.

(ii) Applicant shall:

(A) Submit evidence of current licensure or certification in good standing from another jurisdiction; and

(B) Submit completed application and fee.

Section 7. Biennial Renewal of Licensure, Certification and/or Recognition.

(a) The Board shall make application(s) for renewal of licensure, certification and/or recognition available on the Board website on or before October 1st of every even year.

(b) Failure to receive a renewal notice from the Board does not excuse an APRN,

RN, LPN or CNA from the requirements for renewal under the NPA or these Board Rules.

- (c) An APRN, RN, LPN, or CNA seeking renewal shall:
 - (i) Submit completed renewal application and fees; and
 - (ii) Submit evidence of meeting competency under Section 12.
- (d) Completed renewal application, fees, and competency received by the Board:
 - (i) On or before December 31st of the renewal year shall incur no penalty;
 - (ii) January 1st through March 1st after the renewal year shall be assessed a late fee;
 - (iii) On or after March 2nd after the renewal year, the license, certificate or recognition shall lapse.

Section 8. Failure to Renew.

- (a) All licenses, certificates, and/or recognitions **expire on December 31st** of the renewal year.
- (b) Unless an APRN, RN, LPN or CNA renews their license, certification or recognition on or before December 31st, the APRN, RN, LPN, or CNA **shall not practice after December 31st** of the renewal year.
- (c) An APRN, RN, LPN or CNA **shall not resume practice until:**
 - (i) The APRN, RN, LPN or CNA submits a completed renewal application, fees (including late fee), and competency requirements **and the Board issues** a license, certificate or recognition between **January 1st through March 1st** after the renewal year; or
 - (ii) The APRN, RN, LPN or CNA submits a completed relicensure/recertification application and the Board issues a license, certificate or recognition on or after **March 2nd** after the renewal year.
- (d) Any APRN, RN, LPN or CNA that practices on an expired license, certificate or recognition **or** before the Board issues a license, certificate or recognition after submission of either late renewal or relicensure/recertification application shall be grounds for discipline.

Section 9. Relicensure/Recertification.

- (a) Applicant seeking relicensure or recertification shall:
 - (i) Submit completed application and fees; and
 - (ii) Submit evidence of meeting competency under Section 12.

Section 10. Inactive Status and Reactivation.

- (a) The Board may grant a RN or LPN request for inactive status.
- (b) Applicant shall submit a completed application and fee.
- (c) The RN or LPN shall not practice nursing in this State until the license is reactivated. Applicant may apply for reactivation and shall:
 - (i) Submit completed application and fee; and
 - (ii) Submit evidence of meeting competency under Section 12.
- (d) If the RN or LPN was under investigation or on a conditional license at the time inactive status was granted, the investigation or conditions shall continue upon reactivation.

Section 11. Reinstatement of Licensure, Certification and/or Recognition.

- (a) An APRN, RN, LPN or CNA whose license, certificate, or recognition has been revoked, surrendered, suspended, or conditioned may apply for reinstatement and shall:
 - (i) Submit completed application and fees;
 - (ii) Submit evidence of meeting competency under Section 12.
 - (iii) Submit evidence of meeting requirements of the previous Board's order; and
 - (iv) Submit evidence demonstrating just cause for reinstatement.
- (b) Licenses, certificates, or recognitions which have been suspended solely pursuant W.S. 33-21-146(b) shall be reinstated pursuant to W.S. 20-6-112(c).

Section 12. Competency for Licensure/Certification Continuing In Or Returning To Practice.

- (a) Timeframe for meeting competency
 - (i) If applicant is renewing their license, certificate or recognition, then competency shall be met during the renewal cycle which is from January 1st of the odd year through December 31st of the even year.
 - (ii) For those applicants seeking licensure, certification or recognition by endorsement, reactivation, reinstatement, relicensure/recertification, or returning to practice, competency shall be met during the timeframe identified prior to date of application.
- (b) APRN
 - (i) An APRN shall demonstrate competency by submitting evidence of:

(A) Current national certification as an APRN in the recognized role and population focus area; or

(B) If recognized APRN in the State prior to July 1, 2005, and has maintained continuous recognition, but not nationally certified, the APRN shall submit evidence of:

(I) Completion of sixty (60) or more contact hours of continuing education related to the APRN's recognized role and population focus area; and

(II) Completion of four hundred (400) or more hours practicing as an APRN during the last two (2) years.

(ii) An APRN with prescriptive authority shall submit documentation of completion of fifteen (15) hours of coursework in pharmacology and clinical management of drug therapy within the two (2) years prior to license expiration.

(c) RN/LPN

(i) A RN or LPN shall demonstrate competency by submitting evidence of:

(A) Employment in the practice of nursing prior to license expiration for a minimum of:

(I) Sixteen hundred (1600) hours during the last five (5) years; or

(II) Five hundred (500) hours during the last two (2) years; or

(B) If the applicant has not practiced nursing during the last five (5) years, applicant shall:

(I) Successfully complete a refresher course or the equivalent, accepted by the Board;

(II) Successfully complete a nursing education program which confers a degree beyond the licensee's basic nursing education;

(III) Obtain certification by a nationally recognized professional accrediting agency in a specialty area of nursing that is accepted by the Board;

(IV) Successfully pass NCLEX; or

(V) Successfully complete twenty (20) hours of CEUs within two (2) years and which adhere to the following guidelines:

(1.) Courses shall be relevant to the applicant's primary area of nursing practice;

(2.) Fifty (50) minutes of theory is equivalent to one (1) CEU; and

(3.) Academic courses relevant to nursing may be accepted as meeting the requirements for continuing education.

- a. Ten (10) contact hours is equivalent to one (1) CEU ; or
- b. One (1) semester credit hour is equivalent to fifteen (15) CEUs; or
- c. One (1) quarter credit hour is equivalent to ten (10) CEUs.

(d) LPN IV

(i) A LPN IV shall demonstrate competency by submitting evidence of:

(A) Satisfactory completion of ten (10) contact hours and/or in-service education in IV within two (2) years; or

(B) Successful completion of a Board-approved LPN IV refresher course.

(e) CNA

(i) A CNA shall demonstrate competency by submitting evidence of:

(A) Employment as a CNA prior to certification expiration for a minimum of sixteen (16) hours and twenty-four (24) hours of education which may include in-service presentations, contact hours or other means which provide learning activities related to CNA practice; or

(B) Participation in direct patient care through an approved nursing program since the last renewal cycle.

(ii) A CNA who is unable to meet competency shall be required to meet the requirements for certification by examination.

Section 13. Nurse Volunteer License.

(a) Applicant shall:

(i) Meet qualifications under W.S. 33-21-157; and

(ii) Submit completed application.

CHAPTER 2

LICENSURE ~~REQUIREMENTS FOR REGISTERED PROFESSIONAL NURSES~~

and

~~LICENSED PRACTICAL NURSES~~

and/

CERTIFICATION REQUIREMENTS ~~FOR NURSING ASSISTANTS/NURSE AIDES~~

Section 1. Statement of Purpose.

(a) These Board Rules are adopted to implement the Board's authority to establish and regulate the requirements and procedures for application and renewal of a license, certificate, recognition or permit.

(b) An applicant for licensure, certification, recognition or permit shall have committed no acts which were grounds for disciplinary action, or if the act was committed, the state has found after investigation that sufficient restitution has been made and the applicant no longer presents a threat to the public safety.

~~(a) — These rules and regulations are adopted to implement the board's authority:~~

~~(i) — To regulate the qualifications of:~~

~~(A) — The registered professional nurse and the licensed practical nurse to practice nursing, and~~

~~(B) — The certified nursing assistant/nurse aide to carry out delegated nursing tasks.~~

~~(ii) — To set forth the requirements and procedures for being so qualified.~~

~~(iii) — To set forth the requirements for granting temporary permits and graduate temporary permits for registered professional nurses, licensed practical nurses, foreign nurses, advanced practitioners of nursing, and certified nursing assistants/nurse aides.~~

~~(iv) — To set forth the requirements and/or procedures for the biennial renewal of recognition and/or licensure of all nurses.~~

~~(v) — To set forth the requirements and procedures for the biennial renewal of certification of nursing assistants/nurse aides.~~

Section 2. Licensure/Certification by Examination.

(a) APRN Recognition

(i) Applicant shall:

- (A) Meet qualifications for RN licensure by examination or endorsement;
- (B) Graduate from a master's degree program in nursing;
- (C) Completed an advanced program of study in a specialty area in an accredited nursing program;
- (D) Successfully pass national certification examination;
- (E) Submit completed application and fees;
- (F) Submit fingerprints and fee; and
- (G) Submit evidence of meeting competency under Section 12.

(b) RN/LPN

(i) Applicant shall:

- (A) Graduate from a state board-approved nursing RN or LPN education program;
- (B) Submit completed application and fee;
- (C) Submit fingerprints and fee; and
- (D) Successfully pass the NCLEX specific to RN or LPN education program.

(ii) The Board shall notify the applicant by mail of official test results.

(iii) If an applicant fails the NCLEX, the applicant may retake the NCLEX and shall:

- (A) Submit completed application and fee for licensure by re-examination;
- (B) Submit fingerprints and fee, as needed.

(iv) The Board may allow an applicant to sit for the NCLEX no more than ten (10) times within a five (5) year period following graduation.

~~(a) Preparation for licensure by examination:~~

~~(i) A candidate from a state board approved nursing education program preparing students for registered professional nurse licensure shall be eligible to take the national nursing~~

~~licensure examination for registered professional nurses;~~

~~(ii) A candidate from a state board approved nursing education program preparing students for practical nurse licensure shall be eligible to take the national nursing licensure examination for practical nurses;~~

~~(iii) The Board shall notify the administrative head of the nursing education program of the examination process;~~

~~(iv) The board shall notify the nursing education program of the overall performance of the program's candidates on the examination. Individual examination results shall not be released to the program without written consent from the candidates.~~

~~(b) The candidate shall:~~

~~(i) Be required to fulfill all requirements for licensure by examination, as stated in the Wyoming Nursing Practice Act, W.S. 33-21-127(a);~~

~~(ii) Submit the application and fee for the national nursing licensure examination to the national testing service;~~

~~(iii) Submit the application and fee for licensure by examination to the board;~~

~~(iv) Submit the finger print cards and required fees to obtain state and national criminal history record information;~~

~~(v) Request the registrar's office to submit an official transcript; the official transcript shall be on file with the board before permission shall be granted to the candidate to take the examination.~~

Section 3. Certification by Examination for Nursing Assistants/Nurse Aides.

(c) CNA

(i) Applicant shall:

(A) Graduate from a state board-approved CNA training and competency evaluation program;

(B) Submit completed application and fee;

(C) Submit fingerprints and fee; and

(D) Successfully pass the NATCEP.

(ii) The Board shall notify the applicant by mail of official test results.

(iii) The Board may allow an applicant to sit for the NATCEP no more than five (5) times within a one (1) year period following graduation.

~~(a) Preparation for certification by examination:~~

~~(i) A candidate who has graduated from a state or board approved nursing assistant/nurse aide training and competency evaluation program shall be eligible to write the national or board approved certifying examination (NACEP) for certified nursing assistants/nurse aides;~~

~~(ii) The board shall notify the administrative head of the nursing assistant/nurse aide training and competency evaluation program of the examination dates, application deadlines and method for obtaining appropriate applications;~~

~~(iii) A candidate shall be required to pass a national nursing assistant/nurse aide certifying examination with a minimum score determined by the board, to be eligible for certification by examination.~~

~~(b) The board may allow a candidate to sit for the appropriate national or board approved certification examination a total of five (5) times.~~

~~(i) Eligibility to sit for the examination shall be within the one (1) year period following graduation.~~

~~(ii) The board shall notify the nursing assistant/nurse aide training and competency evaluation program of the overall performance of the program's candidates on the written and skills examinations.~~

~~(c) The candidate shall:~~

~~(i) Submit evidence of having graduated from a state or board approved nursing assistant/nurse aide training and competency evaluation program which meets OBRA guidelines (Public Law 100-203) and is recognized by the board;~~

~~(A) The evidence shall be on file with the board before permission is granted to the candidate to write the examination;~~

~~(B) The board shall grant permission to the candidate to take the skills examination at the convenience of the testing program.~~

~~(ii) Submit an application for certification as a nursing assistant/nurse aide to the board;~~

~~(A) The candidate or the candidate's employer shall submit the fee to the board;~~

~~(iii) Submit the application for the approved nursing assistant/nurse aide certification examination program to the testing service by the designated deadline date;~~

~~(A) The candidate or the candidate's employer shall submit the fee to the testing service by the designated deadline date.~~

~~(iv) Submit the finger print cards and required fees to obtain state and national criminal history record information~~

~~Section 4. Examinations for Licensure for Nurses.~~

~~(a) A candidate shall be required to pass a national nursing licensure examination with the minimum score determined by the board to be eligible for licensure by examination.~~

~~(i) The board shall notify the candidate by mail of the candidate's test results on all examinations after receipt of the test results from the national testing services.~~

~~(b) A candidate who fails an examination and wishes to retake the examination shall submit the appropriate applications and fees for re-examination to the board and the national testing service for each re-examination.~~

~~(c) The board may allow a candidate to sit for the appropriate national licensure examination a total of ten (10) times.~~

~~(i) Eligibility to sit for the examination shall be within the five (5) year period following graduation.~~

~~Section 5. Certification By Deeming For Nursing Assistants/Nurse Aides.~~

~~(a) The candidate must have successfully completed:~~

~~(i) A Wyoming nursing assistant/nurse aide training program prior to January 1, 1989; or~~

~~(ii) The first semester of a Wyoming nursing education program or comparable out-of-state nursing education program.~~

~~(A) The application for deeming shall be made within two years of completing the first semester of the nursing education program.~~

~~(b) The candidate shall:~~

~~(i) Submit evidence of having completed a training program which was at least 75 hours in length and substantially met federal requirements;~~

~~(ii) Submit evidence of having passed a constructed competency evaluation program that is acceptable to the board;~~

~~(iii) Submit evidence that the principal instructor in the training program was a qualified registered nurse who substantially met federal requirements;~~

~~(iv) Request that the original certifying agency, training program, or school of nursing submit a verification form to the board attesting to the candidate's training, competency evaluation, and the principal instructor's qualifications;~~

~~(A) The original certifying agency, training program, or school of nursing may submit an official transcript verifying completion of course work. The transcript may be considered by the board for verification purposes;~~

~~(v) Submit an application for certification as a nursing assistant/nurse aide to the board;~~

~~(A) The candidate or the candidate's employer shall submit the fee by the designated deadline date;~~

~~(vi) Submit the finger print cards and required fees to obtain state and national criminal history record information;~~

~~(e) A candidate who is unable to provide satisfactory verification of his/her training, competency evaluation, and principal instructor's qualifications, shall be required to meet the requirements for certification by examination.~~

~~**Section 6.**~~ **Section 3. Licensure/Certification by Endorsement for Nurses.**

(a) An applicant who is unable to provide satisfactory verification of education, training or competency shall be required to meet the requirements for licensure or certification by examination.

(b) APRN Recognition

(i) Applicant shall:

(A) Meet qualifications for RN licensure by examination or endorsement;

(B) Graduate from a master's degree program in nursing or has completed an accredited APRN education program prior to January 1, 1999;

(C) Complete an advanced program of study in a specialty area in an accredited nursing program;

(D) Submit evidence of current national certification;

(E) Submit completed application and fees;

(F) Submit fingerprints and fee; and

(G) Submit evidence of meeting competency under Section 12.

(c) RN/LPN

(i) Applicant shall:

(A) Graduate from a state board-approved nursing RN or LPN education program;

- (B) Submit completed application and fee;
- (C) Submit fingerprints and fee;
- (D) Submit the verification of initial state of licensure by examination; and
- (E) Submit evidence of meeting competency under Section 12.

~~(a) An applicant shall:~~

~~(i) Be required to fulfill all requirements for licensure by endorsement as stated in the Wyoming Nursing Practice Act, W.S. 33-21-127(b);~~

~~(ii) Submit the application and fee for licensure by endorsement to the board;~~

~~(iii) Submit the finger print cards and required fees to obtain state and national criminal history record information;~~

~~(iv) Submit the verification of licensure from the jurisdiction of original licensure for verification by examination and status of license since the original date of issuance; and~~

~~(v) Submit evidence of meeting the requirements for Continued Competency of Licensees Continuing In, Or Returning To Practice.~~

~~**Section 7. Certification by Endorsement for Nursing Assistants/Nurse Aides:**~~

(d) CNA

(i) Applicant shall:

(A) Graduate from a state board-approved CNA training and competency evaluation program;

(B) Submit completed application and fee;

(C) Submit fingerprints and fee;

(D) Submit the verification of initial state of certification by examination; and

(E) Submit evidence of meeting competency under Section 12.

(e) CNA Certification by Deeming

(i) Applicant shall:

(A) Successfully complete the first semester of a state board-approved RN or LPN nursing education program within two (2) years prior to application;

(B) Submit completed application and fee; and

(C) Submit fingerprints and fee.

- ~~(a) An applicant for endorsement shall submit:~~
- ~~(i) A completed application;~~
 - ~~(ii) Written documentation indicating successful completion of a state approved nursing assistant/nurse aide training and competency evaluation program;~~
 - ~~(iii) Evidence of continued competency as defined by the board;~~
 - ~~(iv) Verification of certification from the jurisdiction of original certification;~~
 - ~~(v) Verification of certification and registry status from jurisdiction of most recent employment; and~~
 - ~~(vi) The required fee.~~
- ~~(b) An applicant for endorsement shall have committed no acts which were grounds for disciplinary action, or if the act was committed, the state has found after investigation that sufficient restitution has been made and the applicant no longer presents a threat to the public safety.~~
- ~~(c) An applicant who successfully meets the requirements of this section is entitled to certification as a certified nursing assistant/nurse aide within thirty (30) days after meeting the requirements.~~
- ~~(i) Certification by endorsement facilitates interstate mobility for nursing assistants/nurse aides while maintaining minimal competency.~~
- ~~(d) An applicant who is unable to provide satisfactory verification of training, competency evaluation, and principal instructor's qualifications, shall be required to meet the requirements for certification by examination.~~

Section 4. Other Certifications/Recognitions.

- (a) APRN Prescriptive Authority
- (i) Applicant shall:
- (A) Submit completed application and fee; and
 - (B) Submit evidence of completion of coursework in pharmacology and clinical management of drug therapy within the five (5) year period immediately before the date of application, specifically:
 - (I) Two (2) semester credit hours, or
 - (II) Three (3) quarter credit hours, or

(III) Thirty (30) contact hours of coursework.

(b) LPN IV

(i) Applicant shall:

(A) Meet qualifications for LPN licensure by examination or endorsement;

(B) Complete a state board-approved LPN IV basic or advanced course; and

(C) Submit completed application.

(c) MA-C

(i) Applicant shall:

(A) Meet qualifications for State CNA II certification;

(B) Complete a Board-approved MA-C training and competency evaluation program;

(C) Successfully pass a MA-C examination; and

(D) Submit completed application.

(d) CNA II

(i) Applicant shall:

(A) Meet qualifications for CNA by examination or endorsement;

(B) Complete a Board-approved CNA II training and competency evaluation program; and

(C) Submit completed application.

(e) Home Health Assistant

(i) Applicant shall:

(A) Meet qualifications for CNA by examination or endorsement;

(B) Complete a Board-approved home health assistant training and competency evaluation program; and

(C) Submit completed application.

~~**Section 8, Section 5. Licensure of Foreign Educated Nurses, Including Canadian Nurses RN/LPN.**~~

- (a) Applicant shall:
- (i) Graduate from a foreign nursing RN or LPN education program;
 - (ii) Submit certification from national certifying organization;
 - (iii) Submit evidence of English proficiency as the Board may require, if English is not the first language of the applicant;
 - (iv) Submit completed application and fee;
 - (v) Submit fingerprints and fee; and
 - (vi) Successfully pass the NCLEX specific to RN or LPN education program.
- (b) If an applicant fails the NCLEX, the applicant may retake the NCLEX and shall:
- (i) Submit completed application and fee for licensure by re-examination; and
 - (ii) Submit fingerprints and fee, as needed.
- (c) The Board may allow an applicant to sit for the NCLEX no more than ten (10) times within a five (5) year period.

~~(a) — A foreign registered or practical nurse applicant who has received nursing education outside of the United States and has written the English version of a board approved national nursing licensure examination in the United States and passed with a minimum score determined by the board:~~

~~(i) — Shall be required to fulfill all requirements for licensure by endorsement as stated in the Wyoming Nursing Practice Act W.S. 33-21-127(b);~~

~~(ii) — May secure a temporary permit to practice nursing upon fulfillment of all requirements as stated in the Wyoming Nursing Practice Act W.S. 33-21-132(a).~~

~~(b) — A foreign registered or practical nurse applicant who has received nursing education outside of the United States and has not passed a board approved national nursing licensure examination in the United States:~~

~~(i) — Shall be required to fulfill requirements for licensure by examination as stated in the Wyoming Nursing Practice Act, W.S. 33-21-127(a);~~

~~(ii) — Shall be required to pass the screening examination offered by a national certifying organization and receive a certificate. The board shall secure verification that a certificate has been issued to the applicant;~~

~~(A) — Request the foreign nursing education program submit an official transcript, accompanied by an English translation, to the national certifying organization. Deficiencies identified in the basic registered nurse or practical nurse education programs shall~~

~~be corrected in a board approved nursing education program before the applicant shall be allowed to sit for the national nursing licensure examination;~~

~~(B) Request the appropriate authority(s) in the country of the nursing education program to submit directly to the national certifying organization verification of government approval status of the nursing education program;~~

~~(iii) Shall submit evidence of English proficiency as the board may require, if English is not the first language of the applicant;~~

~~(iv) Shall be licensed to practice as a registered or practical nurse, or the equivalent, in the country of the applicant's nursing education program;~~

~~(v) Shall be scheduled for a board approved national nursing licensure examination;~~

~~(vi) Shall be required to pass a board approved national nursing licensure examination with a minimum score determined by the board;~~

~~(vii) Shall not be eligible to secure a graduate temporary permit.~~

Section 9, Section 6. Temporary Permits.

(a) Temporary permits are non-renewable and may be revoked by the Board at any time.

(b) Graduate Temporary Permits

(i) The Board may issue graduate temporary permits for APRN, RN, LPN and CNA.

(ii) A graduate temporary permit holder shall:

(A) Be held to the established standards of nursing practice; and

(B) Practice only under appropriate direction and supervision as follows:

(I) G APRN supervised by APRN within the same specialty or physician, or

(II) GN or GPN supervised by an APRN or RN, or

(III) GNA supervised by an APRN, RN, or LPN.

(iii) A graduate temporary permit for APRNs does not include prescriptive authority.

(iv) If the applicant does not successfully pass the initial national examination, the graduate temporary permit expires and applicant cannot practice nursing in the State.

(c) Temporary Permit while seeking Licensure or Certification

(i) An APRN, RN, LPN, or CNA seeking licensure or certification may request a

temporary permit.

(d) Temporary Permit without Licensure or Certification

(i) An APRN, RN, LPN, or CNA not seeking licensure or certification may request a temporary permit.

(ii) Applicant shall:

(A) Submit evidence of current licensure or certification in good standing from another jurisdiction; and

(B) Submit completed application and fee.

~~(a) Temporary Permit Pending Licensure.~~

~~(i) A professional or practical nurse or nursing assistant who is currently licensed or certified in another jurisdiction and who meets requirements for licensure or certification by endorsement may obtain a temporary permit while the application is being processed. A temporary permit may be issued for ninety (90) days and shall be nonrenewable.~~

~~(A) To request a temporary permit, the applicant shall:~~

~~(I) Submit to the board the application and fee for licensure or certification by endorsement, and a current license or certification (in good standing) from another jurisdiction.~~

~~(II) The fee for a temporary permit by endorsement shall be the same as the fee for initial licensure or certification.~~

~~(b) Temporary Permit Without Licensure.~~

~~(i) A professional or practical nurse or nursing assistant who is currently licensed or certified in another jurisdiction may obtain a temporary permit without applying for licensure or certification by endorsement. A temporary permit may be issued for ninety (90) days and shall be nonrenewable. A temporary permit without licensure or certification shall be issued to an individual only one time.~~

~~(A) To request a temporary permit without licensure or certification, the applicant shall:~~

~~(I) Submit to the board the application and fee for temporary permit without licensure or certification, and a current license or certification (in good standing) from another jurisdiction.~~

~~(II) The fee for a temporary permit by endorsement without license shall be the same as the fee for initial licensure or certification.~~

~~(c) Temporary Permit to Graduates of Foreign Schools of Nursing.~~

~~(i) — An applicant for licensure by examination or licensure by endorsement who received basic nursing education outside the United States, shall follow the requirements as stated in Licensure of Foreign Nurses, Section 8 of this Chapter.~~

~~(d) — Graduate Temporary Permit.~~

~~(i) — The board may issue a temporary permit to a new graduate of a state board approved professional or practical nursing education program pending the receipt of the candidate's test results.~~

~~(A) — To request a graduate temporary permit, the candidate shall:~~

~~(I) — Submit to the board the application and fee for licensure by examination.~~

~~(II) — Request the nursing education program to submit directly to the board the official transcript.~~

~~(III) — A notarized statement from the administrative head of the program indicating the candidate's graduation from the program may be acceptable to the board pending receipt of the official transcript.~~

~~(ii) — A graduate temporary permit is valid for 90 days.~~

~~(iii) — A graduate temporary permit is nonrenewable.~~

~~(iv) — A graduate temporary permit shall become invalid if the candidate fails to pass the national nursing licensure examination.~~

~~(v) — A graduate temporary permit shall be returned to the board if a candidate fails to pass the national nursing licensure examination.~~

~~(A) — The candidate shall be ineligible to practice as a graduate nurse or graduate practical nurse without a valid graduate temporary permit.~~

~~(vi) — A graduate of a state board approved professional nursing education program who has been issued a graduate temporary permit, may use the title, "Graduate Nurse", and the abbreviation, "G.N.".~~

~~(vii) — A graduate of a state board approved practical nursing education program who has been issued a graduate temporary permit, may use the title, "Graduate Practical Nurse", and the abbreviation, "G.P.N.".~~

~~(viii) — A graduate nurse or graduate practical nurse holding a graduate temporary permit shall practice only under the supervision of a registered professional nurse.~~

~~(ix) — A graduate nurse or graduate practical nurse holding a graduate temporary permit shall be held to the established Standards of Nursing Practice.~~

~~(e) — Graduate Temporary Permit for Certified Nurse Midwives, Certified Registered~~

~~Nurse Anesthetists, and Advanced Practitioners of Nursing (APN) who do not hold Master's Degrees.~~

~~(i) Pending the receipt of a candidate's test results on the first national specialty APN certifying examination offered after graduation and for which the candidate is eligible, the board may issue a temporary permit to a new graduate of a nationally accredited nursing education program which prepares Advanced Practitioners of Nursing (APN).~~

~~(A) To request a graduate temporary permit, the candidate shall:~~

~~(I) Submit to the board the application and fee(s) for specialty area(s) of recognition as an Advanced Practitioner of Nursing.~~

~~(II) Request that the nationally accredited APN education program submit directly to the board the official transcript.~~

~~(III) Provide proof of having applied for the first national specialty APN certifying examination offered after the candidate's graduation and for which the candidate was eligible.~~

~~(B) A graduate temporary permit may be valid until the time the examination results are received and the recognition issued.~~

~~(C) A graduate temporary permit shall be nonrenewable.~~

~~(D) A graduate temporary permit shall become invalid if the candidate fails to take and pass the first national specialty APN certifying examination offered after the candidate's graduation and for which the candidate is eligible.~~

~~(E) The graduate temporary permit shall be returned to the board if a candidate fails to take and pass the first national specialty APN certifying examination offered after the candidate's graduation and for which the candidate is eligible.~~

~~(F) The candidate shall be ineligible to practice as a graduate advanced practitioner of nursing without a valid graduate temporary permit.~~

~~(F) A graduate of a nationally accredited APN education program who has been issued a graduate temporary permit, may use the title, "Graduate Advanced Practitioner of Nursing", and the abbreviation, "G.A.P.N."~~

~~(G) A graduate APN holding a graduate temporary permit shall practice only under the supervision of an appropriately recognized APN and/or licensed physician.~~

~~(H) A graduate APN holding a graduate temporary permit shall be held to the established Standards of Nursing and Advanced Practice.~~

~~(f) Graduate Temporary Permit for Nursing Assistants/Nurse Aides.~~

~~(i) The candidate, who successfully completes a state approved Nursing Assistant~~

~~Training and Competency Evaluation Program (NATCEP) may be eligible to receive a temporary permit to practice as a graduate nursing assistant/nurse aide while awaiting competency testing and certification. Temporary Permits shall be issued to all students of approved NATCEP programs upon receipt of the Verification of Course Completion list as provided to the Board by approved course instructors. A graduate nursing assistant working under a temporary permit shall submit paperwork for permission to test and a complete application for certification to the Board at the earliest possible time.~~

~~(A) — The temporary permit may be revoked for any applicant whose background check initiates a preliminary investigation until such investigation is resolved. Wyoming State Board of Nursing reserves the right to revoke a temporary permit at any time.~~

~~(B) — A graduate Nursing Assistant temporary permit shall be valid for 120 days from date of issue or until the candidate becomes certified, whichever comes first. Federal guidelines may supersede this allowance.~~

~~(C) — A graduate Nursing Assistant temporary permit shall be nonrenewable.~~

~~(D) — A graduate Nursing Assistant temporary permit shall become void if the candidate fails to pass the competency examination.~~

~~(E) — The Board shall notify the candidate by mail of his or her competency examination results after receipt of both the written and skills test results from the national testing service. The notification shall include directions for the need to reschedule the examination should the candidate fail either portion.~~

~~(I) — Upon failing either portion of the competency exam the candidate shall be ineligible to practice as a nursing assistant/nurse aide until they successfully pass both sections of the competency exam.~~

~~(II) — A candidate who fails any part of the examination and wishes to retake the failed portion of the examination shall be allowed to take the examination a total of Five (5) times over a 1 year period regardless of the jurisdiction in which the examination was administered;~~

~~(III) — A candidate who fails five (5) attempts to pass either portion of the competency test within a one year period will be required to complete a state board approved training program before reapplying to take the approved competency examinations or making application for certification. They shall not be eligible to apply for a temporary NA permit prior to becoming certified.~~

~~(F) — A candidate shall be ineligible to practice as a graduate nursing assistant/nurse aide or as a nursing assistant/nurse aide after the temporary permit expires without appropriate certification.~~

~~(G) — A graduate nursing assistant/nurse aide holding a graduate Nursing Assistant temporary permit shall practice only under the supervision of a licensed nurse. Supervision shall be defined as “the immediate physical availability of an advanced practice registered nurse or registered professional nurse for the purpose of providing assistance,~~

~~coordination and evaluation of the practice of another” as found in Chapter 1, Section 6 (lxxix).~~

~~(H) — A graduate nursing assistant/nurse aide holding a graduate Nursing Assistant temporary permit shall be held to the established Standards of Nursing Assistant/Nurse Aide Practice. Any hiring facility shall be responsible for verifying individual competency as it relates to individual staff assignments.~~

~~(I) — A graduate of a state board approved nursing assistant/nurse aide training program who has been issued a graduate temporary permit, may use the title, "Graduate Nursing Assistant/Nurse Aide" and the abbreviation, "GNA."~~

~~(J) — A nursing assistant/nurse aide or student in a state approved NATCEP may be employed in a nursing facility during their education program but may not take individual assignments until they successfully complete the course and obtain their Temporary Permit.~~

~~(K) — A Nursing Assistant must be State Certified and listed on the state registry as maintained by the state regulatory agency prior to working for a Home Health Agency or Public Health Agency. A GNA is not eligible to work in home health or for a Public Health Agency.~~

Section 10, Section 7. Biennial Renewal of ~~Recognition and/or Licensure for All Nurses Licensure, Certification and/or Recognition.~~

(a) The Board shall make application(s) for renewal of ~~recognition and/or licensure licensure, certification and/or recognition~~ available on the Board website on or before October 1st of every even year.

(b) Failure to receive a renewal notice from the Board does not excuse an APRN, RN, LPN or CNA from the requirements for renewal under the NPA or these Board Rules.

(c) An APRN, RN, LPN, or CNA seeking renewal shall:

(i) Submit completed renewal application and fees; and

(ii) Submit evidence of meeting competency under Section 12.

(d) Completed renewal application, fees, and competency received:

(i) On or before December 31st of the renewal year shall incur no penalty;

(ii) January 1st through March 1st after the renewal year shall be assessed a late fee;

or

(iii) On or after March 2nd after the renewal year, the license, certificate or recognition shall lapse.

~~(b) — The board shall issue a current license to each nurse licensee who has met all the requirements for renewal of recognition and/or licensure and who submits the following:~~

~~(i) — The completed application(s) and fee for renewal of licensure;~~

~~(ii) — Evidence of meeting the requirements as stated in Section 17, Continued Competency of Licensees Continuing In Or Returning To Practice of this Chapter and Section 4., Requirements for Biennial Renewal of Advanced Practitioner of Nursing Recognition in Chapter IV; and~~

~~(iii) — A signed statement attesting that the licensee has committed no acts which are grounds for disciplinary action as set forth in the Wyoming Nursing Practice Act, WS 33-21-146, or if an act has been committed, the board has found after investigation that sufficient restitution has been made.~~

~~**Section 11. — Biennial Renewal of Certification for Nursing Assistants/Nurse Aides.**~~

~~(a) — The board shall make applications for renewal of certification available on the Board website on or before October 1st of every even year.~~

~~(b) — The board shall issue a current certificate to each nursing assistant/nurse aide who has met all the requirements and who submits the following:~~

~~(i) — A completed renewal application;~~

~~(ii) — Evidence of employment as a nurse assistant for at least sixteen (16) hours or participation in direct patient care through an approved nursing program since the last renewal;~~

~~(iii) — Evidence of twenty four (24) hours of learning activities related to CNA practice since the last renewal;~~

~~(iv) — Payment of the renewal fee as established; and~~

~~(v) — A signed statement attesting that the nursing assistant/nurse aide has committed no acts which are grounds for disciplinary action as set forth in the Wyoming Nursing Practice Act, WS 33-21-146, and/or federal regulations; or if an act has been committed, the board has found after investigation that sufficient restitution has been made.~~

~~(c) — No certification shall be renewed unless the nursing assistant/nurse aide has been employed as a nursing assistant/nurse aide for at least sixteen (16) hours or participated in direct patient care through an approved nursing program since the last renewal and has completed twenty four (24) hours of learning activities related to CNA practice since the last renewal.~~

~~**Section 12.**~~ **Section 8. Failure to Renew.**

(a) All licenses, certificates, and/or recognitions expire on December 31st of the renewal year.

(b) Unless an APRN, RN, LPN or CNA renews their license, certification or recognition on or before December 31st, the APRN, RN, LPN, or CNA shall not practice after December 31st of the renewal year.

(c) An APRN, RN, LPN or CNA cannot resume practice until:

(i) The APRN, RN, LPN or CNA submits a completed renewal application, fees (including late fee), and competency requirements and the Board issues a license, certificate or recognition between **January 1st through March 1st** after the renewal year; or

(ii) The APRN, RN, LPN or CNA submits a completed relicensure/recertification application and the Board issues a license, certificate or recognition on or after **March 2nd** after the renewal year.

(d) Any APRN, RN, LPN or CNA that practices on an expired license, certificate or recognition or before the Board issues a license, certificate or recognition after submission of either late renewal or relicensure/recertification application shall be grounds for discipline.

~~(a) Failure to receive the application(s) for renewal of certification, recognition and/or licensure shall not relieve the nursing assistant/nurse aide or the nurse licensee of the responsibility for renewing the certificate, recognition and/or license by December 31st of the renewal year.~~

~~(i) Application for renewal must be postmarked before midnight, December 31st, of the renewal year.~~

~~(ii) Any certificate, license and/or recognition issued by the board shall expire if the certificate holder or licensee fails to renew the certificate, license and/or recognition by December 31st of the renewal year.~~

~~(A) Upon compliance with board rules and regulations regarding renewal and the remittance of all fees (including additional late fees), a period of up to, but not exceeding, sixty (60) days from the date of expiration shall be allowed for renewal of certification, recognition and/or licensure.~~

~~(B) The certificate, recognition and/or license shall automatically lapse if the licensee/certificate holder fails to renew by this deadline date, that is, within sixty (60) days after the expiration date of the license.~~

~~(iii) A licensee/certificate holder who fails to renew by this deadline must file for relicensure and pay an additional delinquent fee.~~

~~(b) A licensee/certificate holder who fails to renew his/her license/certificate on or before the date of expiration designated by the board shall result in the forfeiture of the right to work as a registered professional nurse, licensed practical nurse, advanced practitioner of nursing, or certified nursing assistant/nurse aide in the state.~~

~~(c) A licensee who fails to request inactive status by December 31st of the renewal year may still request inactive status for sixty (60) days after the expiration date of the license without penalty. A licensee who fails to request inactive status within sixty (60) days shall be ineligible to request inactive status.~~

~~(d) Any person functioning as a nursing assistant/nurse aide during the time a~~

~~certification has lapsed or been revoked shall be considered as functioning illegally and may be subjected to the penalties provided for violators under the provision of the Wyoming Nursing Practice Act and the administrative rules.~~

~~(e) — A licensee who fails to renew the license within sixty (60) days after the expiration date of the license and continues to practice is an illegal practitioner subject to the penalties provided for violation(s) of the Wyoming Nursing Practice Act, and shall apply for relicensure in order to practice nursing.~~

Section 9. Relicensure/Recertification.

- (a) Applicant seeking relicensure or recertification shall:
 - (i) Submit completed application and fees; and
 - (ii) Submit evidence of meeting competency under Section 12.

~~**Section 13.**~~ **Section 10. Inactive Status and Reactivation.**

- (a) The Board may grant a RN or LPN's request for inactive status.
- (b) Applicant shall submit a completed application and fee.
- (c) The RN or LPN shall not practice nursing in this State until the license is reactivated. Applicant may apply for reactivation and shall:
 - (i) Submit a completed application and fee; and
 - (ii) Submit evidence of meeting competency under Section 12.
- (d) If the RN or LPN was under investigation or on a conditional license at the time inactive status was granted, the investigation or conditions will continue.

~~(a) — A licensee who holds a current license and desires inactive status shall submit a written request to the board.~~

~~(b) — The board may allow a licensee to place his/her license on inactive status by submitting the following:~~

~~(i) — The completed application and fee for inactive licensure status;~~

~~(ii) — A signed statement attesting that the licensee has committed no acts which are grounds for disciplinary action as set forth in the Wyoming Nursing Practice Act, WS 33-21-146, or if an act has been committed, the board has found after investigation that sufficient restitution has been made.~~

~~(A) — If sufficient restitution has not been made, the board may allow a licensee under investigation or with an encumbered license to place his/her license on inactive status under the following conditions:~~

~~(I) At the time the licensee chooses to seek reactivation, the investigation will be continued and the complaint and investigative file will be forwarded to the board's disciplinary committee; or~~

~~(II) At the time the licensee chooses to seek reactivation, the conditions of the Stipulation and Order will become activated; and~~

~~(III) The probation period shall not end until the licensee has submitted evidence of compliance with the terms of the Order.~~

~~(c) — A licensee shall be notified that transfer of the license to inactive status shall be effective on the date of the expiration of the current license.~~

~~(d) — The licensee shall not practice nursing in this state until the license is reactivated.~~

Section 14. — Reactivation.

~~(a) — A licensee who places a license on the inactive status list may apply for reactivation, and shall meet the following requirements:~~

~~(i) — Submit the application and fee for reactivation to the board;~~

~~(ii) — Submit evidence of meeting the requirements as stated in Biennial Renewal of Recognition and/or Licensure for All Nurses, Section 10 of this Chapter.~~

Section 15. — Relicensure.

~~(a) — A licensee/certificate holder who has failed to renew a license or certificate may apply for relicensure, and shall meet the following requirements:~~

~~(i) — Submit an application and fee for relicensure to the board;~~

~~(ii) — Submit evidence of meeting the requirements as stated in Biennial Renewal of Recognition and/or Licensure for All Nurses and Biennial Renewal of Certification for Nursing Assistants/Nurse Aides, Sections 10 and 11 of this Chapter.~~

Section 16, Section 11. Reinstatement of Certification, Recognition and/or Licensure, Licensure, Certification and/or Recognition.

(a) — An APRN, RN, LPN or CNA whose license, certificate, or recognition has been revoked, surrendered, suspended, or conditioned may apply for reinstatement and shall:

(i) — Submit completed application and fees;

(ii) — Submit evidence of meeting competency under Section 12.

(iii) — Submit evidence of meeting requirements of the previous Board's order; and

(iv) — Submit evidence that just cause for reinstatement has been demonstrated.

(b) Licenses, certificates, or recognitions which have been suspended solely pursuant W.S. 33-21-146(b) shall be reinstated pursuant to W.S. 20-6-112(c).

~~(a) A nursing assistant/nurse aide whose certificate has been surrendered, conditioned, revoked or suspended may apply for reinstatement. The applicant shall:~~

~~(i) Submit evidence of meeting the requirements established by the board's previous order;~~

~~(ii) Submit evidence that just cause for reinstatement has been demonstrated;~~

~~(iii) Submit the application and fee for reinstatement to the board as specified under Chapter V: FEES;~~

~~(iv) Request to appear before the board to seek reinstatement; and~~

~~(v) If reinstatement is granted, submit evidence of meeting the current renewal requirements as stated in Biennial Renewal of Certification for Nursing Assistants/Nurse Aides, Section 11 of this Chapter.~~

~~(b) A nurse licensee whose recognition and/or licensure has been surrendered, conditioned, suspended or revoked may apply for reinstatement. The applicant shall:~~

~~(i) Submit evidence of meeting the requirements established by the board's previous order;~~

~~(ii) Submit evidence that just cause for reinstatement has been demonstrated;~~

~~(iii) Submit the application and fee for reinstatement to the board as specified under Chapter V: FEES;~~

~~(iv) Submit evidence of meeting the requirements as stated in Biennial Renewal of Recognition and/or Licensure for All Nurses in Section 10 of this Chapter.~~

~~(c) Licenses, certificates, or permits which have been suspended solely pursuant to WS 20-6-112(a) and WS 33-21-146(b) shall be reinstated pursuant to WS 20-6-112(c). The rules for reinstatement set forth in (a) and (b) of this section shall not apply in this instance.~~

Section 17, Section 12. Continued Competency of Licensees Competency for Licensure/Certification Continuing In Or Returning To Practice.

(a) Timeframe for meeting competency

(i) If applicant is renewing their license, certificate or recognition, then competency shall be met during the renewal cycle which is from January 1st of the odd year through December 31st of the even year.

(ii) For those applicants seeking licensure, certification or recognition by endorsement, reactivation, reinstatement, relicensure/recertification, or returning to practice,

competency shall be met during the timeframe identified prior to date of application.

(b) APRN

(i) An APRN shall demonstrate competency by submitting evidence of:

(A) Current national certification as an APRN in the recognized role and population focus area; or

(B) If recognized APRN in the State prior to July 1, 2005, and has maintained continuous recognition, but not nationally certified, the APRN shall submit evidence of:

(I) Completion of sixty (60) or more contact hours of continuing education related to the APRN's recognized role and population focus area; and

(II) Completion of four hundred (400) or more hours practicing as an APRN during the last two (2) years.

(ii) An APRN with prescriptive authority must submit documentation of completion of fifteen (15) hours of coursework in pharmacology and clinical management of drug therapy within the two (2) years prior to license expiration.

(c) RN/LPN

(i) A RN or LPN shall demonstrate competency by submitting evidence of:

(A) Employment in the practice of nursing prior to license expiration for a minimum of:

(I) Sixteen hundred (1600) hours during the last five (5) years; or

(II) Five hundred (500) hours during the last two (2) years; or

(B) If the applicant has not practiced nursing during the last five (5) years, applicant shall:

(I) Successfully complete a refresher course or the equivalent, accepted by the Board;

(II) Satisfactory completion of a nursing education program which confers a degree beyond the licensee's basic nursing education;

(III) Certification by a nationally recognized professional accrediting agency in a specialty area of nursing that is accepted by the Board;

(IV) Successfully pass NCLEX; or

(V) Satisfactory completion of twenty (20) hours of CEUs within two (2) years and which adhere to the following guidelines:

(1.) Courses shall be relevant to the applicant's primary area of nursing practice;

(2.) Fifty (50) minutes of theory is equivalent to one (1) CEU; and

(3.) Academic courses relevant to nursing may be accepted as meeting the requirements for continuing education.

a. One (1) CEU is equivalent to ten (10) contact hours.

b. One (1) semester credit hour is equivalent to fifteen (15) CEUs.

c. One (1) quarter credit hour is equivalent to ten (10) CEUs.

(d) LPN IV

(i) A LPN IV shall demonstrate competency by submitting evidence of:

(A) Satisfactory completion of ten (10) contact hours and/or in-service education in IV within two (2) years; or

(B) Successful completion of a Board-approved LPN IV refresher course.

~~(a) An applicant seeking licensure by endorsement, reactivation, reinstatement, relicensure, or renewal of licensure or certification shall:~~

~~(i) Submit evidence of employment if engaged in the practice of nursing for a minimum of sixteen hundred (1600) hours during the last five (5) years or a minimum of five hundred (500) hours during the last two (2) years; or~~

~~(ii) Submit evidence of completion of one of the following areas if not engaged in the practice of nursing for a minimum of sixteen hundred (1600) hours in the last five (5) years or a minimum of five hundred (500) hours in the last two (2) years:~~

~~(A) Satisfactory completion of a refresher course or the equivalent, accepted by the board if the applicant has not practiced nursing during the last five (5) years.~~

~~(I) An applicant shall submit an outline of the refresher course and content for nursing theory to the board:~~

~~(1.) The course shall be at least four (4) weeks in length;~~

~~(2.) The course shall include at least sixty (60) hours theory and eighty (80) hours of clinical practice under supervision of a registered professional nurse; and~~

~~(3.) The course shall specify a definite make-up policy for absences.~~

~~(H) An applicant shall submit evidence of enrollment and satisfactory completion of the course to the board.~~

~~(B) Satisfactory completion of a comprehensive orientation program, provided by a prospective nursing employer, accepted by the board if the applicant has not practiced during the last five (5) years.~~

~~(I) An applicant shall submit an outline of the orientation program and content for nursing theory to the board:~~

~~(1.) The program will be at least eight (8) weeks in length;~~

~~(2.) The program shall include a minimum of one hundred sixty (160) hours of clinical practice under the supervision of a registered professional nurse.~~

~~(H) An applicant shall submit evidence of satisfactory completion of the program to the board.~~

~~(C) Satisfactory completion, within the last five (5) years, of a nursing education program which confers a degree beyond the licensee's basic nursing education.~~

~~(I) An applicant shall request the governing body to submit an official transcript to the board, verifying completion of the program.~~

~~(D) Certification in a specialty area of nursing practice within the last five (5) years by a nationally recognized professional accrediting agency, accepted by the board.~~

~~(I) An applicant shall submit a notarized copy of a certificate to the board, verifying certification in a specialty area of nursing practice.~~

~~(E) Satisfactory completion of the national nursing licensure examination or a competency examination accepted by the board.~~

~~(I) An applicant shall submit a notarized verification of completion of the examination. The verification shall document that the applicant passed the examination with a minimum score as determined by the board;~~

~~(1.) The examination shall have been completed within the last five (5) years;~~

~~(2.) The examination shall test the competency relevant to general nursing practice or a specialty area of nursing practice.~~

~~(F) Satisfactory completion of twenty (20) hours of continuing education within the last two (2) years.~~

~~(I) An applicant shall submit evidence of completion of twenty (20) hours of continuing education within the last two (2) years to the board.~~

~~(1.)—Courses shall be relevant to the individual's primary area of nursing practice;~~

~~(2.)—Fifty (50) minutes of theory is equivalent to one (1) hour of continuing education;~~

~~(3.)—Academic courses relevant to nursing may be accepted as meeting the requirements for continuing education. A transcript shall be submitted in lieu of a certificate for acceptance by the board. Fifteen (15) hours shall be allowed for one (1) semester credit hour and ten (10) hours shall be allowed for one (1) quarter credit hour.~~

~~**Section 18.—Continued Competency of Nursing Assistants/Nurse Aides Continuing In Or Returning To Practice.**~~

(e) CNA

(i) A CNA shall demonstrate competency by submitting evidence of:

(A) Employment as a CNA prior to certification expiration for a minimum of sixteen (16) hours and twenty-four (24) hours of education which may include in-service presentations, contact hours or other means which provide learning activities related to CNA practice; or

(B) Participation in direct patient care through an approved nursing program since the last renewal cycle.

(ii) A CNA who is unable to meet competency shall be required to meet the requirements for certification by examination.

~~(a) —Continued competency requirements apply to:~~

~~(i) —A nursing assistant/nurse aide seeking to renew certification;~~

~~(ii) —A nursing assistant/nurse aide seeking to reinstate certification; and~~

~~(iii) —A nursing assistant/nurse aide seeking endorsement.~~

~~(b) —An applicant seeking certification by endorsement, reinstatement, or renewal of certification shall:~~

~~(i) —Submit evidence of employment as a nursing assistant/nurse aide for a minimum of sixteen (16) hours since the last renewal; or~~

~~(ii) —Submit evidence of participation in direct patient care through an approved nursing program since the last renewal; and~~

~~(iii) —Submit evidence of twenty-four (24) hours of continuing education since the last renewal;~~

~~(c) — Continuing education may be in the form of CEUs, inservice presentations, contact hours or other means which provide learning activities related to CNA practice.~~

~~(i) — The evidence of continuing education shall include:~~

~~(A) — The name of the continuing education course;~~

~~(B) — The date(s) of the continuing education course(s);~~

~~(C) — The number of hours of the continuing education course(s);~~

~~(D) — The name and address of provider; and~~

~~(E) — The authorized signature of provider or designated representative.~~

~~(d) — A nursing assistant/nurse aide who is unable to provide satisfactory evidence of continuing education training will be required to meet the requirements for certification by examination.~~

Section 19. — Denial of Issuance or Renewal of Certification, Licensure, and/or Recognition.

~~(a) — The board may deny issuance or renewal of a certificate, license, and/or recognition for:~~

~~(i) — Failure to fulfill all the requirements for certification, licensure, and/or recognition;~~

~~(ii) — Violations of the standards of nursing practice, the board's administrative rules and regulations, or the Nursing Practice Act.~~

~~(b) — A licensee or certificate holder, who has been denied licensure, recognition, or certification, may request a hearing before the board to show cause why that decision should not be affirmed.~~

~~(i) — The applicant has thirty (30) days from the receipt of the notice to request a hearing to show cause before the board.~~

~~(ii) — The applicant's failure to request a hearing within thirty (30) days from the receipt of the notice shall result in the board's decision becoming final.~~

Section 20. — Verification of Licensure/Certification To Another Jurisdiction.

~~(a) — Upon receipt of a signed form requesting verification of licensure/certification to another jurisdiction and the appropriate verification fee, the board shall complete and return the verification form to the jurisdiction specified by the licensee/certificate holder.~~

Section 21. — Change of Name and/or Address.

~~(a) — A licensee/certificate holder shall notify the board of any changes in name and/or address within ninety (90) days of the change.~~

~~(b) — Any notification from the board shall be mailed to the last known name and address provided to the board by the licensee/certificate holder, and shall be deemed proper service on said licensee/certificate holder.~~

~~(c) — The licensee/certificate holder who has changed his/her name shall complete a change of name affidavit form.~~

~~(i) — Upon receipt of the completed change of name affidavit form and the previously issued license or certificate, the board shall reissue a license/certificate in the applicant's current name.~~

~~**Section 22. Duplicate License/Certificate.**~~

~~(a) — A duplicate license/certificate shall not be issued.~~

~~(b) — A licensee/certificate holder shall immediately notify the board if a license or certificate has been lost, stolen, or destroyed.~~

~~(c) — A statement from the board verifying current licensure or certification status may be sent to an employer, another jurisdiction, or any other institution as requested by the licensee or certificate holder.~~

~~**Section 23.**~~ **Section 13. Nurse Volunteer License.**

(a) Applicant shall:

(i) Meet qualifications under W.S. 33-21-157; and

(ii) Submit completed application.

~~(a) — An applicant shall:~~

~~(i) — Currently hold an unencumbered license in any state or territory of the United States that is expired or shall expire prior to issuance of the volunteer license;~~

~~(ii) — Be retired from nursing practice and have at least 10 years of active full time or part time practice prior to actual retirement;~~

~~(iii) — Meet continued competency requirements as defined in Chapter 2, Section 17;~~

~~(iv) — If an advanced practitioner of nursing, meet continued competency as defined in Chapter 4, Section 4 and/or Section 8 (excluding application fees);~~

~~(v) — Be a graduate of a state board approved nursing education program recognized by the board which prepares for the level of licensure being sought;~~

~~(vi) — Submit a notarized application for volunteer nurse licensure to the Board as specified in W. S. §33-21-157(iv)(A)(B) and (C) including:~~

~~(A) — A copy of the applicant's nursing degree;~~

~~(B) — A copy of the applicant's most recent license and/or certificate authorizing the practice of nursing issued by a jurisdiction in the United States that licenses persons to practice nursing;~~

~~(vii) — Submit verification of licensure by examination from the jurisdiction of original licensure and status of license since original date of issuance;~~

~~(viii) — Have committed no acts which are grounds for disciplinary action under W. S. §33-21-146;~~

~~(ix) — Submit to Department of Criminal Investigation (DCI) finger prints cards and required fees and other information necessary for a criminal history record background check as provided under W. S. §7-19-201.~~

~~(b) — Renewal of Nurse Volunteer License and/or Recognition~~

~~(i) — The volunteer nurse license and/or Recognition is valid for a period of one (1) year from date of issue;~~

~~(ii) — The applicant shall:~~

~~(A) — Submit a renewal application provided by the board;~~

~~(B) — Submit evidence of meeting the continued competency requirements annually, as defined in Chapter 2, Section 17;~~

~~(C) — If an advanced practitioner of nursing, submit evidence of meeting the continued competency requirements as defined in Chapter 4, Section 4 and/or Section 8 (excluding renewal fees);~~

~~(I) — If qualified by education, the advanced practitioner of nursing shall submit evidence of having completed thirty (30) contact hours of continuing education related to the recognized specialty area(s) of advanced nursing practice and a minimum of two hundred (200) practice hours in advanced nursing practice during the last year; or~~

~~(II) — If qualified by national certification, the advanced practitioner of nursing shall submit evidence of holding current national certification or recertification as an advanced practitioner of nursing in the recognized specialty area(s) of advanced nursing practice and evidence of having completed fifteen (15) contact hours of continuing education related to the specialty area(s) of advanced nursing practice;~~

~~(III) — The annual requirement for contact hours of continuing education related to the recognized specialty area(s) of advanced nursing practice may include six (6) hours of education in pharmacology and clinical management of drug therapy and/or hours of education relating to national certification;~~

~~(D) — Volunteer practice hours as specified by W.S.33-21-157 will be accepted for continued competency.~~

- ~~(c) Denial of issuance or renewal of nurse volunteer license and/or recognition~~
 - ~~(i) The board may deny issuance or renewal of a nurse volunteer license for:
 - ~~(A) Failure to fulfill all the requirements for licensure or renewal of nurse volunteer license and/or recognition;~~
 - ~~(B) Violations of the standards of nursing practice, the board's administrative rules and regulations, or the Nursing Practice Act;~~~~
 - ~~(ii) A licensee, who has been denied nurse volunteer licensure or recognition, may request a hearing before the board to show cause why that decision should not be affirmed;
 - ~~(A) The applicant has thirty (30) days from the receipt of the notice to request a hearing to show cause before the board;~~
 - ~~(B) The applicant's failure to request a hearing within thirty (30) days from the receipt of the notice shall result in the board's decision becoming final.~~~~
- ~~(d) Grounds for Discipline~~
 - ~~(i) Inability to function with reasonable skill and safety for the following reasons, including but not limited to:
 - ~~(A) Physical or mental disability;~~
 - ~~(B) Substance abuse/dependency;~~
 - ~~(C) Client abandonment;~~
 - ~~(D) Client abuse, including sexual abuse;~~
 - ~~(E) Fraud or deceit;~~
 - ~~(F) Client neglect;~~
 - ~~(G) Client boundaries, including sexual boundaries;~~
 - ~~(H) Performance of unsafe client care;~~~~
 - ~~(ii) Misappropriation of property;~~
 - ~~(iii) Criminal felony conviction;~~
 - ~~(iv) Failure to conform to the standards of prevailing nursing and advanced practitioner of nursing practice, in which case actual injury need not be established;~~
 - ~~(v) Accepting remuneration for providing nursing services while in possession of a volunteer nursing license;~~

~~(vi) Practicing outside the premises of a nonprofit health care facility in this state;~~

~~(vii) Providing care to persons other than low income uninsured;~~

~~(viii) Engaging in practice outside the scope of the volunteer license in this state.~~

~~(e) Register~~

~~(i) The Board shall maintain a register of all volunteer nurse licenses.~~

CHAPTER 3

SCOPE AND STANDARDS OF NURSING PRACTICE AND CNA ROLE

Section 1. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to regulate the scope and practice of nursing and provide guidance for APRN, RN, LPN and the role of the CNA.

Section 2. Scope and Standards of Nursing Practice for the APRN.

(a) Scope and Standards for APRN:

(i) The APRN is subject at all times to the standards and scope of practice established by national professional organizations and/or accrediting agencies representing the various core, role and population focus areas for APRNs, and the NPA.

(ii) The Board recognizes APRN core, role and population focus areas described in the scope of practice statements for APRNs issued by national professional organizations and/or accrediting agencies.

(iii) Role and population focus of the APRN shall be declared, and the role and population focus to be utilized shall be the title(s) granted by nationally recognized professional organization(s) and/or accrediting agency(ies) or the title(s) of the role and population focus of nursing practice in which the APRN has received postgraduate education preparation.

(iv) In order to practice in one of the four roles and in a defined population, the APRN shall be recognized by the Board in that particular role with a population focus of advanced practice nursing.

(b) Prescriptive Authority:

(i) The Board may authorize an APRN to prescribe medications and devices, within the recognized scope of APRN's role and population focus, and in accordance with all applicable state and federal laws including, but not limited to, the WPA, WCSA, the FCSA, and their applicable Rules and Regulations.

(ii) The Board shall transmit to the Board of Pharmacy a list of all APRNs who have prescriptive authority. The list shall include:

(A) The name of the authorized APRN;

(B) The RN license number, role and population focus of the APRN recognized by the Board; and

(C) The effective date of prescriptive authority authorization.

(iii) Authorized prescriptions by an APRN shall:

(A) Comply with all current and applicable state and federal laws; and

(B) Be signed by the APRN with the initials "APRN" or the initials of the nationally recognized role and population focus.

(iv) Prescriptive authorization will be terminated if the APRN has:

(A) Not maintained current recognition as an APRN;

(B) Prescribed outside the scope of recognized APRN's role and population focus or for other than therapeutic purposes;

(C) Not completed four hundred (400) hours of practice as an APRN within the past two (2) years;

(D) Not documented fifteen (15) contact hours of pharmacology within the past two (2) years; or

(E) Violated the standards of practice, Board Rules, or the NPA.

(v) APRN's prescriptive authority shall be renewed biennially.

(vi) The Board will notify the Board of Pharmacy within two working days after termination of or change in the prescriptive authority of an APRN.

(c) Applicability:

(i) The provisions of this chapter are only applicable to an APRN who is recognized as an APRN, whose authorization to perform advanced and specialized acts of nursing practice, advanced nursing and medical diagnosis, and the administration and prescription of therapeutic and corrective measures comes from educational preparation, national certification, and recognition to practice in compliance with Board Rules.

(ii) Nothing in this chapter prohibits the usual and customary practice of an APRN in the State from directly administering prescribed controlled substances under derived authority. In addition, the direct administration, or the ordering of controlled substances preoperatively, intraoperatively or postoperatively, by an APRN (certified registered nurse anesthetist) does not involve prescribing within the meaning of 21 CFR 1308.02(f) or the Board Rules. These rules do not require any changes in the current practice and procedures of APRN who are certified registered nurse anesthetists or the institutional and individual practitioners with whom they may practice.

(iii) Nothing in this chapter prohibits the usual and customary practice of APRNs in the State from providing/dispensing drugs in accordance with applicable state and federal laws.

(iv) Nothing in this section limits or enhances the usual and customary practice of a RN or LPN in the State.

Section 3. Scope and Standards of Nursing Practice for the RN.

- (a) The RN shall retain professional accountability for nursing care:
 - (i) Have knowledge of the statutes and regulations governing nursing;
 - (ii) Practice within the legal boundaries for nursing through the scope of practice authorized in the NPA and the Board Rules;
 - (iii) Take preventive measures to protect the client, others, and self;
 - (iv) Base professional decisions on nursing knowledge and skills, the needs of clients and the expectations delineated in professional standards;
 - (v) Maintain continued competence through ongoing learning and application of knowledge to nursing practice;
 - (vi) Report unfit or incompetent nursing practice to recognized legal authorities;
 - (vii) Participate in the evaluation of nursing practice through quality and safety activities including peer review;
 - (viii) Maintain appropriate professional boundaries, including sexual boundaries;
 - (ix) Maintain client confidentiality unless obligated by law to disclose the information; and
 - (x) Conduct practice without discrimination on the basis of age, race, religion, sex, life style, national origin, medical diagnosis, or handicap.
- (b) The RN shall participate of an interdisciplinary healthcare team and organize, manage, and supervise the practice of nursing.
- (c) The RN shall advocate for the client.
- (d) The RN shall implement the nursing process:
 - (i) Conduct a comprehensive health assessment that is an extensive data collection (initial and ongoing) regarding individuals, families, groups, and communities; and
 - (ii) Collect objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner.

Section 4. Scope and Standards of Nursing Practice for the LPN.

- (a) Standards related to the LPN's contribution to the nursing process. The LPN shall:
 - (i) Contribute to the nursing assessment by collecting, reporting, and recording objective and subjective data in an accurate and timely manner. Data collection includes observations about the condition or change in condition of the client.

- (ii) Participate in the development and modification of the plan of care by:
 - (A) Provide data;
 - (B) Contribute to the identification of priorities;
 - (C) Contribute to setting realistic and measurable goals;
 - (D) Assist in the identification of measures to maintain comfort, support human functions and responses, maintain an environment conducive to well-being, and provide health teaching and counseling; and
 - (E) Base nursing decisions on nursing knowledge, skills, and needs of clients.
- (iii) Participate in the implementation of the plan of care by:
 - (A) Provide care for clients under the direction of a licensed physician, dentist, APRN, or RN.
 - (B) Initiate appropriate standard emergency procedures established by the institution until a licensed physician, dentist, APRN or RN is available.
- (b) Accountability. The LPN shall:
 - (i) Have knowledge of the statutes and regulations governing nursing;
 - (ii) Accept individual responsibility and accountability for nursing actions and competency;
 - (iii) Accept client care assignments from the licensed physician, APRN, dentist, or RN only for which they are educationally prepared and adequately trained;
 - (iv) Contribute to the formulation, interpretation, implementation, and evaluation of the objectives and policies relating to practical nursing practice within the employment setting;
 - (v) Participate in the evaluation of nursing practice through quality and safety activities;
 - (vi) Report unfit or incompetent nursing practice to the board. Report unsafe conditions for practice to recognized legal authorities;
 - (vii) Conduct practice without discrimination on the basis of age, race, religion, sex, life-style, national origin, or disability;
 - (viii) Respect the dignity and rights of clients and their significant others, regardless of social or economic status, personal attributes, or nature of health problems;

- (ix) Protect confidential information, unless obligated by law to disclose the information;
 - (x) Maintain boundaries, including sexual boundaries;
 - (xi) Maintain continued competency through ongoing learning and application of knowledge to nursing practice;
 - (xii) Participate in the development of continued competency in the performance of nursing care activities for nursing personnel and students; and
 - (xiii) Implement appropriate aspects of client care in a timely manner.
- (c) Implementation. The LPN shall:
- (i) Participate in nursing management;
 - (ii) Take preventive measures to protect client, others, and self; and
 - (iii) Teach and counsel clients and families in accordance with the nursing care plan.

Section 5. Expanded Role for LPN IV, MA-C and CNA II. With successful completion of a Board-approved curriculum, the LPN or CNA may obtain certification which expands the LPN scope of practice or CNA role.

Section 6. Role of CNA.

- (a) A CNA, regardless of title or care setting shall be under the direction of an APRN, RN, or LPN;
- (b) After appropriate client assessment and delegation by the an APRN, RN, or LPN, the CNA shall utilize knowledge of client's rights, legal and ethical concepts, communication skills, safety, and infection control while performing the following:
 - (i) Basic Nursing Skills;
 - (ii) Personal Care Skills;
 - (iii) Basic Restorative Skills Assistance;
 - (iv) Mental Health and Psychosocial Skills;
 - (v) Communication Skills; and
 - (vi) Nursing Team Member Skills of the CNA.

CHAPTER 3
STANDARDS OF NURSING PRACTICE

Section 1. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to regulate the scope and practice of nursing and provide guidance for APRN, RN, LPN and CNA.

- ~~(a) — The purpose of the board in adopting rules and regulations in this chapter is to:
 - ~~(i) — Communicate board expectations and provide guidance for nurses regarding safe nursing practice.~~
 - ~~(ii) — Articulate board criteria for evaluating the practice of nursing to determine if the practice is safe and effective.~~
 - ~~(iii) — Clarify the scope of practice for the registered professional nurse, advanced practice registered nurse (see Chapter 4), and licensed practical nurse.~~
 - ~~(iv) — Identify behaviors which may impair the licensee's ability to practice with reasonable skill and safety, which include, but are not limited to:
 - ~~(A) — Fraud and deceit;~~
 - ~~(B) — Unsafe practice;~~
 - ~~(C) — Misappropriation of property;~~
 - ~~(D) — Abandonment;~~
 - ~~(E) — Abuse, including sexual abuse;~~
 - ~~(F) — Neglect;~~
 - ~~(G) — Chemical dependency;~~
 - ~~(H) — Drug diversion — self/others;~~
 - ~~(I) — Sale or unauthorized use of controlled/illicit drugs;~~
 - ~~(J) — Criminal conviction;~~
 - ~~(K) — Failure to supervise or to monitor the performance of acts by any individual working under the licensed nurse's direction;~~
 - ~~(L) — Unprofessional conduct; and~~~~~~

~~(M) Boundary violations, including sexual boundaries.~~

~~(b) The standards of nursing practice interpret the statutory definitions of professional, advanced practice and practical nursing. The standards of nursing practice evolve from the nursing process and national standards.~~

~~(c) Violations of the standards of nursing practice may result in disciplinary action by the board.~~

Section 2. Scope and Standards of Nursing Practice for the APRN.

(a) Scope and Standards for APRN:

(i) The APRN is subject at all times to the standards and scope of practice established by national professional organizations and/or accrediting agencies representing the various core, role and population focus areas for APRNs, and the NPA.

(ii) The Board recognizes APRN core, role and population focus areas described in the scope of practice statements for APRNs issued by national professional organizations and/or accrediting agencies.

(iii) Role and population focus of the APRN shall be declared, and the role and population focus to be utilized shall be the title(s) granted by nationally recognized professional organization(s) and/or accrediting agency(ies) or the title(s) of the role and population focus of nursing practice in which the APRN has received postgraduate education preparation.

(iv) In order to practice in one of the four roles and in a defined population, the APRN must be recognized by the Board in that particular role with a population focus of advanced practice nursing.

(b) Prescriptive Authority.

(i) The Board may authorize an APRN to prescribe medications and devices, within the recognized scope of APRN's role and population focus, and in accordance with all applicable state and federal laws including, but not limited to, the WPA, WCSA, the FCSA, and their applicable Rules and Regulations.

(ii) The Board shall transmit to the Board of Pharmacy a list of all APRNs who have prescriptive authority. The list shall include:

(A) The name of the authorized APRN;

(B) The prescriber's RN license number, role and population focus of the APRN recognized by the Board; and

(C) The effective date of prescriptive authority authorization.

(iii) Authorized prescriptions by an APRN shall:

(A) Comply with all current and applicable state and federal laws; and

(B) Be signed by the prescribing APRN with the initials "APRN" or the initials of the nationally recognized role and population focus.

(iv) Prescriptive authorization will be terminated if the APRN has:

(A) Not maintained current recognition as an APRN;

(B) Prescribed outside the scope of recognized APRN's role and population focus or for other than therapeutic purposes;

(C) Not completed four hundred (400) hours of practice as an APRN within the past two (2) years;

(D) Not documented fifteen (15) contact hours of pharmacology within the past two (2) years; or

(E) Violated the standards of practice, Board Rules, or the NPA.

(v) APRN's prescriptive authority must be renewed biennially.

(vi) The Board will notify the Board of Pharmacy within two working days after termination of or change in the prescriptive authority of an APRN.

(c) Applicability

(i) The provisions of this chapter are only applicable to an APRN who is recognized as an APRN whose authorization to perform advanced and specialized acts of nursing practice, advanced nursing and medical diagnosis, and the administration and prescription of therapeutic and corrective measures comes from educational preparation, national certification, and recognition to practice in compliance with Board Rules.

(ii) Nothing in this chapter prohibits the usual and customary practice of an APRN in Wyoming from directly administering prescribed controlled substances under derived authority. In addition, the direct administration, or the ordering of controlled substances preoperatively, intraoperatively or postoperatively, by an APRN (certified registered nurse anesthetist) does not involve prescribing within the meaning of 21 CFR 1308.02(f) or the Board Rules. These rules do not require any changes in the current practice and procedures of APRN who are certified registered nurse anesthetists or the institutional and individual practitioners with whom they may practice.

(iii) Nothing in this chapter prohibits the usual and customary practice of APRNs in Wyoming from providing/dispensing drugs in accordance with applicable state and federal laws.

(iv) Nothing in this section limits or enhances the usual and customary practice of a RN or LPN in Wyoming.

~~Section 2.~~Section 3. Scope and Standards of Nursing Practice for the Registered Professional Nurse.

- (a) The RN shall retain professional accountability for nursing care:
 - (i) Have knowledge of the statutes and regulations governing nursing;
 - (ii) Practice within the legal boundaries for nursing through the scope of practice authorized in the NPA and the Board Rules;
 - (iii) Takes preventive measures to protect the client, others, and self.
 - (iv) Base professional decisions on nursing knowledge and skills, the needs of clients and the expectations delineated in professional standards;
 - (v) Maintain continued competence through ongoing learning and application of knowledge to nursing practice;
 - (vi) Report unfit or incompetent nursing practice to recognized legal authorities;
 - (vii) Participates in the evaluation of nursing practice through quality and safety activities including peer review;
 - (viii) Maintains appropriate professional boundaries, including sexual boundaries;
 - (ix) Maintains client confidentiality unless obligated by law to disclose the information;
 - (x) Conducts practice without discrimination on the basis of age, race, religion, sex, life style, national origin, medical diagnosis, or handicap;

~~(a) — Accountability.~~

~~(i) — The registered professional nurse shall:~~

~~(A) — Have knowledge of the statutes and regulations governing nursing;~~

~~(B) — Practice within the legal boundaries for nursing through the scope of practice authorized in the Wyoming Nurse Practice Act and the board's administrative rules and regulations;~~

~~(C) — Demonstrate honesty and integrity;~~

~~(D) — Base professional decisions on nursing knowledge and skills, the needs of clients and the expectations delineated in professional standards;~~

~~(E) — Accept responsibility for judgments, individual nursing actions, competence, decisions and behavior;~~

~~(F) — Maintain continued competence through ongoing learning and application of knowledge to nursing practice;~~

~~(G) — Report unfit or incompetent nursing practice to recognized legal authorities;~~

~~(H) — Participate in the development of continued competency in the performance of nursing care activities for nursing personnel and students.~~

(b) Participates as a member of an interprofessional healthcare team and organizes, manages, and supervises the practice of nursing;

(c) Advocates for the client.

(d) The RN shall implement the nursing process. The RN shall:

~~(b) — Implementation of the nursing process.~~

~~(i) — The registered professional nurse:~~

~~(A)(i) —~~ (i) Conducts a comprehensive health assessment that is an extensive data collection (initial and ongoing) regarding individuals, families, groups, and communities.

~~(H)(ii) —~~ (ii) Collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner. ~~The data includes, but is not limited to:~~

~~(1.) — Biophysical and emotional status;~~

~~(2.) — Growth and development;~~

~~(3.) — Cultural, religious and socioeconomic background;~~

~~(4.) — Family health history;~~

~~(5.) — Information collected by other healthcare team members;~~

~~(6.) — Client knowledge and perception about current or potential health status, or maintaining health status;~~

~~(7.) — Ability to perform activities of daily living;~~

~~(8.) — Patterns of coping and interacting;~~

~~(9.) — Considerations of client's health goals;~~

~~(10.) — Environmental factors (e.g. physical, social, emotional, and ecological); and~~

~~(11.) Available and accessible human and material resources.~~

~~(II) Sorting, selecting, reporting, and recording the data;~~

~~(III) Validating, refining, and modifying the data by utilizing available resources including interactions with the client, family, significant others, and healthcare team members.~~

~~(B) Establishes and documents nursing diagnoses which serve as the basis for the plan of care;~~

~~(C) Develops and modifies the plan of care based on nursing assessment and nursing diagnosis. This includes:~~

~~(I) Identifying priorities in the plan of care;~~

~~(II) Setting realistic and measurable goals to implement the plan of care;~~

~~(III) Identifying nursing interventions based on the nursing diagnosis;~~

~~(IV) Identifying measures to maintain comfort, support human functions and responses, maintain an environment conducive to well being, and provide health teaching and counseling.~~

~~(D) Implements the plan of care by:~~

~~(I) Initiating nursing interventions through:~~

~~(1.) Giving direct care;~~

~~(2.) Assisting with care;~~

~~(3.) Delegating care as outlined in, but not limited to, Chapter 7,~~

~~Section 6.~~

~~(E) Identifies faulty or missing client information;~~

~~(F) Provides appropriate decision making, critical thinking and clinical judgment to make independent nursing decisions and nursing diagnosis;~~

~~(G) Seeks clarification of orders when needed;~~

~~(H) Implements treatments and therapy, including medication administration and independent nursing functions;~~

~~(I) Contributes to the formulation, interpretation, implementation, and evaluation of the objectives and policies related to nursing practice within the employment setting;~~

~~(J) Participates in the evaluation of nursing practice through quality assurance activities including peer review;~~

~~(K) Obtains orientation/training for competence when encountering new equipment and technologies or unfamiliar care situations;~~

~~(L) Provides client surveillance and monitoring;~~

~~(M) Identifies changes in client's health status and implements appropriate interventions;~~

~~(N) Evaluates the impact of nursing care, the client's response to therapy, the need for alternative interventions, and the need to communicate and consult with other healthcare team members;~~

~~(O) Documents nursing care and responses to interventions;~~

~~(P) Intervenes on behalf of the client when problems are identified and revises care plan as needed;~~

~~(Q) Recognizes individual characteristics that may affect the client's health status;~~

~~(R) Takes preventive measures to protect the client, others, and self.~~

~~(ii) Advocates for the client.~~

~~(A) Respects the client's rights, concerns, decisions, and dignity;~~

~~(B) Identifies client needs;~~

~~(C) Accepts only client care assignments for which educationally prepared and adequately trained;~~

~~(D) Promotes safe client environment;~~

~~(E) Communicates client choices, concerns, and special needs with other healthcare team members regarding:~~

~~(I) Client status, progress, and concerns;~~

~~(II) Client response or lack of response to therapies;~~

~~(III) Significant changes in client condition.~~

~~(F) Maintains appropriate professional boundaries, including sexual boundaries;~~

~~(G) Maintains client confidentiality unless obligated by law to disclose the~~

information;

~~(H) Assumes responsibility for own decisions and actions;~~

~~(I) Conducts practice without discrimination on the basis of age, race, religion, sex, life style, national origin, medical diagnosis, or handicap.~~

~~(iii) Organizes, manages, and supervises the practice of nursing.~~

~~(A) Assigns to another only those nursing measures that fall within that nurse's scope of practice, education, experience, and competence or unlicensed persons description;~~

~~(B) Delegates to another only those nursing measures that the person has the necessary education, skills, and competency to accomplish safely and as outlined in Chapter 9;~~

~~(C) Matches client needs with personnel qualifications, available resources and appropriate supervision;~~

~~(D) Communicates directions and expectations for completion of the delegated activity;~~

~~(E) Supervises others to whom nursing activities are delegated or assigned by monitoring performance, progress, and outcomes; and ensures documentation of the activities;~~

~~(F) Provides follow-up on problems and intervenes when needed;~~

~~(G) Evaluates the effectiveness of the delegation or assignment;~~

~~(H) Evaluates data as a basis for reassessing client's health status, modifying nursing diagnoses, revising plans of care, and determining changes in nursing interventions;~~

~~(I) Retains professional accountability for nursing care;~~

~~(J) Promotes a safe and therapeutic environment by:~~

~~(I) Providing appropriate monitoring and surveillance of the care environment;~~

~~(II) Identifying unsafe care situations;~~

~~(III) Correcting unsafe care situations or referring unsafe care situations to appropriate management level when needed.~~

~~(K) Teaches and counsels client and families regarding healthcare regimen, which may include, but is not limited to, general information about health and medical condition, specific procedures, wellness, and prevention;~~

~~(iv) Participates as a member of an interdisciplinary healthcare team.~~

~~(A) Functions as a member of the healthcare team, collaborating and cooperating in the implementation of an integrated, client-centered healthcare plan;~~

~~(B) Respects client property and the property of others;~~

~~(C) Protects confidential information, unless obligated by law to disclose the information.~~

Section 3. Section 4. Scope and Standards of Nursing Practice for the Licensed Practical Nurse LPN.

(a) Standards related to the ~~licensed practical nurse's~~ LPN's contribution to the nursing process. The LPN Shall:

~~(i) The licensed practical nurse shall:~~

~~(A) Contribute to the nursing assessment by:~~

~~(i) c~~ (i) c Collecting, reporting, and recording objective and subjective data in an accurate and timely manner. Data collection includes observations about the condition or change in condition of the client.

~~(ii) Participate in the development and modification of the plan of care by:~~

~~(A) Providing data;~~

~~(B) Contributing to the identification of priorities;~~

~~(C) Contributing to setting realistic and measurable goals;~~

~~(D) Assisting in the identification of measures to maintain comfort, support human functions and responses, maintain an environment conducive to well being, and provide health teaching and counseling; and~~

~~(E) Basing nursing decisions on nursing knowledge, skills, and needs of clients.~~

~~(iii) Participate in the implementation of the plan of care by:~~

~~(1) Carrying out such interventions as are taught in board approved curriculum for practical nurses and as allowed by institutional policies;~~

~~(A) Providing care for clients in basic patient care situations under the direction of a licensed physician, dentist, advanced practice registered nurse APRN, or licensed professional nurse RN. Patient care situations as determined by a licensed physician, dentist, advanced practice registered nurse APRN, or licensed professional nurse RN. mean the following two (2) conditions prevail at the same time:~~

~~(1.) The client's clinical condition is predictable and the responses of~~

~~the client to the nursing care are predictable;~~

~~(2.)—Medical or nursing orders do not change frequently and do not contain complex modifications.~~

~~(III) Providing care for clients in complex patient care situations under the supervision of a licensed physician, dentist, advanced practice registered nurse, or licensed professional nurse. Complex patient care situations as determined by a licensed physician, dentist, advanced practice registered nurse, or licensed professional nurse mean any one or more of the following conditions exist:~~

~~(1.)—The client's clinical condition is not predictable;~~

~~(2.)—Medical or nursing orders are likely to involve frequent changes or complex modifications; or~~

~~(3.)—The client's clinical condition indicates care that is likely to require modification of nursing procedures in which the responses to the nursing care are not predictable.~~

~~(IV)(B) Initiating appropriate standard emergency procedures established by the institution until a licensed physician, dentist, ~~advanced practice registered nurse~~ APRN or ~~registered professional nurse~~ RN is available.;~~

~~(V) Providing an environment conducive to safety and health;~~

~~(VI) Documenting nursing interventions and responses to care;~~

~~(VII) —Communicating nursing interventions and responses to care to appropriate members of the healthcare team.~~

~~(D) —Contribute to the evaluation of the responses of individuals or groups to nursing interventions by:~~

~~(I) Documenting evaluation data and communicating the data to appropriate members of the healthcare team;~~

~~(II) Contributing to the modification of the plan on the basis of the evaluation.~~

~~(b) Standards relating to the licensed practical nurse's responsibilities as a member of the healthcare team. Accountability. The LPN shall:~~

~~(i) —The licensed practical nurse shall:~~

~~(A)(i) _____ Have knowledge of the statutes and regulations governing nursing;~~

~~(B)(ii) _____ Accept individual responsibility and accountability for nursing actions and competency;~~

~~(C) — Function under the direction of a licensed physician, advanced practice registered nurse, dentist, or registered professional nurse;~~

~~(D) — Seek guidance and consult with registered professional nurses and other appropriate sources;~~

~~(E) — Obtain direction and supervision as necessary when implementing nursing interventions;~~

~~(F)~~ (iii) Accept client care assignments from the licensed physician, ~~advanced practice registered nurse~~ APRN, dentist, or ~~registered professional nurse~~ RN only for which they are educationally prepared and adequately trained;

~~(G) — Function as a member of the healthcare team;~~

~~(H)~~ (iv) Contribute to the formulation, interpretation, implementation, and evaluation of the objectives and policies relating to practical nursing practice within the employment setting;

~~(I)~~ (v) Participate in the evaluation of nursing practice through quality assurance activities, including peer review;

~~(J)~~ (vi) Report unfit or incompetent nursing practice to the board. Report unsafe conditions for practice to recognized legal authorities;

~~(K) — Delegate to another only those nursing interventions which a person is prepared or qualified to perform;~~

~~(L) — Provide direction for others to whom nursing interventions are delegated;~~

~~(M) — Evaluate the effectiveness of delegated nursing interventions performed under direction;~~

~~(N) — Retain accountability for nursing care when delegating nursing interventions. See Chapter 9;~~

~~(O)~~ (vii) Conduct practice without discrimination on the basis of age, race, religion, sex, life-style, national origin, or disability;

~~(P)~~ (viii) Respect the dignity and rights of clients and their significant others, regardless of social or economic status, personal attributes, or nature of health problems;

~~(Q)~~ (ix) Protect confidential information, unless obligated by law to disclose the information;

~~(R) — Respect the property of all individuals and facilities;~~

~~(S)~~ (x) Maintain boundaries, including sexual boundaries;

~~(T) — Participate in the development of continued competency in performance of nursing care activities for auxiliary personnel;~~

~~(U) — Comply with the standards of nursing practice, the rules and regulations, and the Wyoming Nurse Practice Act;~~

~~(V) — Demonstrate honesty and integrity;~~

~~(W)~~ (xi) Maintain continued competency through ongoing learning and application of knowledge to nursing practice;

~~(X)~~ (xii) Participate in the development of continued competency in the performance of nursing care activities for nursing personnel and students;

~~(Y) — Obtain orientation/training for competency when encountering new equipment and technology or unfamiliar care situations;~~

~~(Z)~~ (xiii) Implement appropriate aspects of client care in a timely manner.÷

(c) Implementation

~~(I) — Provide assigned and delegated aspects of client's healthcare plan;~~

~~(II) — Implement treatments and procedures.~~

~~(AA) — Administer medications according to standards of practice;~~

~~(BB) — Document care;~~

~~(CC)~~ (i) Participate in nursing management:

~~(I) — Assign and delegate nursing activities for patients/clients to assistive personnel as outlined in Chapter 9;~~

~~(II) — Observe nursing measures and provide feedback to nursing manager;~~

~~(III) — Observe communications and document outcomes of delegated and assigned activities.~~

~~(DD)~~ (ii) Take preventive measures to protect client, others, and self;

~~(EE)~~ (iii) Teach and counsel clients and families in accordance with the nursing care plan.

Section 5. Expanded Role for LPN IV, MA-C and CNA II. With successful completion of a Board-approved curriculum, the LPN or CNA may obtain certification which expands the LPN scope of practice or CNA role within the parameters described in Advisory Opinions.

Section 6. Role of CNA.

(a) A CNA, regardless of title or care setting shall be under the direction of a licensed nurse;

(b) After appropriate client assessment and delegation by the supervising nurse, the CNA shall utilize knowledge of client's rights, legal and ethical concepts, communication skills, safety, and infection control while performing the following:

- (i) Basic Nursing Skills;
- (ii) Personal Care Skills;
- (iii) Basic Restorative Skills Assistance;
- (iv) Mental Health and Psychosocial Skills;:
- (v) Communication Skills; and;
- (vi) Nursing Team Member Skills of the CNA.

(c) The CNA shall perform within the parameters described in Advisory Opinions.

~~(e) Expanded role for the licensed practical nurse administering intravenous therapy.~~

~~(i) Certification, renewal, reinstatement, discipline.~~

~~(A) Initial certification.~~

~~(I) Hold an active, unencumbered Wyoming practical nurse license;~~

~~(II) Submit required application and fees; and~~

~~(III) Submit official evidence of completion of a board approved educational program of study in basic, advanced or combined basic/advanced intravenous therapy for licensed practical nurses.~~

~~(B) Renewal of certification.~~

~~(I) Submit renewal application and fee; and~~

~~(II) Submit documentation of completion of a minimum of ten (10) contact hours of continuing education and/or in service education in intravenous therapy within the previous two (2) year period; or~~

~~(III) Submit documentation of successful completion of a board approved licensed practical nurse intravenous therapy refresher course.~~

~~(C) Expanded role licensed practical nurses may reinstate a lapsed intravenous certification under the following conditions:~~

~~(I) Certification lapsed more than two (2) years but less than five (5) years:~~

~~(1.)—Hold an active, unencumbered Wyoming practical nurse license;~~

~~(2.)—Submit reinstatement application and fee;~~

~~(3.)—Successful completion of a board approved licensed practical nurse intravenous therapy refresher course; or~~

~~(4.)—Successful completion of a board approved licensed practical nurse intravenous therapy course;~~

~~(H) Certification lapsed for 5 years or more:~~

~~(1.)—Hold an active, unencumbered Wyoming practical nurse license;~~

~~(2.)—Submit reinstatement application and fee;~~

~~(3.)—Complete a board approved basic, advanced or combined licensed practical nurse intravenous therapy course.~~

~~(D) Certification by endorsement:~~

~~(I) Proof of successful completion of a board approved basic, advanced or combined licensed practical nurse intravenous therapy course.~~

~~(ii) Scope of practice for the licensed practical nurse administering intravenous (IV) therapy:~~

~~(A) The licensed practical nurse may perform the following procedures under the direction of a registered nurse, physician, advanced practice registered nurse, or dentist, due to the basic knowledge and skills acquired in a state board approved practical nursing program:~~

~~(I) Observe and monitor IV fluid management;~~

~~(II) Calculate and maintain flow rate of peripheral IV infusions;~~

~~(III) Discontinue peripheral IV infusions; and~~

~~(IV) Report and document observations and procedures relating to IV fluid treatment.~~

~~(B) In addition to IV related activities within the scope of any licensed practical nurse, the licensed practical nurse certified in basic IV therapy may perform the following acts of IV therapy:~~

~~(I) Initiate the administration of board approved IV fluids and medications via a peripheral route:~~

~~(1.) The peripheral route does not include midline catheters.~~

~~(II) Administer IV fluids and medications including electrolyte solutions with vitamins and/or potassium, antibiotics and hydrogen receptor blockers provided such fluids and medications are appropriate for IV administration;~~

~~(III) Change IV tubing(s) and dressings;~~

~~(IV) IV fluids and medications must be commercially prepared or premixed and labeled by a registered pharmacist.~~

~~(V) Maintain patency of a peripheral intermittent vascular access device using a saline flush solution or non-therapeutic dose of heparin flush solution;~~

~~—~~

~~(VI) Monitor a patient controlled administration (PCA) pump and collect data from a PCA pump;~~

~~(VII) — Perform phlebotomy; and~~

~~(VIII) — Activate a drug admixture delivery system that has been prepared and labeled by a pharmacist, registered nurse or other qualified person.~~

~~(iii) The licensed practical nurse certified in basic IV therapy shall not:~~

~~(A) — Initiate, regulate, add, or administer medications to or discontinue a midline or central venous line except as provided elsewhere in this section.~~

~~(B) — Administer or add the following to a peripheral venous line:~~

~~(I) IV push or bolus medications;~~

~~(II) IV medications other than those in Section 3(c)(B)(II).~~

~~(C) — Inject medication into an auxiliary fluid chamber;~~

~~(D) — Mix or label IV medications or total parenteral nutrition (TPN);~~

~~(E) — Program or re-program a PCA pump;~~

~~(F) — Administer blood, blood components, plasma, plasma expanders;~~

~~(G) — Administer analgesics, antineoplastics, autonomic nervous system agents, cardiovascular agents, central nervous system agents, oxytocic agents, or radiologic agents;~~

~~(H) — Initiate and/or maintain pediatric IV therapy (aged twelve (12) years and under); nor discontinue pediatric IV therapy (aged birth to four (4) years);~~

~~(I) — Flush or aspirate a central venous line or arterial line; or~~

~~(J) — Perform basic acts of IV therapy as listed in this section in the home setting.~~

~~(iv) — In addition to IV related activities within the scope of a licensed practical nurse certified in basic IV therapy, the licensed practical nurse certified in advanced IV therapy may perform the following acts of IV therapy:~~

~~(A) — Mix and label IV medications;~~

~~(B) — Draw up, label and administer medications that are not restricted by institutional policies or as limited elsewhere in this section;~~

~~—~~

~~(C) — Assist the registered professional nurse in the administration of midline or central venous infusion of approved IV fluids by:~~

~~(I) — Checking the flow rate;~~

~~(II) — Maintaining patency by use of saline/heparin flush;~~

~~(III) — Changing the tubing(s) and site dressing(s);~~

~~(IV) — Administering TPN; and~~

~~(V) — Obtaining a blood sample.~~

~~(D) — Discontinue pediatric (aged five (5) to twelve (12) years) peripheral IV therapy.~~

~~(v) — The licensed practical nurse who has satisfactorily completed an advanced course of IV therapy for licensed practical nurses shall not:~~

~~(A) — Administer analgesics; antineoplastics; autonomic nervous system agents; cardiovascular agents; central nervous system agents; oxytocic agents or radiologic agents;~~

~~(B) — Start and/or maintain pediatric IV therapy (aged twelve (12) years and under); and discontinue pediatric IV therapy (aged birth to four (4) years);~~

~~(C) — Administer blood and blood components;~~

~~(D) — Administer experimental drugs;~~

~~(E) — Flush or aspirate an arterial line;~~

~~(F) — Discontinue a central line; or~~

~~(G) — Inject medications via direct IV route; bolus, push.~~

~~(vi) Upon successful completion of the basic and advanced IV Therapy Course, institutional education, and in accordance with institutional policy, the licensed practical nurse may perform the following nursing functions in non-acute (chronic) dialysis:~~

~~(A) Initiate and discontinue dialysis treatments using an established access including subclavian, internal jugular, femoral vein, fistula and right atrial catheters;~~

~~(B) Perform peripheral venipuncture for the purpose of hemodialysis;~~

~~(C) Withdraw blood and heparinized saline from the various accesses for the purpose of removing the heparin and establishing patency;~~

~~(D) Withdraw blood from access for the purpose of obtaining blood for a lab specimen;~~

~~(E) Administer IV medications and solutions during hemodialysis unless restricted by institutional policy;~~

~~(F) Flush tubing of access device;~~

~~(G) Perform dressing changes to various access sites; and~~

~~(H) Discontinue peripheral venous access lines.~~

~~(vii) Unless otherwise specified in these regulations, the licensed practical nurse certified in IV therapy may perform basic and advanced acts of IV therapy if the supervisor is physically on the premises where the patient is having nursing care provided.~~

~~(viii) (vi) Minimum program requirements.~~

~~(A) The IV therapy program must utilize the board approved standardized IV therapy curriculum; and~~

~~(B) Shall be offered and administered by a nursing education program in a post-secondary institution of higher learning in Wyoming, in a board approved educational institution, an approved provider of continuing education or a licensed health care facility.~~

~~**Section 4. Disciplinary Procedures for Licensed Practical Nurses and Registered Professional Nurses.**~~

~~(a) Grounds for Discipline:~~

~~(i) Engaging in any act inconsistent with uniform and reasonable standards of nursing practice, including but not limited to:~~

~~(A) Fraud and deceit including, but not limited to, omission of required information or submission of false information written or verbal;~~

~~(B) Performance of unsafe client care;~~

- ~~(C) — Misappropriation or misuse of property;~~
- ~~(D) — Abandonment;~~
- ~~(E) — Abuse, including emotional, physical or sexual abuse;~~
- ~~(F) — Neglect, including substandard care;~~
- ~~(G) — Violation of privacy or confidentiality in any form, written, verbal, or technological;~~
- ~~(H) — Drug diversion self/others;~~
- ~~(I) — Sale, unauthorized use, or manufacturing of controlled/illicit drugs;~~
- ~~(J) — Criminal conviction;~~
- ~~(K) — Unprofessional conduct;~~
- ~~(L) — Boundary violations, including sexual boundaries;~~
- ~~(M) — Failure to comply with reasonable requests from the board including, but not limited to:

 - ~~(I) — Responses to complaints;~~
 - ~~(II) — Responses to formal pleadings such as notice of hearing and/or petition and complaint;~~
 - ~~(III) — Responses to requests regarding application and/or renewal information;~~
 - ~~(IV) — Written response to request for explanation for failure to disclose required information;~~
 - ~~(V) — Failure to appear at properly noticed hearings.~~~~
- ~~(N) — Impairment:

 - ~~(I) — Lack of nursing competence;~~
 - ~~(II) — Mental illness;~~
 - ~~(III) — Physical illness including, but not limited to, deterioration through the aging process or loss of motor skills; or~~
 - ~~(IV) — Chemical or alcohol impairment/abuse.~~~~
- ~~(ii) — Failure to conform to the standards of prevailing nursing practice, in which case actual injury need not be established.~~

~~(b) Disciplinary Records.~~

~~(i) The board shall maintain records of disciplinary actions and make available public findings of abuse, neglect, or misappropriation of property or other disciplinary findings.~~

~~(c) Disciplinary Notification.~~

~~(i) The board shall notify the registered professional nurse or licensed practical nurse's employer, if applicable, of the disciplinary action.~~

CHAPTER 4

ADVANCED PRACTICE REGISTERED NURSE

REPEALED

CHAPTER 4

ADVANCED PRACTICE REGISTERED NURSE

REPEALED

~~Section 1. — Statement of Purpose.~~

~~(a) — The purpose of the board in adopting the rules and regulations in this chapter is to:~~

~~(i) — Regulate the qualifications and practice of advanced practice registered nurses;~~

~~(ii) — Set forth the requirements and procedures for being so qualified;~~

~~(A) — Advanced practice registered nurses include but are not limited to, certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP).~~

~~(iii) — Provide criteria for the board to evaluate safe and competent advanced practice registered nursing;~~

~~(iv) — Clarify the scopes of practice for advanced practice registered nurses;~~

~~(v) — Identify behaviors which may impair the advanced practice registered nurse's ability to practice nursing with reasonable skill, safety, and integrity including, but not limited to:~~

~~(A) — Fraud and deceit;~~

~~(B) — Unsafe practice;~~

~~(C) — Misappropriation of property;~~

~~(D) — Abandonment;~~

~~(E) — Abuse, including sexual abuse;~~

~~(F) — Neglect including substandard care;~~

~~(G) — Violation of privacy or confidentiality;~~

~~(H) — Drug diversion — self/others;~~

~~(I) — Sale, unauthorized use, or manufacturing of controlled/ illicit drugs;~~

~~(J) — Criminal conviction;~~

~~(K) — Failure to supervise or to monitor the performance of acts by any individual working under the direction of the advanced practice registered nurse;~~

~~(L) — Unprofessional conduct;~~

~~(M) — Boundary violations, including sexual boundaries.~~

~~(N) — Failure to comply with reasonable requests from the board including, but not limited to:~~

~~(I) Responses to complaints;~~

~~(II) Responses to formal pleadings such as notice of hearing and/or petition and complaint;~~

~~(III) Responses to requests regarding application or renewal information.~~

~~(O) — Impairment.~~

~~(I) Lack of nursing competence;~~

~~(II) Mental illness;~~

~~(III) Physical illness including, but not limited to, deterioration through the aging process or loss of motor skills; or~~

~~(IV) Chemical or alcohol impairment.~~

~~(b) — The standards of nursing practice interpret the statutory definitions of professional and advanced nursing. The standards of advanced practice registered nursing evolve from nationally recognized professional organizations or accrediting agencies.~~

~~(c) — Violations of the standards of advanced practice registered nursing, the rules and regulations, or the Wyoming Nurse Practice Act may result in such disciplinary action as the board may determine.~~

~~Section 2. — Recognition.~~

~~(a) — Upon proof of compliance with board requirements, the board may recognize and renew recognition of those individuals who have met the qualifications of an advanced practice registered nurse.~~

~~(b) — The board shall maintain an official listing of recognized advanced practice registered nurses.~~

~~(c) — The board shall make the list available to the public upon request.~~

~~Section 3. — Requirements for Initial Recognition as an Advanced Practice Registered Nurse.~~

~~(a) — A registered professional nurse who is applying for initial recognition as an advanced practice registered nurse shall meet the following requirements:~~

~~(i) — Submit a complete application and fees for initial recognition as an advanced practice registered nurse to the board;~~

~~(ii) — Submit fingerprint cards and required fees to obtain state and national criminal history record information to the board of nursing;~~

~~(iii) — Hold a current license as a registered professional nurse in Wyoming;~~

~~(iv) — Provide an official transcript documenting completion of one of the following:~~

~~(A) — A pre-accredited or accredited graduate-level advanced practice registered nurse educational program; or~~

~~(B) — An accredited advanced practice registered nurse educational program prior to January 1, 1999, or as per a board-approved national certifying agency.~~

~~(v) — Provide primary source documentation verifying national certification in the advanced practice registered nurse role and at least one population focus area of practice for which they are educationally prepared;~~

~~(A) — The professional certification program should be nationally accredited by the American Board of Nursing Specialties (ABNS) or the National Commission for Certifying Agencies (NCCA).~~

~~(vi) — Comply with the standards of nursing practice, the rules and regulations, and the Wyoming Nurse Practice Act.~~

~~Section 4. — Graduate Temporary Permit for Advanced Practice Registered Nurses Who are Awaiting Results From the Certification Examination.~~

~~(a) — This section shall control and take precedence over Chapter 2, Section 9(e) of these Rules and Regulations;~~

~~(b) — Pending the receipt of a candidate's test results on the first national certification examination that measures advanced practice registered nurse role and population-focused competencies, the board may issue a temporary permit to a new graduate of a nationally pre-accredited or accredited nursing education program which prepares advanced practice registered nurses.~~

~~(i) — To request a graduate temporary permit, the candidate shall:~~

~~(A) — Provide proof of having applied for the applicant's first national certification examination that measures advanced practice registered nurse role and population-focused competencies offered after the candidate's graduation and for which the candidate was eligible.~~

~~(ii) — A graduate temporary permit is valid for no longer than ninety (90) days and is nonrenewable.~~

~~(iii) — A graduate temporary permit shall become invalid if the candidate fails to complete and pass the first national advanced practice registered nurse certifying examination offered after the candidate's graduation and for which the candidate is eligible.~~

~~(iv) — The graduate temporary permit shall be returned to the board if a candidate fails to complete and pass the first national advanced practice registered nurse certifying examination offered after the candidate's graduation and for which the candidate is eligible.~~

~~(A) — The candidate shall be ineligible to practice as a graduate advanced practice registered nurse without a valid graduate temporary permit.~~

~~(v) — A graduate of a nationally pre-accredited or accredited advanced practice registered nurse education program who has been issued a graduate temporary permit, may use the title “Graduate Advanced Practice Registered Nurse” and the abbreviation, “G.A.P.R.N.”.~~

~~(vi) — A graduate advanced practice registered nurse holding a graduate temporary permit shall practice only under the supervision of an appropriately recognized advanced practice registered nurse or licensed physician.~~

~~(vii) — A graduate advanced practice registered nurse holding a graduate temporary permit shall be held to the established standards of nursing and advanced practice registered nursing.~~

~~(c) — The educational preparation and certification required under these rules shall be current and relevant to the individual’s role and population focus area of advanced practice registered nursing.~~

~~Section 5. — Requirements for Biennial Renewal of Advanced Practice Registered Nurse.~~

~~(a) — An advanced practice registered nurse who is applying for biennial renewal of advanced practice registered nurse recognition shall meet the following requirements:~~

~~(i) — Submit a complete application and fee(s) for biennial renewal of advanced practice registered nurse recognition and registered professional nurse licensure as stated in the procedures outlined under Chapter 2, Section 10;~~

~~(ii) — Submit evidence of holding a current national certification as an advanced practice registered nurse in the recognized role and population focus area of advanced practice registered nursing;~~

~~(iii) — If recognized in the State of Wyoming prior to July 1, 2005, and has maintained continuous recognition, but not nationally certified, the advanced practice registered nurse shall submit evidence of having completed the following:~~

~~(A) — Sixty (60) or more contact hours of continuing education related to the recognized role and population focus area of advanced practice nursing; and~~

~~(B) — Four hundred (400) or more practice hours in advanced practice nursing during the last two years.~~

~~(iv) — An advanced practice registered nurse with prescriptive authority must submit documentation of completion of fifteen (15) hours of continuing education in pharmacology and clinical management of drug therapy.~~

~~(v) — Comply with the standards of nursing practice, the rules and regulations, and the Wyoming Nurse Practice Act.~~

~~Section 6. — Nationally Accredited Educational Programs Accepted by the Board.~~

~~(a) — For purposes of this chapter, a nationally pre-accredited or accredited educational program which offers a formal post-graduate program in a role and population focus area of advanced practice registered nursing or which confers a master's degree or doctorate with a major in a role and population focus area of advanced nursing practice, may be accepted by the board.~~

~~(i) — Education programs, including graduate degree granting (master's, doctoral) and post-graduate certificate programs, are accredited by a nursing or nursing-related accrediting organization that is recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA).~~

~~Section 7. — Standards of Advanced Practice Registered Nursing.~~

~~(a) — The advanced practice registered nurse is subject at all times to the established Standards of Nursing Practice as stated in Chapter 3 of these rules and regulations, the standards and scope of practice established by national professional organizations and/or accrediting agencies representing the various core, role and population focus areas of advanced practice registered nursing, and the Wyoming Nurse Practice Act.~~

~~(b) — The board recognizes advanced practice registered nurse core, role and population focus areas described in the scope of practice statements for advanced practice registered nurses issued by national professional organizations and/or accrediting agencies.~~

~~Section 8. — Prescriptive Authority.~~

~~(a) — The board may authorize an advanced practice registered nurse to prescribe medications and devices, within the recognized scope of advanced practice registered nursing role and population focus, and in accordance with all applicable state and federal laws including, but not limited to, the Wyoming Pharmacy Act [WS 33-24-101 through 33-24-204], the Wyoming Controlled Substances Act of 1971 [WS 35-7-1001 through 35-7-1101], the Federal Controlled Substances Act [21 U.S.C. 801 et seq], and their applicable Rules and Regulations.~~

~~(b) — The board shall transmit to the State Board of Pharmacy a list of all advanced practice registered nurses who have prescriptive authority.~~

~~(i) — The list shall include:~~

~~(A) — The name of the authorized advanced practice registered nurse;~~

~~(B) — The prescriber's registered nurse license number, role and population focus of the advanced practice registered nurse recognized by the board; and~~

~~(C) — The effective date of prescriptive authority authorization.~~

~~(ii) — The list shall be periodically updated to identify new advanced practice registered nurses who have been granted prescriptive authority.~~

~~(c) — An advanced practice registered nurse who applies for authorization to prescribe drugs shall:~~

~~(i) — Be currently recognized as an advanced practice registered nurse in Wyoming;~~

~~(ii) Provide evidence of completion of a minimum of two (2) semester credit hours, three (3) quarter credit hours or thirty (30) contact hours of course work approved by the board in pharmacology and clinical management of drug therapy or pharmacotherapeutics within the five (5) year period immediately before the date of application;~~

~~(iii) Comply with the standards of nursing practice, the rules and regulations, and the Wyoming Nurse Practice Act; and~~

~~(iv) Submit a completed application, on a form provided by the board, accompanied by the application fee established by Chapter 5, of these rules and regulations.~~

~~(d) Authorized prescriptions by an advanced practice registered nurse shall:~~

~~(i) Comply with all current and applicable state and federal laws including, but not limited to, the Wyoming Pharmacy Act [WS 33-24-101 through 33-24-204], the Wyoming Controlled Substances Act of 1971 [WS 35-7-1001 through 35-7-1101], the Federal Controlled Substances Act [21 U.S.C. 801 et seq], and their applicable Rules and Regulations; and~~

~~(ii) Be signed by the prescribing advanced practice registered nurse with the initials "APRN" or the initials of the nationally recognized role and population focus.~~

~~(e) Prescriptive authorization will be terminated if the advanced practice registered nurse has:~~

~~(i) Not maintained current recognition as an advanced practice registered nurse;~~

~~(ii) Prescribed outside the scope of recognized advanced practice registered nursing role and population focus or for other than therapeutic purposes;~~

~~(iii) Not completed four hundred (400) hours of practice as an advanced practice registered nurse within the past two (2) years;~~

~~(iv) Not documented fifteen (15) contact hours of pharmacology and/or pharmacotherapeutics within the past two (2) years; or~~

~~(v) Violated the standards of practice, the rules and regulations, or the Wyoming Nurse Practice Act.~~

~~(f) Advanced practice registered nurse's prescriptive authority must be renewed biennially.~~

~~(g) The board will notify the State Board of Pharmacy within two working days after termination of or change in the prescriptive authority of an advanced.~~

~~Section 9. Role and population Focus Title.~~

~~(a) Role and population focus of advanced practice registered nursing shall be declared, and the role and population focus to be utilized shall be the title(s) granted by nationally recognized professional organization(s) and/or accrediting agency(ies) or the title(s) of the role and population focus of nursing practice in which the advanced practice registered nurse has received postgraduate education preparation.~~

~~(b) — In order to practice in one of the four roles and in a defined population, the advanced practice registered nurse must be recognized by the board in that particular role with a population focus of advanced practice nursing.~~

~~Section 10. — Applicability:~~

~~(a) — The provisions of Chapter 4: ADVANCED PRACTICE REGISTERED NURSE, Sections 1-11, are only applicable to a registered professional nurse who is recognized as an advanced practice registered nurse whose authorization to perform advanced and specialized acts of nursing practice, advanced nursing and medical diagnosis, and the administration and prescription of therapeutic and corrective measures comes from educational preparation, national certification, and recognition to practice in compliance with regulations established by the board.~~

~~(b) — Nothing in Chapter 4: ADVANCED PRACTICE REGISTERED NURSE, Sections 1-11, prohibits the usual and customary practice of an advanced practice registered nurse in Wyoming from directly administering prescribed controlled substances under derived authority. In addition, the direct administration, or the ordering of controlled substances preoperatively, intraoperatively or postoperatively, by an advanced practice registered nurse (certified registered nurse anesthetist) does not involve prescribing within the meaning of 21 CFR 1308.02(f) or the board's administrative rules and regulations. These rules do not require any changes in the current practice and procedures of advanced practice registered nurses who are certified registered nurse anesthetists or the institutional and individual practitioners with whom they may practice.~~

~~(c) — Nothing in Chapter 4: ADVANCED PRACTICE REGISTERED NURSE, Sections 1-11, prohibits the usual and customary practice of advanced practice registered nurses in Wyoming from providing/dispensing drugs in accordance with applicable state and federal laws.~~

~~(d) — Nothing in Chapter 4: ADVANCED PRACTICE REGISTERED NURSE, Sections 1-11, limits or enhances the usual and customary practice of a registered nurse or a licensed practical nurse in Wyoming.~~

~~Section 11. — Disciplinary Procedures:~~

~~(a) — Grounds for Discipline:~~

~~(i) — Engaging in any act inconsistent with uniform and reasonable standards of nursing practice, including but not limited to:~~

~~(A) — Fraud and deceit including, but not limited to, omission of required information or submission of false information written or verbal;~~

~~(B) — Performance of unsafe client care;~~

~~(C) — Misappropriation or misuse of property;~~

~~(D) — Abandonment;~~

~~(E) — Abuse, including emotional, physical or sexual abuse;~~

- ~~(F) — Neglect, including substandard care;~~
- ~~(G) — Violation of privacy or confidentiality in any form, written, verbal or technological;~~
- ~~(H) — Drug diversion — self/others;~~
- ~~(I) — Sale, unauthorized use, or manufacturing of controlled/illicit drugs;~~
- ~~(J) — Criminal conviction;~~
- ~~(K) — Failure to supervise or to monitor the performance of acts by any individual working under the direction of the advanced practice registered nurse;~~
- ~~(L) — Unprofessional conduct;~~
- ~~(M) — Boundary violations, including sexual boundaries;~~
- ~~(N) — Failure to comply with reasonable requests from the board including, but not limited to:
 - ~~(I) — Responses to complaints;~~
 - ~~(II) — Responses to formal pleadings such as notice of hearing or petition and complaint;~~
 - ~~(III) — Responses to requests regarding application or renewal information; and~~~~
- ~~(O) — Impairment.
 - ~~(I) — Lack of nursing competence;~~
 - ~~(II) — Mental illness;~~
 - ~~(III) — Physical illness including, but not limited to, deterioration through the aging process or loss of motor skills; or~~
 - ~~(IV) — Chemical or alcohol impairment.~~~~
- ~~(ii) — Failure to conform to the standards of prevailing nursing and advanced practice nursing, in which case actual injury need not be established.~~
- ~~(b) — Disciplinary Records.
 - ~~(i) — The board shall maintain records of disciplinary actions and make available public findings of abuse, neglect, or misappropriation of property or other disciplinary findings.~~~~
- ~~(c) — Disciplinary Notification.
 - ~~(i) — The board shall notify the advanced practice registered nurse's current employer, if applicable, of the disciplinary action.~~~~

CHAPTER 5

FEES

Section 1. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to determine and collect reasonable fees.

Section 2. General Information.

(a) Fees shall be payable in the exact amount, by money order, cashier's check, or credit card, for all services, and shall be paid in advance of the services rendered.

(b) All fees collected by the Board are not refundable, though any fee overpayment greater than \$5.00 will be refunded.

Section 3. Fee Schedule. Services for which the Board charges a fee shall include, but not limited to, the following fee schedule:

(a)	DCI Background Check Fees	\$60
(b)	Licensure/Certification by Examination	
(i)	RN	\$130
(ii)	LPN	\$130
(iii)	CNA	\$60
(c)	Licensure/Certification by Endorsement	
(i)	RN	\$135
(ii)	LPN	\$120
(iii)	CNA	\$60
(d)	Renewal Fees	
(i)	RN	\$110
(ii)	LPN	\$90
(iii)	CNA	\$50
(iv)	Additional Late Renewal Fee	\$35
(e)	APRN Recognition Fee	
(i)	Initial Application	
(A)	Initial Recognition	\$120
(B)	Additional Recognition	\$70

(C)	Prescriptive Authority	\$70
(ii)	Renewal	
(A)	Renewal of Each Recognition	\$70
(B)	Prescriptive Authority	\$70
(f)	Relicensure/Reinstatement Fees	
(i)	RN	\$135
(ii)	LPN	\$120
(g)	Inactive Licensure Fees (RN/LPN)	\$30
(h)	Reactivation Licensure Fees	
(i)	RN	\$110
(ii)	LPN	\$90
(j)	Temporary Permit Fees	
(i)	RN	\$135
(ii)	LPN	\$120
(k)	Verification of Licensure & Certification	\$40
(l)	Name Change Fee	\$20
(m)	Insufficient Fund Check Fee	\$35
(n)	Credit Card Processing Fee	\$5
(o)	Copy Charge Fees	
(i)	Photocopy Charge per page	20¢
(ii)	Mailing Lists/Labels, Publications, Data Requests	TO BE DETERMINED
ON AN INDIVIDUAL BASIS		

CHAPTER ~~5V~~

FEES

Section 1. Statement of Purpose. These ~~rules and regulations~~ Board Rules are adopted to implement the Bboard's authority to determine and collect reasonable fees, ~~and to receive and expend funds for the pursuit of the authorized objectives of the board.~~

Section 2. General Information.

~~(a) The board shall establish the fee schedule not to exceed the statutory limits.~~

~~(b) The current fee schedule as established by the board shall appear in the official records of the board's activities and shall be kept on file in the board office.~~

~~(c) At the time of application, a copy of the current fee schedule shall be provided to applicants for all categories of licensure and certification; including licensure and certification by examination, endorsement, relicensure, biennial renewal, reactivation, or reinstatement.~~

~~(d) At the time of application, a copy of the current fee schedule shall be provided to applicants for criminal records background checks. Applicants shall be responsible for paying criminal records background check fees to the Department of Criminal Investigation.~~

~~(e)~~ (a) Fees shall be payable in the exact amount, by money order, cashier's check, or credit card, for all services, and shall be paid in advance of the services rendered. ~~Fees for renewal of licensure may, in addition to money order, cashier's check, or credit card, be paid for by personal check.~~ Refunds will not be made on fee overpayment of \$5.00 or less.

~~(f)~~ (b) All fees collected by the board are not refundable.

Section 3. Fees Schedule. Services for which the Board charges a fee shall include, but not limited to, the following fee schedule:

(a) DCI Background Check Fees \$60

(b) Licensure/Certification by Examination

(i) RN \$130

(ii) LPN \$130

(iii) CNA \$60

(c) Licensure/Certification by Endorsement

(i) RN \$135

(ii) LPN \$120

(iii) CNA \$60

(d) Renewal Fees

(i)	<u>RN</u>	<u>\$110</u>
(ii)	<u>LPN</u>	<u>\$90</u>
(iii)	<u>CNA</u>	<u>\$50</u>
(iv)	<u>Additional Late Renewal Fee</u>	<u>\$35</u>
(e)	<u>APRN Recognition Fee</u>	
(i)	<u>Initial Application</u>	
(A)	<u>Initial Recognition</u>	<u>\$120</u>
(B)	<u>Additional Recognition</u>	<u>\$70</u>
(C)	<u>Prescriptive Authority</u>	<u>\$70</u>
(ii)	<u>Renewal</u>	
(A)	<u>Renewal of Each Recognition</u>	<u>\$70</u>
(B)	<u>Prescriptive Authority</u>	<u>\$70</u>
(f)	<u>Relicensure/Reinstatement Fees</u>	
(i)	<u>RN</u>	<u>\$135</u>
(ii)	<u>LPN</u>	<u>\$120</u>
(g)	<u>Inactive Licensure Fees (RN/LPN)</u>	<u>\$30</u>
(h)	<u>Reactivation Licensure Fees</u>	
(i)	<u>RN</u>	<u>\$110</u>
(ii)	<u>LPN</u>	<u>\$90</u>
(j)	<u>Temporary Permit Fees</u>	
(i)	<u>RN</u>	<u>\$135</u>
(ii)	<u>LPN</u>	<u>\$120</u>
(k)	<u>Verification of Licensure & Certification</u>	<u>\$40</u>
(l)	<u>Name Change Fee</u>	<u>\$20</u>
(m)	<u>Insufficient Fund Check Fee</u>	<u>\$35</u>
(n)	<u>Credit Card Processing Fee</u>	<u>\$5</u>
(o)	<u>Copy Charge Fees</u>	

(i) Photocopy Charge per page 20¢

(ii) Mailing Lists/Labels, Publications, Data Requests TO BE DETERMINED
ON AN INDIVIDUAL BASIS

~~(a) Fees for services shall be established by the board and shall be based upon or reasonably related to the particular administrative costs involved in each transaction, and a schedule of such fees shall be provided to applicants.~~

~~(b) Services for which the board charges a fee shall include but not be limited to the following fee schedule:~~

~~(i) Fee Schedule:~~

~~(A) Endorsement Fees (Including Temporary Permits):~~

~~(I) Licensure by Endorsement for RNs 135.00~~

~~(II) Licensure by Endorsement for LPNs 120.00~~

~~(III) Certification by Endorsement for CNAs \$60.00~~

~~(B) Verification of Licensure & Certification~~

~~(I) Verification to All Jurisdictions \$40.00~~

~~(II) Verification for lost license/certificate \$25.00~~

~~(C) Examination Fees (Including a Graduate Temporary Permit):~~

~~(I) Examination for RN Licensure \$130.00~~

~~(II) Examination for LPN Licensure \$130.00~~

~~(III) Reexamination for Nurses \$130.00~~

~~(IV) Examination for CNA Certification \$60.00~~

~~(V) Reexamination for CNA \$60.00~~

~~(D) Biennial Renewal Fees:~~

~~(I) Renewal of RN Licensure \$110.00~~

~~(II) Renewal of LPN Licensure \$90.00~~

~~(III) Renewal of CNA Certification \$50.00~~

~~(IV) Additional Late Renewal Fee \$35.00~~

~~(E) Inactive Fees:~~

~~(I) Inactive RN Licensure \$30.00~~

~~(H) Inactive LPN Licensure \$30.00~~

~~(F) — Reactivation Fees:~~

~~(I) Reactivation RN Licensure \$110.00~~

~~(II) Reactivation LPN Licensure \$90.00~~

~~(G) — Relicensure/Reinstatement Fees:~~

~~(I) RN Relicensure/Reinstatement \$135.00~~

~~(II) LPN Relicensure/Reinstatement \$120.00~~

~~(H) — Temporary Permit Fees Without Licensure:~~

~~(I) RN Temporary Permit \$135.00~~

~~(II) LPN Temporary Permit \$120.00~~

~~(I) — Advanced Practitioner of Nursing Fees:~~

~~(I) Initial Application \$120.00~~

~~(II) Initial Application of Each Additional Recognition \$70.00~~

~~(III) Biennial Renewal of Each Recognition \$70.00~~

~~(IV) Prescriptive Authority:~~

~~(1.) Initial Application \$70.00~~

~~(2.) Biennial Renewal \$70.00~~

~~(J) — Insufficient Fund Check Fee \$35.00~~

~~(K) — Priority Processing Fee \$5.00~~

~~(L) — Mailing Lists/Labels TO BE DETERMINED ON AN INDIVIDUAL~~

BASIS

~~(M) — Copy Charge Fees:~~

~~(I) Photocopy Charge per page \$00.20~~

~~(II) Publications TO BE DETERMINED ON AN INDIVIDUAL BASIS.~~

~~(III) Data Requests TO BE DETERMINED ON AN INDIVIDUAL BASIS.~~

~~(N) — Background Search Fees \$60.00~~

~~(O) — Name Change Fee \$20.00~~

CHAPTER VI

STANDARDS FOR NURSING EDUCATION PROGRAMS

Section 1. Statement of Purpose.

(a) ~~The purpose of the bBoard~~These Board Rules are ~~in-adopting to rules and regulations in this Chapter is to~~ implement the Board's authority to:

- (i) Serve as a guide for the development of new nursing education programs;
- (ii) Provide criteria for the evaluation and approval of new and established nursing education programs;
- (iii) Foster the continued improvement of established nursing education programs;
- (iv) Ensure that graduates of nursing education programs are prepared for safe nursing practice;
- (v) Assure eligibility for admission to the licensure examination for nurses; and
- (vi) Facilitate interstate endorsement of graduates of ~~b~~Board-approved nursing education programs.

Section 2. Approval of Nursing Education Programs.

(a) Provisional Approval

(i) Before a nursing education program is permitted to admit students, the program shall submit evidence of the ability to meet the standards for nursing education.

(A) Prior to applying for provisional approval, the parent institution desiring to initiate a nursing education program shall, at least one year in advance of the expected opening date, submit to the ~~b~~Board:

- (I) A statement of intent to establish a nursing education program; and
- (II) A proposal which includes at least the following information:
 - (1.) Documentation of the present and future need for the nursing education program in the state;
 - (2.) Rationale for the establishment of the nursing education program;
 - (3.) Potential effects on other nursing education programs in Wyoming;
 - (4.) Organizational structure of the educational institution documenting the relationship of the nursing education program within the parent institution;
 - (5.) Accreditation status of the parent institution;

- program;
- (6.) Purpose, mission and level of the proposed nursing education program;
 - (7.) Availability of qualified administrator and faculty;
 - (8.) Budgeted faculty positions;
 - (9.) Source and description of adequate clinical resources for the level of nursing education program;
 - (10.) Documentation of adequate academic facilities and staff to support the nursing education program;
 - (11.) Evidence of financial resources adequate for the planning, implementation and continuation of the nursing education program;
 - (12.) Anticipated student populations;
 - (13.) Tentative time schedule for planning and initiating the nursing education program;
 - (14.) Need for entry-level nurses in the state; and
 - (15.) Evidence of approval from the Wyoming Community College Commission, or the University of Wyoming Board of Trustees, or other pertinent governing bodies.

(B) Application for provisional approval shall be made once the proposal has been approved by the ~~b~~Board and the following conditions have been met:

(I) A qualified nurse administrator has been appointed and there are sufficient qualified faculty to initiate the nursing education program;

(II) A written proposed nursing education program plan, developed in accordance with the standards for nursing, has been submitted; and

(III) A site visit has been conducted by the ~~b~~Board if deemed necessary by the ~~b~~Board.

(C) Following ~~b~~Board review of the proposed nursing education program, the ~~b~~Board may grant or deny provisional approval.

(D) The parent institution and ~~administrative head~~director of the proposed nursing education program may be present at the meeting to clarify information contained in any of the reports.

(E) If provisional approval is denied, the institution may request a hearing before the ~~b~~Board. The provisions of the ~~Wyoming Administrative Procedures Act~~WAPA and/or ~~Administrative rules of the b~~BoardBoard Rules shall apply to all hearings.

(F) Following ~~b~~Board provisional approval, progress reports shall be made to the ~~b~~Board as requested.

(G) Following graduation of the first class, a self-evaluation report of compliance with the standards for nursing education shall be submitted by the nursing education program. A site visit by the **bB**oard shall occur for consideration of full approval of the nursing education program.

(ii) Approval of Entry Level Distance Education Program(s)/Course(s)

(A) Out-of-state nursing education program(s) providing entry level distance nursing education in Wyoming shall follow the provisional approval process as identified in Section 2_(a)(i)(A)-(G) of this chapter.

(B) A distance nursing education program(s) planning to provide a course(s) within a specific time frame must submit a letter of request to the **bB**oard the semester prior to request for implementation.

(I) The letter of request shall include the following information:

- (1.) Statement of intent with rationale to provide the distance education course;
- (2.) Accreditation status of the parent institution and the nursing education program;
- (3.) Faculty qualification sheets;
- (4.) Anticipated student population;
- (5.) Curriculum content and the course(s) outline; and
- (6.) Anticipated timeline to provide the course(s).

(II) Approval/disapproval of the course(s) by the **bB**oard will be granted in writing following receipt and review of material submitted.

(b) Full Approval/Conditional Approval

(i) The **bB**oard may grant varying levels of approval after provisional approval:

(A) Full Approval: full approval is granted to a nursing education program after the first graduating class has taken the **bB**oard approved licensing examination and the program has demonstrated compliance with the standards for nursing education.

~~(B)~~ Conditional Approval: conditional approval may be granted for a limited time to a nursing education program that has had provisional or full approval and has now failed to meet the standard for nursing education. The **bB**oard will determine the length of time and identify the deficiencies that must be corrected.

(B)

(c) Continued Full Approval.

(i) All nursing education programs shall be reevaluated at least every ~~eight (8)~~8 years, upon request of the nursing education program or at the discretion of the ~~h~~Board, to ensure continuing compliance with the standards for nursing education.

(ii) Evaluation of continuing compliance with the standards for nursing education involves the submission of a self-evaluation report by the nursing education program and a site visit by a ~~h~~Board representative(s). This process shall include the following:

(A) Prior to a site visit, a nursing education program shall submit a narrative self-evaluation report which provides evidence of compliance with the standards for nursing education;

(B) The site visit shall be made by a ~~h~~Board representative(s) on dates mutually acceptable to the ~~h~~Board and the nursing education program;

(C) Announcement of a site visit shall be sent to schools at least three months in advance of the visit;

(D) Nursing education programs shall be asked to participate in scheduling site visit activities;

(E) Ten ~~(10)~~ copies of the nursing education program's self-evaluation report of compliance with the standards for nursing education shall be submitted to the ~~h~~Board ~~thirty (30)~~30 days prior to the scheduled site visit; ~~(preferred method electronic)~~

(F) If a self-evaluation report prepared for a national nursing education accreditation agency is submitted in lieu of the self-evaluation report required by the ~~h~~Board, the nursing education program shall submit an addendum to the self-evaluation report which addresses the ~~h~~Board's standards for approval and which provides a guideline as to where the ~~h~~Board standards are discussed in the self-evaluation report;

(G) A draft of the site visit report, approved by the ~~h~~Board, shall be made available to the school for review and corrections;

(H) Following the ~~h~~Board's review and decision, written notification regarding approval of the nursing education program and, if necessary, the ~~h~~Board's recommendation shall be sent to the administrator of the parent institution and the administrator of the nursing education program;

Section 3. Board Review of Nursing Education Programs.

~~(a)~~ Annual Review.

~~(i)~~~~(a)~~ All nursing education program(s) excluding those with provisional approval shall submit an annual report with ten copies providing documentation of continued compliance with the standards for nursing education, projected program changes, faculty data forms, and current college catalog within sixty (60) days after the end of each program year.

(b) Site Visits

(i) Site visits of individual nursing education programs may be conducted at the **bB**oard's discretion;

(ii) Site visits may be conducted when the **bB**oard receives evidence which would indicate that the nursing education program is not in compliance with the standards for nursing education. Evidence may include, but is not limited to:

(A) A success rate of ~~75-% percent~~ or less for graduates taking a **bB**oard approved licensing examination for the first time;

(B) Substantial changes in the nursing education program;

(C) Lack of compliance with the **Board R**ules; or

(D) Submission of false or misleading information or engaging in fraudulent practices to obtain or maintain approval by nursing education program personnel.

(c) Noncompliance

(i) The **bB**oard shall immediately, upon determining that a nursing education program is not in compliance with the standards for nursing education programs, provide to the administrator of the parent institution and the administrator of the nursing education program a written notice of deficiencies which also establishes a reasonable period of time, based upon the number and severity of deficiencies, to correct the deficiencies. No period for correction shall exceed eighteen (18)~~18~~ months.

(ii) Following a determination that a nursing education program is not in compliance with the standards for nursing education programs the **bB**oard may withdraw full approval and may place the program on conditional approval;

(A) The administrator of the nursing education program shall, within ten (10)~~10~~ days from the date of receipt of the notice of deficiencies, file a plan of correction with the **bB**oard.

(B) The administrator of the nursing education program may, within ten (10)~~10~~ days from receipt of the notice of deficiencies, submit a written request for a hearing before the **bB**oard to appeal the **bB**oard's determination of deficiencies.

(C) If the **bB**oard's determination is not appealed or is upheld upon appeal, the nursing education program shall be subject to periodic evaluations by the **bB**oard during the period of correction to determine if the deficiencies have been corrected.

(D) Status reports regarding progress in correcting the identified deficiencies shall be submitted to the **bB**oard at each regularly scheduled **bB**oard meeting during the time period.

(E) At any time during the correction period, the nursing education program may request restoration to full approval if the nursing education program demonstrates correction of the deficiencies.

Section 4. Denial or Withdrawal of Approval For Nursing Education Programs.

(a) The ~~b~~Board may deny provisional approval when it determines the standards for nursing education have not been met.

(b) The ~~b~~Board may deny full approval when it determines that a nursing education program fails to meet the standards for nursing education.

(c) The ~~b~~Board may withdraw full or conditional approval when it determines that a nursing education program has not provided sufficient evidence that the standards for nursing education are being met.

(d) If the ~~b~~Board determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the parent institution shall be given a reasonable period of time to correct the identified nursing education program deficiencies. If the nursing education program fails to correct the identified deficiencies within the time specified, the ~~b~~Board may withdraw the approval following a hearing held pursuant to the provisions of the ~~Wyoming Administrative Procedures Act~~WAPA and/or the ~~Administrative rules of the~~ ~~b~~Board-Board Rules.

(e) After the ~~b~~Board has conducted the hearing, the ~~b~~Board may take any of the following actions:

(i) Grant provisional approval if the ~~b~~Board finds that the proposed nursing education program meets the criteria as stated in the ~~b~~Board's standards for nursing education;

(ii) Deny provisional approval if the ~~b~~Board finds that the proposed nursing education program fails to meet the criteria as stated in the ~~b~~Board's standards for nursing education;

(iii) Grant conditional approval if the ~~b~~Board identifies deficiencies in the evidence presented to the ~~b~~Board which indicates the nursing education program has failed to meet the criteria as stated in the ~~b~~Board's standards for nursing education;

(iv) Grant/Reinstate full approval if the ~~b~~Board finds that the nursing education program meets the criteria as stated in the ~~b~~Board's standards for nursing education;

(v) Withdraw approval if the ~~b~~Board finds that the nursing education program fails to meet the criteria as stated in the ~~b~~Board's standards for nursing education.

~~Section 5. —~~Appeal and Reinstatement.

~~(a) —~~A parent institution may appeal the ~~b~~Board's decision to withdraw approval of a nursing education program and may request a hearing to review the ~~b~~Board's decision. The hearing and all actions related to the appeal shall be ~~effected~~affected in accordance with due process rights, the ~~Wyoming Administrative Procedures Act~~WAPA and/or ~~administrative rules of the~~ ~~b~~Board-Board Rules.

Section 5.

Section 6. Closure of Nursing Education Program and Storage of Records.

(a) Voluntary Closing:

(i) When the parent institution decides to close a nursing education program, it shall notify the **bB**oard in writing, stating the reason for closure, the plan for discontinuation and the intended date of closing.

(ii) The parent institution may choose one of the following options when closing a nursing education program:

(A) Continue the nursing education program until the last class enrolled is graduated, or

(B) Assist in the transfer of students to other approved nursing education programs.

(iii) The nursing education program shall continue to meet the **bB**oard's standards for nursing education until all of the enrolled students are graduated or until the last student is transferred.

(iv) The date of closure is the date on the degree, diploma or certificate of the last graduate or the date on which the last student was transferred.

(b) Closing as a result of withdrawal of approval:

(i) When the **bB**oard withdraws approval of a nursing education program, the parent institution shall comply with the following procedures:

(A) The parent institution shall prepare a written plan for termination of the nursing education program and shall submit the plan to the **bB**oard within thirty (30) days of receipt of the notice of withdrawal of approval.

(B) The parent institution shall present a plan for the transfer of students to other approved nursing education programs within a time frame established by the **bB**oard.

(C) The date on which the last student was transferred will be the date of closure.

~~(e)~~ Storage of Records.

~~(i)~~ (c) The **bB**oard shall be advised of the arrangements for storage of permanent records.

Section 7. Standards of Nursing Education.

(a) The organization and administration of the nursing education program shall be consistent with the law(s) governing the practice of nursing.

~~(i)~~ The parent institution shall be accredited by the appropriate accrediting agency.

(i)

(ii) There shall be an organizational chart which demonstrates the relationship of the nursing education program to the administration and to comparable programs within the parent institution, and which clearly delineates the lines of authority, responsibility and channels of communication.

(iii) There shall be statements of purpose, philosophy and objectives which are consistent with those of the parent institution and nursing standards.

(iv) There shall be an organizational design with clearly defined authority, responsibility, and channels of communication which assure both faculty and student involvement.

(v) There shall be written policies, congruent with the policies of the parent institution, which are periodically reviewed.

(vi) There shall be evidence of financial support and resources to meet the goals of the nursing education program. Financial resources include adequate educational facilities, equipment, and qualified administrative, instructional, and support personnel.

(b) Administrator Qualifications:

(i) The administrator of the nursing education program shall be a ~~registered professional nurse~~ RN, licensed in Wyoming, with the additional education and experience necessary to direct the nursing education program preparing graduates for the safe practice of nursing. The administrator is accountable for the administration, planning, implementation and evaluation of the nursing education program.

(A) In associate degree and/or practical nursing programs the administrator of the nursing education program shall:

(I) Hold a current license to practice as a ~~registered professional nurse~~ RN in Wyoming;

(II) Have a minimum of a master's degree with a major in nursing; and

~~(II)~~(III) Have a total of five (5) years in nursing which must include a minimum of two (2) years of clinical experience and three (3) years of teaching experience (and/or a combination of teaching and management experience).

(B) In baccalaureate nursing programs the administrator of the nursing education program shall:

(I) Hold a current license to practice as a ~~registered professional nurse~~ RN in Wyoming;

(II) Have a doctoral degree in nursing or related field; and

(III) Have a total of five (5) years in nursing which must include a minimum of two (2) years of clinical experience and three (3) years of teaching experience (and/or a combination of teaching and management experience).

(ii) The administrator of the nursing education program shall not be assigned curriculum instructional duties that would impair nursing education program administration.

(iii) The administrator of the nursing education program shall have the authority to administer the nursing education program in accordance with the policies of the parent institution and in relation to:

(A) Development and maintenance of an environment conducive to the teaching/learning process;

(B) Liaison and maintenance of the relationship with the administration of the parent institution as well as with the other programs within the institution;

(C) Leadership within the faculty for the development and implementation of the curriculum;

(D) Preparation and administration of the nursing education program budget;

(E) Faculty recruitment, development, performance review, promotion and retention;

(F) Liaison with and maintenance of the relationship with the ~~h~~Board; and

(G) Support for an ongoing relationship with the community to establish affiliate agencies and to ensure responsiveness to community needs.

(c) Faculty:

(i) There shall be sufficient faculty with graduate preparation and nursing expertise to meet the objectives and purposes of the nursing education program.

(ii) Nursing faculty shall:

(A) Be currently licensed as a ~~registered professional nurse~~RN in Wyoming;

(I) Faculty providing off-site instruction, in a jurisdiction other than Wyoming, must also be in conformance with all licensure laws and regulations of the jurisdiction in which the instruction occurs.

(B) Have a minimum of a master's degree with a major in nursing;

(C) Have two (2) years of clinical experience or national certification in clinical nurse specialty relevant to areas of responsibility; and

(D) Successfully complete at least ten (10) clock hours of educational preparation in principles and methods of teaching, learning, and evaluation of performance outcomes.

(I) The preparation must be acquired through planned faculty in-service learning activities, continuing education offerings, or college courses.

~~(H)~~—The preparation must be obtained prior to or within six (6) months of initial faculty appointment to an approved nursing education program.

(II)

(E) Faculty members hired without a master's degree in nursing shall have ~~five (5)~~5 years from date of hire to obtain the degree.

(F) The nursing education program administrator shall immediately notify the ~~b~~Board in writing of the hire of the non-master's prepared faculty member along with a plan for compliance with the requirements.

(iii) Factors that shall be considered in determining the faculty/student ratio in clinical settings are clinical site, level of student, number of beds, type of clinical experience, contractual agreement with the agency, program and curricular objectives and the faculty's teaching experience.

(A) Faculty/student ratio shall be a maximum of 1:8 for clinical experiences.

(B) When clinical preceptors (partners in education) are used in a clinical setting the ratio shall be 1:1 for the clinical preceptor/student ratio and no more than 1:15 for faculty/student ratio.

(iv) ~~Registered professional nurse~~RN faculty shall be responsible for:

(A) Developing, implementing, evaluating, and updating the purpose, philosophy, objectives, and organizational framework of the nursing education program;

(B) Developing, implementing and evaluating the curriculum;

(C) Developing, evaluating, and revising student admission, progression, retention, and graduation policies within the policies of the institution;

(D) Participating in academic advising and guidance of students;

(E) Providing theoretical instruction and clinical or practicum experiences;

(F) Monitoring the instruction provided by clinical preceptors (partners in education);

(G) Evaluating student achievement related to nursing knowledge and practice;

(H) Providing for student and peer evaluation of teaching effectiveness; and

(I) Participating in activities which facilitate maintaining the faculty member's own nursing competence and professional expertise in the area of teaching responsibility and maintaining clinical competence through clinical experience, workshops, and in-service training.

~~(v)~~—Faculty policies and procedures shall be available in writing and shall include

qualifications, rights and responsibilities of faculty members, the criteria for evaluation of performance, and promotion and tenure policies.

(v)

(vi) Faculty teaching non-clinical nursing courses, e.g., issues and trends, pharmacology, nutrition, research, management, and statistics, shall have preparation appropriate to these areas of content.

(vii) Faculty teaching general education courses shall have appropriate academic and professional preparation and experience in the assigned areas of teaching.

(viii) Clinical preceptors (partners in education) may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in all basic areas of nursing or within a course after students have received clinical and didactic instruction in all basic areas for that course or specific learning experience.

(A) Criteria for selecting clinical preceptors (partners in education) shall be in writing.

(B) Clinical preceptors (partners in education) shall be licensed at or above the level for which the student is preparing.

(C) There shall be written guidelines for clinical preceptors (partners in education) that include the following:

(I) Clear delineation of functions and responsibilities of the clinical preceptor, the student, and the faculty member.

(II) A statement that the faculty member shall retain responsibility for the student's learning experiences and meet periodically with the clinical preceptor and student for the purposes of monitoring and evaluating learning experiences.

(d) Students:

(i) The nursing education program shall admit students to the program based upon the number of faculty, available educational facilities and resources, and the availability of clinical learning experiences for the student.

(ii) Students shall be admitted without discrimination as to age, race, religion, sex, national origin, or marital status, using an objective process applied uniformly.

(iii) The nursing education program shall establish written policies for admission, readmission, transfer, advanced placement, promotion, graduation, withdrawal, or dismissal.

(A) The policies shall be consistent with those for students in the parent institution and acceptable educational standards.

(B) The policies shall be provided to nursing education program applicants.

(iv) A nursing education program shall establish written policies for student rights,

responsibilities, grievances, health, safety, and welfare.

(v) Students shall be provided the opportunity to acquire and demonstrate the knowledge, skills and abilities for safe nursing practice. The use of reasonable accommodations may be used to facilitate the student's ability to meet educational objectives.

(vi) The nursing education program or parent institution shall assure that students, at stated intervals, are informed of their progress and remaining obligations in the completion of the program.

(vii) The nursing education program or parent institution shall permanently maintain accurate records of scholastic achievement on each student.

(viii) There shall be written evidence that, before students are evaluated, the faculty have determined the evaluation components as follows for each nursing ability specified:

(A) The actions a student performs to demonstrate each nursing ability;

(B) The evaluation situation or stimulus presented to students (the situation or stimulus must elicit or at least permit a demonstration of each identified nursing ability that can be observed or otherwise measured for quality);

(C) The criteria for evaluating a student's performance of each nursing ability (these criteria must be measurable, appropriate to the nursing ability, address the safety of the patient, and ascertain the accuracy of student performance).

(e) Curriculum:

(i) The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level of nursing practice.

~~(A)~~(ii) The curriculum shall include:

~~(H)~~(A) Content regarding legal and ethical issues, history and trends in nursing, and professional responsibilities;

~~(H)~~(B) Experiences which promote the development of leadership and management skills and professional socialization consistent with the level of licensure;

~~(H)~~(C) Learning experiences and methods of instruction consistent with the written curriculum plan; and

~~(IV)~~(D) Content including, but not limited to:

~~(1)~~(I) The biological, physical, social and behavioral sciences to provide a foundation for safe nursing practice;

~~(2)~~(II) The nursing process; and

~~(3)~~(III) Didactic content and clinical experience in the promotion,

restoration, and maintenance of health in clients across the life span in a variety of clinical settings.

~~(ii)~~—The curriculum shall:

(iii)

(A) Be planned, implemented and evaluated by the faculty with provisions for student input. Faculty shall have the responsibility and authority over the nursing education program curriculum;

(B) Demonstrate an organizational structure that reflects the mission and philosophy of the nursing education program;

(C) Be organized logically and sequenced appropriately;

(D) Distinguish between program levels;

(E) Ensure adequate clinical experience to prepare the student for the safe practice of nursing;

(F) Give evidence of preparation for the practice of nursing as defined by the ~~Wyoming Nursing Practice Act~~NPA;

(G) Facilitate articulation among nursing education programs; and

(H) Contain general education courses which are shared with students in other departments of the parent institution and are an integral part of the curriculum.

~~(f)~~—Resources.

~~(i)~~(f) The parent institution shall provide financial and administrative support and resources to the nursing education program, including but not limited to:

~~(A)~~(i) Physical facilities for the nursing education program;

~~(B)~~(ii) Access to library and instructional materials; and

~~(C)~~(iii) Secretarial, clerical and other support personnel services.

~~(g)~~—Clinical Facilities.

~~(i)~~(g) A written contract or agreement shall be executed by the parent institution conducting the nursing education program and the cooperating clinical facility or agency; the contract shall be signed by the responsible individual(s) of each party, and shall set forth the responsibilities of each party.

(h) Program Evaluation.

(i) The nursing education program shall have a written plan for the systematic evaluation of the total nursing education program and its outcomes. The plan shall include the methodology, frequency of evaluation, assignment of responsibility, and evaluative criteria. The

following areas shall be evaluated:

- (A) Organization and administration of the nursing education program;
- (B) Philosophy and objectives;
- (C) Curriculum;
- (D) Educational facilities, resources, and services;
- (E) Clinical resources;
- (F) Students' achievement;
- (G) Graduates' performance on the licensing examination;
- (H) Graduates' nursing competence;
- (I) Performance of the faculty;
- (J) Protection of patient safety; and
- (K) The methods and instruments used for evaluation purposes.

(ii) There shall be evidence that the evaluation plan is being implemented and that faculty review evaluative data and take corrective action as needed.

Section 8. Nationally Accredited Educational Programs Accepted by the Board.

(a) A nationally pre-accredited or accredited nursing educational program which offers a formal post-graduate program in a role and population focus area of advanced practice registered nursing or which confers a master's degree or doctorate with a major in a role and population focus area of advanced nursing practice, may be accepted by the Board.

(b) Education programs, including graduate degree granting (master's, doctoral) and post-graduate certificate programs, are accredited by a nursing or nursing-related accrediting organization that is recognized by the United States Department Education and/or the Council for Higher Education Accreditation.

Section 9. Standards for LPN IV Training and Competency Evaluation Programs.

(a) The IV therapy program must utilize the Board-approved standardized IV therapy curriculum; and

(b) Shall be offered and administered by a nursing education program in a post secondary institution of higher learning in the State, in a Board-approved educational institution, an approved provider of continuing education or a licensed health care facility.

Section 10. Standards for MA-C, CNA II, and CNA Training and Competency Evaluation Programs.

(a) The Board shall establish the process for evaluating CNAs, CNA II and MA-C for minimal competency.

Section 11. Board Notification of Application and Examination Process.

(a) The Board shall notify the nursing education program directors of the application and examination process.

(b) The Board shall notify the nursing education program of the overall performance of the program's applicants on the examination. Individual examination results shall not be released to the program without written consent of the applicant.

(c) The Board shall notify the CNA training and competency evaluation program directors of the application process.

~~(ii)~~

CHAPTER 6

STANDARDS FOR NURSING EDUCATION PROGRAMS

Section 1. Statement of Purpose.

- (a) These Board Rules are adopted to implement the Board's authority to:
 - (i) Serve as a guide for the development of new nursing education programs;
 - (ii) Provide criteria for the evaluation and approval of new and established nursing education programs;
 - (iii) Foster the continued improvement of established nursing education programs;
 - (iv) Ensure that graduates of nursing education programs are prepared for safe nursing practice;
 - (v) Assure eligibility for admission to the licensure examination for nurses; and
 - (vi) Facilitate interstate endorsement of graduates of Board-approved nursing education programs.

Section 2. Approval of Nursing Education Programs.

- (a) Provisional Approval
 - (i) Before a nursing education program is permitted to admit students, the program shall submit evidence of the ability to meet the standards for nursing education.
 - (A) Prior to applying for provisional approval, the parent institution desiring to initiate a nursing education program shall, at least one year in advance of the expected opening date, submit to the Board:
 - (I) A statement of intent to establish a nursing education program; and
 - (II) A proposal which includes at least the following information:
 - (1.) Documentation of the present and future need for the nursing education program in the state;
 - (2.) Rationale for the establishment of the nursing education program;
 - (3.) Potential effects on other nursing education programs in Wyoming;
 - (4.) Organizational structure of the educational institution documenting the relationship of the nursing education program within the parent institution;
 - (5.) Accreditation status of the parent institution;
 - (6.) Purpose, mission and level of the proposed nursing education

program;

- (7.) Availability of qualified administrator and faculty;
- (8.) Budgeted faculty positions;
- (9.) Source and description of adequate clinical resources for the level of nursing education program;
- (10.) Documentation of adequate academic facilities and staff to support the nursing education program;
- (11.) Evidence of financial resources adequate for the planning, implementation and continuation of the nursing education program;
- (12.) Anticipated student populations;
- (13.) Tentative time schedule for planning and initiating the nursing education program;
- (14.) Need for entry-level nurses in the state; and
- (15.) Evidence of approval from the Wyoming Community College Commission, or the University of Wyoming Board of Trustees, or other pertinent governing bodies.

(B) Application for provisional approval shall be made once the proposal has been approved by the Board and the following conditions have been met:

(I) A qualified nurse administrator has been appointed and there are sufficient qualified faculty to initiate the nursing education program;

(II) A written proposed nursing education program plan, developed in accordance with the standards for nursing, has been submitted; and

(III) A site visit has been conducted by the Board if deemed necessary by the Board.

(C) Following Board review of the proposed nursing education program, the Board may grant or deny provisional approval.

(D) The parent institution and director of the proposed nursing education program may be present at the meeting to clarify information contained in any of the reports.

(E) If provisional approval is denied, the institution may request a hearing before the Board. The provisions of the WAPA and/or Board Rules shall apply to all hearings.

(F) Following Board provisional approval, progress reports shall be made to the Board as requested.

(G) Following graduation of the first class, a self-evaluation report of compliance with the standards for nursing education shall be submitted by the nursing education program. A site visit by the Board shall occur for consideration of full approval of the nursing

education program.

(ii) Approval of Entry Level Distance Education Program(s)/Course(s)

(A) Out-of-state nursing education program(s) providing entry level distance nursing education in Wyoming shall follow the provisional approval process as identified in Section 2 (a)(i)(A)-(G) of this chapter.

(B) A distance nursing education program(s) planning to provide a course(s) within a specific time frame shall submit a letter of request to the Board the semester prior to request for implementation.

(I) The letter of request shall include the following information:

(1.) Statement of intent with rationale to provide the distance education course;

(2.) Accreditation status of the parent institution and the nursing education program;

(3.) Faculty qualification sheets;

(4.) Anticipated student population;

(5.) Curriculum content and the course(s) outline; and

(6.) Anticipated timeline to provide the course(s).

(II) Approval/disapproval of the course(s) by the Board will be granted in writing following receipt and review of material submitted.

(b) Full Approval/Conditional Approval

(i) The Board may grant varying levels of approval after provisional approval:

(A) Full Approval: full approval is granted to a nursing education program after the first graduating class has taken the Board approved licensing examination and the program has demonstrated compliance with the standards for nursing education.

(B) Conditional Approval: conditional approval may be granted for a limited time to a nursing education program that has had provisional or full approval and has now failed to meet the standard for nursing education. The Board will determine the length of time and identify the deficiencies that shall be corrected.

(c) Continued Full Approval.

(i) All nursing education programs shall be reevaluated at least every eight (8) years, upon request of the nursing education program or at the discretion of the Board, to ensure continuing compliance with the standards for nursing education.

(ii) Evaluation of continuing compliance with the standards for nursing education

involves the submission of a self-evaluation report by the nursing education program and a site visit by a Board representative(s). This process shall include the following:

(A) Prior to a site visit, a nursing education program shall submit a narrative self-evaluation report which provides evidence of compliance with the standards for nursing education;

(B) The site visit shall be made by a Board representative(s) on dates mutually acceptable to the Board and the nursing education program;

(C) Announcement of a site visit shall be sent to schools at least three months in advance of the visit;

(D) Nursing education programs shall be asked to participate in scheduling site visit activities;

(E) One (1) electronic and one (1) hard copy of the nursing education program's self-evaluation report of compliance with the standards for nursing education shall be submitted to the Board thirty (30) days prior to the scheduled site visit;

(F) If a self-evaluation report prepared for a national nursing education accreditation agency is submitted in lieu of the self-evaluation report required by the Board, the nursing education program shall submit an addendum to the self-evaluation report which addresses the Board's standards for approval and which provides a guideline as to where the Board standards are discussed in the self-evaluation report;

(G) A draft of the site visit report, approved by the Board, shall be made available to the school for review and corrections;

(H) Following the Board's review and decision, written notification regarding approval of the nursing education program and, if necessary, the Board's recommendation shall be sent to the administrator of the parent institution and the administrator of the nursing education program;

Section 3. Board Review of Nursing Education Programs.

(a) Annual Review. All nursing education program(s) excluding those with provisional approval shall submit an annual report with one (1) electronic and one (1) hard copy providing documentation of continued compliance with the standards for nursing education, projected program changes, faculty data forms, and current college catalog within sixty (60) days after the end of each program year.

(b) Site Visits

(i) Site visits of individual nursing education programs may be conducted at the Board's discretion;

(ii) Site visits may be conducted when the Board receives evidence which would indicate that the nursing education program is not in compliance with the standards for nursing education. Evidence may include, but is not limited to:

(A) A success rate of 75% or less for graduates taking a Board approved licensing examination for the first time;

(B) Substantial changes in the nursing education program;

(C) Lack of compliance with the Board Rules; or

(D) Submission of false or misleading information or engaging in fraudulent practices to obtain or maintain approval by nursing education program personnel.

(c) Noncompliance

(i) The Board shall immediately, upon determining that a nursing education program is not in compliance with the standards for nursing education programs, provide to the administrator of the parent institution and the administrator of the nursing education program a written notice of deficiencies which also establishes a reasonable period of time, based upon the number and severity of deficiencies, to correct the deficiencies. No period for correction shall exceed eighteen (18) months.

(ii) Following a determination that a nursing education program is not in compliance with the standards for nursing education programs the Board may withdraw full approval and may place the program on conditional approval;

(A) The administrator of the nursing education program shall, within ten (10) days from the date of receipt of the notice of deficiencies, file a plan of correction with the Board.

(B) The administrator of the nursing education program may, within ten (10) days from receipt of the notice of deficiencies, submit a written request for a hearing before the Board to appeal the Board's determination of deficiencies.

(C) If the Board's determination is not appealed or is upheld upon appeal, the nursing education program shall be subject to periodic evaluations by the Board during the period of correction to determine if the deficiencies have been corrected.

(D) Status reports regarding progress in correcting the identified deficiencies shall be submitted to the Board at each regularly scheduled Board meeting during the time period.

(E) At any time during the correction period, the nursing education program may request restoration to full approval if the nursing education program demonstrates correction of the deficiencies.

Section 4. Denial or Withdrawal of Approval For Nursing Education Programs.

(a) The Board may deny provisional approval when it determines the standards for nursing education have not been met.

(b) The Board may deny full approval when it determines that a nursing education program fails to meet the standards for nursing education.

(c) The Board may withdraw full or conditional approval when it determines that a nursing education program has not provided sufficient evidence that the standards for nursing education are being met.

(d) If the Board determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the parent institution shall be given a reasonable period of time to correct the identified nursing education program deficiencies. If the nursing education program fails to correct the identified deficiencies within the time specified, the Board may withdraw the approval following a hearing held pursuant to the provisions of the WAPA and/or the Board Rules.

(e) After the Board has conducted the hearing, the Board may take any of the following actions:

(i) Grant provisional approval if the Board finds that the proposed nursing education program meets the criteria as stated in the Board's standards for nursing education;

(ii) Deny provisional approval if the Board finds that the proposed nursing education program fails to meet the criteria as stated in the Board's standards for nursing education;

(iii) Grant conditional approval if the Board identifies deficiencies in the evidence presented to the Board which indicates the nursing education program has failed to meet the criteria as stated in the Board's standards for nursing education;

(iv) Grant/Reinstate full approval if the Board finds that the nursing education program meets the criteria as stated in the Board's standards for nursing education;

(v) Withdraw approval if the Board finds that the nursing education program fails to meet the criteria as stated in the Board's standards for nursing education.

Section 5. Appeal and Reinstatement. A parent institution may appeal the Board's decision to withdraw approval of a nursing education program and may request a hearing to review the Board's decision. The hearing and all actions related to the appeal shall be affected in accordance with due process rights, the WAPA and/or Board Rules.

Section 6. Closure of Nursing Education Program and Storage of Records.

(a) Voluntary Closing

(i) When the parent institution decides to close a nursing education program, it shall notify the Board in writing, stating the reason for closure, the plan for discontinuation and the intended date of closing.

(ii) The parent institution may choose one of the following options when closing a nursing education program:

(A) Continue the nursing education program until the last class enrolled is graduated, or

(B) Assist in the transfer of students to other approved nursing education

programs.

(iii) The nursing education program shall continue to meet the Board's standards for nursing education until all of the enrolled students are graduated or until the last student is transferred.

(iv) The date of closure is the date on the degree, diploma or certificate of the last graduate or the date on which the last student was transferred.

(b) Closing as a result of withdrawal of approval

(i) When the Board withdraws approval of a nursing education program, the parent institution shall comply with the following procedures:

(A) The parent institution shall prepare a written plan for termination of the nursing education program and shall submit the plan to the Board within thirty (30) days of receipt of the notice of withdrawal of approval.

(B) The parent institution shall present a plan for the transfer of students to other approved nursing education programs within a time frame established by the Board.

(C) The date on which the last student was transferred will be the date of closure.

(c) Storage of Records. The Board shall be advised of the arrangements for storage of permanent records.

Section 7. Standards of Nursing Education.

(a) The organization and administration of the nursing education program shall be consistent with the law(s) governing the practice of nursing.

(i) The parent institution shall be accredited by the appropriate accrediting agency.

(ii) There shall be an organizational chart which demonstrates the relationship of the nursing education program to the administration and to comparable programs within the parent institution, and which clearly delineates the lines of authority, responsibility and channels of communication.

(iii) There shall be statements of purpose, philosophy and objectives which are consistent with those of the parent institution and nursing standards.

(iv) There shall be an organizational design with clearly defined authority, responsibility, and channels of communication which assure both faculty and student involvement.

(v) There shall be written policies, congruent with the policies of the parent institution, which are periodically reviewed.

(vi) There shall be evidence of financial support and resources to meet the goals of the nursing education program. Financial resources include adequate educational facilities,

equipment, and qualified administrative, instructional, and support personnel.

(b) Administrator Qualifications

(i) The administrator of the nursing education program shall be a RN, licensed in Wyoming, with the additional education and experience necessary to direct the nursing education program preparing graduates for the safe practice of nursing. The administrator is accountable for the administration, planning, implementation and evaluation of the nursing education program.

(A) In associate degree and/or practical nursing programs the administrator of the nursing education program shall:

(I) Hold a current license to practice as a RN in Wyoming;

(II) Have a minimum of a master's degree with a major in nursing; and

(III) Have a total of five (5) years in nursing which shall include a minimum of two (2) years of clinical experience and three (3) years of teaching experience (and/or a combination of teaching and management experience).

(B) In baccalaureate nursing programs the administrator of the nursing education program shall:

(I) Hold a current license to practice as a RN in Wyoming;

(II) Have a doctoral degree in nursing or related field; and

(III) Have a total of five (5) years in nursing which shall include a minimum of two (2) years of clinical experience and three (3) years of teaching experience (and/or a combination of teaching and management experience).

(ii) The administrator of the nursing education program shall not be assigned curriculum instructional duties that would impair nursing education program administration.

(iii) The administrator of the nursing education program shall have the authority to administer the nursing education program in accordance with the policies of the parent institution and in relation to:

(A) Development and maintenance of an environment conducive to the teaching/learning process;

(B) Liaison and maintenance of the relationship with the administration of the parent institution as well as with the other programs within the institution;

(C) Leadership within the faculty for the development and implementation of the curriculum;

(D) Preparation and administration of the nursing education program budget;

(E) Faculty recruitment, development, performance review, promotion and

retention;

(F) Liaison with and maintenance of the relationship with the Board; and

(G) Support for an ongoing relationship with the community to establish affiliate agencies and to ensure responsiveness to community needs.

(c) Faculty

(i) There shall be sufficient faculty with graduate preparation and nursing expertise to meet the objectives and purposes of the nursing education program.

(ii) Nursing faculty shall:

(A) Be currently licensed as a RN in Wyoming;

(I) Faculty providing off-site instruction, in a jurisdiction other than Wyoming, must also be in conformance with all licensure laws and regulations of the jurisdiction in which the instruction occurs.

(B) Have a minimum of a master's degree with a major in nursing;

(C) Have two (2) years of clinical experience or national certification in clinical nurse specialty relevant to areas of responsibility; and

(D) Successfully complete at least ten (10) clock hours of educational preparation in principles and methods of teaching, learning, and evaluation of performance outcomes.

(I) The preparation shall be acquired through planned faculty in-service learning activities, continuing education offerings, or college courses.

(II) The preparation shall be obtained prior to or within six (6) months of initial faculty appointment to an approved nursing education program.

(E) Faculty members hired without a master's degree in nursing shall have five (5) years from date of hire to obtain the degree.

(F) The nursing education program administrator shall immediately notify the Board in writing of the hire of the non-master's prepared faculty member along with a plan for compliance with the requirements.

(iii) Factors that shall be considered in determining the faculty/student ratio in clinical settings are clinical site, level of student, number of beds, type of clinical experience, contractual agreement with the agency, program and curricular objectives and the faculty's teaching experience.

(A) Faculty/student ratio shall be a maximum of 1:8 for clinical experiences.

(B) When clinical preceptors (partners in education) are used in a clinical setting the ratio shall be 1:1 for the clinical preceptor/student ratio and no more than 1:15 for

faculty/student ratio.

(iv) RN faculty shall be responsible for:

(A) Developing, implementing, evaluating, and updating the purpose, philosophy, objectives, and organizational framework of the nursing education program;

(B) Developing, implementing and evaluating the curriculum;

(C) Developing, evaluating, and revising student admission, progression, retention, and graduation policies within the policies of the institution;

(D) Participating in academic advising and guidance of students;

(E) Providing theoretical instruction and clinical or practicum experiences;

(F) Monitoring the instruction provided by clinical preceptors (partners in education);

(G) Evaluating student achievement related to nursing knowledge and practice;

(H) Providing for student and peer evaluation of teaching effectiveness; and

(I) Participating in activities which facilitate maintaining the faculty member's own nursing competence and professional expertise in the area of teaching responsibility and maintaining clinical competence through clinical experience, workshops, and in-service training.

(v) Faculty policies and procedures shall be available in writing and shall include qualifications, rights and responsibilities of faculty members, the criteria for evaluation of performance, and promotion and tenure policies.

(vi) Faculty teaching non-clinical nursing courses, e.g., issues and trends, pharmacology, nutrition, research, management, and statistics, shall have preparation appropriate to these areas of content.

(vii) Faculty teaching general education courses shall have appropriate academic and professional preparation and experience in the assigned areas of teaching.

(viii) Clinical preceptors (partners in education) may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in all basic areas of nursing or within a course after students have received clinical and didactic instruction in all basic areas for that course or specific learning experience.

(A) Criteria for selecting clinical preceptors (partners in education) shall be in writing.

(B) Clinical preceptors (partners in education) shall be licensed at or above the level for which the student is preparing.

(C) There shall be written guidelines for clinical preceptors (partners in education) that include the following:

(I) Clear delineation of functions and responsibilities of the clinical preceptor, the student, and the faculty member.

(II) A statement that the faculty member shall retain responsibility for the student's learning experiences and meet periodically with the clinical preceptor and student for the purposes of monitoring and evaluating learning experiences.

(d) Students

(i) The nursing education program shall admit students to the program based upon the number of faculty, available educational facilities and resources, and the availability of clinical learning experiences for the student.

(ii) Students shall be admitted without discrimination as to age, race, religion, sex, national origin, or marital status, using an objective process applied uniformly.

(iii) The nursing education program shall establish written policies for admission, readmission, transfer, advanced placement, promotion, graduation, withdrawal, or dismissal.

(A) The policies shall be consistent with those for students in the parent institution and acceptable educational standards.

(B) The policies shall be provided to nursing education program applicants.

(iv) A nursing education program shall establish written policies for student rights, responsibilities, grievances, health, safety, and welfare.

(v) Students shall be provided the opportunity to acquire and demonstrate the knowledge, skills and abilities for safe nursing practice. The use of reasonable accommodations may be used to facilitate the student's ability to meet educational objectives.

(vi) The nursing education program or parent institution shall assure that students, at stated intervals, are informed of their progress and remaining obligations in the completion of the program.

(vii) The nursing education program or parent institution shall permanently maintain accurate records of scholastic achievement on each student.

(viii) There shall be written evidence that, before students are evaluated, the faculty have determined the evaluation components as follows for each nursing ability specified:

(A) The actions a student performs to demonstrate each nursing ability;

(B) The evaluation situation or stimulus presented to students (the situation or stimulus shall elicit or at least permit a demonstration of each identified nursing ability that can be observed or otherwise measured for quality);

(C) The criteria for evaluating a student's performance of each nursing ability

(these criteria must be measurable, appropriate to the nursing ability, address the safety of the patient, and ascertain the accuracy of student performance).

(e) Curriculum

(i) The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level of nursing practice.

(ii) The curriculum shall include:

(A) Content regarding legal and ethical issues, history and trends in nursing, and professional responsibilities;

(B) Experiences which promote the development of leadership and management skills and professional socialization consistent with the level of licensure;

(C) Learning experiences and methods of instruction consistent with the written curriculum plan; and

(D) Content including, but not limited to:

(I) The biological, physical, social and behavioral sciences to provide a foundation for safe nursing practice;

(II) The nursing process; and

(III) Didactic content and clinical experience in the promotion, restoration, and maintenance of health in clients across the life span in a variety of clinical settings.

(iii) The curriculum shall:

(A) Be planned, implemented and evaluated by the faculty with provisions for student input. Faculty shall have the responsibility and authority over the nursing education program curriculum;

(B) Demonstrate an organizational structure that reflects the mission and philosophy of the nursing education program;

(C) Be organized logically and sequenced appropriately;

(D) Distinguish between program levels;

(E) Ensure adequate clinical experience to prepare the student for the safe practice of nursing;

(F) Give evidence of preparation for the practice of nursing as defined by the NPA;

(G) Facilitate articulation among nursing education programs; and

(H) Contain general education courses which are shared with students in other

departments of the parent institution and are an integral part of the curriculum.

(f) Resources. The parent institution shall provide financial and administrative support and resources to the nursing education program, including but not limited to:

- (i) Physical facilities for the nursing education program;
- (ii) Access to library and instructional materials; and
- (iii) Secretarial, clerical and other support personnel services.

(g) Clinical Facilities. A written contract or agreement shall be executed by the parent institution conducting the nursing education program and the cooperating clinical facility or agency; the contract shall be signed by the responsible individual(s) of each party, and shall set forth the responsibilities of each party.

(h) Program Evaluation

(i) The nursing education program shall have a written plan for the systematic evaluation of the total nursing education program and its outcomes. The plan shall include the methodology, frequency of evaluation, assignment of responsibility, and evaluative criteria. The following areas shall be evaluated:

- (A) Organization and administration of the nursing education program;
- (B) Philosophy and objectives;
- (C) Curriculum;
- (D) Educational facilities, resources, and services;
- (E) Clinical resources;
- (F) Students' achievement;
- (G) Graduates' performance on the licensing examination;
- (H) Graduates' nursing competence;
- (I) Performance of the faculty;
- (J) Protection of patient safety; and
- (K) The methods and instruments used for evaluation purposes.

(ii) There shall be evidence that the evaluation plan is being implemented and that faculty review evaluative data and take corrective action as needed.

Section 8. Nationally Accredited APRN Educational Programs Accepted by the Board.

(a) A nationally pre-accredited or accredited nursing educational program which offers a formal post-graduate program in a role and population focus area of advanced practice

registered nursing or which confers a master's degree or doctorate with a major in a role and population focus area of advanced nursing practice, may be accepted by the Board.

(b) Education programs, including graduate degree granting (master's, doctoral) and post-graduate certificate programs, are accredited by a nursing or nursing-related accrediting organization that is recognized by the United States Department Education and/or the Council for Higher Education Accreditation.

Section 9. Standards for LPN IV Training and Competency Evaluation Programs.

(a) The LPN IV therapy program shall utilize the Board-approved standardized LPN IV therapy curriculum; and

(b) The LPN IV therapy program shall be offered and administered by a nursing education program in a post secondary institution of higher learning in the State, in a Board-approved educational institution, an approved provider of continuing education or a licensed health care facility.

Section 10. Standards for MA-C, CNA II, and CNA Training and Competency Evaluation Programs.

(a) The Board shall establish the process for evaluating CNAs, CNA II and MA-C for minimal competency.

Section 11. Board Notification of Application and Examination Process.

(a) The Board shall notify the nursing education program directors of the application and examination process.

(b) The Board shall notify the nursing education program of the overall performance of the program's applicants on the examination. Individual examination results shall not be released to the program without written consent of the applicant.

(c) The Board shall notify the CNA training and competency evaluation program directors of the application process.

CHAPTER 7
CERTIFIED NURSING ASSISTANTS
REPEALED

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CERTIFIED NURSING ASSISTANTS

REPEALED

~~Section 1. — Authority.~~

~~(a) — These rules and regulations are promulgated by the Wyoming State Board of Nursing pursuant to its authority under W.S. 33-21-119 thru 33-21-156 and the federal requirements (Public Law 100-203).~~

~~(b) — The responsibility for enforcement of the provisions of these rules is vested in the board.~~

~~Section 2. — General Provisions.~~

~~(a) — The board shall have all of the duties, powers and authority specifically granted by the Wyoming Nurse Practice Act and federal requirements necessary to the enforcement of reasonable rules governing the regulation of nursing assistants.~~

~~(b) — Without limiting the foregoing, the board may do the following:~~

~~(i) — Have the responsibility for the enforcement of the provision of rules governing the regulation of nursing assistant training, competency, certification, registry, practice, and discipline;~~

~~(ii) — Develop and enforce standards for nursing assistant, nursing assistant II and medication assistant certifications:~~

~~(A) — Issue certification to the nursing assistants who have successfully met the requirements;~~

~~(B) — Notify all nursing assistants of changes in laws, rules and regulations pertaining to nursing assistants;~~

~~(iii) — Develop and enforce standards for competency evaluation of nursing assistants;~~

~~(A) — Grant qualified individuals temporary permits to engage in graduate nursing assistant practice when indicated by the executive director;~~

~~(B) — Examine, certify, renew, and reinstate the certificates of duly qualified individuals.~~

~~(iv) — Deny any applicant a certificate or temporary permit to practice as a nursing assistant for examination, certification, renewal, or reinstatement if the applicant fails to meet the requirements of board rules and regulations;~~

~~(v) — Develop standards for continued competency of nursing assistants during~~

~~employment and upon return to employment;~~

~~(vi) Collect data regarding certification and educational enrollment of nursing assistants and report to the public;~~

~~(vii) Conduct investigations, hearings and proceedings concerning alleged violations of the boards rules and regulations;~~

~~(viii) Compel attendance of witnesses, issue subpoenas and administer oaths to those testifying at hearings;~~

~~(ix) Determine and administer appropriate disciplinary action against all individuals found guilty of violating the Wyoming Nurse Practice Act and board rules and regulations.~~

~~Section 3. Statement of Purpose.~~

~~(a) These rules and regulations are adopted to implement the authority of the Wyoming State Board of Nursing to:~~

~~(i) Regulate the qualifications and certification standards of nursing assistants practicing in Wyoming;~~

~~(ii) Regulate the certification process for nursing assistants practicing in Wyoming;~~

~~(iii) Establish minimum standards of competency for nursing assistants;~~

~~(iv) Identify basic skills and functions necessary to nursing assistant practice;~~

~~(v) Enforce the standards for nursing assistant training and/or competency evaluation programs;~~

~~(vi) Establish minimal acceptable levels of safe nursing assistant practice;~~

~~(vii) Provide criteria for the board to evaluate safe and competent nursing assistant practice;~~

~~(viii) Clarify the scope of tasks for the certified nursing assistant;~~

~~(ix) Identify behaviors which are inconsistent with uniform and reasonable standards of nursing practice including, but not limited to:~~

~~(A) Fraud and deceit;~~

~~(B) Unsafe practice;~~

~~(C) Misappropriation of property;~~

~~(D) Abandonment;~~

- ~~(E) Abuse, including sexual abuse;~~
- ~~(F) Neglect, including substandard care;~~
- ~~(G) Violation of privacy and/or confidentiality;~~
- ~~(H) Drug diversion self/others;~~
- ~~(I) Sale, unauthorized use, or manufacture of controlled/illicit drugs;~~
- ~~(J) Criminal conviction;~~
- ~~(K) Unprofessional conduct;~~
- ~~(L) Boundary violations, including sexual boundaries;~~
- ~~(M) Failure to comply with reasonable requests from the board including, but not limited to:~~

- ~~(I) Response to complaints;~~
- ~~(II) Response to formal pleadings such as notice of hearing or petition and complaint;~~
- ~~(III) Response to inquiry regarding application or renewal information.~~
- ~~(N) Impairment;~~
 - ~~(I) Lack of nursing competency;~~
 - ~~(II) Mental illness;~~
 - ~~(III) Physical illness including, but not limited to, deterioration through the aging process or loss of motor skill; or~~
 - ~~(IV) Chemical or alcohol impairment.~~

~~Section 4. Certification Requirements for Nursing Assistants.~~

~~(a) All nursing assistants, regardless of title or care setting, shall be required to hold a current, valid nursing assistant certificate issued by the board within four (4) months from the first date of hire with the following exceptions:~~

~~(i) Nursing assistants who work for a home health agency/public health agency or in the community shall be certified prior to beginning work.~~

~~(A) Nursing assistants who are employed in a home health/public health or community setting shall receive sixteen (16) hours of training in home health nursing assistant tasks as prescribed by the board within the first two (2) weeks of employment;~~

~~(B) — Nursing assistants who are employed in home health/public health or community settings shall not provide direct patient care until completion of the sixteen (16) hours of home health nursing assistant training;~~

~~(C) — Documentation of completion of home health nursing assistant training shall be submitted to the board on the prescribed form.~~

~~(ii) — Nursing assistants, regardless of title or setting, who work for a staffing agency shall be required to be certified prior to beginning work.~~

~~(b) — Nursing assistant applying for endorsement must make application for certification immediately upon employment.~~

~~Section 5. — Standards for Delegation of Basic Nursing Tasks and Skills.~~

~~See Chapter 9.~~

~~Section 6. — Degree of Direction or Supervision.~~

~~See Chapter 9.~~

~~Section 7. — Section 7. Basic Nursing Functions, Tasks, and Skills that may be Delegated.~~

~~(a) — A certified nursing assistant, regardless of title or care setting shall be under the direction of a licensed nurse;~~

~~(b) — After appropriate client assessment and delegation by the supervising nurse, the nursing assistant shall utilize knowledge of client's rights, legal and ethical concepts, communication skills, safety, and infection control while performing the following:~~

~~(i) — Basic Nursing Skills:~~

~~(A) — Measuring and recording height, weight, intake and output;~~

~~(B) — Measuring and recording vital signs, including blood pressure and fingerstick blood sugar;~~

~~(C) — Observing, reporting, and recording signs, symptoms, and changes from baseline data established by the licensed nurse;~~

~~(I) — Observing and reporting client or family comments in response to care;~~

~~(II) — Observing and reporting environment situations;~~

~~(III) — Observing and reporting behaviors related to the plan of care;~~

~~(D) — Caring for the client environment;~~

~~(E) — Caring for the client when death is imminent;~~

- ~~(F) Measuring and recording food and fluid intake and output;~~
- ~~(G) Using client protective devices;~~
- ~~(H) Maintaining safety standards;~~
- ~~(I) Using hand washing, universal precautions, and other infection control measures.~~
- ~~(J) Implementing basic emergency procedures including cardiopulmonary resuscitation~~

~~(ii) Personal Care Skills:~~

- ~~(A) Bathing including bed bath, tub or shower, and perineal care;~~
- ~~(B) Grooming including sink, tub, or bed shampoo and oral hygiene and nail care;~~
- ~~(C) Dressing;~~
- ~~(D) Toileting;~~
- ~~(E) Assisting with eating and hydration, including proper feeding technique;~~
- ~~(F) Providing skin care including pressure ulcer prevention;~~
- ~~(G) Ambulating, positioning, and turning;~~
- ~~(H) Feeding, cutting up food, or placing of meal trays;~~
- ~~(I) Promoting client/resident independence;~~
- ~~(J) Socialization activities; and~~
- ~~(K) Assisting with the self-administration of medications includes the following:~~

~~(I) The licensed nurse assesses and determines the client is awake, alert and cognizant of their medications;~~

~~(II) Medications must be dispensed from a licensed pharmacy with the name, address, and telephone number of the pharmacy, name of client, name and strength of drug, directions for use, date filled, expiration date, prescription number, and prescriber (Assisted Living Facility Rules, Chapter 12, Section 7(d)(ii));~~

~~(III) The nursing assistant may perform the following:~~

- ~~(1.) Reminding the client to take medication (Assisted Living Facility~~

~~Rules, Chapter 12, Section 7(d)(iv)(A)(I);~~

~~(2.)—Assisting with the removal of a cap or blister pack (Assisted Living Facility Rules, Chapter 12, Section 7(d)(iv)(A)(III));~~

~~(3.)—Assisting with the removal of a medication from a container for a client with a disability which prevents independent performance of this act (Assisted Living Facility Rules, Chapter 12, Section 7(d)(iv)(A)(IV));~~

~~(4.)—Observing the client take the medication;~~

~~(5.)—Applying topical ointments to intact skin~~

~~(6.)—Inserting dulcolax and glycerin suppositories rectally.~~

~~(iii)—Basic Restorative Skills Assistance:~~

~~(A)—Activities of daily living;~~

~~(B)—Performing range of motion exercises;~~

~~(C)—Using assistive devices in transferring, positioning, ambulating, toileting, eating and dressing;~~

~~(D)—Turning and positioning properly;~~

~~(E)—Transferring;~~

~~(F)—Assisting in bowel and bladder training;~~

~~(G)—Using and caring for prosthetic devices;~~

~~(H)—Positioning of therapeutic devices; and~~

~~(I)—Training the client/resident in self care according to their abilities.~~

~~(iv)—Mental Health and Psychosocial Skills.~~

~~(A)—Recognizing developmental tasks associated with the life process;~~

~~(B)—Utilizing basic skills which support the patient in age appropriate behavior and self care;~~

~~(C)—Applying basic principles of behavior management in response to the client's behavior;~~

~~(D)—Identifying characteristics that may put the client/resident at risk and providing care with consideration of:~~

- ~~(I) The client's cognitive level of functioning;~~
 - ~~(II) The client's sensory deficits or impairments;~~
 - ~~(III) Communication limitations;~~
 - ~~(IV) Altered level of consciousness;~~
 - ~~(V) Agitation or combativeness;~~
 - ~~(VI) The client's ability to make personal choices;~~
 - ~~(VII) The client's family or concerned others as a source of emotional support;~~
 - ~~(VIII) The client's need for participation in social activities; and~~
 - ~~(IX) The client's expression of grief or conflict.~~
 - ~~(X) Organizing the client's environment to enhance well-being; and~~
 - ~~(XI) Recognizing the client's spiritual needs.~~
- ~~(v) Communication Skills:~~
- ~~(A) Using appropriate verbal and non-verbal communication with clients, their families and co-workers;~~
 - ~~(B) Recognizing non-verbal communication in clients, their families, and co-workers; and~~
 - ~~(C) Recognizing and maintaining boundaries, including sexual boundaries.~~
- ~~(vi) Nursing Team Member Skills of the Certified Nursing Assistant:~~
- ~~(A) Accepting delegation, instruction, and supervision from the licensed nurse and other appropriate licensed health professionals;~~
 - ~~(B) Accepting responsibility for actions;~~
 - ~~(C) Following the nursing care plan to guide delegated aspects of care;~~
 - ~~(D) Organizing work by priority assignments;~~
 - ~~(E) Informing the delegation nurse and appropriate health professional about ability or inability to perform tasks;~~
 - ~~(F) Observing, reporting, and recording data in a timely manner;~~

- ~~(G) Reporting changes in the client to the nurse in a timely manner;~~
- ~~(H) Participating with other members of the healthcare team to provide optimum care;~~
- ~~(I) Contributing to the planning of care;~~
- ~~(J) Reporting unsafe, neglectful or abusive care;~~
- ~~(K) Conducting assigned tasks without discrimination on the basis of age, race, religion, sex, lifestyle, national origin, disability or disease;~~
- ~~(L) Protecting the dignity and rights of clients regardless of social or economic status, personal attributes or nature of health problems;~~
- ~~(M) Protecting the individual's right to privacy and the maintenance of confidentiality;~~
- ~~(N) Protecting the property of the client, family, significant others, and the employer; and~~
- ~~(O) Providing care which maintains the client free from abuse and/or neglect.~~

~~Section 8. Standards for Nursing Assistant Training and Competency Evaluation Programs.~~

~~(a) Purpose of Standards:~~

- ~~(i) To ensure the safe and effective functioning of nursing assistants who successfully complete nursing assistant training and competency evaluation programs.~~
- ~~(ii) To serve as a guide for the development and establishment of nursing assistant training and competency evaluation programs.~~
- ~~(iii) To provide criteria for the evaluation of nursing assistant training and competency evaluation programs.~~
- ~~(iv) To promote, preserve and protect the health, safety and welfare of the public by and through the effective control and regulation of nursing assistants and their functions and approval of nursing assistant training and competency evaluation programs.~~

~~Section 9. Section 9. Nursing Assistant Competence Evaluation.~~

- ~~(a) The board shall establish the process for evaluating nursing assistants for minimal competency.~~

~~Section 10. Certified Nursing Assistant II (CNA II).~~

~~(a) Delegation~~

- ~~(i) Criteria for determining nursing tasks/functions/activities that may be delegated:

 - ~~(A) Knowledge and skills of the CNA II;~~
 - ~~(B) Knowledge and skills of the medication assistant certified (MA-C);~~
 - ~~(C) Verification of the clinical competence of the CNA II by the employing agency;~~
 - ~~(D) Verification of the clinical competence of the MA-C by the employing agency;~~
 - ~~(E) Stability of the patient's condition that involves predictability, absence of risk of complication, and rate of change;~~
 - ~~(F) The variables in each service setting that include but are not limited to:

 - ~~(I) The accessible resources and established policies, procedures, practices and channels of communication that lend support to the type of nursing tasks/functions/activities being delegated to CNA II or MA-C;~~
 - ~~(II) The complexity and frequency of care needed by a given patient population;~~
 - ~~(III) The proximity of patients to staff;~~
 - ~~(IV) The number and qualifications of staff; and~~
 - ~~(V) The accessibility of the licensed nurse.~~~~~~
- ~~(ii) Nursing tasks/functions/activities that inherently involve ongoing assessment, interpretation or decision making that cannot be logically separated from the procedure(s) are not to be delegated to the CNA II or MA-C.~~
- ~~(b) Purpose:

 - ~~(i) The purpose of the standards:

 - ~~(A) To communicate board expectations and provide guidance for CNA II and MA-C;~~
 - ~~(B) To articulate board criteria for evaluating CNA II and MA-C actions and behavior when providing nursing care under the direction of a licensed nurse.~~~~
 - ~~(c) Nursing Assistant Registry

 - ~~(i) All CNA IIs and MA-Cs shall be listed on the registry maintained by the Office of Healthcare Licensing and Survey.~~~~~~

~~(d) Certification of CNA II Personnel~~

~~(i) In order to be certified as a CNA II a certified nursing assistant must:~~

~~(A) Be eighteen (18) years of age or older at the time of examination;~~

~~(B) Have a high school diploma or a GED;~~

~~(C) Have a current unencumbered Wyoming certified nursing assistant certificate;~~

~~(D) Have completed at least one thousand five hundred (1500) documented hours of work as a certified nursing assistant; and~~

~~(E) Graduate from a state or board approved CNA II training and competency evaluation program.~~

~~(e) CNA II Range of Functions~~

~~(i) A CNA II works under the direction of a licensed nurse who must follow the principles of delegation as stated in Chapter 9;~~

~~(ii) Any professional judgment or decision making responsibility may not be delegated;~~

~~(iii) CNA II may not be delegated CNA II skills for acutely ill patients:~~

~~(A) Skills for CNA IIs may include but are not limited to the following:~~

~~(I) Oxygen therapy;~~

~~(II) Sterile technique;~~

~~(III) Wound care;~~

~~(IV) Oropharyngeal suctioning;~~

~~(V) Tracheostomy care for patients with well established tracheostomy;~~

~~(VI) Assisting with peripheral IV fluids (“Assisting with peripheral IVs refers to the set up of equipment and discontinuing IVs. It does not include venipuncture or hanging IVs”);~~

~~(VII) Urinary catheter:~~

~~(1.) Removes an urinary catheter; and~~

~~(2.) Obtains urine specimen from catheter port.~~

~~(VIII) Gastrostomy and percutaneous endoscopic gastrostomy (P.E.G.) feeding tubes in a stable site;~~

~~(IX) Elimination procedures;~~

~~(X) Capillary blood glucose testing;~~

~~(XI) Responding to mental health needs.~~

~~Section 11. Medication Assistant Certified (MA-C):~~

~~(a) Certification of MA-C Personnel~~

~~(i) In order to be certified as a MA-C a certified nursing assistant must:~~

~~(A) Graduate from a state or board approved CNA II training and competency evaluation program; or~~

~~(B) Have a current unencumbered Wyoming CNA II certificate.~~

~~(b) Range of Functions~~

~~(i) A MA-C works under the direction of a licensed nurse who must follow the principles of delegation as stated in Chapter 9.~~

~~(ii) Any professional judgment or decision making responsibility may not be delegated;~~

~~(iii) MA-C may not be delegated MA-C skills for acutely ill patients;~~

~~(A) Skills for MA-Cs may include but are not limited to the following:~~

~~(I) CNA II skills identified in Section 10 (e)(iii)(A) of this chapter;~~

~~(II) Medication administration:~~

~~(1.) Medication administration may be delegated to a MA-C when a predictable outcome is expected in patients with common reoccurring health problems. The predictable outcome which is expected is the application of the “rights” of medication administration: right medication, right patient, right dose, right time, right route, right technique, and right documentation. Only technical aspects of medication administration may be delegated.~~

~~(2.) The MA-C and the registered nurse or licensed practical nurse may work as a dyad in the delivery or observation of the patient taking the medication.~~

~~(3.) MA-C may provide routine medications by the following routes:~~

~~a. Oral~~

- ~~b. Inhalation~~
- ~~e. Topical~~
- ~~d. Instillation into the eyes, ears and nose~~
- ~~e. Rectal~~
- ~~f. Vaginal~~

~~(4.) If the delegating professional is not on site, direction must be for recipient-specific procedures and must be in writing.~~

~~(5.) Direction for PRN medication must be in writing and include the parameters for provision of the PRN medication. Direction for observing and reporting for monitoring medication must be in writing and include the parameters for the observation and reporting. A MA-C shall comply with the written directions.~~

~~(6.) A MA-C shall not perform a task involving the administration of medication if:~~

~~a. The medication administration requires an assessment of the patient's need for medication, a calculation of the dosage of the medication or the conversion of the dosage;~~

~~b. The medication being administered is an initial dose and is new to the client;~~

~~c. The licensed nurse directing/supervising care is unavailable to monitor the progress of the patient and the effect on the patient of the medication;~~

~~d. The patient/client has changing health/nursing needs.~~

~~(7.) A MA-C who has any reason to believe that he or she has made an error in the administration of medication shall follow facility policy and procedure to report the possible or known error to the appropriate superior and shall assist in completing any required documentation of the medication error.~~

~~(8.) MA-C shall report to the nurse directing/supervising care:~~

~~a. Signs or symptoms that appear life threatening;~~

~~b. Events that appear health threatening; and~~

~~c. Medications that produce no results or undesirable effects as reported by the patient.~~

~~(9.) A licensed nurse shall supervise/direct MA-C.~~

~~(10.)—A registered nurse shall periodically review the following:~~

- ~~a.—Authorized provider orders; and~~
- ~~b.—Patient medication records.~~

~~Section 12.—Standards for CNA II and MA-C Training and Competency Evaluation Programs.~~

~~(a)—Purpose of Standards:~~

~~(i)—To ensure the safe and effective functioning of CNA IIs and MA-Cs who successfully complete CNA II and MA-C training and competency evaluation programs;~~

~~(ii)—To serve as a guide for the development and establishment of CNA II and MA-C training and competency evaluation programs.~~

~~(iii)—To provide criteria for the evaluation of CNA II and MA-C training and competency evaluation programs.~~

~~(iv)—To promote, preserve and protect the health, safety and welfare of the public by and through the effective control and regulation of CNA IIs and MA-Cs, their functions and approval of CNA II and MA-C training and competency evaluation programs.~~

~~(b)—A CNA II training program shall consist of a minimum of one hundred and five hours (105) under the supervision of a board approved registered nurse. The one hundred and five (105) hours shall include the following:~~

~~(i)—CNA training~~

~~(A)—Minimum of seventy five (75) or more hour course of which sixteen (16) or more hours shall be skills laboratory or clinical instruction; or~~

~~(B)—Successful completion of the 1st semester of an accredited nursing program.~~

~~(ii)—CNA II training~~

~~(A)—Thirty (30) hour course which shall have a minimum of:~~

~~(I)—Fifteen (15) hours classroom instruction related to CNA II skills;~~

~~(II)—Fifteen (15) hours of supervised clinical practice related to CNA II skills.~~

~~(c)—Additional education and training for the CNA II shall include:~~

~~(i)—Role of the CNA II in providing nursing care as established routines for predictable patients/clients with limited risk of complication and change under the supervision/direction of a licensed nurse;~~

- ~~(ii) Oxygen therapy;~~
 - ~~(iii) Sterile technique;~~
 - ~~(iv) Wound care;~~
 - ~~(v) Oropharyngeal Suctioning;~~
 - ~~(vi) Tracheostomy care for patients with well-established tracheostomy;~~
 - ~~(vii) Assisting with peripheral IV fluids (“Assisting with peripheral IVs refers to the set-up of equipment and discontinuing IVs. It does not include venipuncture or hanging IVs.”);~~
 - ~~(viii) Urinary catheter:
 - ~~(A) Removes an urinary catheter; and~~
 - ~~(B) Obtains urine specimen from catheter port.~~~~
 - ~~(ix) Gastrostomy and percutaneous endoscopic gastrostomy (P.E.G.) feeding tubes in a stable site;~~
 - ~~(x) Capillary blood glucose testing;~~
 - ~~(xi) Elimination procedures;~~
 - ~~(xii) Responding to mental health needs.~~
- ~~(d) A MA-C training program shall consist of a minimum of one hundred (100) hours under the supervision of a board-approved registered nurse. The one hundred (100) hours shall include the following:~~
- ~~(i) One hundred (100) hour course shall have a minimum of:
 - ~~(A) Sixty (60) hours classroom instruction related to medication administration;~~
 - ~~(B) Forty (40) hours of supervised clinical practice related to medication administration.~~~~
 - ~~(e) Additional education and training for the MA-C shall include:
 - ~~(i) Role of the MA-C as a delegated nursing function under nursing supervision/direction and the following acts that cannot be delegated to the MA-C:
 - ~~(A) Conversion or a calculation of the dosage of drug dosage;~~
 - ~~(B) Assessment of patient need for or response to medication; and~~~~~~

- ~~(C) — Nursing judgment regarding the administration of PRN medications.~~
- ~~(ii) — Rights of individuals;~~
- ~~(iii) — Legal and ethical issues;~~
- ~~(iv) — Agency policies and procedures related to medication administration;~~
- ~~(v) — Functions involved in the management of medications, including prescription, dispensing, administration and self-administration;~~
- ~~(vi) — Principles of safe medication storage and disposal of medication;~~
- ~~(vii) — Reasons for medication administration;~~
- ~~(viii) — Classes of drugs, their effects, common side effects and interactions;~~
- ~~(ix) — Reporting of symptoms or side effects;~~
- ~~(x) — Techniques to check, evaluate and record vital signs as part of safe medication administration;~~
- ~~(xi) — The rights of administration, including right person, right drug, right dose, right time, right route and right documentation;~~
- ~~(xii) — Documentation of medication administration;~~
- ~~(xiii) — Prevention of medication errors;~~
- ~~(xiv) — Incident reporting;~~
- ~~(xv) — Location of resources and references;~~
- ~~(xvi) — Overview of the state agencies involved in the regulation of medication administration; and~~
- ~~(xvii) — Supervised clinical experience in administering medications.~~
- ~~(f) — CNA II and MA-C educational program(s) will be approved by the Wyoming State Board of Nursing.~~
- ~~(g) — Faculty~~
- ~~(i) — There shall be sufficient number of qualified faculty to meet the purposes and objectives of the program.~~
- ~~(ii) — Program coordinators and faculty shall provide documented evidence of preparation for teaching adults.~~

~~(iii) The ratio of faculty to students in clinical areas involving direct client care shall be one faculty member to six or fewer students (1:6).~~

~~(iv) The principle instructor who teaches in the CNA II or MA-C program shall:~~

~~(A) Hold a current, unencumbered license as a registered professional nurse;~~

~~(B) Have at least two (2) years full-time equivalent experience as a registered professional nurse in a health care facility; and~~

~~(C) Have at least one (1) year of clinical experience relevant to the area(s) of responsibility.~~

~~(v) The principle instructor who teaches in the MA-C program shall:~~

~~(A) Have completed and passed the didactic portion of the MA-C educational program; and~~

~~(B) Completed a medication safety course that addresses safe systems and processes for medication administration.~~

~~(h) Students~~

~~(i) Admission and completion requirements shall be available to the students in written form;~~

~~(ii) Each student shall be under the supervision of a licensed nurse at all times when providing client care as part of the student's clinical experience;~~

~~(iii) Students shall be required to maintain an acceptable level of personal health in order to protect the health, safety, and welfare of the clients.~~

~~(i) MA-C Competence Evaluation~~

~~(i) The board shall establish the process for evaluating minimal competency for MA-C;~~

~~(ii) The board shall establish the passing standard;~~

~~(iii) The board shall ensure implementation of procedures to ensure confidentiality and security of all test items, examination materials during all stages of test administration.~~

~~Section 13. Disciplinary Procedures.~~

~~(a) Purpose:~~

~~(i) To protect the public from incompetent nursing assistants;~~

~~(ii) To assure the minimum competence of nursing assistants; and~~

~~(iii) To provide a process to resolve complaints regarding nursing assistants, pursuant to Chapter 8 of the board's administrative rules and regulations.~~

~~(b) Grounds for Discipline:~~

~~(i) Engaging in any act inconsistent with uniform and reasonable standards of nursing practice, including but not limited to:~~

~~(A) Fraud and deceit;~~

~~(B) Unsafe practice;~~

~~(C) Misappropriation of property;~~

~~(D) Abandonment;~~

~~(E) Abuse, including sexual abuse;~~

~~(F) Neglect, including substandard care;~~

~~(G) Violations of privacy and/or confidentiality;~~

~~(H) Drug diversion self/others;~~

~~(I) Sale, unauthorized use, or manufacture of controlled/illicit drugs;~~

~~(J) Criminal conviction;~~

~~(K) Unprofessional conduct;~~

~~(L) Boundary violations, including sexual boundaries;~~

~~(M) Failure to comply with reasonable requests from the board including, but not limited to:~~

~~(I) Response to complaints;~~

~~(II) Response to formal pleadings such as notice of hearing or petition and complaint;~~

~~(III) Response to request to application or renewal information.~~

~~(N) Impairment;~~

~~(I) Lack of nursing competency;~~

~~(II) Mental illness;~~

~~(III) Physical illness including, but not limited to, deterioration through the~~

~~aging process or loss of motor skill; or~~

~~(IV) Chemical or alcohol impairment~~

~~(ii) Failure to conform to the standards of prevailing nursing and nursing assistant practice, in which case actual injury need not be established.~~

~~(c) Disciplinary Records:~~

~~(i) The board shall maintain records of disciplinary actions and make available public findings of abuse, neglect, or misappropriation of client property, or other disciplinary findings, and any statement disputing the finding by the nursing assistant listed on the registry.~~

~~(d) Disciplinary Notification:~~

~~(i) The board shall notify the nursing assistant's current employer, if known, of the disciplinary action.~~

~~(ii) (i) The board shall notify the Department of Health of disciplinary action taken against nursing assistants.~~

CHAPTER 8
PRACTICE AND PROCEDURE FOR
DISCIPLINARY, APPLICATION AND LICENSURE MATTERS

Section 1. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to:

- (a) Conduct investigations, hearing and proceedings concerning:
 - (i) Alleged violations of the NPA or the Board Rules; or
 - (ii) Actions relating to an application for a license, certificate, recognition, or permit including granting or denying.
- (b) Determine and administer appropriate disciplinary action against licensee.
- (c) For purposes of this chapter, "licensee" means an APRN, RN, LPN or CNA that holds a license, certificate, recognition or permit issued by the Board.

Section 2. Enforcement of Court Order for Non-Payment of Child Support. The Board shall comply with court orders issued pursuant to W.S. 20-6-112(a).

Section 3. Grounds for Discipline.

- (a) The Board may take disciplinary action against a licensee for the following acts or conduct:
 - (i) Inability to function with reasonable skill and safety for the following reasons, including but not limited to:
 - (A) Physical or mental disability;
 - (B) Lack of nursing competence;
 - (C) Substance abuse/dependency;
 - (D) Client abandonment;
 - (E) Client abuse, including sexual abuse;
 - (F) Fraud or deceit, including, but not limited to, omission of required information or submission of false information written or verbal;
 - (G) Client neglect;
 - (H) Violation of client boundaries, including sexual boundaries;
 - (I) Performance of unsafe client care; or

(J) Violation of privacy or confidentiality in any form, written, verbal, or technological;

(ii) Misappropriation of client property;

(iii) Criminal felony conviction;

(iv) Drug diversion-self/others;

(v) Sale, unauthorized use, or manufacturing of controlled/illicit drugs;

(vi) Failure to comply with reasonable requests from the Board including, but not limited to:

(A) Responses to administrative complaints;

(B) Responses to formal pleadings such as notice of hearing and/or petition and complaint;

(C) Written response to request for explanation for failure to disclose required information;

(D) Failure to cooperate in investigation; or

(E) Failure to appear at properly noticed hearings;

(vii) Failure to conform to the standards of acceptable and prevailing APRN practice, nursing practice or the CNA role, in which case actual injury need not be established; or

(viii) With respect to APRNs, failure to supervise or to monitor the performance of acts by any individual working under the direction of the APRN.

(b) The Board may take disciplinary action against a voluntary nurse for the following acts or conduct:

(i) Accepting remuneration for providing nursing services while in possession of a volunteer nursing license;

(ii) Practicing outside the premises of a nonprofit health care facility in this state;

(iii) Providing care to persons other than low income uninsured; or

(iv) Engaging in the practice outside the scope of the volunteer license in the State.

Section 4. Administrative Complaint Form.

(a) Any complaint filed against a licensee shall be made in writing and contain the signature and address of the person or persons making the complaint.

(b) To initiate the investigatory process, the complainant should provide the

following:

(i) The name, address, place of employment and position of the individual alleged to have violated the NPA or the Board's Rules;

(ii) The nature of the complaint and a description of the incidents involved, including date(s), time(s), and location(s), and any observed behavior of the individual;

(iii) Supportive documentation of the allegations which may include, but is not limited to:

(A) Statements of witnesses, preferably signed, which may provide information regarding the alleged violations. Such statements should include names and contact information of witnesses;

(B) Medical releases, medical records, or both;

(C) Law enforcement records, including court documents;

(D) Investigatory data and reports relevant to the allegations, which were conducted or compiled by the complainant or other parties;

(E) Work schedules, employment policies and procedures, workplace assignments, staffing at the time of the alleged incident, documentation of prior employment discipline which may be helpful in substantiating the violation; and

(F) Any other data or documentation potentially relevant to the complainant's allegation(s).

(iv) A copy of the administrative complaint, including any accompanying documentation not otherwise subject to privacy protection or other laws precluding disclosure, shall be sent to the licensee by regular mail, or by electronic mail to the e-mail address provided by and indicated to be the preferred method of communication by the licensee. The licensee may be required to provide a preliminary response to the administrative complaint to assist in investigation or provide explanation for the allegations contained in the administrative complaint.

Section 5. Disciplinary Committee and Investigations of the Administrative Complaint.

(a) Disciplinary Committee

(i) Complaints submitted to the Board office or initiated on behalf of the Board shall be investigated by the DC or the Board staff.

(ii) These Board Rules do not preclude the Board from delegating the authority to the Executive Director or other designee to engage in specified decision-making and recommendations based upon investigation of disciplinary complaints by directive or policy duly adopted by the Board at a regular meeting, including utilization of a matrix process to facilitate prompt resolution of complaints ("discipline matrix process"), which is published on the Board's website.

(iii) Initial investigations shall be performed by Board staff. The purpose of the investigation shall be to determine if there are grounds for and sufficient evidence to warrant any disciplinary action against the licensee. Board staff shall have the authority to obtain criminal background data where otherwise permitted by law, to obtain documentary information, including but not limited to law enforcement, personnel, medical or mental health records, to obtain witness statements, to interview witnesses, to issue investigative subpoenas authorized by W.S. 33-21-122(c)(ix), and to obtain prescription profiles from the Board of Pharmacy pursuant to W.S. 35-7-1060(c)(ii) and applicable rules related to the licensee.

(iv) After initial investigation

(A) If the Executive Director determines that the licensee presents a clear and immediate danger to the public health, safety and welfare if allowed to continue to practice, then proceedings for a summary suspension shall be initiated; or

(B) The DC may propose voluntary resolution to the licensee. The DC may request the licensee to submit to an informal conference or interview to assist in investigation.

(b) Examinations

(i) In cases where the physical or mental condition or competence of a licensee is at issue, the DC may request that the licensee submit to a physical or mental examination, including but not limited to a psychological, psychiatric, substance abuse, fitness for duty, or competency evaluation, by a qualified provider selected or approved by the DC. The examination shall be provided at the sole expense of the licensee. In selecting a qualified provider, the DC shall consider the provider's credentials.

(ii) The request for a physical or mental examination, or for competency evaluation, shall provide the following:

(A) Reasonable notice to the licensee to be examined;

(B) The time, place, manner, conditions, and scope of exam; and

(C) Identification of the person or persons who will perform the exam.

(iii) The DC, Board staff, or both shall receive the original detailed, written report of the examiner which includes the examiner's findings, identification and results of all tests performed on the licensee. The report shall further include the examiner's diagnoses and conclusions, which shall include a determination of competency or fitness for safe practice, together with like reports of any prior examinations of the same, similar, or other relevant condition revealed to, or known by the examiner, as part of the examiner's intake consideration of the licensee's medical/treatment history;

(iv) Board staff shall provide a copy of examiner's report to the examined licensee;

(v) When submitting to an examination requested by the DC the licensee shall, prior to the exam, submit a written authorization or release to the provider waiving any patient-clinician privilege or other basis of confidentiality regarding the examination and any subsequent examinations relative to the same issue; the licensee shall further provide the Board office with a

copy of the authorization or release prior to any examination. Failure to comply with a request for evaluation, failure to waive the privilege, in writing, or failure to provide the Board office with a copy of the authorization or release as required herein, shall constitute a violation of W.S. 33-21-146(a)(xi).

(c) Disciplinary Committee Action. The DC may:

(i) Dismiss the administrative complaint;

(ii) Issue a notice of warning;

(iii) Recommend a settlement agreement which may include a voluntary surrender or a combination of suspension, the imposition of restrictions, conditions, reprimand, or other discipline;

(iv) Recommend disciplinary action against the licensee including revocation, suspension, reprimand, restrictions of or conditions to continued practice or a combination thereof, or non-renewal of the license, certificate or recognition; or

(v) Recommend summary suspension.

(d) Board Action. The Board may resolve an administrative complaint by:

(i) Approving the recommendations of the DC; or

(ii) Conducting a contested case hearing. Following the hearing and deliberation of all evidence admitted at a contested case hearing, the Board may:

(A) Dismiss the complaint due to lack of clear and convincing evidence;

(B) Issue a notice of warning; or

(C) Impose discipline by revocation, suspension, reprimand, restriction, condition, non-renewal, or a combination thereof, for violation of any provision of the NPA or the Board Rules.

(e) DC members shall not take part in the consideration or deliberation of any contested case in which they have participated in the investigation. DC and Board staff may attend and/or testify in a contested case hearing.

Section 6. Service of Notice of Intent and Opportunity to Show Compliance.

(a) Summary Suspension

(i) Prior to commencing a formal proceeding, Board staff on behalf of the DC shall send a notice of intent to initiate formal action for summary suspension in a manner conforming with Section 12 of this chapter. The notice of intent shall include a brief description of the facts or conduct which warrant the intended action, and provide the licensee, an opportunity to respond. Given the urgency of complaints involving a summary suspension proceeding, the opportunity to respond shall provide for a shorter period of time not less than five (5) days from the date of the notice of intent.

(b) Other Disciplinary Action (Non-Summary Suspension)

(i) Prior to commencing a formal proceeding, Board staff on behalf of the DC shall send a notice of intent to initiate formal disciplinary action suspension in a manner conforming with Section 12 of this chapter. The notice of intent shall include a brief description of the facts or conduct which warrant the intended action, and provide the licensee an opportunity to show compliance with all lawful requirements for the retention of the license.

(ii) The opportunity to show compliance shall expire fifteen (15) days from the date of mailing the notice of intent.

(iii) A licensee may request an informal conference to provide any additional information or to resolve an administrative complaint without a hearing.

Section 7. Notice of Hearing and Formal Petition and Complaint.

(a) Formal Proceeding

(i) Matters involving a summary suspension proceeding shall be set for hearing at the earliest opportunity a quorum of Board members may be assembled.

(ii) Formal proceedings for disciplinary action against a licensee shall be commenced by serving a notice of hearing and petition and complaint by certified or regular mail, or by electronic mail to the e-mail address provided by and indicated to be the preferred method of communication by the licensee except in matters involving a summary suspension proceeding, at least twenty (20) days prior to the date set for hearing.

(b) Notice of Hearing. The Notice of Hearing shall contain:

(i) The name and last address of the licensee;

(ii) A statement in ordinary and concise language of the matters asserted, which shall contain the nature of the complaint filed with the Board, the facts upon which the complaint is based, the specific statutory provisions and the specific Board Rules that the licensee is alleged to have violated;

(iii) The time, place and nature of the hearing;

(iv) The legal authority and jurisdiction; and

(v) A statement indicating that failure to respond to the complaint:

(A) Within ten (10) days of its receipt, or failure to participate in any hearing on a request or motion for an order for summary suspension may result in an order by default; or

(B) Within twenty (20) days of its receipt may result in a default judgment.

Section 8. Default. The Board may enter an order of default judgment based on the allegations contained in the petition and complaint in any case where the licensee or the licensee's representative has not responded nor appeared at a scheduled noticed hearing.

Section 9. Application Review and Investigation Process.

(a) If any application reveals any information which merits further investigation, the matter shall be assigned to the ARC. An applicant has the obligation to notify the Board office of any change in contact information, including but not limited to current mailing address or physical address, current home or cellular telephone number, and current e-mail address as well as preferred method of communication, in order to facilitate service or communication of any action requiring notice to an applicant or licensee under this chapter.

(b) Investigation of Application

(i) Every application for a license, certificate, recognition or permit issued by the Board is subject to investigation to determine whether the requirements set forth in the NPA and Board Rules are satisfied. Accordingly, each application is subject to an investigative process and recommendations provided in this chapter by an ARC or DC.

(ii) These Board Rules do not preclude the Board from delegating the authority to engage in specified decision-making or recommendations of application matters following investigation by directive or policy adopted by the Board at a regular meeting to the Executive Director or other designee, including a matrix process, to facilitate prompt processing of applications for licensure where any potentially negative information is not considered a significant risk to public health or safety, or otherwise a barrier to issuance of a license, certificate or recognition (“application matrix process”), which shall be published on the Board’s website.

(iii) Initial investigative activity shall be done by Board staff. The purpose of the investigation shall be to determine if the applicant has met all requirements to obtain approval for a license, certificate, or recognition or if grounds to warrant a denial of a license, certificate, or recognition or other actions permitted by this chapter exist. Staff shall have the authority to obtain criminal background data where otherwise permitted by law, to obtain documentary information, including medical or mental health records, and/or obtain witness statements, interview witnesses, issue investigative subpoenas as authorized by W.S. 33-21-122(c)(ix), obtain prescription profiles from the Board of Pharmacy pursuant to W.S. 35-7-1060(c)(ii) related to the applicant.

(c) Incomplete Application

(i) An incomplete application requires no action by the ARC or Board, until such time as the application is deemed “complete” by Board staff, on behalf of the Board, and has been reviewed for recommendations by the ARC. An application is “incomplete”, when material and requisite information has not been provided as part of the application process. Such information, may include, but is not limited to:

(A) Failure by the applicant to complete or answer any information requested on the application form;

(B) Failure by the applicant to demonstrate lawful presence in accordance with Federal Law;

(C) Failure by the applicant to respond to any ARC inquiry or to produce any documents or information requested by the ARC;

(D) Failure by the applicant to provide payment for application fees. If any payment is made by the applicant, processed, and rejected or returned to the Board, regardless of the reason, the applicant has failed to provide proper payment for application fees;

(E) Failure by the applicant to provide the Board with any document or information needed or requested by the Board to assess whether the applicant meets all requisites for licensure and poses no risk of harm to the public.

(F) Failure by the applicant to provide the Board with the preferred method of communication, in order to facilitate service or communication of any action requiring notice to an applicant or licensee under this chapter.

(ii) Any new application, which remains incomplete, one year from the date of its original receipt by the Board office, shall expire.

(d) Renewal Applications

(i) If the renewal application of a licensee reveals any information which merits further investigation, the matter shall be assigned to the DC, and the disciplinary investigative process shall apply as if a written complaint form had been filed against the licensee, subject to procedures for contested case hearing in application matters.

(ii) The licensee may continue to practice on the license subject to renewal pending investigation or further action of the Board.

(iii) Failure to timely renew, resulting in expired or lapsed license, shall constitute the unauthorized practice of nursing or nursing assistant practice in violation of the NPA and a further or independent ground for discipline of a licensee.

(e) Reinstatement or Reactivation Applications

(i) Any reinstatement or reactivation application by a licensee or an applicant who was the subject of prior disciplinary action shall be assigned to DC and the investigative process shall apply as if a written complaint form had been filed against the applicant or licensee. This process also shall apply to a person whose license, certificate, or recognition was subject to restrictions or conditions, surrendered, suspended or revoked.

(ii) To the extent possible, if the licensee or applicant was subject to prior disciplinary action, the DC should consist of the same Board member(s) who originally participated in the matter, or to the Executive Director in discipline matrix process matters;

(iii) The DC shall make a preliminary determination to recommend or deny reinstatement or reactivation, which may also include recommended restrictions or conditions to practice;

(iv) A licensee or applicant who disagrees with or disputes the recommendation by the DC shall be entitled to a hearing as in other application matters.

(f) Examinations

(i) In cases where the physical or mental condition or competency of an applicant is at issue, the Executive Director in application matrix process matters or the ARC, on behalf of the Board, may request that the applicant submit to a physical or mental examination, including but not limited to a psychological, psychiatric, substance abuse evaluation, fitness for duty, or a competency evaluation, by a qualified provider selected by the ARC at the sole expense of the applicant. In selecting a qualified provider, the ARC shall consider the provider's credentials.

(ii) The request for a physical or mental examination shall provide the following:

- (A) Reasonable notice to the applicant to be examined;
- (B) The time, place, manner, conditions, and scope of exam; and
- (C) Identification of the person or persons who will perform the exam.

(iii) The ARC, Board staff, or both shall receive the original, detailed, written report of the examiner which includes the examiner's findings, identification and results of all tests performed on the applicant. The report shall further include the examiner's diagnoses and conclusions, together with like reports of any prior examinations of the same, similar, or other relevant condition(s) revealed to, or known by the examiner, as part of the examiner's intake of the applicant's medical/treatment history;

(iv) Board staff shall provide a copy of examiner's report to the examined applicant;

(v) Prior to the exam, the applicant shall submit a written authorization or release to the provider waiving any patient-clinician privilege or other basis of confidentiality regarding the requested examination and any subsequent examinations relative to the same issue; the applicant shall further provide the Board office with a copy of the authorization or release prior to any examination. Failure to comply with a request for evaluation, failure to waive the privilege, in writing, or failure to provide the Board office with a copy of the authorization or release as required herein, shall constitute a violation of W.S. 33-21-146(a)(xi).

(g) Application Review Committee Action. The ARC may:

- (i) Recommend a license, certificate, recognition or permit be issued;
- (ii) Recommend a settlement agreement which may include the issuance of a license, certificate, or recognition with the imposition of restrictions, conditions, reprimand or a combination thereof;
- (iii) Preliminarily deny the application by sending a letter of denial to the applicant; or
- (iv) Table any recommendation or action on any application if the application is incomplete, or the ARC determines further information and investigation is necessary.

(h) Applicant's Request for Hearing

(i) If the ARC denies the application with a letter of preliminary denial, the applicant may request a contested case hearing.

(ii) The applicant's request for a hearing shall be submitted to the Board, in writing, and shall be received by the Board within thirty (30) days from the date of mailing of the letter of preliminary denial. If a written request for a contested case hearing is not received by the Board office from the applicant within the thirty (30) day period, the ARC's preliminary denial of the application shall be final.

(iii) The ARC may request that the applicant submit to an informal conference to provide additional information that may be favorable to granting of the license or certificate, or to attempt to otherwise resolve issues that may negatively influence license or certificate approval to avoid a hearing.

(j) Preliminary Denial Letter. The preliminary denial letter shall contain:

(i) A brief description of the facts or conduct which warrant the denial of licensure or certification;

(ii) A statement, in ordinary and concise language of the nature of the actions which warrant the denial or other authorized action, the facts upon which the denial or other action is based, the specific statutory provisions or the specific Board Rules involved;

(iii) Notice of the right to a hearing if a written request is received in the Board office within thirty (30) days of the date of mailing the letter of the denial.

Section 10. Notice of Hearing.

(a) If a written request for hearing is received by the Board office from the applicant within the thirty (30) day period, the Board office, on behalf of the ARC shall serve a Notice of Hearing by certified or regular mail, or by electronic mail to the e-mail address provided by and indicated to be the preferred method of communication by the applicant, or personal service to the applicant at least twenty (20) days prior to the date set for hearing. Such service shall be made to the last indicated address provided to the Board by the applicant.

(b) The Notice of Hearing shall contain:

(i) The name and last address of the applicant;

(ii) A statement in ordinary and concise language, of the matters asserted, which shall contain the nature of the issues relating to the denial of the application, the facts upon which the denial is based, the specific statutory provisions, and the specific Board Rules the applicant is alleged to have violated or with which the applicant has failed to comply;

(iii) The time, place, and nature of the hearing; and

(iv) The legal authority and jurisdiction.

(c) ARC members shall not take part in the consideration or deliberation of any contested case if they have participated in the investigation or denied the application. ARC members and Board staff may attend and/or testify at a contested case hearing.

(i) The Board may enter an order dismissing an applicant's hearing in any case

where the applicant or the applicant's representative has not appeared at a scheduled noticed hearing.

Section 11. Contested Case Hearing.

(a) The hearing officer shall preside over the formal contested case hearing which shall be conducted pursuant to the WAPA and the Office of Administrative Hearings rules concerning contested case proceedings.

(b) Requests for discovery from the Board shall be made in writing and directed to the Executive Director. Requests for discovery from the ARC or DC shall be made in writing and served upon the assigned Assistant Attorney General with a copy to the Executive Director.

(c) During the formal contested case hearing, Board Members may ask questions of the witnesses and /or the parties including their attorneys.

(d) All testimony shall be recorded verbatim by a competent reporter or by electronic recording devices. If the written transcript is prepared at the request of a party, the cost of the transcript shall be paid by the party making the request, unless the Board for good cause shown waives assessment of such costs.

Section 12. Lawful Service.

(a) There shall be a presumption of lawful service of a Notice of Intent, Petition, Notice of Hearing, or any other communication required by these Board Rules is:

(i) Send to the last address of the licensee or applicant by certified or regular mail, or

(ii) Sent by electronic mail to the e-mail address provided and indicated to be the preferred method of communication by the licensee or applicant.

Section 13. Decision and Order, Record of Proceedings.

(a) The Board shall make and enter a written decision and order containing findings of fact and conclusions of law, stated separately.

(i) The decision and order shall be sent by certified mail to the licensee or applicant or their attorneys.

(ii) This rule does not preclude the Board from giving preliminary, non-binding notice to the parties prior to the filing of the Board's written decision and order.

(iii) Unless otherwise ordered by the Board, all decisions of the Board shall be effective at the same time of the filing of the written decision and order.

(b) Any Board order imposing discipline against a licensee:

(i) Shall be deemed a public record and be available for inspection and dissemination in accordance with all federal and state laws; and

(ii) May be published in a regular publication of the Board and the Board's website,

to provide notice of disciplinary action to the public and interested persons, in addition to complying with other federal law reporting requirements.

Section 14. Appeals.

(a) Appeals from decisions of the Board are governed by the WAPA and Wyoming Rules of Appellate Procedure.

(b) Costs of transcripts and any reasonable costs assessed by the Board regarding the record on appeal shall be borne by the party making the appeal.

Section 15. Incorporation by Reference.

(a) For any rule or regulation incorporated by reference in these Board Rules:

(i) The Board has determined that incorporation of the full text in these Board Rules would be unduly cumbersome or expensive;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (b) of this section;

(iii) The incorporated rule or regulation is maintained at 130 Hobbs, Suite B, Cheyenne, WY 82002 and is available for public inspection and copying at cost at the same location.

(b) The rule or regulation incorporated by reference in Section 11(a) of these Board Rules is Chapter 2 - Contested Case Proceedings as existing on July 1, 2013 including amendments adopted by Office of Administrative Hearings as of that date.

CHAPTER 8
PRACTICE AND PROCEDURE FOR
DISCIPLINARY, APPLICATION AND LICENSURE MATTERS

Section 1. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to:

(a) Conduct investigations, hearing and proceedings concerning:

(i) Alleged violations of the NPA or the Board Rules; or

(ii) Actions relating to an application for a license, certificate or recognition, including granting or denying.

(b) Determine and administer appropriate disciplinary action against licensee.

(c) For purposes of this chapter, "licensee" means an APRN, RN, LPN or CNA that holds a license, certificate, recognition or permit issued by the Board

~~(a) These rules and regulations are adopted to implement the Board's authority to conduct investigations, hearings and proceedings concerning alleged violations of the Wyoming Nurse Practice Act ("Act") or the Board's rules and regulations, and to determine and administer appropriate disciplinary action against any person(s) issued a license, certificate or permit by the Board. These rules are also adopted to implement the Board's authority to conduct investigations, hearings and proceedings concerning action related to an application for a license or certificate, including granting or denial of licensure or certification.~~

~~(b) For purposes of this chapter, any individual holding a current license, certificate or permit issued by the Board, and providing the individual the opportunity to practice a profession in accordance with the Act and the Board's rules and regulations, shall be referred to as a "licensee". Any person not currently licensed or certified by the Board, but applying for any type of license, certificate or permit issued by the Board shall be referred to as "applicant".~~

Section 2. Enforcement of Court Order for Non-Payment of Child Support. The Board shall comply with court orders issued pursuant to W.S. 20-6-112(a).

~~(a) The Board shall comply with court orders issued pursuant to Wyo. Stat. § 20-6-112(a), pertaining to an applicant, and/or licensee who is arrears in child support payments.~~

Section 3. Grounds for Discipline.

(a) The Board may take disciplinary action against a licensee for the following acts or conduct of any nurse or CNA:

(i) Inability to function with reasonable skill and safety for the following reasons, including but not limited to:

- (A) Physical or mental disability;
- (B) Lack of nursing competence;
- (C) Substance abuse/dependency;
- (D) Client abandonment;
- (E) Client abuse, including sexual abuse;
- (F) Fraud or deceit, including, but not limited to, omission of required information or submission of false information written or verbal;
- (G) Client neglect;
- (H) Violation of client boundaries, including sexual boundaries;
- (I) Performance of unsafe client care; or
- (J) Violation of privacy or confidentiality in any form, written, verbal, or technological;
 - (ii) Misappropriation of client property;
 - (iii) Criminal felony conviction;
 - (iv) Drug diversion-self/others;
 - (v) Sale, unauthorized use, or manufacturing of controlled/illicit drugs;
 - (vi) Failure to comply with reasonable requests from the Board including, but not limited to:
 - (A) Responses to administrative complaints;
 - (B) Responses to formal pleadings such as notice of hearing and/or petition and complaint;
 - (C) Written response to request for explanation for failure to disclose required information;
 - (D) Failure to cooperate in investigation; or
 - (E) Failure to appear at properly noticed hearings.
 - (vii) Failure to conform to the standards of acceptable and prevailing APRN, or of acceptable and prevailing nursing or CNA practice, in which case actual injury need not be established; or

(viii) With respect to APRNs, failure to supervise or to monitor the performance of acts by any individual working under the direction of the APRN.

(b) The Board also may take disciplinary action against a voluntary nurse for the following acts or conduct:

(i) Accepting remuneration for providing nursing services while in possession of a volunteer nursing license;

(ii) Practicing outside the premises of a nonprofit health care facility in this state;

(iii) Providing care to persons other than low income uninsured; or

(iv) Engaging in the practice outside the scope of the volunteer license in the State.

~~Section 3.~~Section 4. Administrative Complaint Form.

(a) Any complaint filed against a licensee shall be made in writing and contain the signature and address of the person or persons making the complaint. ~~For purposes of these rules, such complaint shall be referred to as the “administrative complaint,” and is to be distinguished from the Petition and Complaint described in Section 6 below.~~

(b) To initiate the investigatory process, the ~~administrative~~-complainant should provide the following:

(i) The name, address, place of employment and position of the individual alleged to have violated the ~~Act~~NPA or the Board's ~~Rules~~rules and regulations;

(ii) The nature of the complaint and a description of the incidents involved, including date(s), time(s), and location(s), and any observed behavior of the individual;

(iii) Supportive documentation of the allegations which may include, but is not limited to:

(A) Statements of witnesses, preferably signed, which may provide information regarding the alleged violations. Such statements should include names and contact information of witnesses;

(B) Medical releases, medical records, or both;

(C) Law enforcement records, including court documents;

(D) Investigatory data and reports relevant to the allegations, which were conducted or compiled by the complainant or other parties;

(E) Work schedules, employment policies and procedures, workplace assignments, staffing at the time of the alleged incident, documentation of prior employment discipline which may be helpful in substantiating the violation; and

(F) Any other data or documentation potentially relevant to the complainant's

allegation(s).

(iv) A copy of the administrative complaint, including any accompanying documentation not otherwise subject to privacy protection or other laws precluding disclosure, shall be sent to the licensee by regular mail, or by electronic mail to the e-mail address provided by and indicated to be the preferred method of communication by the licensee. The licensee may be required to provide a preliminary response to the administrative complaint to assist in investigation or provide explanation for the allegations contained in the administrative complaint.

Section 4. Section 5. Disciplinary Committee and Investigations of the Administrative Complaint.

(a) Disciplinary Committee.

(i) Complaints submitted to the Board office ~~in conformity with Section 3 of this chapter~~ or initiated on behalf of the Board shall be investigated by the ~~Disciplinary Committee~~ DC or the Board ~~staff's designate~~.

(ii) These ~~Board R~~ rules do not preclude the Board from delegating the authority to the Executive Director or other ~~designate~~ to engage in specified decision-making and recommendations based upon investigation of disciplinary complaints by directive or policy duly adopted by the Board at a regular meeting, including utilization of a matrix process to facilitate prompt resolution of complaints (“discipline matrix process”), which is published on the Board’s website.

(iii) Initial investigations ~~onsve activity~~ shall be performed by Board staff ~~dedicated to investigation of disciplinary complaints~~. The purpose of the investigation shall be to determine if there are grounds for and sufficient evidence to warrant any disciplinary action against the licensee. Board staff shall have the authority to obtain criminal background data where otherwise permitted by law, to obtain documentary information, including but not limited to law enforcement, personnel, medical or mental health records, to obtain witness statements, to interview witnesses, to issue investigative subpoenas authorized by ~~Wyo. Stat. § 33-21-122(c)(ix)~~, and to obtain prescription profiles from the Board of Pharmacy pursuant to ~~Wyo. Stat. § 35-7-1060(c)(ii)~~ and applicable rules related to the licensee.

(iv) After initial investigation;

(A) If the Executive Director determines that the licensee presents a clear and immediate danger to the public health, safety and welfare if allowed to continue to practice, then proceedings for a summary suspension shall be initiated; or

~~(A)-(B) The DC an administrative complaint may be directed to a discipline matrix process, in which an administrative complaint may be dismissed, or if grounds for discipline are sufficiently supported, certain disciplinary sanctions, including a notice of warning pursuant to Wyo. Stat. § 33-21-122(e), may be proposed to the licensee for voluntary resolution to the licensee. The DC may request the licensee licensee may also be requested to submit to an informal conference or interview to assist in investigation.~~

(b) Examinations

~~(iv) After initial investigation, if a determination has been made by the Executive Director that the licensee also presents a clear and immediate danger to the public health, safety and welfare if allowed to continue to practice as a nurse or nursing assistant within the meaning of Wyo. Stat. § 33-21-147, an administrative complaint may be acted upon in accordance with the discipline matrix process in order to promptly initiate proceedings for a summary suspension order.~~

~~(v) Any administrative complaint that cannot be processed or resolved by the discipline matrix process, along with all related investigatory data and information, shall be submitted to a Disciplinary Committee, consisting of at least one (1) or more designated Board members assigned to review the matter. Any Board staff reviewing or compiling information relating to the administrative complaint may also be deemed a committee member.~~

~~(vi) The Executive Director in discipline matrix process matters or the Disciplinary Committee may request that the licensee submit to an informal conference to assist in further investigation or to attempt to resolve an administrative complaint in lieu of a hearing.~~

~~(vii)(i)~~ (i) In cases where the physical or mental condition or competence of a licensee is at issue, the ~~Executive Director in matrix process matters or the Disciplinary Committee, on behalf of the Board,~~DC may request that the licensee submit to a physical or mental examination, including but not limited to a psychological, psychiatric, substance abuse, fitness for duty, or competency evaluation, by a qualified provider selected or approved by the ~~Executive Director in discipline matrix process matters or the DC~~Disciplinary Committee. The examination shall be provided at the sole expense of the licensee. In selecting a qualified provider, the ~~Executive Director or DC~~Disciplinary Committee shall consider the provider's credentials.

~~(viii)(ii)~~ (ii) ~~Unless otherwise agreed, T~~he request for a physical or mental examination, or for competency evaluation, shall provide the following:

- (A) Reasonable notice to the licensee to be examined;
- (B) The time, place, manner, conditions, and scope of exam; and
- (C) Identification of the person or persons who will perform the exam.

~~(ix)(iii)~~ (iii) The ~~DC~~Disciplinary Committee, Board staff, or both shall receive the original detailed, written report of the examiner which includes the examiner's findings, identification and results of all tests performed on the licensee. The report shall further include the examiner's diagnoses and conclusions, which shall include a determination of competency or fitness for safe practice, together with like reports of any prior examinations of the same, similar, or other relevant condition revealed to, or known by the examiner, as part of the examiner's intake consideration of the licensee's medical/treatment history;

~~(x)(iv)~~ (iv) Board staff shall provide a copy of examiner's report to the examined licensee;

~~(xi)~~(v) _____ When submitting to an examination requested by the ~~Executive Director in discipline matrix process matters or the DC Disciplinary Committee, pursuant to these rules,~~ the licensee ~~must~~shall, prior to the exam, submit a written authorization or release to the provider waiving any patient-clinician privilege or other basis of confidentiality regarding the examination and any subsequent examinations relative to the same issue; the licensee ~~must~~shall further provide the Board office with a copy of the authorization or release prior to any examination. Failure to comply with a request for evaluation, failure to waive the privilege, in writing, or failure to provide the Board office with a copy of the authorization or release as required herein, shall constitute a violation of Wyo. Stat. § 33-21-146(a)(xi).

~~(b)~~(c) Disciplinary Committee Action. ~~Upon completion of the investigation and review of the administrative complaint form and all investigatory materials, including mental, physical or competency examination reports as set forth in this section, the Executive Director in discipline matrix process matters or the DC Disciplinary Committee may:~~

- (i) Dismiss the administrative complaint;
- (ii) Issue a notice of warning ~~as provided in Wyo. Stat. § 33-21-122(e);~~
- (iii) Recommend ~~a~~ the Board approve a settlement agreement ~~in accordance with the Board's authority set forth in the Act, the Board's rules and regulations, and the Wyoming Administrative Procedure Act. Such agreements~~which may include a voluntary surrender or a combination of suspension, the imposition of restrictions, conditions, reprimand, or other discipline;
- (iv) ~~Initiate formal disciplinary proceedings and~~ Recommend ~~the Board impose~~ disciplinary action against the licensee including revocation, suspension, reprimand, restrictions of or conditions to continued practice or a combination thereof, or non-renewal of the license, ~~or~~ certificate or recognition; or
- (v) Recommend ~~the Board issue an order~~ summarily suspending ~~a license if the Executive Director in discipline matrix process matters or the Disciplinary Committee finds the licensee presents a clear and immediate danger to the public health, safety and welfare if allowed to continue to practice.~~ing a license if the

~~(e)~~(d) Board Action. The Board may resolve an administrative complaint by:

- (i) Approving the recommendations of the ~~Executive Director in discipline matrix process matters or of the DC Disciplinary Committee; or~~
- (ii) Conducting a contested case hearing. Following the hearing and deliberation of all evidence admitted at a contested case hearing, the Board may:
 - (A) Dismiss the complaint due to lack of clear and convincing evidence;
 - (B) ~~Not impose discipline due to significant mitigating factors and~~ Issue a notice of warning ~~as provided in Wyo. Stat. § 33-21-122(e); or~~
 - (C) Impose discipline by revocation, suspension, reprimand, restriction, condition, non-renewal, or a combination thereof, for violation of any provision of the ~~Act~~ NPA

or the Board's ~~rules and regulations~~ Rules.

~~(d)-(e) DC Disciplinary Committee~~ members shall not take part in the consideration or deliberation of any contested case in which they have participated in the investigation. ~~Disciplinary Committee~~DC members and Board staff may attend and/or testify in a contested case hearing.

~~(i) Members of the Disciplinary Committee or Board staff may attend a contested case hearing.~~

~~(ii) Any Board order imposing discipline against a licensee shall be deemed a public record and be available for inspection and dissemination in accordance with all federal and state laws.~~

~~(iii) Any Board order imposing discipline against a licensee may be published in a regular publication of the Board and the Board's website, to provide notice of disciplinary action to the public and interested persons, in addition to complying with other federal law reporting requirements.~~

Section 5. Section 6. Service of Notice of Intent and Opportunity to Show Compliance.

(a) Summary Suspension

(i) Prior to commencing a formal proceedings, Board staff on behalf of the DC shall send a notice of intent to initiate formal action for summary suspension in a manner conforming with Section 12 of this chapter. The notice of intent shall include a brief description of the facts or conduct which warrant the intended action, and provide the licensee, an opportunity to respond. Given the urgency of complaints involving a summary suspension proceeding, the opportunity to respond shall provide for a shorter period of time not less than five (5) days from the date of the notice of intent.

(b) Other Disciplinary Action (Non-Summary Suspension)

(i) Prior to commencing a formal proceedings, Board staff on behalf of the DC shall send a notice of intent to initiate formal disciplinary action suspension in a manner conforming with Section 12 of this chapter. The notice of intent shall include a brief description of the facts or conduct which warrant the intended action, and provide the licensee an opportunity to show compliance with all lawful requirements for the retention of the license.

~~(a) Except as otherwise provided for a matter involving a summary suspension proceeding, prior to commencing formal proceedings for discipline of a licensee, Board staff on behalf of the Executive Director in discipline matrix process matters or the Disciplinary Committee, shall send a notice of intent to initiate formal disciplinary action by mail to the last indicated address of the licensee, or by electronic mail to the e-mail address provided by and indicated to be the preferred method of communication by the licensee. The notice of intent shall include a brief description of the facts or conduct which warrant the intended action, and provide the licensee an opportunity to show compliance with all lawful requirements for the retention of the license.~~

~~(i)~~ (ii) _____ The opportunity to show compliance shall expire fifteen (15) days from the date of mailing the notice of intent.

~~(ii)~~ (iii) _____ A licensee may request an informal conference to provide any additional information or to resolve an administrative complaint without a hearing.

~~(b) _____ For matters involving a summary suspension proceeding, prior to commencing formal proceedings, Board staff on behalf of the Executive Director in discipline matrix process matters or the Disciplinary Committee shall send a notice of intent to initiate formal action for summary suspension by mail to the last indicated address of the licensee, or by electronic mail to the e-mail address provided by and indicated to be the preferred method of communication by the licensee. The notice of intent shall include a brief description of the facts or conduct which warrant the intended action, and provide the licensee, an opportunity to respond. Given the urgency of complaints involving a summary suspension proceeding, the opportunity to respond shall provide for a shorter period of time not less than five (5) days from the date of the notice of intent.~~

~~Section 6.~~ Section 7. Notice of Hearing and Formal Petition and Complaint.

(a) _____ Formal Proceedings

(i) _____ Matters involving a summary suspension proceeding shall be set for hearing at the earliest opportunity a quorum of Board members may be assembled.

~~(i)~~ (ii) _____ Formal proceedings for disciplinary action against a licensee shall be commenced by serving a notice of hearing and petition and complaint by certified or regular mail, or by electronic mail to the e-mail address provided by and indicated to be the preferred method of communication by the licensee, ~~or personal service to the last indicated address provided to the Board by the licensee and,~~ except in matters involving a summary suspension proceeding, at least twenty (20) days prior to the date set for hearing. ~~Matters involving a summary suspension proceeding shall be set for hearing at the earliest opportunity a quorum of Board members may be assembled.~~

~~(b) _____ Notice of Hearing. There shall be a presumption of lawful service when the notice of hearing and petition and complaint are:~~

~~(i) _____ Sent to the last indicated address of the licensee by certified or regular mail, or~~

~~(ii) _____ Sent by electronic mail to the e-mail address provided by and indicated to be the preferred method of communication by the licensee.~~

~~(e)~~ (b) _____ The Notice of Hearing shall contain:

(i) The name and last address of the licensee;

(ii) A statement in ordinary and concise language of the matters asserted, which shall contain the nature of the complaint filed with the Board, the facts upon which the complaint is based, the specific statutory provisions and the specific Board ~~rules and regulations~~ Rules that the licensee is alleged to have violated;

(iii) The time, place and nature of the hearing;

(iv) The legal authority and jurisdiction ~~under which the hearing is being held; specifically, that the hearing is being held pursuant to the Board's authority under Wyo. Stat. § 33-21-122(c)(viii), and for summary suspension proceedings, under Wyo. Stat. § 33-21-147; and~~

~~(v) In matters not involving a summary suspension proceeding, a statement indicating that failure to respond to the complaint within twenty (20) days of its receipt may result in a default judgment.~~

~~(v) In matters involving a summary suspension proceeding, a statement indicating that failure to respond to the complaint within ten (10) days of its receipt, or failure to participate in any hearing on a request or motion for an order for summary suspension, may result in an order by default.~~ A statement indicating that failure to respond to the complaint:

(A) Within ten (10) days of its receipt, or failure to participate in any hearing on a request or motion for an order for summary suspension may result in an order by default; or

~~(A)~~ (B) Within twenty (20) days of its receipt may result in a default judgment.

~~Section 7.~~ **Section 8. Default.** The Board may enter an order of default judgment based on the allegations contained in the petition and complaint in any case where the licensee or the licensee's representative has not responded nor appeared at a scheduled noticed hearing.

~~(a) The Board may enter an order of default judgment based on the allegations contained in the petition and complaint in any case where the licensee has not responded to the petition and complaint or in any case in which the licensee or the licensee's representative has not appeared at a scheduled, properly noticed hearing.~~

~~Section 8.~~ **Section 9. Application Review and Investigation Process.**

(a) If any application reveals any information which merits further investigation, the matter shall be assigned to the ARC. An applicant has the obligation to notify the Board office of any change in contact information, including but not limited to current mailing address or physical address, current home or cellular telephone number, and current e-mail address as well as preferred method of communication, in order to facilitate service or communication of any action requiring notice to an applicant or licensee under this chapter.

(b) Investigations of Applications:

(i) Every application, ~~including renewal, relicensure, reinstatement or reactivation applications,~~ for a license, certificate, recognition or permit issued by the Board is subject to investigation to determine ~~if the licensee or applicant satisfies~~ the requirements set forth in the Act NPA and ~~these rules and regulations~~ Board Rules are satisfied. Accordingly, each application is subject to an investigative process and recommendations provided in this chapter by an ~~Application Review Committee~~ ARC or, ~~Disciplinary Committee~~ DC or the Board's designate.

(ii) These Board Rules do not preclude the Board from delegating the authority to engage in specified decision-making or recommendations of application matters following investigation by directive or policy ~~duly~~ adopted by the Board at a regular meeting to the

Executive Director or other designee, including a matrix process, to facilitate prompt processing of applications for licensure where any potentially negative information is not considered a significant risk to public health or safety, or otherwise a barrier to issuance of a license, ~~or~~ certificate or recognition (“application matrix process”), which shall be published on the Board’s website.

(iii) Initial investigative activity shall be done by Board staff ~~dedicated to investigation of applications~~. The purpose of the investigation shall be to determine if the applicant has met all requirements to obtain approval for a license, ~~or~~ certificate, or recognition or ~~if~~ grounds to warrant a denial of a license, ~~or~~ certificate, or recognition or other actions permitted by this chapter exist. ~~Such~~ staff shall have the authority to obtain criminal background data where otherwise permitted by law, to obtain documentary information, including medical or mental health records, and/or obtain witness statements, interview witnesses, issue investigative subpoenas as authorized by Wyo. Stat. § 33-21-122(c)(ix), obtain prescription profiles from the Board of Pharmacy pursuant to Wyo. Stat. § 35-7-1060(c)(ii) related to the applicant.

~~(iv) After initial investigation, an application may be directed to an application matrix process, in which a license or certificate may be subject to reprimand, restrictions or conditions in accordance with this chapter.~~

~~(b) — Types of applications:~~

~~(c) — New Applications. A “new applicant” is an individual, who is attempting to obtain an initial license, certificate or permit, issued by the Board, whether by endorsement or exam. This category also includes licensees previously issued a license, certificate or permit by this Board, but whose previously issued license, certificate or permit expired or lapsed.~~

~~(d) — If the new application reveals any information which merits further investigation, the matter shall be assigned to the Application Review Committee or the Board's designee, and the application review investigative process set forth in this chapter shall apply.~~

~~(e) — An applicant has the obligation to notify the Board office of any change in contact information, including but not limited to current mailing address or physical address, current home or cellular telephone number, and current e-mail address as well as preferred method of communication, in order to facilitate service or communication of any action requiring notice to an applicant or licensee under this chapter.~~

(c) Incomplete Applications:

(i) An incomplete application requires no action by the ARC Application Review Committee or Board, until such time as the application is deemed “complete” by Board staff, on behalf of the Board, and has been reviewed for recommendations by the ARC Application Review Committee or the Board's designee. ~~Any new application, which remains incomplete, one year from the date of its original receipt by the Board office, shall expire.~~ An application is “incomplete”, when material and requisite information has not been provided as part of the application process. Such information, may include, but is not limited to:

(A) Failure by the applicant to complete or answer any information requested on the application form;

(B) Failure by the applicant to demonstrate lawful presence in accordance with Federal Law;

(C) Failure by the applicant to respond to any ~~ARC Application Review Committee~~ inquiry or to produce any documents or information requested by the ~~ARC Application Review Committee~~;

(D) Failure by the applicant to provide payment for application fees. If any payment is made by the applicant, processed, and rejected or returned to the Board, regardless of the reason, the applicant has failed to provide proper payment for application fees;

~~(E) Any form of "insufficient funds" constitutes failure of the applicant to provide proper payment of fees;~~

~~(F)~~ (E) Failure by the applicant to provide the Board with any document or information needed or requested by the Board to assess whether the applicant meets all requisites for licensure and poses no risk of harm to the public.

(F) Failure by the applicant to provide the Board with the preferred method of communication, in order to facilitate service or communication of any action requiring notice to an applicant or licensee under this chapter.

(ii) Any new application, which remains incomplete, one year from the date of its original receipt by the Board office, shall expire.

~~(F)~~ (d) Renewal Applications

~~(i) Renewal Applications. A renewal applicant is an individual who currently holds a license or certificate, and has timely and sufficiently submitted an application for renewal of the license or certificate. "Temporary permit" holders are not "renewal applicants", as temporary permits expire and are not renewed. A temporary permit may be subject to revocation and the Board reserves the right to revoke a temporary permit at any time.~~

~~(ii)~~ (i) If the renewal application of a licensee ~~or certificate or recognition~~ reveals any information which merits further investigation, the matter shall be assigned to ~~the Executive Director for discipline matrix process matters or the Disciplinary Committee~~ DC, and the disciplinary investigative process shall apply as if a written complaint form had been filed against the licensee, subject to procedures for contested case hearing in application matters.

~~(iii)~~ (ii) The licensee may continue to practice on the license subject to renewal pending investigation or further action of the Board.

~~(iv)~~ (iii) Failure to timely renew, resulting in a ~~an~~ expired or lapsed license, shall constitute the unauthorized practice of nursing or nursing assistant practice in violation of the ~~Act~~ NPA and a further or independent ground for discipline of a licensee.

(e) Reinstatement or Reactivation Applications:

~~(v)~~ (i) Any reinstatement or reactivation application by a licensee or an applicant who was the subject of prior disciplinary action shall be assigned to ~~the Executive Director, if the~~

~~prior discipline was imposed in accordance with the discipline matrix process, or otherwise to the Disciplinary Committee, DC~~ and the investigative process shall apply as if a written complaint form had been filed against the applicant or licensee. This process also shall apply to a person whose license, ~~or~~ certificate, or recognition was subject to restrictions or conditions, ~~or~~ was surrendered, suspended or revoked.

~~(vi)~~ (ii) ____ To the extent possible, if the licensee or applicant was subject to prior disciplinary action, the ~~Disciplinary Committee, DC~~ should consist of the same Board member(s) who originally participated in the matter, or to the Executive Director in discipline matrix process matters;

~~(vii)~~ (iii) ____ The ~~Executive Director in discipline matrix process matters or the Disciplinary Committee, DC~~ shall make a preliminary determination to recommend or deny reinstatement or reactivation, which may also include recommended restrictions or conditions to practice;

~~(viii)~~ (iv) ____ A licensee or applicant who disagrees with or disputes the recommendation by the ~~Executive Director or by the Disciplinary Committee, DC~~ shall be entitled to a hearing as in other application matters.

~~(g) _____ Application Review Committee. Any application for new license, license renewal or relicensure that cannot be processed by the application matrix policy, and all related investigatory data and information, shall be submitted to an Application Review Committee, consisting of at least one (1) or more designated Board members assigned to review the matter. Any Board staff reviewing or compiling information related to the application may also be deemed an Application Review Committee member.~~

(f) _____ Examinations

(i) In cases where the physical or mental condition or competency of an applicant is at issue, the Executive Director in application matrix process matters or the ~~ARC Application Review Committee~~, on behalf of the Board, may request that the applicant submit to a physical or mental examination, including but not limited to a psychological, psychiatric, substance abuse evaluation, fitness for duty, or a competency evaluation, by a qualified provider selected by the ~~ARC Application Review Committee~~ at the sole expense of the applicant. In selecting a qualified provider, the ~~ARC committee, on behalf of the Board~~, shall consider the provider's credentials.

(ii) ~~Unless otherwise agreed, the~~ The request for a physical or mental examination shall provide the following:

- (A) Reasonable notice to the applicant to be examined;
- (B) The time, place, manner, conditions, and scope of exam; and
- (C) Identification of the person or persons who will perform the exam.

(iii) The ~~ARC Application Review Committee~~, Board staff, or both shall receive the original, detailed, written report of the examiner which includes the examiner's findings, identification and results of all tests performed on the applicant. The report shall further include

the examiner's diagnoses and conclusions, together with like reports of any prior examinations of the same, similar, or other relevant condition(s) revealed to, or known by the examiner, as part of the examiner's intake of the applicant's medical/treatment history;

(iv) Board staff shall provide a copy of examiner's report to the examined applicant;

(v) ~~When submitting to an examination requested by the Application Review Committee pursuant to these rules, the applicant must,~~ Prior to the exam, the applicant shall submit a written authorization or release to the provider waiving any patient-clinician privilege or other basis of confidentiality regarding the requested examination and any subsequent examinations relative to the same issue; the applicant ~~must~~ shall further provide the Board office with a copy of the authorization or release prior to any examination. Failure to comply with a request for evaluation, failure to waive the privilege, in writing, or failure to provide the Board office with a copy of the authorization or release as required herein, shall constitute a violation of ~~Wyo. Stat. §~~ 33-21-146(a)(xi).

~~(h) (g) Application Review Committee Action. The~~ Upon completion of the investigation and review of the application and all investigatory material, including mental, physical or competency examination report(s), the Executive Director in application matrix process matters ~~or the ARC Application Review Committee~~ may:

(i) ~~Approve and Rr~~ recommend a license, certificate, recognition or permit be issued;

(ii) Recommend ~~the Board approve~~ a settlement agreement ~~in accordance with the Board's authority as established in the Act, the Board's rules and regulations, and the Wyoming Administrative Procedure Act. Such agreements~~ which may include the issuance of a license, ~~or certificate,~~ or recognition with the imposition of restrictions, conditions, reprimand or a combination thereof;

(iii) Preliminarily deny the application by sending a letter of ~~preliminary~~ denial to the applicant's ~~last indicated address by certified or regular mail, or by electronic mail to the e-mail address provided by and indicated to be the preferred method of communication by the licensee. The letter of preliminary denial shall notify the applicant of the right to request a contested case hearing regarding the denial of the application;~~ or

(iv) Table any recommendation or action on any application if the application is incomplete, or the ~~ARC Application Review Committee~~ determines further information and investigation is necessary.

(j) Applicant's Request for Hearing:

(i) If the ~~Executive Director in application matrix process matters or the ARC Application Review Committee~~ denies the application with a letter of preliminary denial ~~or that the applicant's license or certificate should be subject to restrictions, conditions or reprimand,~~ the applicant may request a contested case hearing ~~regarding the preliminary denial of the application or proposed restrictions, conditions or reprimand.~~

(ii) The applicant's request for a hearing ~~must~~ shall be submitted to the Board, in writing, and ~~must~~ shall be received by the Board within thirty (30) days from the date of mailing

of the letter of preliminary denial. If a written request for a contested case hearing is not received by the Board office from the applicant within the thirty (30) day period, the ~~ARC Application Review Committee~~'s preliminary denial of the application shall be final.

(iii) The ~~Executive Director in application matrix process matters or the ARC Application Review Committee~~ may request that the applicant submit to an informal conference to provide additional information that may be favorable to granting of the license or certificate, or to attempt to otherwise resolve issues that may negatively influence license or certificate approval to avoid a hearing.

(k) Preliminary Denial Letter. ~~If the Executive Director in application matrix process matters or the Application Review Committee recommends a denial, or otherwise proposes that the licensure or certification be subject to conditions, restrictions or reprimand,~~ The preliminary denial letter ~~shall~~must contain:

(i) A brief description of the facts or conduct which warrant the denial of licensure or certification;

(ii) A statement, in ordinary and concise language of the nature of the actions which warrant the denial or other authorized action, the facts upon which the denial or other action is based, the specific statutory provisions or the specific Board rules and regulations involved;

(iii) Notice of the right to a hearing if a written request is received in the Board office within thirty (30) days of the date of mailing the letter of the denial.

Section 10. Notice of Hearing for Denied Applicants.

(a) If a written request for hearing is received by the Board office from the applicant within the thirty (30) day period, the Board office, on behalf of the ~~ARC Application Review Committee~~ shall serve a Notice of Hearing by certified or regular mail, or by electronic mail to the e-mail address provided by and indicated to be the preferred method of communication by the applicant, or personal service to the applicant at least twenty (20) days prior to the date set for hearing. Such service shall be made to the last indicated address provided to the Board by the applicant.

~~(b) — There shall be a presumption of lawful service when the Notice of Hearing is:~~

~~(i) — Sent to the last address of the applicant by certified or regular mail, or~~

~~(ii) — Sent by electronic mail to the e-mail address provided by and indicated to be the preferred method of communication by the applicant.~~

~~(e)-(b)~~ (b) The Notice of Hearing shall contain:

(i) The name and last address of the applicant;

(ii) A statement in ordinary and concise language, of the matters asserted, which shall contain the nature of the issues relating to the denial of the application, the facts upon which the denial is based, the specific statutory provisions, and the specific Board ~~rules and regulations~~Rules the applicant is alleged to have violated or with which the applicant has failed

to comply;

(iii) The time, place, and nature of the hearing; and

(iv) The legal authority and jurisdiction ~~under which the hearing is being held; specifically, that the hearing is being held pursuant to the Board's authority under Wyo. Stat. § 33-21-122(e)(viii).~~

~~(d)(c)~~ ARC Application Review Committee members shall not take part in the consideration or deliberation of any contested case if they have participated in the investigation or denied the application. ARC Application Review Committee members and Board staff may attend and/or testify at a contested case hearing.

~~(e)~~ ~~Members of the application review committee or board staff may attend a contested case hearing.~~

~~(f)~~ (d) The Board may enter an order dismissing an applicant's hearing in any case where the applicant or the applicant's representative has not appeared at a scheduled, ~~properly~~ noticed hearing.

~~Section 11. Motions in Contested Cases.~~

~~(a)~~ ~~All written motions made to the Board prior to the contested case hearing, shall be submitted to the Board office at least ten (10) days prior to the date set for the hearing, or otherwise in accordance with an order issued by a hearing officer or the Office of Administrative Hearings.~~

~~(b)~~ ~~The Board may, within its discretion and upon good cause shown, consider a written motion filed after the deadline has passed or at any time.~~

~~(c)~~ ~~For purposes of this rule, any request for settlement of a contested case shall be considered a motion before the Board.~~

~~Section 12. Docket.~~

~~(a)~~ ~~When formal contested case proceedings are initiated, the case shall be assigned a number and entered upon a docket provided for such purpose.~~

~~(b)~~ ~~A separate file shall be established for each docketed case and shall contain all papers, pleadings, documents, transcripts, evidence, and exhibits pertaining to the case.~~

~~(c)~~ ~~If the Board refers a contested case matter to the Office of Administrative Hearings, any pleading or other written submission filed shall include the docket number assigned by the Office of Administrative hearings and the hearing shall also be subject to any orders or rules of the Office of Administrative Hearings.~~

~~Section 13. Discovery.~~

~~(a)~~ ~~In all formal contested case proceedings before the Board, discovery shall occur in accordance with the Wyoming Administrative Procedure Act.~~

~~(b) — Copies of all written requests for discovery and written discovery responses shall be sent to the Board office to the attention of the Executive Director.~~

~~(c) — Requests for discovery from the Board shall be made in writing and directed to the Executive Director.~~

Section 14. — Subpoenas.

~~(a) — All matters relating to the issuance and enforcement of subpoenas shall be governed by the Wyoming Administrative Procedure Act.~~

~~(b) — The Executive Director or the Office of Administrative Hearing shall issue a subpoena for appearance or for production of documents upon receipt of the written application for same by any party to the case:~~

~~(i) — Written requests for subpoenas for production of documents shall describe, with particularity, the materials requested.~~

Section 15. — Witnesses.

~~(a) — All persons testifying at a hearing before the Board shall stand and be administered a standard oath.~~

~~(b) — No testimony will be received from a witness except under oath or affirmation.~~

~~(c) — The party calling a witness shall bear the costs associated with the witness's appearance.~~

Section 16. — Representation.

~~(a) — Any licensee or applicant may represent self or be represented by counsel that is licensed to practice law in the State of Wyoming.~~

~~(b) — Any attorney representing a licensee or applicant shall submit a written entry of appearance immediately following the commencement of the attorney-client relationship. The entry of appearance shall deem the attorney an attorney of record.~~

~~(c) — A motion to withdraw from representation of a licensee or applicant shall be made by an attorney of record in writing and submitted to the Board no less than ten (10) days prior to a contested case hearing.~~

~~(d) — An attorney assigned by the Attorney General's Office to litigate on behalf of any of the Board committees or designate shall present all matters enumerated in any petition and complaint or notice of hearing.~~

~~(e) — An attorney assigned by the Attorney General's Office to advise the Board shall advise the adjudicating Board members during, and following, any contested case proceeding.~~

Section 17. — Order of Procedure.

~~(a) — As nearly as practicable the order of procedure at any hearing before the Board~~

shall be as follows:

~~(i) The presiding officer of the Board shall call the meeting to order and turn the meeting over to the hearing examiner or assigned hearing officer from the Office of Administrative Hearings. The hearing examiner or officer shall convene the hearing and announce the docket number and title of the matter and case to be heard. The hearing examiner or officer shall identify the quorum Board members deciding the matter and shall hear and rule upon all preliminary issues submitted to the hearing examiner or officer not previously decided;~~

~~(ii) Each party to the contested case proceeding, or the party's legal representative, may present an opening statement. The Board may direct the hearing examiner limit the time permitted for opening statements;~~

~~(iii) The assigned litigating attorney representing the Disciplinary Committee shall proceed first, by presenting evidence in support of the petition and complaint. When the assigned litigating attorney is representing the Application Review Committee, the applicant (or the applicant's attorney of record) shall proceed first by presenting evidence in support of the application. All exhibits offered by and on behalf of the Disciplinary or Application Review Committees shall be identified by letters of the alphabet beginning with "A", and all exhibits offered by or on behalf of the licensee or applicant shall be identified with numbers commencing with "1";~~

~~(iv) All witnesses may be examined and cross-examined by the parties or by their respective attorneys;~~

~~(v) Rebuttal evidence may be allowed at the discretion of the hearing examiner or officer;~~

~~(vi) Each party or their attorney may present a closing argument. The Board may direct that the hearing examiner or officer limit the time permitted for closing arguments;~~

~~(vii) At the conclusion of the contested case hearing, the hearing examiner or officer shall dismiss and excuse all witnesses and declare the hearing closed. The case shall then be taken under advisement for the Board's hearing panel, excluding any investigating committee members, to deliberate upon the matter.~~

Section 18. — Decision and Order.

~~(a) The Board shall make and enter a written decision and order containing findings of fact and conclusions of law, stated separately.~~

~~(i) The decision and order shall be sent by certified mail to the licensee or applicant or their attorneys.~~

~~(ii) This rule does not preclude the Board from giving preliminary, non-binding notice to the parties prior to the filing of the Board's written decision and order.~~

~~(iii) Unless otherwise ordered by the Board, all decisions of the Board shall be effective at the time of the filing of the written decision and order.~~

Section 11. Contested Case Hearings.

(a) The hearing officer shall preside over the formal contested case hearing which shall be conducted pursuant to the WAPA and the Office of Administrative Hearings rules concerning contested case proceedings.

(b) Requests for discovery from the Board shall be made in writing and directed to the Executive Director. Requests for discovery from the ARC or DC shall be made in writing and served upon the assigned Assistant Attorney General with a copy to the Executive Director.

(c) During the formal contested case hearing, Board Members may ask questions of the witnesses and /or the parties including their attorneys.

(d) All testimony shall be recorded verbatim by a competent reporter or by electronic recording devices. If the written transcript is prepared at the request of a party, the cost of the transcript shall be paid by the party making the request, unless the Board for good cause shown waives assessment of such costs.

Section 12. Lawful Service.

(a) There shall be a presumption of lawful service of a Notice of Intent, Petition, Notice of Hearing, or any other communication required by these Board Rules is:

(i) Send to the last address of the licensee or applicant by certified or regular mail, or

(ii) Sent by electronic mail to the e-mail address provided and indicated to be the preferred method of communication by the licensee or applicant.

Section 13. Decision and Order, Record of Proceedings.

(a) The Board shall make and enter a written decision and order containing findings of fact and conclusions of law, stated separately.

(i) The decision and order shall be sent by certified mail to the licensee or applicant or their attorneys.

(ii) This rule does not preclude the Board from giving preliminary, non-binding notice to the parties prior to the filing of the Board's written decision and order.

(iii) Unless otherwise ordered by the Board, all decisions of the Board shall be effective at the same time of the filing of the written decision and order.

(b) Any Board order imposing discipline against a licensee:

(i) Shall be deemed a public record and be available for inspection and dissemination in accordance with all federal and state laws; and

(ii) May be published in a regular publication of the Board and the Board's website, to provide notice of disciplinary action to the public and interested persons, in addition to complying with other federal law reporting requirements.

~~Section 19. — Record of Proceedings.~~

~~(a) — In a contested case the proceedings including all testimony, shall be reported verbatim by a competent reporter or by other methods deemed sufficient by the Board.~~

~~Section 20. — Surrender of Recognition, License or Certificate.~~

~~(a) — In the event that a licensee is disciplined, the Board staff, on behalf of the Board, may require the licensee to surrender the unencumbered license, permit or certificate to the Board office.~~

~~Section 21.~~Section 14. Appeals.

(a) Appeals from decisions of the Board are governed by the ~~Wyoming Administrative Procedure Act~~WAPA and Wyoming Rules of Appellate Procedure.

(b) Costs of transcripts and any reasonable costs assessed by the Board regarding the record on appeal shall be borne by the party making the appeal.

Section 15. Incorporation by Reference.

(a) For any rule or regulation incorporated by reference in these Board Rules:

(i) The Board has determined that incorporation of the full text in these Board Rules would be unduly cumbersome or expensive;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (b) of this section;

(iii) The incorporated rule or regulation is maintained at 130 Hobbs, Suite B, Cheyenne, WY 82002 and is available for public inspection and copying at cost at the same location.

(b) The rule or regulation incorporated by reference in Section 11(a) of these Board Rules is Chapter 2 - Contested Case Proceedings as existing on July 1, 2013 including amendments adopted by Office of Administrative Hearings as of that date.

CHAPTER 9

DELEGATION AND ASSIGNMENT

Section 1. Statement of Purpose.

- (a) These Board Rules are adopted to implement the Board's authority to:
 - (i) To establish acceptable standards of safe delegation of nursing tasks.
 - (ii) To provide criteria for the Board to evaluate safe and competent delegation of nursing tasks.

Section 2. Principles of Delegation.

- (a) All decisions related to delegation and assignments are based on the fundamental principles of protection of the health, safety and welfare of the public.
 - (i) The RN takes responsibility and accountability for the provision of nursing practice.
 - (ii) The RN directs care and determines the appropriate utilization of any CNA involved in providing direct client care.
 - (iii) The RN may delegate components of care but does not delegate the nursing process itself. The functions of assessment, planning, evaluation and nursing judgment are pervasive to nursing practice and cannot be delegated.
 - (iv) The decision of whether or not to delegate or assign is based upon the RN's judgment concerning the condition of the patient, the competence of members of the nursing team and the degree of supervision that will be required of the RN if a task is delegated.
 - (v) The RN delegates only those tasks for which she or he believes the other health care worker has the knowledge and skill to perform, taking into consideration training, cultural competence, experience and facility/agency policies and procedures.
 - (vi) The RN individualizes communication regarding delegation to the CNA and client situation. The communication should be clear, concise, correct and complete. The RN verifies comprehension with the CNA and that the CNA accepts the delegation and the responsibility that accompanies it.
 - (vii) Communication must be a two-way process. CNA must have the opportunity to ask questions and/or for clarification of expectations.
 - (viii) The RN uses critical thinking and professional judgment when following the *Five Rights of Delegation*:
 - (A) Right task;

- (B) Right circumstances;
- (C) Right person;
- (D) Right directions and communication; and
- (E) Right supervision and evaluation.

(b) Chief nursing officers are accountable for establishing systems to assess, monitor, verify and communicate ongoing competence requirements in areas related to delegation.

Section 3. Accountability.

- (a) The delegating RN or LPN retains accountability for:
 - (i) Nursing care when delegating nursing tasks or interventions to ensure client safety;
 - (ii) The decision to delegate;
 - (iii) Verifying the delegate's competency to perform the tasks;
 - (iv) Providing direction or supervision;
 - (v) The performance of the delegated task;
 - (vi) Evaluating the effectiveness of the delegated nursing task or interventions performed under direction or supervision.
- (b) Certain nursing functions require nursing knowledge, judgment, and skill and may not be delegated.

Section 4. Standard for Delegation of Basic Nursing Tasks and Skills.

- (a) The licensed nurse delegates tasks based on the needs and condition of the client, potential for harm, stability of the client's condition, complexity of the task, predictability of the outcomes, ability of the staff to whom the task is delegated, and the context of other client needs.
- (b) CNA may complement the APRN, RN, or LPN in the performance of nursing functions but shall not substitute for the APRN, RN, or LPN.
- (c) Delegation shall be task-specific, client-specific, and CNA specific.
- (d) The CNA role evolves from the performance of delegated nursing related tasks and services regardless of an individual's title or care setting.
- (e) Delegation shall be directed by a APRN, RN, or LPN.
 - (i) The delegating APRN, RN, or LPN must delegate only those tasks which:

- (A) Are within his/her area of responsibility and scope of practice;
 - (B) A reasonable, prudent APRN, RN, or LPN would find, within his/her sound nursing judgment, appropriate to delegate;
 - (C) In the opinion of the APRN, RN, or LPN, shall be properly and safely performed by the CNA without jeopardizing the client's welfare;
 - (D) Does not require the CNA to exercise nursing judgment, complex observations or nursing assessments, critical decision making or interventions except in an emergency situation; and
 - (E) Are client specific, task specific, and CNA specific and outcomes are predictable.
- (ii) When delegating a nursing task, the APRN, RN, or LPN shall:
- (A) Make an initial assessment of the client's nursing care needs before delegating the task;
 - (B) Verify the CNA's competence to perform any nursing task prior to delegation;
 - (C) Verify appropriate continuing education for each CNA for each task to be performed;
 - (D) Communicate with CNA allowing the opportunity to ask questions, provide feedback, or clarification;
 - (E) Inform the client of the decision to delegate;
 - (F) Provide appropriate direction or supervision;
 - (G) Remain accountable for the delegated tasks;
 - (H) Evaluate client outcomes and make adjustments accordingly; and
 - (I) Make clear to the CNA that the delegated task cannot be re-delegated.
- (iii) Delegation is unnecessary if the particular activity or task is already within the legally recognized scope of practice or role of the individual who is to perform the activity or task;
- (A) An element of assignment exists in all delegation; however, for the purpose of these rules, assignment means that an individual designates another to be responsible for specific clients or selected nursing functions for specifically identified clients;
 - (B) Both "assignment" and "delegation" decisions must be made by the licensed nurse on the basis of the skill levels of the care givers, the care needs of clients, and

other considerations.

Section 5. Degree of Direction or Supervision.

(a) The degree of required direction or supervision for the CNA shall comply with the following criteria:

(i) Direction or supervision means a licensed nurse providing appropriate guidance in the accomplishment of a nursing task, including but not limited to:

(A) Periodic observation and evaluation of the performance of the task; and

(B) Validation that the task has been performed according to established standards of practice.

(ii) Delegation will ensue after an evaluation of factors including but not limited to the:

(A) Stability of the client;

(B) Training and capability of the delegate;

(C) Nature of the nursing task being delegated; and

(D) Proximity and availability of the delegator to the delegate.

(iii) The delegating APRN, RN, or LPN or another qualified nurse shall be readily available either in person or by telecommunication.

Section 6. Basic Nursing Functions, Tasks, and Skills that May Not be Delegated.

(a) The nursing process requires nursing knowledge, judgment, and skill and may not be delegated. The nursing process includes, but is not limited to:

(i) Assessment;

(ii) Development of the nursing diagnosis;

(iii) Establishment of the nursing care goal;

(iv) Development of the nursing care plan; and

(v) Evaluation of the patient's progress, or lack of progress, toward goal achievement.

CHAPTER 9

DELEGATION AND ASSIGNMENT

Section 1. Statement of Purpose.

(a) ~~The purpose of the board~~ These Board Rules are adopted to implement the Board's authority to: in adopting rules and regulations in this chapter is:

- (i) To establish acceptable standards of safe delegation of nursing tasks.
- (ii) To provide criteria for the ~~b~~Board to evaluate safe and competent delegation of nursing tasks.

~~Section 2.~~ Definitions.

~~(a) "Authority" means the source of the power to act.~~

~~(b) "Delegation" is transferring to a competent individual the authority to perform a specific nursing task in a selected situation. The nurse retains the responsibility and the accountability for the delegated tasks.~~

~~(c) "Assignment" is the performance of designated nursing activities/tasks by a licensed nurse or certified nursing assistant that are consistent with the scope of practice of a licensed nurse or the role description of a certified nursing assistant; the distribution of work that each staff member is responsible for during a given work period.~~

~~(d) "Evaluation" is the final and critical step of delegation; to review the nursing care provided, the effectiveness of the nursing interventions and the need to change any part of the plan of care in order to better meet patient needs.~~

~~Section 3.~~ Section 2. Principles of Delegation.

(a) All decisions related to delegation and ~~assignment are~~ assignments are based on the fundamental principles of protection of the health, safety and welfare of the public. ~~(the statements in Section 3 are directly from the Joint Statement on Delegation, American Nurses Association and the National Council of State Boards of Nursing, 2006).~~

(i) The ~~registered nurse~~ RN takes responsibility and accountability for the provision of nursing practice.

(ii) The ~~registered nurse~~ RN directs care and determines the appropriate utilization of any ~~nursing assistant~~ CNA involved in providing direct ~~patient~~ client care.

(iii) The ~~registered nurse~~ RN may delegate components of care but does not delegate the nursing process itself. The functions of assessment, planning, evaluation and nursing judgment are pervasive to nursing practice and cannot be delegated.

(iv) The decision of whether or not to delegate or assign is based upon the ~~registered nurse's RN's~~ judgment concerning the condition of the patient, the competence of members of the nursing team and the degree of supervision that will be required of the ~~registered nurseRN~~ if a task is delegated.

(v) The ~~registered nurseRN~~ delegates only those tasks for which she or he believes the other health care worker has the knowledge and skill to perform, taking into consideration training, cultural competence, experience and facility/agency policies and procedures.

(vi) The ~~registered nurseRN~~ individualizes communication regarding ~~the~~ delegation to the ~~nursing assistantCNA~~ and client situation. The communication should be clear, concise, correct and complete. The ~~registered nurseRN~~ verifies comprehension with the ~~nursing assistantCNA~~ and that the ~~nursing assistantCNA~~ accepts the delegation and the responsibility that accompanies it.

(vii) Communication must be a two-way process. ~~Nursing assistantsCNA~~ must have the opportunity to ask questions and/or for clarification of expectations.

(viii) The ~~registered nurseRN~~ uses critical thinking and professional judgment when following the ~~Five Rights of Delegation~~:

- (A) ~~The Right~~ task;
- (B) ~~Under the rightRight~~ circumstances;
- (C) ~~To the rightRight~~ person;
- (D) ~~With the rightRight~~ directions and communication; and
- (E) ~~Under the rightRight~~ supervision and evaluation.

(b) Chief nursing officers are accountable for establishing systems to assess, monitor, verify and communicate ongoing competence requirements in areas related to delegation. ~~(Joint Statement on Delegation, American Nurses Association and the National Council of State Boards of Nursing, 2006, pg 2).~~

Section 4. Section 3. Accountability.

(a) The delegating licensed nurse retains accountability for:

- (i) Nursing care when delegating nursing tasks or interventions to ensure ~~patient client~~ safety;
- (ii) The decision to delegate;
- (iii) Verifying the delegatee's competency to perform the tasks;
- (iv) Providing direction or supervision;

(v) The performance of the delegated task;

(vi) Evaluating the effectiveness of the delegated nursing task or interventions performed under direction or supervision.

~~(vi)~~(b) Certain nursing functions require nursing knowledge, judgment, and skill and may not be delegated as specified within the parameters of Advisory Opinions.

Section 5. Section 4. Standard for Delegation of Basic Nursing Tasks and Skills.

(a) The licensed nurse delegates tasks based on the needs and condition of the ~~patient~~client, potential for harm, stability of the ~~patient's~~client's condition, complexity of the task, predictability of the outcomes, ability of the staff to whom the task is delegated-, and the context of other ~~patient~~client needs.

(b) ~~Nursing assistant~~CNA may complement the licensed nurse in the performance of nursing functions but shall not substitute for the licensed nurse.

(c) Delegation shall be task-specific, client-specific, and ~~nursing assistant~~CNA specific.

(d) The standards of ~~nursing assistant~~CNA practice evolve from the performance of delegated nursing related tasks and services regardless of an individual's title or care setting.

(e) The delegator shall be a licensed nurse.

(i) The delegating nurse must delegate only those tasks which:

(A) Are within his/her area of responsibility and scope of practice;

(B) A reasonable, prudent nurse would find, within his/her sound nursing judgment, appropriate to delegate;

(C) In the opinion of the delegator, can be properly and safely performed by the CNA without jeopardizing the client's welfare;

(D) Do not require the CNA to exercise nursing judgment, complex observations or nursing assessments, critical decision making or interventions except in an emergency situation; and

(E) Are client specific, task specific, and CNA specific and outcomes are predictable.

~~(i)~~(ii) When delegating a nursing task, the delegator shall:

(A) Make an initial assessment of the client's nursing care needs before delegating the task;

(B) Verify the ~~nursing assistant's~~CNA's competence to perform any nursing

task prior to delegation;

(C) Verify appropriate continuing education for each ~~CNA nursing assistant~~ for each task to be performed;

(D) Communicate with ~~CNA nursing assistant~~ allowing the opportunity to ask questions, provide feedback, or clarification;

(E) Inform the ~~patient/client~~ of the decision to delegate;

(F) Provide appropriate direction or supervision;

(G) Remain accountable for the delegated tasks;

(H) Evaluate client outcomes and make adjustments accordingly; and

(I) Make clear to the ~~CNA nursing assistant~~ that the delegated task cannot be re-delegated.

(J) Delegation is unnecessary if the particular activity or task is already within the legally recognized scope of practice of the individual (delegate) who is to perform the activity or task;

(1.) An element of assignment exists in all delegation; however, for the purpose of these rules, assignment means that an individual designates another to be responsible for specific ~~patients—clients~~ or selected nursing functions for specifically identified ~~patients~~clients;

(2.) Both “assignment” and “delegation” decisions must be made by the licensed nurse on the basis of the skill levels of the care givers, the care needs of ~~patients or~~ clients, and other considerations.

~~(ii) The delegating nurse must delegate only those tasks which:~~

~~(A) Are within his/her area of responsibility and scope of practice;~~

~~(B) A reasonable, prudent nurse would find, within his/her sound nursing judgment, appropriate to delegate;~~

~~(C) In the opinion of the delegator, can be properly and safely performed by the nursing assistant without jeopardizing the client's welfare;~~

~~(D) Do not require the nursing assistant to exercise nursing judgment, complex observations or nursing assessments, critical decision making or interventions except in an emergency situation; and~~

~~(E) Are client specific, task specific, and nursing assistant specific and outcomes are predictable.~~

~~Section 6.~~Section 5. Degree of Direction or Supervision.

(a) The degree of required direction or supervision for the ~~nursing assistant~~CNA shall comply with the following criteria:

(i) Direction or supervision means a licensed nurse providing appropriate guidance in the accomplishment of a nursing task, including but not limited to:

(A) Periodic observation and evaluation of the performance of the task; and

(B) Validation that the task has been performed according to established standards of practice.

(ii) Delegation will ensue after an evaluation of factors including but not limited to the:

(A) Stability of the client;

(B) Training and capability of the delegatee;

(C) Nature of the nursing task being delegated; and

(D) Proximity and availability of the delegator to the delegatee.

(iii) The delegating nurse or another qualified nurse shall be readily available either in person or by telecommunication.

~~Section 7. — Basic Nursing Functions, Tasks, and Skills that May Not be Delegated.~~

~~(a) — The following nursing functions require nursing knowledge, judgment, and skill and may not be delegated:~~

~~(i) — The nursing process:~~

~~(A) — Assessment;~~

~~(B) — Development of the nursing diagnosis;~~

~~(C) — Establishment of the nursing care goal;~~

~~(D) — Development of the nursing care plan; and~~

~~(E) — Evaluation of the patient's progress, or lack of progress, toward goal achievement.~~

~~(ii) — Nursing interventions, including but not limited to the following:~~

~~(A) — Administration of medications;~~

~~(B) — Calling or relaying of physician or health care provider orders including prescriptions;~~

~~(C) — Any procedure requiring the use of sterile technique including wound or dressing care;~~

~~(D) — Insertion or removal of peripheral or central intravenous catheters;~~

~~(E) — Insertion or removal of nasogastric or other feeding tubes;~~

~~(F) — Insertion or removal of urinary foley catheters or suprapubic catheters;~~

~~(G) — Removal of:~~

~~(I) — Endotracheal tubes;~~

~~(II) — Chest tubes;~~

~~(III) — Jackson-Pratt drain tubes (JP tubes);~~

~~(IV) — Arterial or central catheters;~~

~~(V) — Epidural catheters; and~~

~~(VI) — Any indwelling device.~~

~~(H) — Patient triage.~~

~~(b) — The authority to receive verbal orders from providers.~~

~~(c) — Teaching or counseling patients or a patient's family relating to nursing care and nursing services.~~

~~(d) —~~

~~**Section 8. — Decision Tree for Delegation to Certified Nursing Assistants/Nurse Aides.**~~

~~Joint Statement on Delegation~~

~~American Nurses Association (ANA) and the National Council of State Board of Nursing
(NCSBN)~~

~~National Council of State Boards of Nursing (NCSBN)~~