

MISSOURI STATE BOARD OF NURSING



NURSING PRACTICE ACT AND RULES

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MISSOURI STATE BOARD OF NURSING

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CHAPTER 334

Collaborative Practice Statutes

Collaborative practice arrangements, form, contents, delegation of authority--rules, approval, restrictions--disciplinary actions--notice of collaborative practice or physician assistant agreements to board, when--certain nurses may provide anesthesia services, when--contract limitations.

334.104. 1. A physician may enter into collaborative practice arrangements with registered professional nurses. Collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer or dispense drugs and provide treatment as long as the delivery of such health care services is within the scope of practice of the registered professional nurse and is consistent with that nurse's skill, training and competence.

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in schedules III, IV, and V of section 195.017 for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services.

3. The written collaborative practice arrangement shall contain at least the following provisions:

(1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the advanced practice registered nurse;

(2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the advanced practice registered nurse to prescribe;

(3) A requirement that there shall be posted at every office where the advanced practice registered nurse is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by an advanced practice registered nurse and have the right to see the collaborating physician;

(4) All specialty or board certifications of the collaborating physician and all certifications of the advanced practice registered nurse;

(5) The manner of collaboration between the collaborating physician and the advanced practice registered nurse, including how the collaborating physician and the advanced practice registered nurse will:

(a) Engage in collaborative practice consistent with each professional's skill, training, education, and competence;

(b) Maintain geographic proximity, except the collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C. 1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is required to maintain documentation related to this requirement and to present it to the state board of registration for the healing arts when requested; and

(c) Provide coverage during absence, incapacity, infirmity, or emergency by the collaborating physician;

(6) A description of the advanced practice registered nurse's controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled substances the physician authorizes the nurse to prescribe and documentation that it is consistent with each professional's education, knowledge, skill, and competence;

(7) A list of all other written practice agreements of the collaborating physician and the advanced practice registered nurse;

(8) The duration of the written practice agreement between the collaborating physician and the advanced practice registered nurse;

(9) A description of the time and manner of the collaborating physician's review of the advanced practice registered nurse's delivery of health care services. The description shall include provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the charts documenting the advanced practice registered nurse's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days; and

(10) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the advanced practice registered nurse prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (9) of this subsection.

4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to be covered, the methods of treatment that may be covered by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative practice arrangements including delegating authority to prescribe controlled substances. Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state board of registration for the healing arts nor the board of nursing may separately promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

5. The state board of registration for the healing arts shall not deny, revoke, suspend or otherwise take disciplinary action against a physician for health care services delegated to a registered professional nurse provided the provisions of this section and the rules promulgated thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action imposed as a result of an agreement between a physician and a registered professional nurse or registered physician assistant, whether written or not, prior to August 28, 1993, all records of such disciplinary licensure action and all records pertaining to the filing, investigation or review of an alleged violation of this chapter incurred as a result of such an agreement shall be removed from the records of the state board of registration for the healing arts and the division of professional registration and shall not be disclosed to any public or private entity seeking such information from the board or the division. The state board of registration for the healing arts shall take action to correct reports of alleged violations and disciplinary actions as described in this section which have been submitted to the National Practitioner Data Bank. In subsequent applications or representations relating to his medical practice, a physician completing forms or documents shall not be required to report any actions of the state board of registration for the healing arts for which the records are subject to removal under this section.

6. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice agreement, including collaborative practice agreements delegating the authority to prescribe controlled substances, or physician assistant agreement and also report to the board the name of each licensed professional with whom the physician has entered into such agreement. The board may make this information available to the public. The board shall track the reported information and may routinely conduct random reviews of such agreements to ensure that agreements are carried out for compliance under this chapter.

7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a collaborative practice arrangement pro-

vided that he or she is under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative practice arrangement under this section, except that the collaborative practice arrangement may not delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017.

8. A collaborating physician shall not enter into a collaborative practice arrangement with more than three full-time equivalent advanced practice registered nurses. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

9. It is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the advanced practice registered nurse shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

10. No agreement made under this section shall supersede current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.

11. No contract or other agreement shall require a physician to act as a collaborating physician for an advanced practice registered nurse against the physician's will. A physician shall have the right to refuse to act as a collaborating physician, without penalty, for a particular advanced practice registered nurse. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any advanced practice registered nurse, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by hospital's medical staff.

12. No contract or other agreement shall require any advanced practice registered nurse to serve as a collaborating advanced practice registered nurse for any collaborating physician against the advanced practice registered nurse's will. An advanced practice registered nurse shall have the right to refuse to collaborate, without penalty, with a particular physician.

(L. 1993 H.B. 564, A.L. 2002 S.B. 1182, A.L. 2003 H.B. 390, A.L. 2006 H.B. 1515 merged with S.B. 756, A.L. 2008 S.B. 724, A.L. 2009 H.B. 247, A.L. 2012 H.B. 1563, A.L. 2013 S.B. 330)

CHAPTER 335

The Nursing Practice Act

335.011. Short title.

335.011. Sections 335.011 to 335.096 may be known as "The Nursing Practice Act".

(L. 1975 S.B. 108 § 1)

Effective 1-21-76

335.016. Definitions.

As used in this chapter, unless the context clearly requires otherwise, the following words and terms mean:

- (1) "Accredited", the official authorization or status granted by an agency for a program through a voluntary process;
- (2) "Advanced practice registered nurse", a nurse who has education beyond the basic nursing education and is certified by a nationally recognized professional organization as a certified nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or a certified clinical nurse specialist. The board shall promulgate rules specifying which nationally recognized professional organization certifications are to be recognized for the purposes of this section. Advanced practice nurses and only such individuals may use the title "Advanced Practice Registered Nurse" and the abbreviation "APRN";
- (3) "Approval", official recognition of nursing education programs which meet standards established by the board of nursing;
- (4) "Board" or "state board", the state board of nursing;
- (5) "Certified clinical nurse specialist", a registered nurse who is currently certified as a clinical nurse specialist by a nationally recognized certifying board approved by the board of nursing;
- (6) "Certified nurse midwife", a registered nurse who is currently certified as a nurse midwife by the American College of Nurse Midwives, or other nationally recognized certifying body approved by the board of nursing;
- (7) "Certified nurse practitioner", a registered nurse who is currently certified as a nurse practitioner by a nationally recognized certifying body approved by the board of nursing;
- (8) "Certified registered nurse anesthetist", a registered nurse who is currently certified as a nurse anesthetist by the Council on Certification of Nurse Anesthetists, the Council on Recertification of Nurse Anesthetists, or other nationally recognized certifying body approved by the board of nursing;
- (9) "Executive director", a qualified individual employed by the board as executive secretary or otherwise to administer the provisions of this chapter under the board's direction. Such person employed as executive director shall not be a member of the board;
- (10) "Inactive nurse", as defined by rule pursuant to section 335.061;
- (11) "Lapsed license status", as defined by rule under section 335.061;
- (12) "Licensed practical nurse" or "practical nurse", a person licensed pursuant to the provisions of this chapter to engage in the practice of practical nursing;
- (13) "Licensure", the issuing of a license to practice professional or practical nursing to candidates who have met the specified requirements and the recording of the names of those persons as holders of a license to practice professional or practical nursing;
- (14) "Practical nursing", the performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment and knowledge. All such nursing care shall be given under the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse. For the purposes of this chapter, the term "direction" shall mean guidance or supervision provided by a person licensed by a state regulatory board to prescribe medications and treatments or a registered professional nurse, including, but not limited to, oral, written, or otherwise communicated orders or directives for patient care. When practical nursing care is delivered pursuant to the direction of a person licensed by a

state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse, such care may be delivered by a licensed practical nurse without direct physical oversight;

(15) "Professional nursing", the performance for compensation of any act which requires substantial specialized education, judgment and skill based on knowledge and application of principles derived from the biological, physical, social and nursing sciences, including, but not limited to:

(a) Responsibility for the teaching of health care and the prevention of illness to the patient and his or her family;

(b) Assessment, nursing diagnosis, nursing care, and counsel of persons who are ill, injured or experiencing alterations in normal health processes;

(c) The administration of medications and treatments as prescribed by a person licensed by a state regulatory board to prescribe medications and treatments;

(d) The coordination and assistance in the delivery of a plan of health care with all members of a health team;

(e) The teaching and supervision of other persons in the performance of any of the foregoing;

(16) A "registered professional nurse" or "registered nurse", a person licensed pursuant to the provisions of this chapter to engage in the practice of professional nursing;

(17) "Retired license status", any person licensed in this state under this chapter who retires from such practice. Such person shall file with the board an affidavit, on a form to be furnished by the board, which states the date on which the licensee retired from such practice, an intent to retire from the practice for at least two years, and such other facts as tend to verify the retirement as the board may deem necessary; but if the licensee thereafter reengages in the practice, the licensee shall renew his or her license with the board as provided by this chapter and by rule and regulation.

(L. 1975 S.B. 108 § 2, A.L. 1993 H.B. 564, A.L. 1995 S.B. 452, A.L. 1999 H.B. 343, A.L. 2002 H.B. 1600, A.L. 2004 S.B. 1122, A.L. 2007 H.B. 780 merged with S.B. 308, A.L. 2008 S.B. 724)

335.017. Intravenous fluids, administration requirements for practical nurses.

One of the selected acts which may be performed by persons licensed under the provisions of this chapter as licensed practical nurses is the administration of intravenous fluid treatment. The administration of intravenous fluid treatment may be performed only by licensed practical nurses who have been instructed and trained in such procedures in a course of instruction approved by the board. The board shall have the authority to adopt and revise rules and regulations which limit and define the scope of intravenous fluid treatment which may be performed by licensed practical nurses. Nothing herein shall be construed as prohibiting administration of intravenous fluid treatment by registered professional nurses. The board shall submit emergency rules to the secretary of state to implement the provisions of this section within thirty days of December 15, 1983, and the board shall act promptly on applications of organizations requesting approval of their course of instruction.

(L. 1983 1st Ex. Sess. H.B. 8)

Effective 12-15-83

335.019. Certificate of controlled substance prescriptive authority, issued when.

The board of nursing may grant a certificate of controlled substance prescriptive authority to an advanced practice registered nurse who:

(1) Submits proof of successful completion of an advanced pharmacology course that shall include preceptorial experience in the prescription of drugs, medicines and therapeutic devices; and

(2) Provides documentation of a minimum of three hundred clock hours preceptorial experience in the prescription of drugs, medicines, and therapeutic devices with a qualified preceptor; and

(3) Provides evidence of a minimum of one thousand hours of practice in an advanced practice nursing category prior to application for a certificate of prescriptive authority. The one thousand hours shall not include clinical hours obtained in the advanced practice nursing education program. The one thousand hours of practice in an advanced practice nursing category may include transmitting a prescription order orally or telephonically or to an inpatient

medical record from protocols developed in collaboration with and signed by a licensed physician; and

(4) Has a controlled substance prescribing authority delegated in the collaborative practice arrangement under section 334.104 with a physician who has an unrestricted federal Drug Enforcement Administration registration number and who is actively engaged in a practice comparable in scope, specialty, or expertise to that of the advanced practice registered nurse.

(L. 2008 S.B. 724)

335.021. Board of nursing--members' qualifications, appointments, how made.

1. "The Missouri State Board of Nursing" shall consist of nine members, five of whom must be registered professional nurses. Two members of the board must be licensed practical nurses and one member a voting public member. Two of the five registered professional nurses shall hold a graduate degree in nursing, and at least one of the professional nurse members shall represent nursing practice. Any person, other than the public member, appointed to the board as hereinafter provided shall be a citizen of the United States and a resident of this state for a period of at least one year, a licensed nurse in this state, and shall have been actively engaged in nursing for at least three years immediately preceding the appointment or reappointment. Membership on the board shall include representatives with expertise in each level of educational programs the graduates of which are eligible to apply for licensure such as practical, diploma, associate degree, and baccalaureate.

2. The governor shall appoint members to the board by and with the advice and consent of the senate when a vacancy thereon occurs either by the expiration of a term or otherwise; provided, however, that any board member shall serve until his or her successor is appointed and qualified. Every appointment except to fulfill an unexpired term shall be for a term of four years, but no person shall be appointed to more than two consecutive terms.

3. At least ninety days before the expiration of a term of a board member, and as soon as feasible after the occurrence of a vacancy on the board for reasons other than the expiration of a term, a list of three licensed and qualified nurses shall be submitted to the director of the division of professional registration. The list shall be submitted by the Missouri Nurses Association if the vacancy is for a registered professional nurse, and by the Missouri State Association of Licensed Practical Nurses if the vacancy is for a licensed practical nurse. The governor may appoint a board member to fill the vacancy from the list submitted, or may appoint some other qualified licensed nurse. This subsection shall not apply to public member vacancies.

4. The public member shall be at the time of his or her appointment a citizen of the United States; a resident of this state for a period of one year and a registered voter; a person who is not and never was a member of any profession licensed or regulated pursuant to this chapter or the spouse of such person; and a person who does not have and never has had a material, financial interest in either the providing of the professional services regulated by this chapter, or an activity or organization directly related to any profession licensed or regulated pursuant to this chapter. All members, including public members, shall be chosen from lists submitted by the director of the division of professional registration. The duties of the public member shall not include the determination of the technical requirements to be met for licensure or whether any person meets such technical requirements or of the technical competence or technical judgment of a licensee or a candidate for licensure.

(L. 1975 S.B. 108 § 3, A.L. 1981 S.B. 16, A.L. 1988 H.B. 1573, A.L. 1999 H.B. 343)

335.026. Oath of office, removal from board, when--meetings, when held, quorum--compensation and expenses.

1. Before entering upon their duties, members of the board shall make and file with the secretary of state the oath of office required by article VII, section 11 of the Constitution of Missouri, for all civil officers of this state.

2. Any member of the board may be removed by the governor for misconduct, incompetency or neglect of duty. Before any member may be so removed, he shall be given a hearing and may appear in his own behalf, may be represented by counsel, and may present witness or other evidence. Any person aggrieved by the action of the governor after the hearing may appeal as provided in chapter 536.

3. The board shall meet at least once each year as determined by the board. The board may hold such additional meetings during the year as may be deemed necessary to perform its duties. A majority of the board, including at least one officer, shall constitute a quorum for the conducting of business.

4. Each member of the board shall receive as compensation an amount set by the board not to exceed fifty dollars

for each day devoted to the affairs of the board; and shall be entitled to reimbursement of their expenses necessarily incurred in the discharge of their official duties.

(L. 1975 S.B. 108 § 4, A.L. 1981 S.B. 16)

335.031. Immunity of board members performing official duties.

Members of the board shall not be personally liable either jointly or separately for any act or acts committed in the performance of their official duties as board members.

(L. 1975 S.B. 108 § 5)

Effective 1-21-76

335.036. Duties of board--fees set, how--fund, source, use, funds transferred from, when--rulemaking.

1. The board shall:

(1) Elect for a one-year term a president and a secretary, who shall also be treasurer, and the board may appoint, employ and fix the compensation of a legal counsel and such board personnel as defined in subdivision (4) of subdivision 10 of section 324.001 as are necessary to administer the provisions of sections 335.011 to 335.096;

(2) Adopt and revise such rules and regulations as may be necessary to enable it to carry into effect the provisions of sections 335.011 to 335.096;

(3) Prescribe minimum standards for educational programs preparing persons for licensure pursuant to the provisions of sections 335.011 to 335.096;

(4) Provide for surveys of such programs every five years and in addition at such times as it may deem necessary;

(5) Designate as "approved" such programs as meet the requirements of sections 335.011 to 335.096 and the rules and regulations enacted pursuant to such sections; and the board shall annually publish a list of such programs;

(6) Deny or withdraw approval from educational programs for failure to meet prescribed minimum standards;

(7) Examine, license, and cause to be renewed the licenses of duly qualified applicants;

(8) Cause the prosecution of all persons violating provisions of sections 335.011 to 335.096, and may incur such necessary expenses therefor;

(9) Keep a record of all the proceedings; and make an annual report to the governor and to the director of the department of insurance, financial institutions and professional registration;

(10) Establish an impaired nurse program.

2. The board shall set the amount of the fees which this chapter authorizes and requires by rules and regulations. The fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering this chapter.

3. All fees received by the board pursuant to the provisions of sections 335.011 to 335.096 shall be deposited in the state treasury and be placed to the credit of the state board of nursing fund. All administrative costs and expenses of the board shall be paid from appropriations made for those purposes. The board is authorized to provide funding for the nursing education incentive program established in sections 335.200 to 335.203.

4. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds two times the amount of the appropriation from the board's funds for the preceding fiscal year or, if the board requires by rule, permit renewal less frequently than yearly, then three times the appropriation from the board's funds for the preceding fiscal year. The amount, if any, in the fund which shall lapse is that amount in the fund which exceeds the appropriate multiple of the appropriations from the board's funds for the preceding fiscal year.

5. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this chapter shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. All rulemaking authority delegated prior to August 28, 1999, is of no force

and effect and repealed. Nothing in this section shall be interpreted to repeal or affect the validity of any rule filed or adopted prior to August 28, 1999, if it fully complied with all applicable provisions of law. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 1999, shall be invalid and void. (L. 1975 S.B. 108 § 6, A.L. 1981 S.B. 16, A.L. 1985 S.B. 99, A.L. 1993 S.B. 52, A.L. 1995 S.B. 3, S.B. 452, A.L. 1999 H.B. 343, A.L. 2007 H.B. 780 merged with S.B. 308, A.L. 2008 S.B. 788, A.L. 2011 H.B. 223 & 231 merged with S.B. 325)

335.046. License, application for--qualifications for, fee--hearing on denial of license.

1. An applicant for a license to practice as a registered professional nurse shall submit to the board a written application on forms furnished to the applicant. The original application shall contain the applicant's statements showing the applicant's education and other such pertinent information as the board may require. The applicant shall be of good moral character and have completed at least the high school course of study, or the equivalent thereof as determined by the state board of education, and have successfully completed the basic professional curriculum in an accredited or approved school of nursing and earned a professional nursing degree or diploma. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing same, subject to the penalties of making a false affidavit or declaration. Applicants from non-English-speaking lands shall be required to submit evidence of proficiency in the English language. The applicant must be approved by the board and shall pass an examination as required by the board. The board may require by rule as a requirement for licensure that each applicant shall pass an oral or practical examination. Upon successfully passing the examination, the board may issue to the applicant a license to practice nursing as a registered professional nurse. The applicant for a license to practice registered professional nursing shall pay a license fee in such amount as set by the board. The fee shall be uniform for all applicants. Applicants from foreign countries shall be licensed as prescribed by rule.

2. An applicant for license to practice as a licensed practical nurse shall submit to the board a written application on forms furnished to the applicant. The original application shall contain the applicant's statements showing the applicant's education and other such pertinent information as the board may require. Such applicant shall be of good moral character, and have completed at least two years of high school, or its equivalent as established by the state board of education, and have successfully completed a basic prescribed curriculum in a state-accredited or approved school of nursing, earned a nursing degree, certificate or diploma and completed a course approved by the board on the role of the practical nurse. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing same, subject to the penalties of making a false affidavit or declaration. Applicants from non-English-speaking countries shall be required to submit evidence of their proficiency in the English language. The applicant must be approved by the board and shall pass an examination as required by the board. The board may require by rule as a requirement for licensure that each applicant shall pass an oral or practical examination. Upon successfully passing the examination, the board may issue to the applicant a license to practice as a licensed practical nurse. The applicant for a license to practice licensed practical nursing shall pay a fee in such amount as may be set by the board. The fee shall be uniform for all applicants. Applicants from foreign countries shall be licensed as prescribed by rule.

3. Upon refusal of the board to allow any applicant to sit for either the registered professional nurses' examination or the licensed practical nurses' examination, as the case may be, the board shall comply with the provisions of section 621.120 and advise the applicant of his or her right to have a hearing before the administrative hearing commission. The administrative hearing commission shall hear complaints taken pursuant to section 621.120.

4. The board shall not deny a license because of sex, religion, race, ethnic origin, age or political affiliation. (L. 1975 S.B. 108 § 8, A.L. 1981 S.B. 16, A.L. 1995 S.B. 452, A.L. 1999 H.B. 343)

335.051. Reciprocity--license without examination, temporary license, when.

1. The board shall issue a license to practice nursing as either a registered professional nurse or a licensed practical nurse without examination to an applicant who has duly become licensed as a registered nurse or licensed practical nurse pursuant to the laws of another state, territory, or foreign country if the applicant meets the qualifications required of registered nurses or licensed practical nurses in this state at the time the applicant was originally licensed in the other state, territory, or foreign country.

2. Applicants from foreign countries shall be licensed as prescribed by rule.

3. Upon application, the board shall issue a temporary permit to an applicant pursuant to subsection 1 of this section for a license as either a registered professional nurse or a licensed practical nurse who has made a prima facie showing that the applicant meets all of the requirements for such a license. The temporary permit shall be effective only until the board shall have had the opportunity to investigate his qualifications for licensure pursuant to subsection 1 of this section and to notify the applicant that his or her application for a license has been either granted or rejected. In no event shall such temporary permit be in effect for more than twelve months after the date of its issuance nor shall a permit be reissued to the same applicant. No fee shall be charged for such temporary permit. The holder of a temporary permit which has not expired, or been suspended or revoked, shall be deemed to be the holder of a license issued pursuant to section 335.046 until such temporary permit expires, is terminated or is suspended or revoked.

(L. 1975 S.B. 108 § 9, A.L. 1981 S.B. 16, A.L. 1999 H.B. 343)

335.056. Renewal of license, when due, fee--unlicensed practice prohibited.

The license of every person licensed under the provisions of sections 335.011 to 335.096 shall be renewed as provided. An application for renewal of license shall be mailed to every person to whom a license was issued or renewed during the current licensing period. The applicant shall complete the application and return it to the board by the renewal date with a renewal fee in an amount to be set by the board. The fee shall be uniform for all applicants. The certificates of renewal shall render the holder thereof a legal practitioner of nursing for the period stated in the certificate of renewal. Any person who practices nursing as a registered professional nurse or as a licensed practical nurse during the time his license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of the provisions of sections 335.011 to 335.096.

(L. 1975 S.B. 108 § 10, A.L. 1981 S.B. 16)

335.061. Reinstatement of license, when--inactive status, board may provide for.

1. Any licensee who allows his or her license to be placed on inactive status as provided in sections 335.011 to 335.096 shall be reinstated as provided by sections 335.011 to 335.096 and by rule and regulation. The board may by rule and regulation provide for an inactive license status. In the event the board shall refuse to renew the license pursuant to one of the provisions of this section and related requirements for relicensure, the individual may appeal to the administrative hearing commission pursuant to the provisions of section 621.120.

2. Any licensee who allows his or her license to lapse by failing to renew the license as provided in sections 335.011 to 335.096 shall be reinstated as provided by this chapter and by rule and regulation. The board may by rule and regulation provide for a lapsed license status. In the event the board shall refuse to renew the license pursuant to one of the provisions of this section and related requirements for relicensure, the individual may appeal to the administrative hearing commission pursuant to the provisions of sections 621.120.

(L. 1975 S.B. 108 § 11, A.L. 1981 S.B. 16, A.L. 1999 H.B. 343)

335.066. Denial, revocation, or suspension of license, grounds for, civil immunity for providing information--complaint procedures.

1. The board may refuse to issue or reinstate any certificate of registration or authority, permit or license required pursuant to chapter 335 for one or any combination of causes stated in subsection 2 of this section or the board may, as a condition to issuing or reinstating any such permit or license, require a person to submit himself or herself for identification, intervention, treatment, or rehabilitation by the impaired nurse program as provided in section 335.067. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:

(1) Use or unlawful possession of any controlled substance, as defined in chapter 195, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections 335.011 to 335.096;

(2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to sections 335.011 to

335.096, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to sections 335.011 to 335.096 or in obtaining permission to take any examination given or required pursuant to sections 335.011 to 335.096;

(4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;

(5) Incompetency, gross negligence, or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by chapter 335. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;

(6) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including, but not limited to, the following:

(a) Willfully and continually overcharging or overtreating patients; or charging for visits which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;

(b) Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;

(c) Willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests, or nursing services;

(d) Delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience, or licensure to perform such responsibilities;

(e) Performing nursing services beyond the authorized scope of practice for which the individual is licensed in this state;

(f) Exercising influence within a nurse-patient relationship for purposes of engaging a patient in sexual activity;

(g) Being listed on any state or federal sexual offender registry;

(h) Failure of any applicant or licensee to cooperate with the board during any investigation;

(i) Failure to comply with any subpoena or subpoena duces tecum from the board or an order of the board;

(j) Failure to timely pay license renewal fees specified in this chapter;

(k) Violating a probation agreement, order, or other settlement agreement with this board or any other licensing agency;

(l) Failing to inform the board of the nurse's current residence;

(m) Any other conduct that is unethical or unprofessional involving a minor;

(7) Violation of, or assisting or enabling any person to violate, any provision of sections 335.011 to 335.096, or of any lawful rule or regulation adopted pursuant to sections 335.011 to 335.096;

(8) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;

(9) Disciplinary action against the holder of a license or other right to practice any profession regulated by sections

335.011 to 335.096 granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;

(10) A person is finally adjudged insane or incompetent by a court of competent jurisdiction;

(11) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by sections 335.011 to 335.096 who is not registered and currently eligible to practice pursuant to sections 335.011 to 335.096;

(12) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;

(13) Violation of any professional trust or confidence;

(14) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;

(15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;

(16) Placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health-related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency;

(17) Failure to successfully complete the impaired nurse program;

(18) Knowingly making or causing to be made a false statement or misrepresentation of a material fact, with intent to defraud, for payment pursuant to the provisions of chapter 208 or chapter 630, or for payment from Title XVIII or Title XIX of the federal Medicare program;

(19) Failure or refusal to properly guard against contagious, infectious, or communicable diseases or the spread thereof; maintaining an unsanitary office or performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in the office of a physician or in any health care facility to the board, in writing, within thirty days after the discovery thereof;

(20) A pattern of personal use or consumption of any controlled substance unless it is prescribed, dispensed, or administered by a provider who is authorized by law to do so;

(21) Habitual intoxication or dependence on alcohol, evidence of which may include more than one alcohol-related enforcement contact as defined by section 302.525;

(22) Failure to comply with a treatment program or an aftercare program entered into as part of a board order, settlement agreement, or licensee's professional health program.

3. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate, or permit.

4. For any hearing before the full board, the board shall cause the notice of the hearing to be served upon such licensee in person or by certified mail to the licensee at the licensee's last known address. If service cannot be accomplished in person or by certified mail, notice by publication as described in subsection 3 of section 506.160 shall be allowed; any representative of the board is authorized to act as a court or judge would in that section; any employee of the board is authorized to act as a clerk would in that section.

5. An individual whose license has been revoked shall wait one year from the date of revocation to apply for relicensure. Relicensure shall be at the discretion of the board after compliance with all the requirements of sections 335.011 to 335.096 relative to the licensing of an applicant for the first time.

6. The board may notify the proper licensing authority of any other state concerning the final disciplinary action de-

terminated by the board on a license in which the person whose license was suspended or revoked was also licensed of the suspension or revocation.

7. Any person, organization, association or corporation who reports or provides information to the board of nursing pursuant to the provisions of sections 335.011 to 335.259* and who does so in good faith shall not be subject to an action for civil damages as a result thereof.

8. The board may apply to the administrative hearing commission for an emergency suspension or restriction of a license for the following causes:

(1) Engaging in sexual conduct ** as defined in section 566.010, with a patient who is not the licensee's spouse, regardless of whether the patient consented;

(2) Engaging in sexual misconduct with a minor or person the licensee believes to be a minor. "Sexual misconduct" means any conduct of a sexual nature which would be illegal under state or federal law;

(3) Possession of a controlled substance in violation of chapter 195 or any state or federal law, rule, or regulation, excluding record-keeping violations;

(4) Use of a controlled substance without a valid prescription;

(5) The licensee is adjudicated incapacitated or disabled by a court of competent jurisdiction;

(6) Habitual intoxication or dependence upon alcohol or controlled substances or failure to comply with a treatment or aftercare program entered into pursuant to a board order, settlement agreement, or as part of the licensee's professional health program;

(7) A report from a board-approved facility or a professional health program stating the licensee is not fit to practice. For purposes of this section, a licensee is deemed to have waived all objections to the admissibility of testimony from the provider of the examination and admissibility of the examination reports. The licensee shall sign all necessary releases for the board to obtain and use the examination during a hearing; or

(8) Any conduct for which the board may discipline that constitutes a serious danger to the health, safety, or welfare of a patient or the public.

9. The board shall submit existing affidavits and existing certified court records together with a complaint alleging the facts in support of the board's request for an emergency suspension or restriction to the administrative hearing commission and shall supply the administrative hearing commission with the last home or business addresses on file with the board for the licensee. Within one business day of the filing of the complaint, the administrative hearing commission shall return a service packet to the board. The service packet shall include the board's complaint and any affidavits or records the board intends to rely on that have been filed with the administrative hearing commission. The service packet may contain other information in the discretion of the administrative hearing commission. Within twenty-four hours of receiving the packet, the board shall either personally serve the licensee or leave a copy of the service packet at all of the licensee's current addresses on file with the board. Prior to the hearing, the licensee may file affidavits and certified court records for consideration by the administrative hearing commission.

10. Within five days of the board's filing of the complaint, the administrative hearing commission shall review the information submitted by the board and the licensee and shall determine based on that information if probable cause exists pursuant to subsection 8 of this section and shall issue its findings of fact and conclusions of law. If the administrative hearing commission finds that there is probable cause, the administrative hearing commission shall enter the order requested by the board. The order shall be effective upon personal service or by leaving a copy at all of the licensee's current addresses on file with the board.

11. (1) The administrative hearing commission shall hold a hearing within forty-five days of the board's filing of the complaint to determine if cause for discipline exists. The administrative hearing commission may grant a request for a continuance, but shall in any event hold the hearing within one hundred twenty days of the board's initial filing. The board shall be granted leave to amend its complaint if it is more than thirty days prior to the hearing. If less than thirty days, the board may be granted leave to amend if public safety requires.

(2) If no cause for discipline exists, the administrative hearing commission shall issue findings of fact, conclusions of law, and an order terminating the emergency suspension or restriction.

(3) If cause for discipline exists, the administrative hearing commission shall issue findings of fact and conclusions of law and order the emergency suspension or restriction to remain in full force and effect pending a disciplinary hearing before the board. The board shall hold a hearing following the certification of the record by the administrative hearing commission and may impose any discipline otherwise authorized by state law.

12. Any action under this section shall be in addition to and not in lieu of any discipline otherwise in the board's power to impose and may be brought concurrently with other actions.

13. If the administrative hearing commission does not find probable cause and does not grant the emergency suspension or restriction, the board shall remove all reference to such emergency suspension or restriction from its public records. Records relating to the suspension or restriction shall be maintained in the board's files. The board or licensee may use such records in the course of any litigation to which they are both parties. Additionally, such records may be released upon a specific, written request of the licensee.

14. If the administrative hearing commission grants temporary authority to the board to restrict or suspend the nurse's license, such temporary authority of the board shall become final authority if there is no request by the nurse for a full hearing within thirty days of the preliminary hearing. The administrative hearing commission shall, if requested by the nurse named in the complaint, set a date to hold a full hearing under the provisions of chapter 621 regarding the activities alleged in the initial complaint filed by the board.

15. If the administrative hearing commission refuses to grant temporary authority to the board or restrict or suspend the nurse's license under subsection 8 of this section, such dismissal shall not bar the board from initiating a subsequent disciplinary action on the same grounds.

16. (1) The board may initiate a hearing before the board for discipline of any licensee's license or certificate upon receipt of one of the following:

(a) Certified court records of a finding of guilt or plea of guilty or nolo contendere in a criminal prosecution under the laws of any state or of the United States for any offense involving the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense involving fraud, dishonesty, or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(b) Evidence of final disciplinary action against the licensee's license, certification, or registration issued by any other state, by any other agency or entity of this state or any other state, or the United States or its territories, or any other country;

(c) Evidence of certified court records finding the licensee has been judged incapacitated or disabled under Missouri law or under the laws of any other state or of the United States or its territories.

(2) The board shall provide the licensee not less than ten days' notice of any hearing held pursuant to chapter 536.

(3) Upon a finding that cause exists to discipline a licensee's license, the board may impose any discipline otherwise available.

(L. 1975 S.B. 108 § 12, A.L. 1981 S.B. 16, A.L. 1995 S.B. 452, A.L. 1999 H.B. 343, A.L. 2007 H.B. 780 merged with S.B. 308, A.L. 2013 H.B. 315)

**Section 335.259 was repealed by S.B. 52, 1993.*

***Word "in" appears here in original rolls.*

335.067. Impaired nurse program may be established by the board--purpose of program--contracts--immunity from liability, when--confidentiality of records.

1. The state board of nursing may establish an impaired nurse program to promote the early identification, intervention, treatment, and rehabilitation of nurses who may be impaired by reasons of illness, substance abuse, or as a result of any mental condition. This program shall be available to anyone holding a current license and may be entered voluntarily, as part of an agreement with the board of nursing, or as a condition of a disciplinary order

entered by the board of nursing.

2. The board may enter into a contractual agreement with a nonprofit corporation or a nursing association for the purpose of creating, supporting, and maintaining a program to be designated as the impaired nurse program. The board may promulgate administrative rules subject to the provisions of this section and chapter 536 to effectuate and implement any program formed pursuant to this section.

3. The board may expend appropriated funds necessary to provide for operational expenses of the program formed pursuant to this section.

4. Any member of the program, as well as any administrator, staff member, consultant, agent, or employee of the program, acting within the scope of his or her duties and without actual malice, and all other persons who furnish information to the program in good faith and without actual malice, shall not be liable for any claim of damages as a result of any statement, decision, opinion, investigation, or action taken by the program, or by any individual member of the program.

5. All information, interviews, reports, statements, memoranda, or other documents furnished to or produced by the program, as well as communications to or from the program, any findings, conclusions, interventions, treatment, rehabilitation, or other proceedings of the program which in any way pertain to a licensee who may be, or who actually is, impaired shall be privileged and confidential.

6. All records and proceedings of the program which pertain or refer to a licensee who may be, or who actually is, impaired shall be privileged and confidential and shall be used by the program and its members only in the exercise of the proper function of the program and shall not be considered public records under chapter 610 and shall not be subject to court subpoena or subject to discovery or introduction as evidence in any civil, criminal, or administrative proceedings except as provided in subsection 7 of this section.

7. The program shall disclose information relative to an impaired licensee only when:

(1) It is essential to disclose the information to further the intervention, treatment, or rehabilitation needs of the impaired licensee and only to those persons or organizations with a need to know;

(2) Its release is authorized in writing by the impaired licensee;

(3) A licensee has breached his or her contract with the program. In this instance, the breach may be reported only to the board of nursing; or

(4) The information is subject to a court order.

8. When pursuing discipline against a licensed practical nurse, registered nurse, or advanced practice registered nurse for violating one or more causes stated in subsection 2 of section 335.066, the board may, if the violation is related to chemical dependency or mental health, require that the licensed practical nurse, registered nurse, or advanced practice registered nurse complete the impaired nurse program under such terms and conditions as are agreed to by the board and the licensee for a period not to exceed five years. If the licensee violates a term or condition of an impaired nurse program agreement entered into under this section, the board may elect to pursue discipline against the licensee pursuant to chapter 621 for the original conduct that resulted in the impaired nurse program agreement, or for any subsequent violation of subsection 2 of section 335.066. While the licensee participates in the impaired nurse program, the time limitations of section 620.154 shall toll under subsection 7 of section 620.154. All records pertaining to the impaired nurse program agreements are confidential and may only be released under subdivision (7) of subsection 14 of section 620.010.

9. The board may disclose information and records to the impaired nurse program to assist the program in the identification, intervention, treatment, and rehabilitation of licensed practical nurses, registered nurses, or advanced practice registered nurses who may be impaired by reason of illness, substance abuse, or as the result of any physical or mental condition. The program shall keep all information and records provided by the board confidential to the extent the board is required to treat the information and records closed to the public under chapter 620.

(L. 2007 H.B. 780 and L. 2007 S.B. 308, A.L. 2011 H.B. 315)

335.068. Complaints to be sealed records, when.

1. If the board determines that a complaint does not constitute a violation of the nursing practice act or that the complaint is unsubstantiated, then that complaint, and all documentation related to it, shall be deemed a sealed record. If the administrative hearing commission or a court of competent jurisdiction makes a finding that an action brought by the board does not constitute sufficient grounds to discipline the license of a licensee, that complaint, and all documentation related to it, shall be deemed a sealed record.

2. For purposes of this section, a "sealed record" shall mean that the complaint to which it refers shall be deemed to never have occurred. The licensee may properly reply that no record exists with respect to such complaint upon any inquiry in the matter. A sealed record shall not be disclosed or reported to any other state agency, other board of nursing, or any other organization without express, written permission of the licensee.

3. Upon determination by the board that a complaint is not a violation of the nursing practice act or that the complaint is unsubstantiated, or upon the conclusion of litigation resulting in a finding of insufficient grounds to impose discipline upon a licensee's license, the board and the division of professional registration shall, in a timely fashion:

(1) Notify any other licensing board in another state or any national registry regarding the board's action if they have been previously notified of the complaint; and

(2) Send a letter to the licensee that clearly states that the board found the complaint to be unsubstantiated or that litigation resulted in a finding that there are insufficient grounds to discipline the licensee's license, that the board has sealed all records concerning the complaint, and notify the licensee of the provisions of subsection 4 of this section.

4. Any person who has been the subject of an unsubstantiated complaint as provided in subsection 1 of this section shall not be required to disclose the existence of such complaint in subsequent applications or representations relating to their nursing professions.

5. Nothing contained in this section shall prevent the board of nursing from maintaining such records as to ensure that all complaints received by the board are properly investigated and reviewed by the board and the results of that investigation are reported to the appropriate parties.

(L. 1999 H.B. 343, A.L. 2007 H.B. 780 merged with S.B. 308)

335.071. Nursing schools, standards for approval, fees--noncompliance, effect of.

1. Any institution desiring to conduct an approved educational program of professional nursing or of practical nursing shall apply to the board and submit evidence that it is prepared to meet standards established by this law and the board.

2. The board, through its executive officer or other authorized representatives, shall initially survey a nursing education program. A written report of the survey shall be submitted to the board. If the board determines that the requirements for an accredited nursing education program are met, such program shall be approved as a nursing education program for professional or for practical nurses upon payment of a fee in an amount to be set by the board and in accord with board rules.

3. The board, through its executive officer or other authorized representatives, shall periodically survey all nursing education programs in the state. Written reports of such surveys shall be submitted to the board. If the board determines that any approved nursing education program is not maintaining the standards required by sections 335.011 to 335.096 and by the board, notice thereof in writing specifying the defect or defects shall be immediately given to the institution conducting the program. A program which fails to correct these conditions to the satisfaction of the board within a reasonable time shall, after notice and hearing, be removed from the board's listing of approved programs. All hearings shall be conducted in accordance with chapter 621.

4. All such approved programs shall pay an annual registration fee in an amount to be determined by the board.

(L. 1975 S.B. 108 § 13, A.L. 1981 S.B. 16, A.L. 1999 H.B. 343)

335.075. Verification of licensure prior to hiring.

1. Before hiring a registered nurse, licensed practical nurse, or advanced practice registered nurse in Missouri, an employer shall verify that the applicant has a current, valid license to practice nursing under chapter 335. This

section shall not apply for employment which does not require the possession of a current, valid license to practice nursing.

2. Employers shall have a process in place to verify licensure status of each registered nurse, licensed practical nurse, or advanced practice registered nurse coinciding with the license renewal.
(L. 2010 H.B. 2226, et al.)

335.076. Titles, R.N., L.P.N., and APRN, who may use.

1. Any person who holds a license to practice professional nursing in this state may use the title "Registered Professional Nurse" and the abbreviation "R.N.". No other person shall use the title "Registered Professional Nurse" or the abbreviation "R.N.". No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is a registered professional nurse.

2. Any person who holds a license to practice practical nursing in this state may use the title "Licensed Practical Nurse" and the abbreviation "L.P.N.". No other person shall use the title "Licensed Practical Nurse" or the abbreviation "L.P.N.". No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is a licensed practical nurse.

3. Any person who holds a license or recognition to practice advanced practice nursing in this state may use the title "Advanced Practice Registered Nurse", and the abbreviation "APRN", and any other title designations appearing on his or her license. No other person shall use the title "Advanced Practice Registered Nurse" or the abbreviation "APRN". No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is an advanced practice registered nurse.

4. No person shall practice or offer to practice professional nursing, practical nursing, or advanced practice nursing in this state or use any title, sign, abbreviation, card, or device to indicate that such person is a practicing professional nurse, practical nurse, or advanced practice nurse unless he or she has been duly licensed under the provisions of this chapter.

5. In the interest of public safety and consumer awareness, it is unlawful for any person to use the title "nurse" in reference to himself or herself in any capacity, except individuals who are or have been licensed as a registered nurse, licensed practical nurse, or advanced practice registered nurse under this chapter.

6. Notwithstanding any law to the contrary, nothing in this chapter shall prohibit a Christian Science nurse from using the title "Christian Science nurse", so long as such person provides only religious nonmedical services when offering or providing such services to those who choose to rely upon healing by spiritual means alone and does not hold his or her own religious organization and does not hold himself or herself out as a registered nurse, advanced practice registered nurse, nurse practitioner, licensed practical nurse, nurse midwife, clinical nurse specialist, or nurse anesthetist, unless otherwise authorized by law to do so.

(L. 1975 S.B. 108 § 14, A.L. 2007 H.B. 780 merged with S.B. 308, A.L. 2008 S.B. 724)

335.081. Exempted practices and practitioners.

So long as the person involved does not represent or hold himself or herself out as a nurse licensed to practice in this state, no provision of sections 335.011 to 335.096 shall be construed as prohibiting:

(1) The practice of any profession for which a license is required and issued pursuant to the laws of this state by a person duly licensed to practice that profession;

(2) The services rendered by technicians, nurses' aides or their equivalent trained and employed in public or private hospitals and licensed long-term care facilities except the services rendered in licensed long-term care facilities shall be limited to administering medication, excluding injectable other than insulin;

(3) The providing of nursing care by friends or members of the family of the person receiving such care;

(4) The incidental care of the sick, aged, or infirm by domestic servants or persons primarily employed as housekeepers;

(5) The furnishing of nursing assistance in the case of an emergency situation;

(6) The practice of nursing under proper supervision:

(a) As a part of the course of study by students enrolled in approved schools of professional nursing or in schools of practical nursing;

(b) By graduates of accredited nursing programs pending the results of the first licensing examination or ninety days after graduation, whichever first occurs;

(c) A graduate nurse who is prevented from attending the first licensing examination following graduation by reason of active duty in the military may practice as a graduate nurse pending the results of the first licensing examination scheduled by the board following the release of such graduate nurse from active military duty or pending the results of the first licensing examination taken by the graduate nurse while involved in active military service whichever comes first;

(7) The practice of nursing in this state by any legally qualified nurse duly licensed to practice in another state whose engagement requires such nurse to accompany and care for a patient temporarily residing in this state for a period not to exceed six months;

(8) The practice of any legally qualified nurse who is employed by the government of the United States or any bureau, division or agency thereof, while in the discharge of his or her official duties or to the practice of any legally qualified nurse serving in the armed forces of the United States while stationed within this state;

(9) Nonmedical nursing care of the sick with or without compensation when done in connection with the practice of the religious tenets of any church by adherents thereof, as long as they do not engage in the practice of nursing as defined in sections 335.011 to 335.096;

(10) The practice of any legally qualified and licensed nurse of another state, territory, or foreign country whose responsibilities include transporting patients into, out of, or through this state while actively engaged in patient transport that does not exceed forty-eight hours in this state.

(L. 1975 S.B. 108 § 15, A.L. 1982 S.B. 842, A.L. 1991 S.B. 358, A.L. 1995 S.B. 452, A.L. 1999 H.B. 343, A.L. 2010 H.B. 2226, et al.)

335.086. Use of fraudulent credentials prohibited.

No person, firm, corporation or association shall:

(1) Sell or attempt to sell or fraudulently obtain or furnish or attempt to furnish any nursing diploma, license, renewal or record or aid or abet therein;

(2) Practice professional or practical nursing as defined by sections 335.011 to 335.096 under cover of any diploma, license, or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;

(3) Practice professional nursing or practical nursing as defined by sections 335.011 to 335.096 unless duly licensed to do so under the provisions of sections 335.011 to 335.096;

(4) Use in connection with his name any designation tending to imply that he is a licensed registered professional nurse or a licensed practical nurse unless duly licensed so to practice under the provisions of sections 335.011 to 335.096;

(5) Practice professional nursing or practical nursing during the time his license issued under the provisions of sections 335.011 to 335.096 shall be suspended or revoked; or

(6) Conduct a nursing education program for the preparation of professional or practical nurses unless the program has been accredited by the board.

(L. 1975 S.B. 108 § 16)

Effective 1-21-76

335.096. Penalty for violation.

Any person who violates any of the provisions of chapter 335 is guilty of a class D felony and, upon conviction, shall

be punished as provided by law.

(L. 1975 S.B. 108 § 18, A.L. 1981 S.B. 16, A.L. 2007 H.B. 780 merged with S.B. 308)

335.097. Board of nursing, powers, enforcement.

1. The president or secretary of the board of nursing may administer oaths, issue subpoenas duces tecum and require production of documents and records. Subpoenas duces tecum shall be served by a person authorized to serve subpoenas of courts of record. In lieu of requiring attendance of a person to produce original documents in response to a subpoena duces tecum, the board may require sworn copies of such documents to be filed with it or delivered to its designated representative.

2. The board may enforce its subpoenas duces tecum by applying to a circuit court of Cole County, the county of the investigation, hearing or proceeding, or any county where the person resides or may be found, for an order upon any person who shall fail to comply with a subpoena duces tecum to show cause why such subpoena should not be enforced, which such order and a copy of the application therefor shall be served upon the person in the same manner as a summons in a civil action, and if the circuit court shall, after a hearing, determine that the subpoena duces tecum should be sustained and enforced, such court shall proceed to enforce the subpoena duces tecum in the same manner as though the subpoena duces tecum had been issued in a civil case in the circuit court.

3. Reports made to the board under the mandated reporting requirements as defined in chapter 383 shall not be deemed a violation of the federal Health Insurance Portability and Accountability Act (HIPAA) and the privacy rules located in the Act because the Missouri state board of nursing qualifies as a health oversight agency as defined in the HIPAA privacy rules.

(L. 1999 H.B. 343 § 4, A.L. 2007 H.B. 780 merged with S.B. 308)

335.099. Licensed practical nurse, additional authorized acts.

Any licensed practical nurse, as defined in section 335.016:

(1) Who is an approved instructor for the level 1 medication aid program shall be qualified to teach the insulin administration course under chapter 198;

(2) Shall be qualified to perform diabetic nail care and monthly onsite reviews of basic personal care recipients, as required by the department of social services, of a resident of a residential care facility or assisted living facility, as defined in chapter 198;

(3) Shall be qualified to perform dietary oversight, as required by the department of health and senior services, of a resident of a residential care facility or assisted living facility, as defined in chapter 198.

(L. 2011 S.B. 325)

335.175. Utilization of telehealth by nurses established--definition of telehealth--rulemaking authority--sunset provision.

1. No later than January 1, 2014, there is hereby established within the state board of registration for the healing arts and the state board of nursing the "Utilization of Telehealth by Nurses". An advanced practice registered nurse (APRN) providing nursing services under a collaborative practice arrangement under section 334.104 may provide such services outside the geographic proximity requirements of section 334.104 if the collaborating physician and advanced practice registered nurse utilize telehealth in the care of the patient and if the services are provided in a rural area of need. Telehealth providers shall be required to obtain patient consent before telehealth services are initiated and ensure confidentiality of medical information.

2. As used in this section, "telehealth" means the use of medical information exchanged from one site to another via electronic communications to improve the health status of a patient, as defined in section 208.670.

3. (1) The boards shall jointly promulgate rules governing the practice of telehealth under this section. Such rules shall address, but not be limited to, appropriate standards for the use of telehealth.

(2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule pro-

posed or adopted after August 28, 2013, shall be invalid and void.

4. For purposes of this section, "rural area of need" means any rural area of this state which is located in a health professional shortage area as defined in section 354.650.

5. Under section 23.253 of the Missouri sunset act:

(1) The provisions of the new program authorized under this section shall automatically sunset six years after August 28, 2013, unless reauthorized by an act of the general assembly; and

(2) If such program is reauthorized, the program authorized under this section shall automatically sunset twelve years after the effective date of the reauthorization of this section; and

(3) This section shall terminate on September first of the calendar year immediately following the calendar year in which the program authorized under this section is sunset.

(L. 2013 H.B. 315)

Sunset date 8-28-2019

Termination 9-01-2020

335.200. Nurse education incentive grants--definitions.

As used in sections 335.200 to 335.203, the following terms mean:

(1) "Board", the state board of nursing;

(2) "Department", the Missouri department of higher education;

(3) "Eligible institution of higher education", a Missouri institution of higher education accredited by the higher learning commission of the north central association which offers a nursing education program;

(4) "Grant", a grant awarded to an eligible institution of higher education under the guidelines set forth in sections 335.200 to 335.203.

(L. 1990 H.B. 1429 § , A.L. 2011 H.B. 223 & 231 merged with S.B. 325)

335.203. Nursing education incentive program established--grants authorized, limit, eligibility--administration--rulemaking authority.

1. There is hereby established the "Nursing Education Incentive Program" within the department of higher education.

2. Subject to appropriation, grants shall be awarded through the nursing education incentive program to eligible institutions of higher education based on criteria jointly determined by the board and the department. Grant award amounts shall not exceed one hundred fifty thousand dollars. No campus shall receive more than one grant per year.

3. To be considered for a grant, an eligible institution of higher education shall offer a program of nursing that meets the predetermined category and area of need as established by the board and the department under subsection 4 of this section.

4. The board and the department shall determine categories and areas of need for designating grants to eligible institutions of higher education. In establishing categories and areas of need, the board and department may consider criteria including, but not limited to:

(1) Data generated from licensure renewal data and the department of health and senior services; and

(2) National nursing statistical data and trends that have identified nursing shortages.

5. The department shall be the administrative agency responsible for implementation of the program established under sections 335.200 to 335.203, and shall promulgate reasonable rules for the exercise of its functions and the effectuation of the purposes of sections 335.200 to 335.203. The department shall, by rule, prescribe the form, time,

and method of filing applications and shall supervise the processing of such applications.

6. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2011, shall be invalid and void.

(L. 1990 H.B. 1429 § 2, A.L. 2011 H.B. 223 & 231 merged with S.B. 325)

335.212. Definitions.

As used in sections 335.212 to 335.242, the following terms mean:

(1) "Board", the Missouri state board of nursing;

(2) "Department", the Missouri department of health and senior services;

(3) "Director", director of the Missouri department of health and senior services;

(4) "Eligible student", a resident who has been accepted as a full-time student in a formal course of instruction leading to an associate degree, a diploma, a bachelor of science, a master of science in nursing (M.S.N.), a doctorate in nursing (Ph.D. or D.N.P.), or a student with a master of science in nursing seeking a doctorate in education (Ed.D.), or leading to the completion of educational requirements for a licensed practical nurse. The doctoral applicant may be a part-time student;

(5) "Participating school", an institution within this state which is approved by the board for participation in the professional and practical nursing student loan program established by sections 335.212 to 335.242, having a nursing department and offering a course of instruction based on nursing theory and clinical nursing experience;

(6) "Qualified applicant", an eligible student approved by the board for participation in the professional and practical nursing student loan program established by sections 335.212 to 335.242;

(7) "Qualified employment", employment on a full-time basis in Missouri in a position requiring licensure as a licensed practical nurse or registered professional nurse in any hospital as defined in section 197.020 or in any agency, institution, or organization located in an area of need as determined by the department of health and senior services. Any forgiveness of such principal and interest for any qualified applicant engaged in qualified employment on a less than full-time basis may be prorated to reflect the amounts provided in this section;

(8) "Resident", any person who has lived in this state for one or more years for any purpose other than the attending of an educational institution located within this state.

(L. 1990 H.B. 1429 § 5, A.L. 2004 S.B. 1122, A.L. 2006 H.B. 1234 merged with S.B. 980, A.L. 2007 H.B. 780 merged with S.B. 308 merged with S.B. 513, A.L. 2009 H.B. 247 merged with S.B. 152)

335.215. Department of health and senior services to administer programs--advisory panel--members--rules, procedure.

1. The department of health and senior services shall be the administrative agency for the implementation of the professional and practical nursing student loan program established under sections 335.212 to 335.242, and the nursing student loan repayment program established under sections 335.245 to 335.259*.

2. An advisory panel of nurses shall be appointed by the director. It shall be composed of not more than eleven members representing practical, associate degree, diploma, baccalaureate and graduate nursing education, community health, primary care, hospital, long-term care, a consumer, and the Missouri state board of nursing. The panel shall make recommendations to the director on the content of any rules, regulations or guidelines prior to their promulgation. The panel may make recommendations to the director regarding fund allocations for loans and loan repayment based on current nursing shortage needs.

3. The department of health and senior services shall promulgate reasonable rules and regulations for the exercise

of its function pursuant to sections 335.212 to 335.259*. It shall prescribe the form, the time and method of filing applications and supervise the proceedings thereof. No rule or portion of a rule promulgated under the authority of sections 335.212 to 335.257 shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

4. Ninety-five percent of funds loaned pursuant to sections 335.212 to 335.242 shall be loaned to qualified applicants who are enrolled in professional nursing programs in participating schools and five percent of the funds loaned pursuant to sections 335.212 to 335.242 shall be loaned to qualified applicants who are enrolled in practical nursing programs. Priority shall be given to eligible students who have established financial need. All loan repayment funds pursuant to sections 335.245 to 335.259* shall be used to reimburse successful associate, diploma, baccalaureate or graduate professional nurse applicants' educational loans who agree to serve in areas of defined need as determined by the department.

(L. 1990 H.B. 1429 § 6, A.L. 1993 S.B. 52, A.L. 1995 S.B. 3)

**Section 335.259 was repealed by S.B. 52 § A, 1993.*

335.218. Nurse loan repayment fund established--administration.

There is hereby established the "Professional and Practical Nursing Student Loan and Nurse Loan Repayment Fund". All fees pursuant to section 335.221, general revenue appropriations to the student loan or loan repayment program, voluntary contributions to support or match the student loan and loan repayment program activities, funds collected from repayment and penalties, and funds received from the federal government shall be deposited in the state treasury and be placed to the credit of the professional and practical nursing student loan and nurse loan repayment fund. The fund shall be managed by the department of health and senior services and all administrative costs and expenses incurred as a result of the effectuation of sections 335.212 to 335.259 shall be paid from this fund.

(L. 1990 H.B. 1429 § 7)

335.221. Education surcharge, amount, deposit in nursing student loan and nurse loan repayment fund.

The board, in addition to any other duties it may have regarding licensure of nurses, shall collect, at the time of licensure or licensure renewal, an education surcharge from each person licensed or relicensed pursuant to sections 335.011 to 335.096, in the amount of one dollar per year for practical nurses and five dollars per year for professional nurses. These funds shall be deposited in the professional and practical nursing student loan and nurse loan repayment fund. All expenditures authorized by sections 335.212 to 335.259* shall be paid from funds appropriated by the general assembly from the professional and practical nursing student loan and nurse loan repayment fund. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue.

(L. 1990 H.B. 1429 § 8, A.L. 1995 S.B. 452)

Effective 6-13-95

**Section 335.259 was repealed by S.B. 52 § A, 1993.*

335.224. Contracts for repayment of loans.

The department of health and senior services shall enter into a contract with each qualified applicant receiving financial assistance under the provisions of sections 335.212 to 335.242 for repayment of the principal and interest.

(L. 1990 H.B. 1429 § 9, A.L. 1995 S.B. 452)

Effective 6-13-95

335.227. Eligibility for loan.

An eligible student may apply to the department for financial assistance under the provisions of sections 335.212 to 335.242 if, at the time of his application for a loan, the eligible student has formally applied for acceptance at a participating school. Receipt of financial assistance is contingent upon acceptance and continued enrollment at a participating school.

(L. 1990 H.B. 1429 § 10)

335.230. Financial assistance, amount.

Financial assistance to any qualified applicant shall not exceed five thousand dollars for each academic year for a professional nursing program and shall not exceed two thousand five hundred dollars for each academic year for a practical nursing program. All financial assistance shall be made from funds credited to the professional and practical nursing student loan and nurse loan repayment fund. A qualified applicant may receive financial assistance for

each academic year he remains a student in good standing at a participating school.
(L. 1990 H.B. 1429 § 11)

335.233. Schedule for repayment of loan--interest, amount.

The department shall establish schedules for repayment of the principal and interest on any financial assistance made under the provisions of sections 335.212 to 335.242. Interest at the rate of nine and one-half percent per annum shall be charged on all financial assistance made under the provisions of sections 335.212 to 335.242, but the interest and principal of the total financial assistance granted to a qualified applicant at the time of the successful completion of a nursing degree, diploma program or a practical nursing program shall be forgiven through qualified employment.

(L. 1990 H.B. 1429 § 12, A.L. 2006 H.B. 1234 merged with S.B. 980)

335.236. Repayment of loan--when.

The financial assistance recipient shall repay the financial assistance principal and interest beginning not more than six months after completion of the degree for which the financial assistance was made in accordance with the repayment contract. If an eligible student ceases his study prior to successful completion of a degree or graduation at a participating school, interest at the rate specified in section 335.233 shall be charged on the amount of financial assistance received from the state under the provisions of sections 335.212 to 335.242, and repayment, in accordance with the repayment contract, shall begin within ninety days of the date the financial aid recipient ceased to be an eligible student. All funds repaid by recipients of financial assistance to the department shall be deposited in the professional and practical nursing student loan and nurse loan repayment fund for use pursuant to sections 335.212 to 335.259.

(L. 1990 H.B. 1429 § 13)

335.239. Deferral of repayment of loans--when.

The department shall grant a deferral of interest and principal payments to a financial assistance recipient who is pursuing an advanced degree, special nursing program, or upon special conditions established by the department. The deferral shall not exceed four years. The status of each deferral shall be reviewed annually by the department of health and senior services to ensure compliance with the intent of this section.

(L. 1990 H.B. 1429 § 14)

335.242. Action to recover loans due.

When necessary to protect the interest of the state in any financial assistance transaction under sections 335.212 to 335.259, the department of health and senior services may institute any action to recover any amount due.

(L. 1990 H.B. 1429 § 15)

335.245. Definitions.

As used in sections 335.245 to 335.259*, the following terms mean:

- (1) "Department", the Missouri department of health and senior services;
- (2) "Eligible applicant", a Missouri licensed nurse who has attained either an associate degree, a diploma, a bachelor of science, or graduate degree in nursing from an accredited institution approved by the board of nursing or a student nurse in the final year of a full-time baccalaureate school of nursing leading to a baccalaureate degree or graduate nursing program leading to a master's degree in nursing and has agreed to serve in an area of defined need as established by the department;
- (3) "Participating school", an institution within this state which grants an associate degree in nursing, grants a bachelor or master of science degree in nursing or provides a diploma nursing program which is accredited by the state board of nursing, or a regionally accredited institution in this state which provides a bachelor of science completion program for registered professional nurses;
- (4) "Qualified employment", employment on a full-time basis in Missouri in a position requiring licensure as a licensed practical nurse or registered professional nurse in any hospital as defined in section 197.020 or public or nonprofit agency, institution, or organization located in an area of need as determined by the department of health and senior services. Any forgiveness of such principal and interest for any qualified applicant engaged in qualified employment on a less than full-time basis may be prorated to reflect the amounts provided in this section.

(L. 1990 H.B. 1429 § 16, A.L. 2004 S.B. 1122)
*Section 335.259 was repealed by S.B. 52 in 1993.

335.248. Department of health and senior services to administer program--rules and regulations.

Sections 335.245 to 335.259 shall be known as the "Nursing Student Loan Repayment Program". The department of health and senior services shall be the administrative agency for the implementation of the authority established by sections 335.245 to 335.259. The department shall promulgate reasonable rules and regulations necessary to implement sections 335.245 to 335.259. Promulgated rules shall include, but not be limited to, applicant eligibility, selection criteria, prioritization of service obligation sites and the content of loan repayment contracts, including repayment schedules for those in default and penalties. The department shall promulgate rules regarding recruitment opportunities for minority students into nursing schools. Priority for student loan repayment shall be given to eligible applicants who have demonstrated financial need. All funds collected by the department from participants not meeting their contractual obligations to the state shall be deposited in the professional and practical nursing student loan and nurse loan repayment fund for use pursuant to sections 335.212 to 335.259.

(L. 1990 H.B. 1429 § 17)

335.251. Loan repayment contract--qualified employment--recovery of amounts due.

Upon proper verification to the department by the eligible applicant of securing qualified employment in this state, the department shall enter into a loan repayment contract with the eligible applicant to repay the interest and principal on the educational loans of the applicant to the limit of the contract, which contract shall provide for instances of less than full-time qualified employment consistent with the provisions of section 335.233, out of any appropriation made to the professional and practical nursing student loan and nurse loan repayment fund. If the applicant breaches the contract by failing to begin or complete the qualified employment, the department is entitled to recover the total of the loan repayment paid by the department plus interest on the repaid amount at the rate of nine and one-half percent per annum.

(L. 1990 H.B. 1429 § 18)

335.254. Law not to require certain contracts.

Sections 335.212 to 335.259 shall not be construed to require the department to enter into contracts with individuals who qualify for nursing education loans or nursing loan repayment programs when federal, state and local funds are not available for such purposes.

(L. 1990 H.B. 1429 § 19)

335.257. Verification of qualified employment.

Successful applicants for whom loan payments are made under the provisions of sections 335.245 to 335.259 shall verify to the department twice each year, in June and in December, in the manner prescribed by the department that qualified employment in this state is being maintained.

(L. 1990 H.B. 1429 § 20)

335.300. Findings and declaration of purpose.

1. The party states find that:

(1) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;

(2) Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;

(3) The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;

(4) New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;

(5) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states.

2. The general purposes of this compact are to:

- (1) Facilitate the states' responsibility to protect the public's health and safety;
- (2) Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;
- (3) Facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse actions;
- (4) Promote compliance with the laws governing the practice of nursing in each jurisdiction;
- (5) Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.
(L. 2009 S.B. 296)

335.305. Definitions.

As used in this compact, the following terms shall mean:

- (1) "Adverse action", a home or remote state action;
- (2) "Alternative program", a voluntary, nondisciplinary monitoring program approved by a nurse licensing board;
- (3) "Coordinated licensure information system", an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a non-profit organization composed of and controlled by state nurse licensing boards;
- (4) "Current significant investigative information":
 - (a) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
 - (b) Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond;
- (5) "Home state", the party state that is the nurse's primary state of residence;
- (6) "Home state action", any administrative, civil, equitable, or criminal action permitted by the home state's laws that are imposed on a nurse by the home state's licensing board or other authority including actions against an individual's license such as: revocation, suspension, probation, or any other action affecting a nurse's authorization to practice;
- (7) "Licensing board", a party state's regulatory body responsible for issuing nurse licenses;
- (8) "Multistate licensing privilege", current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege such as: revocation, suspension, probation, or any other action that affects a nurse's authorization to practice;
- (9) "Nurse", a registered nurse or licensed/vocational nurse, as those terms are defined by each state's practice laws;
- (10) "Party state", any state that has adopted this compact;
- (11) "Remote state", a party state, other than the home state:
 - (a) Where a patient is located at the time nursing care is provided; or

(b) In the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located;

(12) "Remote state action":

(a) Any administrative, civil, equitable, or criminal action permitted by a remote state's laws which are imposed on a nurse by the remote state's licensing board or other authority including actions against an individual's multistate licensure privilege to practice in the remote state; and

(b) Cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof;

(13) "State", a state, territory, or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico;

(14) "State practice laws", those individual party's state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. State practice laws does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

(L. 2009 S.B. 296)

335.310. General provisions and jurisdiction.

1. A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in such party state. In order to obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal as well as all other applicable state laws.

2. Party states may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in their state and may take any other actions under their applicable state laws necessary to protect the health and safety of their citizens. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

3. Every nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of a party state. The practice of nursing will subject a nurse to the jurisdiction of the nurse licensing board and the courts, as well as the laws, in that party state.

4. This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

5. Individuals not residing in a party state shall continue to be able to apply for nurse licensure as provided for under the laws of each party state. However, the license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.

(L. 2009 S.B. 296)

335.315. Applications for licensure in a party state.

1. Upon application for a license, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any restrictions on the multistate licensure privilege, and whether any other adverse action by any state has been taken against the license.

2. A nurse in a party state shall hold licensure in only one party state at a time, issued by the home state.

3. A nurse who intends to change primary state of residence may apply for licensure in the new home state in

advance of such change. However, new licenses will not be issued by a party state until after a nurse provides evidence of change in primary state of residence satisfactory to the new home state's licensing board.

4. When a nurse changes primary state of residence by:

(1) Moving between two party states, and obtains a license from the new home state, the license from the former home state is no longer valid;

(2) Moving from a nonparty state to a party state, and obtains a license from the new home state, the individual state license issued by the nonparty state is not affected and will remain in full force if so provided by the laws of the nonparty state;

(3) Moving from a party state to a nonparty state, the license issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.

(L. 2009 S.B. 296)

335.320. Adverse actions.

In addition to the general provisions described in article III of this compact, the following provisions apply:

(1) The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions including the factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports;

(2) The licensing board of a party state shall have the authority to complete any pending investigations for a nurse who changes primary state of residence during the course of such investigations. It shall also have the authority to take appropriate actions, and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions;

(3) A remote state may take adverse action affecting the multistate licensure privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the license issued by the home state;

(4) For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state, in so doing, it shall apply its own state laws to determine appropriate action;

(5) The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action;

(6) Nothing in this compact shall override a party state's decision that participation in an alternative program may be used in lieu of licensure action and that such participation shall remain nonpublic if required by the party state's laws. Party states must require nurses who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.

(L. 2009 S.B. 296)

335.325. Additional authorities invested in party state nurse licensing boards.

Notwithstanding any other powers, party state nurse licensing boards shall have the authority to:

(1) If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse;

(2) Issue subpoenas for both hearings and investigations which require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the

latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and evidence are located;

(3) Issue cease and desist orders to limit or revoke a nurse's authority to practice in their state;

(4) Promulgate uniform rules and regulations as provided for in subsection 3 of section 335.335.

(L. 2009 S.B. 296)

335.330. Coordinated licensure information system.

1. All party states shall participate in a cooperative effort to create a coordinated database of all licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.

2. Notwithstanding any other provision of law, all party states' licensing boards shall promptly report adverse actions, actions against multistate licensure privileges, any current significant investigative information yet to result in adverse action, denials of applications, and the reasons for such denials to the coordinated licensure information system.

3. Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.

4. Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.

5. Any personally identifiable information obtained by a party state's licensing board from the coordinated licensure information system may not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

6. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.

7. The compact administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.

(L. 2009 S.B. 296)

335.335. Compact administration and interchange of information.

1. The head of the nurse licensing board, or his/her designee, of each party state shall be the administrator of this compact for his/her state.

2. The compact administrator of each party shall furnish to the compact administrator of each other party state any information and documents including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information to facilitate the administration of this compact.

3. Compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of this compact. These uniform rules shall be adopted by party states, under the authority invested under subsection 4 of section 335.325.

(L. 2009 S.B. 296)

335.340. Immunity.

No party state or the officers or employees or agents of a party state's nurse licensing board who acts in accordance with the provisions of this compact shall be liable on account of any act or omission in good faith while engaged

in the performance of their duties under this compact. Good faith in this article shall not include willful misconduct, gross negligence, or recklessness.

(L. 2009 S.B. 296)

335.345. Entry into force, withdrawal and amendment.

1. This compact shall enter into force and become effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this compact by enacting a statute repealing the same, but no such withdrawal shall take effect until six months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.

2. No withdrawal shall affect the validity or applicability by the licensing boards of states remaining party to the compact of any report of adverse action occurring prior to the withdrawal.

3. Nothing contained in this compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this compact.

4. This compact may be amended by the party states. No amendment to this compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

(L. 2009 S.B. 296)

335.350. Construction and severability.

1. This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state party thereto, the compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

2. In the event party states find a need for settling disputes arising under this compact:

(1) The party states may submit the issues in dispute to an arbitration panel which will be comprised of an individual appointed by the compact administrator in the home state, an individual appointed by the compact administrator in the remote states involved, and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute;

(2) The decision of a majority of the arbitrators shall be final and binding.

(L. 2009 S.B. 296)

335.355. Applicability of compact.

1. The term "head of the nurse licensing board" as referred to in article VIII of this compact shall mean the executive director of the Missouri state board of nursing.

2. A person who is extended the privilege to practice in this state pursuant to the nurse licensure compact is subject to discipline by the board, as set forth in this chapter, for violation of this chapter or the rules and regulations promulgated herein. A person extended the privilege to practice in this state pursuant to the nurse licensure compact shall be subject to adhere to all requirements of this chapter, as if such person were originally licensed in this state.

3. Sections 335.300 to 335.355 are applicable only to nurses whose home states are determined by the Missouri state board of nursing to have licensure requirements that are substantially equivalent or more stringent than those of Missouri.

4. This compact is designed to facilitate the regulation of nurses, and does not relieve employers from complying with statutorily imposed obligations.

5. This compact does not supercede existing state labor laws.

(L. 2009 S.B. 296)

CHAPTER 383

Mandatory Reporting

383.130. Definitions.

As used in sections 383.130 and 383.133, the following terms shall mean:

(1) "Disciplinary action", any final action taken by the board of trustees or similarly empowered officials of a hospital, ambulatory surgical center, owner or operator of a temporary nursing staffing agency, home health agency, nursing home or any nursing facility as such term is defined in chapter 198, or any entity that employs or contracts with licensed health care professionals to provide health care services to individuals to reprimand, discipline or restrict the practice of a health care professional. Only such reprimands, discipline, or restrictions in response to activities which are also grounds for disciplinary actions according to the professional licensing law for that health care professional shall be considered disciplinary actions for the purposes of this definition;

(2) "Health care professional", a physician or surgeon licensed under the provisions of chapter 334, a dentist licensed under the provisions of chapter 332, or a podiatrist licensed under the provisions of chapter 330, or a pharmacist licensed under the provisions of chapter 338, a psychologist licensed under the provisions of chapter 337, or a nurse licensed under the provisions of chapter 335, while acting within their scope of practice;

(3) "Hospital", a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment or care for not less than twenty-four hours in any week of three or more nonrelated individuals suffering from illness, disease, injury, deformity or other abnormal physical conditions; or a place devoted primarily to provide for not less than twenty-four hours in any week medical or nursing care for three or more nonrelated individuals. The term "hospital" does not include convalescent, nursing, shelter or boarding homes as defined in chapter 198;

(4) "Licensing authority", the appropriate board or authority which is responsible for the licensing or regulation of the health care professional;

(5) "Temporary nursing staffing agency", any person, firm, partnership, or corporation doing business within the state that supplies, on a temporary basis, registered nurses, licensed practical nurses to a hospital, nursing home, or other facility requiring the services of those persons.

(L. 1986 S.B. 663 § 1, A.L. 2007 H.B. 780 merged with S.B. 308, A.L. 2010 H.B. 2226, et al.)

383.133. Reports by hospitals, ambulatory surgical centers, nursing homes, and licensing authorities, when, contents, limited use, penalty.

1. The chief executive office or similarly empowered official of any hospital, ambulatory surgical center, as such terms are defined in chapter 197, temporary nursing staffing agency, nursing home, any nursing facility as such term is defined in chapter 198, or any entity that employs or contracts with licensed health care professionals to provide health care services to individuals shall report to the appropriate health care professional licensing authority any disciplinary action against any health care professional or the voluntary resignation of any health care professional against whom any complaints or reports have been made which might have led to disciplinary action.

2. All reports required by this section shall be submitted within fifteen days of the final disciplinary action and shall contain, but need not be limited to, the following information:

(1) The name, address and telephone number of the person making the report;

(2) The name, address and telephone number of the person who is the subject of the report;

(3) A description of the facts, including as much detail and information as possible, which gave rise to the issuance of the report, including the dates of occurrence deemed to necessitate the filing of the report;

(4) If court action is involved and known to the reporting agent, the identity of the court, including the date of filing and the docket number of the action.

3. Upon request, the licensing authority may furnish a report of any disciplinary action received by it under the provisions of this section to any entity required to report under this section. Such licensing authority may also furnish, upon request, a report of disciplinary action taken by the licensing authority to any other administrative or law enforcement agency acting within the scope of its statutory authority.

4. There shall be no liability on the part of, and no cause of action of any nature shall arise against any health care

professional licensing authority or any entity required to report under this section, or any of their agents or employees for any action taken in good faith and without malice in carrying out the provisions of this section.

5. Neither a report required to be filed under subsection 2 of this section nor the record of any proceeding shall be used against a health care professional in any other administrative or judicial proceeding.

6. Violation of any provision of this section is an infraction.

(L. 1986 S.B. 663 § 2, A.L. 2007 H.B. 780 merged with S.B. 308, A.L. 2010 H.B. 2226, et al.)

(2001) Statements made in incident report by hospital to state board of nursing about nurse were not, in absence of actual proceedings pending against that nurse, entitled to absolute immunity from nurse's libel claim. Haynes-Wilkinson v. Barnes-Jewish Hospital, 131 F.Supp.2d 1140 (E.D.Mo.).

Rules

Title 20

**Department of Insurance,
Financial Institutions and
Professional Registration**

Division 2200

State Board of Nursing

Chapter 1

Organization and Description of the Board

20 CSR 2200-1.010 General Organization

PURPOSE: The purpose of this regulation is to give a description of the board of nursing and the methods and procedures where the public may obtain information or make submissions or requests.

(1) The membership of the Missouri State Board of Nursing is composed of nine (9) members—at least five (5) registered professional nurses, at least two (2) licensed practical nurses and at least one (1) voting public member who meet the specific qualifications as stated in Chapter 335, RSMo.

(2) The officers of the board are elected annually from the membership by the members, and consist of a president, a vice-president and a secretary. The secretary shall also be treasurer. The board operates as a whole and shall meet at least once each year as determined by the board. The board may hold additional meetings during the year as may be deemed necessary to perform its duties. A majority of the board, including at least one (1) officer, shall constitute a quorum for the conducting of business and to fulfill its responsibilities and functions as set out in section 335.036, RSMo.

(3) The public may obtain information from the board or make submissions or requests to the board by writing the executive director of the board at P.O. Box 656, Jefferson City, MO 65102.

(4) With the exception of names, positions, salaries, and lengths of service of officers and employees of the board, all individually identifiable personnel records and performance ratings or records pertaining to employees or applicants for employment shall be closed records pursuant to section 610.021(3) and (13), RSMo.

AUTHORITY: Chapter 335 and section 610.021(3) and (13), RSMo Supp. 2013. This rule originally filed as 4 CSR 200-1.010. Original rule filed April 5, 1976, effective Oct. 11, 1976. Amended: Filed Sept. 18, 1981, effective Jan. 14, 1982. Amended: Filed Nov. 2, 1990, effective March 14, 1991. Amended: Filed Feb. 15, 1996, effective Aug. 30, 1996. Moved to 20 CSR 2200-1.010, effective Aug. 28, 2006. Amended: Filed Sept. 5, 2013, effective Feb. 28, 2014.*

**Original authority: Please consult Chapter 335 the Missouri Revised Statutes for Statutory history and Chapter 610.021, amended 1987, 1993, 1995, 1998, 2002, 2004, 2008, 2009, and 2013.*

Op. Atty. Gen. No. 32, Freeman (1-2-80).

Registered professional nurses cannot perform all of the duties and functions of “nurse practitioners” provided for in the Rural Health Clinic Services Act, Pub. L. 95-210.

Op. Atty. Gen. No. 153, Wilson (9-10-79).

Licensed practical nurses are not included within the specified class of medical professionals receiving limited protection from civil liability under the terms and provisions of section 537.037, RSMo (Supp. 1979).

20 CSR 2200-1.020 Board Compensation

PURPOSE: This rule fixes the compensation for the members of the State Board of Nursing in compliance with the mandates of section 335.026.4., RSMo (1986).

(1) Each member of the State Board of Nursing shall receive the sum of fifty dollars (\$50) as compensation for each day that member devotes to the affairs of the board.

(2) In addition, to the compensation fixed in this rule, each member is entitled to reimbursement of his/her expenses necessarily incurred in the discharge of his/her official duties.

(3) No request for compensation provided for shall be processed for payment unless sufficient funds are available for that purpose within the appropriations for this board.

AUTHORITY: sections 335.026 and 335.036, RSMo (1994). This rule originally filed as 4 CSR 200-1.020. Emergency rule filed Sept. 18, 1981, effective Sept. 28, 1981, expired Jan. 26, 1982. Original rule filed Sept. 18, 1981, effective Jan. 14, 1982. Amended: Filed Feb. 15, 1996, effective Aug. 30, 1996. Moved to 20 CSR 2200-1.020, effective Aug. 28, 2006.*

**Original authority: 335.026, RSMo (1975), amended 1981 and 335.036, RSMo (1975), amended 1981, 1985, 1993, 1995.*

Chapter 2

Minimum Standards for Approved Programs of Professional Nursing

20 CSR 2200-2.001 Definitions

PURPOSE: This rule defines terms used in 20 CSR 2200 and throughout this chapter.

(1) When used in 20 CSR 2200-2, the following terms mean:

(A) Accredited—The official authorization or status granted by an agency for a program or sponsoring institution through a voluntary process;

(B) Administrator—Registered professional nurse with primary authority and responsibility for administration of program, regardless of job title;

(C) Approved—Recognized by the board as meeting or maintaining minimum standards for educational programs preparing professional nurses;

(D) Annual report—Report submitted annually by the administrator of the program that updates information on file with the board and validates continuing compliance with minimum standards;

(E) Appeal policy and procedure—An established procedure for processing complaints; may also be known as a complaint procedure, due process, appeals procedure, or problem resolution;

(F) Associate degree program—Program leading to associate degree in nursing conducted by an accredited degree granting institution;

(G) Baccalaureate degree program—Program leading to baccalaureate degree in nursing conducted by an accredited degree granting institution;

(H) Board—Missouri State Board of Nursing;

(I) Campus—A specific geographic program location with a distinct student body and coordinator at which all appropriate services and facilities are provided;

(J) Certificate of approval—Document issued by the board to programs of nursing which have met minimum standards;

(K) Class—A discrete cohort of students admitted to a nursing program, designed to begin a course of study together on a specific date and to graduate together on a specific date;

(L) Clinical experience—Faculty planned and guided learning activities designed to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the delivery of nursing care to an individual, group, or community;

(M) Clinical simulation—An educational experience that creates realistic scenarios where students engage in nursing practice under the direction of nursing faculty;

(N) Clinical skills laboratory—Designated area where skills and procedures can be demonstrated and practiced;

(O) Conditional approval—Status of a program that has failed to meet or maintain the regulations or requirements, or both, set by the board. This status is subject to the program conforming to the requirements and recom-

mendations within a time period set by the board;

(P) Cooperating agency—A corporation, hospital, or other organization which has a written agreement with the program to provide clinical education opportunities;

(Q) Coordinator—Registered professional nurse with authority and responsibility for a campus nursing program as delegated by the administrator of the nursing program;

(R) Course objectives—Measurable statements that guide experiences and activities that help learners meet established requirements for a specific course;

(S) Curriculum—Planned studies and learning activities designed to lead students to graduation and eligibility for application for licensure;

(T) Diploma program—Program leading to diploma in nursing sponsored by a health care institution;

(U) Direct care—A clinical experience in which patient care is given by the student under the direction of the faculty member or preceptor;

(V) Distance learning—Curriculum provided from a main campus location to another geographic location, primarily through electronic or other technological methods;

(W) Endorsement—Process of acquiring licensure as a nurse based on original licensure by examination in another state, territory, or country;

(X) Faculty—Individuals designated by sponsoring institution with responsibilities for development, implementation, and evaluation of philosophy and/or mission, objectives, and curriculum of nursing program;

(Y) Full-time—Those individuals deemed by sponsoring institution to meet definition for full-time employment;

(Z) Governing body—Body authorized to establish and monitor policies and assume responsibility for the educational programs;

(AA) Graduate competency—Individual graduate behaviors;

(BB) Information technology—The study designed for development, implementation, support, or management of computer-based information systems, particularly software applications and computer hardware;

(CC) Initial approval—Status granted a program of professional nursing until full approval status is granted or denied;

(DD) Minimum standards—Criteria which nursing programs shall meet in order to be approved by the board;

(EE) Mission—Overall statement of purpose that faculty accept as valid and is directly related to curriculum practices;

(FF) Multiple campuses—Distinct and separate geographic location offering the same program, providing the same services, and operated by the same sponsoring institution;

(GG) NCLEX-RN® examination—National Council Licensure Examination for Registered Nurses;

(HH) Objectives—Measurable statements describing anticipated outcomes of learning;

(II) Observational experiences—Planned learning experiences designed to assist students to meet course objectives through observation;

(JJ) Part-time—Individuals deemed by the sponsoring institution to meet the definition for part-time employment;

(KK) Philosophy—A composite of the beliefs that the faculty accepts as valid and is directly related to curriculum practices;

(LL) Pilot program/project—Educational activity which has board approval for a limited time and which otherwise would be out of compliance with minimum standards;

(MM) Preceptor—Registered professional nurse assigned to assist nursing students in an educational experience which is designed and directed by a faculty member;

(NN) Pre-licensure—Initial educational program in nursing leading to entry-level licensure;

(OO) Program—Course of study leading to a degree or diploma;

(PP) Program outcomes—Measurable statements defining aggregate student achievements;

(QQ) Requirement—A mandatory condition that a school or program meets in order to comply with minimum standards;

(RR) Satellite location—A site geographically separate from but administered and served by a primary program campus;

(SS) Sponsoring institution—The institution that is financially and legally responsible for the nursing program;

(TT) Statement of need and feasibility—Current evidence of need for professional and practical nurses, additional nursing program(s), and community support;

(UU) Systematic evaluation plan—Written plan developed by faculty for comprehensive evaluation of all aspects of the program; and

(VV) Written agreement—Formal memorandum of understanding or contract between a nursing education program and a cooperating agency, which designates each party's responsibilities for the education of nursing students.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-2.001. Original rule filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.001, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-2.010 Approval

PURPOSE: This rule defines the approval status and process for programs of professional nursing.

(1) Pre-licensure programs granting diploma, associate degree, baccalaureate degree, or master degree with a major in nursing shall obtain approval from the board.

(2) Purposes of Approval.

(A) To promote the safe practice of professional nursing by setting minimum standards for programs preparing entry-level professional nurses.

(B) To assure that educational requirements for admission to the licensure examination have been met and to facilitate endorsement in other states, territories, countries, or a combination of these.

(C) To encourage continuing program improvement through assessment, evaluation, and consultation.

(D) To assist programs of professional nursing in developing and maintaining academic standards (theory and clinical) that are congruent with current educational and nursing practice standards.

(3) Classification of Approval.

(A) Initial approval is the status granted a program of professional nursing until full approval is granted or denied.

(B) Full approval is the status granted a program of professional nursing after the program has graduated one (1) class and has met and continues to meet regulations or requirements.

(C) Conditional approval is the status of a program that has failed to meet or maintain the regulations or requirements set by the board.

(4) Initial Approval Status.

(A) Process for Obtaining Initial Approval—

1. An accredited institution of higher education desiring to establish a program of professional nursing shall submit a petition to the board at least three (3) months prior to the submission of a proposal. Prior to submission of a petition, nursing programs operating under the institution's sponsorship shall meet requirements for full program approval. The petition shall include: the name and location of the sponsoring institution and its accreditation status; the mission statement of the sponsoring institution and the mission statement of the proposed program; the proposed location (and satellites) in relation to the administrative offices of the sponsoring institution; statement of need and feasibility; type and length of the nursing program proposed; and tentative budget plans including evidence of financial resources adequate for planning, implementing, and continuing the nursing program. The statement of need and feasibility shall include:

A. Documentation of the need for the nurs-

ing program including community and economic development need, rationale for why the program should be established, and documentation of employers' need for graduates of the proposed program;

B. Number of professional nursing and practical nursing programs in the area and potential impact on those nursing programs;

C. Number and source of anticipated student population;

D. Letters of support for the proposed nursing program;

E. Letter(s) from potential clinical sites; including a description of potential clinical sites, average daily patient census, and the ability to provide clinical placement to potential students in addition to those of existing nursing programs to meet program objectives and outcomes; and

F. Source of potential qualified faculty and anticipated ratio of faculty to student enrollment. Upon board review of the petition, the board shall have the authority to approve or deny the petition. The petition shall be accepted by the board prior to submission of a proposal. Revised petitions may be submitted to the board. Each petition shall remain active for no more than one (1) calendar year from the date of review by the board. The board will electronically notify nursing programs of the accepted petition;

2. Each sponsoring institution shall have only one (1) program proposal under consideration for initial approval at any one (1) time;

3. A program proposal shall be written and presented to the board by the administrator of the proposed program. The proposal shall be written to reflect compliance with the Minimum Standards for Programs of Professional Nursing as prescribed in 20 CSR 2200-2.050 through 20 CSR 2200-2.130. The proposal shall bear the signature of the administrator who shall meet the criteria in 20 CSR 2200-2.060(1)(B) and shall be active in the position on a full-time basis at least nine (9) months and preferably one (1) year prior to the entry of the first class. The number of copies of the proposal, as specified by the board, shall be accompanied with the required application fee. Submission of the application fee shall initiate review of the proposal. The proposal shall be prepared following the reporting format and include each component as indicated in paragraph (4)(A)4. of this rule. The proposal shall remain active for no more than one (1) calendar year from the date of review by the board. No more than two (2) proposal revisions shall be accepted. Members designated by the board shall review the proposal and make recommendations prior to presentation of the proposal to the board. Board approval of the proposal with or without contingencies shall be obtained no later than six (6) months prior to the anticipated opening date;

4. A proposal submitted shall contain the following information:

A. Curriculum.

(I) Philosophy and/or mission.

(II) Graduate competencies.

(III) Curriculum sequence.

(IV) Course descriptions and objectives with number of credit hours for all courses.

(V) Systematic evaluation plan.

(VI) Evidence of eligibility for articulation of credits related to baccalaureate completion programs;

B. Students.

(I) Maximum number of students per class.

(II) Number of classes admitted per year.

(III) Number of students anticipated in initial class.

(IV) Plan for increase to maximum enrollment, if applicable.

(V) Admission criteria.

(VI) Plans for progression and retention of students.

(VII) Appeal policies and procedures.

(VIII) Availability and accessibility of student services;

C. Faculty.

(I) Plan for hiring full-time and part-time theory and clinical faculty. This shall include full-time equivalents, student to faculty ratios, and full-time to part-time faculty ratios to meet initial and increasing enrollment.

(II) Position descriptions;

D. Support services personnel.

(I) Number of full-time and part-time ancillary support services personnel.

(II) Position descriptions;

E. Sponsoring institution.

(I) Evidence of authorization to conduct the program of professional nursing by the governing body of the sponsoring institution.

(II) Evidence of accreditation by an agency recognized by the United States Department of Education.

(III) Current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the faculty structure within the proposed program.

(IV) Evidence of financial stability and resources of the sponsoring institution and the program of nursing; and

F. Facilities.

(I) Description of educational facilities to be used by the professional nursing program such as classrooms, library, offices, clinical skills laboratory, and other facilities.

(II) Description of planned or available learning resources to include such items as equipment, supplies, library services, computers, and technology.

(III) Letter(s) from potential clinical sites; including a description of potential clinical sites, average daily patient census and the ability to provide clinical placement to potential students in addition to those of existing nursing programs to meet program objectives and outcomes.

(IV) A letter of intent from each proposed cooperating agency stating its ability to provide the appropriate educational experiences to meet program objectives and outcomes;

5. Site survey. Representatives from the board shall make an on-site survey to verify implementation of the proposal and compliance with 20 CSR 2200-2.050 through 20 CSR 2200-2.130; and

6. The board's decision to grant initial approval is contingent upon evidence from the site survey that the program is being implemented in compliance with 20 CSR 2200-2.050 through 20 CSR 2200-2.130. Initial program approval contingent on the site survey shall remain active for no more than one (1) calendar year prior to program start.

(B) Throughout the period of initial approval, the program shall submit an annual survey.

(C) Upon graduation of the program's first class and receipt of results of the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), the board will review the following:

1. The program's compliance with minimum standards during initial approval including the program's adherence to the approved proposal and changes authorized by the board;

2. Report of an on-site survey;

3. Report of National Council Licensure Examination for Registered Nurses results (see 20 CSR 2200-2.180(1));

4. Identification and analysis of class graduation rate; and

5. Submission of program's ongoing systematic evaluation plan with available data.

(D) After its review, the board shall decide to continue initial approval for a period of not more than one (1) year, deny approval, or grant full approval.

(5) Full Approval Status.

(A) Annual Report. Each program and each campus of each program shall complete and submit the board's annual survey by the established deadline. Following review by the board, each program shall be notified of the board's action(s).

(B) A program's approval status shall be subject to review by the board if the required annual report is not received within thirty (30) days from the established deadline.

(C) On-Site Surveys. On-site surveys shall be made on a scheduled basis, at the direction of the board, or upon request of the nursing program. Each nursing program shall be surveyed typically at five- (5-) year

intervals. If the program is accredited by a national nursing accreditation agency, the nursing program may request that the on-site survey be scheduled in coordination with a national nursing accreditation agency visit. Representatives of the board shall form a survey team to conduct each on-site survey. Each survey team shall consist of two (2) or more persons qualified to conduct on-site surveys. The program shall solicit public comments in preparation for each scheduled on-site survey. Evidence of solicitation of public comments shall be available for review during the on-site survey.

(D) Additional Visits/Surveys. At least two (2) representatives of the board shall make additional visits/surveys as deemed necessary by the board. A program may request additional visits.

(6) Conditional Approval Status.

(A) Should circumstances warrant, the board will notify the program administrator of concerns regarding the program and the administrator will be requested to respond to those concerns.

(B) Should circumstances be such that instructional quality and integrity of the program is jeopardized, the board may impose a moratorium on student admissions.

(C) A program may be placed on conditional approval status if it has failed to meet or maintain the rules/regulations or requirements, or both, set by the board. The program will remain on conditional approval status until such time as the deficiencies are corrected to the satisfaction of the board.

(D) A program's approval may be withdrawn pursuant to section 335.071.3., RSMo, for noncompliance with minimum standards. A program which fails to correct identified deficiencies to the satisfaction of the board shall, after notice and hearing, be removed from the board's listing of approved programs.

(7) Annual Registration Requirements.

(A) An application for annual registration shall be sent to each approved program and each campus of each program from the board. Failure to receive the application will not relieve the program of its obligation to register.

(B) A separate annual registration form and designated fee as established in 20 CSR 2200-4.010(1)(F) shall be submitted to the board for each approved program and each campus of each program prior to June 1 of each year.

(C) A program's approval status shall be subject to review by the board if the required registration fee is not received within thirty (30) days of the June 1 deadline.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-2.010. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Amended: Filed Oct.*

14, 1981, effective Jan. 14, 1982. Amended: Filed Dec. 10, 1981, effective March 11, 1982. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original rule). Amended: Filed Oct. 14, 1987, effective Jan. 29, 1988. Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Dec. 14, 1994, effective May 28, 1995. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.010, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.

*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.

20 CSR 2200-2.020 Discontinuing and Reopening Programs

PURPOSE: This rule establishes the procedures for discontinuing and reopening programs of professional nursing.

(1) Program Discontinuation.

(A) A plan for closure shall be submitted to the board, at least six (6) months and, preferably, one (1) year prior to closing the program and shall include:

1. Closing date; and
2. Plans for completion of program for currently enrolled students.

(B) The plan for closure shall be approved by the board prior to implementation.

(C) Date of completion on the diploma or degree shall be on or before the official closing date of the program.

(D) Application for registration with the required fee shall be submitted annually to the board as long as there are students in the program.

(E) Classroom and clinical instruction approved by the board shall be provided until the designated date of closing. The sponsoring institution shall be responsible for providing a complete educational program for the currently enrolled students or shall provide a mechanism for transfer.

(F) Records for all graduates and for all students who attended the program shall be filed in the manner used by the institution conducting the program.

1. Transcripts of all courses attempted or completed by each student attending the program shall be maintained by the designated custodian. Provisions for obtaining copies of transcripts shall be maintained.

2. If the program closes but the sponsoring institution continues, that institution shall assume the respon-

sibility for the records and notify the board, in writing, of the location of the storage of the records.

3. If both the program and the sponsoring institution close, the transcripts shall be given permanent custodial care and the board shall be notified in writing of the name and address of the custodian.

(G) A program closure summary indicating compliance with the requirements of this rule shall be submitted to the board no later than thirty (30) days after the actual date for program closure.

(2) Program Reopening. The procedure for reopening a program is the same as for initial approval in 20 CSR 2200-2.010(4)(A).

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000.* This rule originally filed as 4 CSR 200-2.020. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective Jan. 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.020, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.

*Original authority 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.

20 CSR 2200-2.030 Change of Sponsorship

PURPOSE: This rule defines the procedure for a change of sponsorship of a professional nursing program.

(1) The institution assuming the sponsorship of an approved program shall notify the board in writing within ten (10) working days after the change of sponsorship.

(2) A change in sponsorship form provided by the board shall be completed and returned within thirty (30) days of receipt of the form.

(3) Any proposed changes that affect the criteria included in 20 CSR 2200-2.010(4)(A)1.-4. shall be approved by the board prior to implementation.

(4) Program documents shall be changed to indicate the appropriate sponsor.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-2.030. This version filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982. (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.030, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-2.035 Multiple Campuses

PURPOSE: This rule defines the procedures for multiple campuses.

- (1) Each campus of a program will be treated independently for purposes of compliance with the minimum standards set forth by the board.
- (2) Each campus is required to submit a separate annual survey, annual registration, and annual registration fee.
- (3) The sponsoring institution shall submit a proposal as indicated in 20 CSR 2200- 2.010(4)(A) and receive approval from the board before opening an additional campus. Each additional campus shall be surveyed.
- (4) Each campus shall have a full-time faculty person designated as the coordinator who reports to the program administrator. Each program coordinator shall meet the faculty requirements for appointment.
- (5) Discipline of one (1) campus will not automatically result in discipline of other campuses of the same program.
- (6) Each campus will be evaluated individually concerning licensure examination results.
- (7) Satellite locations do not qualify as multiple campuses.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-2.035. Original rule filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.035,*

effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-2.040 Program Changes Requiring Board Approval, Notification, or Both

PURPOSE: This rule defines program changes which require board approval, notification, or both.

- (1) Board approval is required for changes of the following:
 - (A) Substantial revision of curriculum;
 - (B) Length of program;
 - (C) Increase number of students by enrollment or transfer, by more than one (1) beyond the number approved by the board;
 - (D) Pilot program/project; and
 - (E) Relocation of the program or any of its components.
- (2) The request for board approval of program changes shall include:
 - (A) Narrative description of proposed change(s);
 - (B) Rationale for proposed changes including consistency with the program's philosophy and/or mission and graduate competencies;
 - (C) Side by side comparison of proposed changes and current practice when applicable;
 - (D) Timetable for implementation;
 - (E) Narrative of the impact of proposed changes on the program;
 - (F) Explanation of the impact of the proposed changes on currently enrolled students, faculty, graduates, or resources; and
 - (G) Methods of evaluation to be used to determine the effect of the change.
- (3) The request shall be submitted by a deadline established by the board.
- (4) A change in name and/or address of the program shall be submitted in writing to the board within thirty (30) days of the change.
- (5) A change in a program's accreditation status by any accrediting body shall be submitted in writing to the board within thirty (30) days of the program's notification of such.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed*

as 4 CSR 200- 2.040. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.040, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.

*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.

20 CSR 2200-2.050 Organization and Administration of an Approved Program of Professional Nursing

PURPOSE: This rule defines the organization and administration of an approved program of professional nursing.

- (1) Philosophy and/or mission of the program shall be in writing and shall be consistent with the philosophy and/or mission statement of the sponsoring institution.
- (2) Graduate competencies shall be derived from the program's philosophy and/or mission.
- (3) The philosophy and/or mission and the graduate competencies shall be the basis on which the curriculum is developed.
- (4) There will be a faculty governance structure with responsibility for the nursing curriculum and the admission, progression and graduation of students.
 - (A) Meetings shall be scheduled at stated intervals.
 - (B) Written minutes of all meetings shall be maintained.
- (5) The program shall have a current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the faculty structure within the nursing program.
- (6) Finance.
 - (A) There shall be an annual budget to support the program.
 - (B) The administrator of the program shall manage the budget.
 - (C) The administrator, with input from the faculty, shall make recommendations for the budget.
- (7) Clerical Assistance. Each program shall have sec-

retarial and other support services sufficient to meet the needs of the program.

AUTHORITY: sections 335.036 and 335.071, RSMo 2000. This rule was originally filed as 4 CSR 200-2.050. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.050, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007.*

*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999; 335.071, RSMo 1975, amended 1981, 1999.

20 CSR 2200-2.060 Administrator/Faculty

PURPOSE: This rule defines the categories, qualifications and competencies, responsibilities, and employment policies of administrator/ faculty.

- (1) Program Administrator.
 - (A) The administrator shall have the primary responsibility and the authority for the administration of the nursing program and shall be employed full-time.
 - (B) Criteria for Appointment—
 1. Current, active licensure to practice professional nursing in Missouri; the candidate's license to practice professional nursing has never been disciplined in any jurisdiction;
 2. Graduate degree in nursing with a clinical component in either the bachelor's or master's degree; a doctoral degree is recommended;
 3. Academically and experientially qualified and maintains expertise in area of responsibility; and
 4. Approved by the board prior to appointment. Academic transcript(s) that reflects eligibility for the position shall be submitted to the board for approval prior to appointment.
 - (C) Program administrators with responsibility for two (2) or more nursing programs shall designate full-time faculty as program coordinators. The coordinator's workload shall allow time for day-to-day management of one (1) nursing program under the direction of the program administrator. Each program coordinator shall meet faculty requirements for appointment.
- (2) Nursing Faculty.
 - (A) Nurse faculty shall have responsibility for devel-

oping, implementing, and evaluating the nursing program.

(B) Criteria for Appointment—

1. Current, active licensure to practice professional nursing in Missouri; the candidate's license to practice professional nursing has never been disciplined in any jurisdiction;

2. Educational requirements—

A. Nursing faculty teaching in associate degree or diploma programs shall have a minimum of a baccalaureate degree in nursing with a clinical component. A graduate degree in nursing is recommended; and

B. Nursing faculty teaching in baccalaureate programs shall have a minimum of a graduate degree. Seventy-five percent (75%) of full-time faculty shall have a graduate degree with major in nursing. A doctoral degree is recommended. Faculty without a nursing major in their graduate degree shall have a bachelor's degree in nursing with a clinical component;

3. Academically and experientially qualified and maintain expertise in areas of responsibility;

4. Contingent faculty approval may be granted if—

A. The program meets requirements for full board program approval;

B. The program presents sufficient evidence that all options to fill the respective position with a candidate who meets academic requirements have been exhausted;

C. The candidate has current licensure to practice professional nursing in Missouri; the candidate's license to practice professional nursing has never been disciplined in any jurisdiction;

D. The candidate is experientially qualified and maintains expertise in areas of responsibility;

E. The candidate is projected to receive the required degree within twelve (12) months of hire; faculty candidates working on a doctoral degree shall complete the required degree within twenty-four (24) months of hire; and

F. Faculty approved on contingency shall work under the direction of a board-approved faculty; and

5. Academic transcript(s) that reflects eligibility for the position shall be submitted to the board. Faculty candidates shall be approved by the board prior to appointment.

(3) Responsibilities. The administrator and faculty of the program shall be responsible for, but not limited to—

(A) Compliance with minimum standards;

(B) Ongoing systematic development, implementation, and evaluation of the total program in relation to stated philosophy and/or mission and graduate competencies of the program;

(C) Instruction and evaluation of students;

(D) Providing input on program related policies regarding recruitment, admission, retention, promotion,

and graduation of students;

(E) Availability of academic advisement and guidance of students;

(F) Maintenance of student records in compliance with institutional policy;

(G) Ensuring confidentiality of student records;

(H) Maintenance of clinical and educational competencies in areas of instructional responsibilities. Professional competence activities may include nursing practice, continuing education, writing for publication, and/or participation in professional associations; evidence of ongoing professional competence related to specialty area instruction shall be maintained;

(I) Participation in the development of program and institutional policies and decision making; and

(J) Experienced faculty shall serve as assigned mentors for less seasoned and new faculty. Records of assigned mentors shall be maintained.

(4) Minimum Number of Faculty. One (1) full-time nursing faculty in addition to the program administrator with sufficient faculty to achieve the objectives of the educational program and such number shall be reasonably proportionate to: number of students enrolled; frequency of admissions; education and experience of faculty members; number and location of clinical sites; and total responsibilities of the faculty.

(5) Faculty workload shall allow time for class and laboratory preparation, instruction, program evaluation, and professional development.

(6) Non-nurse faculty shall have professional preparation and qualifications in the specific areas for which they are responsible.

(7) Employment Policies.

(A) To the extent required by law, age, marital status, sex, national origin, race, color, creed, disability, and religion shall not be determining factors in employment.

(B) Nursing Program.

1. Personnel policies shall be available in writing and consistent with the sponsoring institution.

2. Position descriptions shall be in writing and shall detail the responsibilities and functions for each position.

3. A planned orientation shall be in writing and implemented. It shall include review of the Missouri Nursing Practice Act (NPA).

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200- 2.060. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb.*

19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.060, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.

*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.

20 CSR 2200-2.070 Physical Facilities

PURPOSE: This rule defines the physical facilities and resources required by professional nursing programs.

(1) Office Space and Equipment.

(A) The institution shall provide space and equipment to fulfill the purpose of the program.

(B) The administrator of the program shall have a private office.

(C) The coordinator(s) and faculty shall have office space sufficient to carry out responsibilities of their respective positions.

(D) Private areas shall be provided for faculty/student conferences.

(2) Library.

(A) Each program and each campus of each program shall have access to library resources with current and available resources to meet the educational needs of the students and the instructional and scholarly activities of the faculty.

(B) Management of library resources shall include:

1. Budget for acquisition of appropriate resources;

2. System for identifying or deleting outdated resources; and

3. Policies and procedures governing the administration and the use of the library resources shall be in writing and available to students and faculty.

(3) Quiet area designated for study.

(4) Classrooms.

(A) Classrooms shall be of size, number, and type for the number of students and teaching methodology.

(B) Classrooms shall have climate control, ventilation, lighting, seating, furnishings, and equipment conducive to learning.

(C) Storage space shall be available for equipment and supplies.

(5) Clinical Skills Laboratory.

(A) Each program and each campus of each program shall have a clinical skills laboratory sufficient to meet learning outcomes.

(B) Management of clinical skills laboratory shall include:

1. Designated faculty time to manage skills lab resources;

2. Budget allocation for equipment and supplies;

3. Plan for acquisition and maintenance of equipment and supplies; and

4. Policies and procedures governing the administration and the use of the clinical skills laboratory. These policies and procedures shall be in writing and available to students and faculty.

(6) Technology Resources/Computers.

(A) Each program and each campus of each program shall have access to current and available resources to meet the educational needs of the students and the instructional and scholarly activities of the faculty.

(B) Management of technology resources shall include:

1. Budget for acquisition of current technology, including computers;

2. System for identifying, deleting, and/or replacing resources; and

3. Policies and procedures governing the administration and the use of the technology/ computers. These policies and procedures shall be made available to students and faculty.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-2.070. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.070, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.

20 CSR 2200-2.080 Clinical Sites

PURPOSE: This rule defines selection and use of clinical sites by the programs of professional nursing for required student clinical learning experiences.

(1) Clinical sites shall be selected which will provide direct care and observational learning experiences to meet the objectives of the course.

(A) Observational experiences shall provide learning experiences to meet the course objectives and shall not exceed twenty percent (20%) of the total clinical program hours. Orientation to the facility does not contribute to the twenty percent (20%).

(B) Clinical simulation and clinical skills lab time is at the discretion of the nursing program.

(C) Direct patient care experiences shall be sufficient to achieve identified competencies as well as course and program outcomes.

(D) The ratio of faculty to students in the clinical area shall be designed to promote patient safety and to facilitate student learning.

(E) There shall be evidence of clinical orientation for each nursing course with a clinical component.

(2) Each program shall have written evidence of an agreement with each clinical site which includes time frames for a notification of termination and periodic review.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-2.080. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.080, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-2.085 Preceptors

PURPOSE: This rule defines the utilization of preceptors.

(1) Preceptors may be used as role models, mentors, and supervisors of students in professional nursing programs—

(A) Preceptors do not replace faculty in the education of the student but serve to assist faculty and the student in achieving designated objectives of a nursing course;

(B) Preceptors are not to be considered when determining the faculty to student ratio;

(C) Preceptors shall not be used in fundamentals of

nursing courses; and

(D) Preceptors shall supervise no more than two (2) students during any given shift. Supervision by a preceptor means that the preceptor is present and available to the student(s) in the clinical setting.

(2) Each nursing program shall have written policies for the use of preceptors which incorporate the criteria listed in this rule.

(3) Responsibilities of preceptors shall include:

(A) Possess current license to practice as a registered professional nurse with at least one (1) year experience in the area of clinical specialty for which the preceptor is used;

(B) Perform the responsibilities as determined by the nursing program; and

(C) Provide written documentation to faculty regarding the student's performance in relation to meeting designated course objectives.

(4) Responsibilities of the nursing program faculty in regards to utilization of preceptors shall include:

(A) Select the preceptor in collaboration with the clinical site;

(B) Provide the preceptor with information as to the duties, roles, and responsibilities of the faculty, the student, and the preceptor including the communication processes;

(C) Provide the preceptor a copy of the objectives of the course in which the student is enrolled and directions for assisting the student to meet objectives specific to the clinical experience;

(D) Assume responsibility for each student's final evaluation and the assigning of a performance rating or grade;

(E) Be readily available to students and clinical preceptors during clinical learning experiences; and

(F) Shall meet periodically with the clinical preceptors and student(s) for the purpose of monitoring and evaluating learning experiences.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-2.085. Original rule filed May 4, 1993, effective March 10, 1994. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.085, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-2.090 Students

PURPOSE: This rule defines admission, readmission, and transfer criteria and services provided students.

(1) Admission, Readmission, and Transfer.

(A) The educational program shall comply with the state and federal laws regarding discrimination in the admission of students.

(B) Policies for admission, readmission, transfer, and advanced placement shall be written, implemented, and evaluated by the faculty.

(C) Admission criteria shall reflect consideration of:

1. Potential to complete the program; and
2. Ability to meet the standards to apply for licensure (see sections 335.046.1 and 335.066, RSMo).

(D) Students who are readmitted or transferred shall complete the same requirements for graduation as other members of the class to which they are admitted.

(E) The board shall approve the maximum number of students enrolled in each program. The criteria for approval of the maximum number will be based on:

1. Availability of qualified faculty;
2. Available clinical experiences; and
3. Educational facility's ability to accommodate students.

(F) Students for whom English is a second language shall meet the same general admission requirements as other students.

(2) Student Services.

(A) Housing. If the school provides housing for students, there shall be written policies governing the facilities.

(B) Health. If the school provides health services for students, there shall be information available regarding a process for accessing and obtaining health care.

(C) Academic Advisement and Financial Aid Services. Academic advisement and financial aid services shall be accessible to all students.

(3) Appeal Procedure. Policies and procedures which afford students due process shall be available for managing academic and nonacademic appeals. Due process for student appeals shall include the providing of written notice of all decisions affecting an individual student. An opportunity to contest facts serving as the basis for decisions and opportunities to appeal decisions to a higher level than the original decision-maker shall be included.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000.* This rule originally filed as 4 CSR 200-2.090. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb.

19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.090, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.

*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.

20 CSR 2200-2.100 Educational Program

PURPOSE: This rule defines the educational program, curriculum plan and requirements, and distance education requirements for programs of professional nursing.

(1) General Purpose.

(A) The program shall have a philosophy and/or mission which guides the curriculum practices.

(B) The curriculum incorporates established professional standards, guidelines, and competencies with clearly stated objectives, graduate competencies, and program outcomes.

(C) The educational program shall provide planned learning experiences essential to the achievement of the stated philosophy and/or mission and graduate competencies and shall demonstrate logical progression.

(D) The educational program shall provide clinical education to facilitate transition to professional nursing practice.

(2) Curriculum Organization and Development.

(A) The nursing faculty shall have the authority and the responsibility to develop, implement, and evaluate the curriculum.

(B) There shall be a written curriculum plan that is logically structured to achieve expected individual and aggregate student outcomes.

(C) Curriculum design of programs of professional nursing shall foster seamless articulation toward Bachelor of Science in Nursing (B.S.N.) completion.

(D) The curriculum shall be planned so that the number of hours/credits/units of instruction are distributed between theory and clinical hours/credits/units to permit achievement of graduate competencies and program outcomes.

(E) Curriculum shall be planned so that each division of the curriculum (whether it be a quarter, term, or semester) has a reasonably equal number of credit hours of instruction and has a beginning and ending date.

(F) The number of credit hours required for completion of the nursing program shall not exceed the number of credit hours required for a comparable degree pro-

gram.

(G) Student learning experiences shall be directed and evaluated by the faculty and be consistent with the curriculum plan.

(3) Curriculum Requirements. Content may be developed as a separate course or integrated. Integrated concepts shall be evident in the course objectives. Coursework shall include, but is not limited to:

(A) Content in the biological, physical, social, and behavioral sciences to provide a foundation for competent, safe, and effective nursing practice;

(B) Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the life span and in a variety of clinical settings, to include:

1. Using information technology to communicate, manage knowledge, mitigate error, and support decision-making;

2. Employing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care;

3. Considering moral, legal, and ethical standards in decision-making processes;

4. Understanding quality improvement processes to measure patient outcomes, identify hazards and errors, and develop changes in processes of patient care;

5. Considering the impact of policy and finance of the healthcare system;

6. Involving patients in decision-making and care management;

7. Coordinating and managing continuous patient care;

8. Promoting healthy lifestyles for patient and populations;

9. Working in interdisciplinary teams to cooperate, collaborate, communicate, and integrate patient care and health promotion; and

10. Providing patient-centered culturally sensitive care with focus on respect for patient differences, values, preferences, and expressed needs.

(C) External nursing examinations, if used, shall not be the sole basis for program progression or graduation.

(4) Syllabus Construction. Syllabi shall be current and available to all faculty, students, and cooperating agencies. Each syllabus shall include:

(A) Course description;

(B) Course objectives;

(C) Teaching or learning strategies;

(D) Evaluation methodologies;

(E) Grading scale;

(F) Course policies; and

(G) Clock or credit hour requirements related to theory, lab, and clinical instruction.

(5) Distance Education. Courses/programs of study that utilize distance education shall have—

(A) A course management/delivery platform that is reliable and navigable for students and faculty;

(B) Budgetary support;

(C) Collaborative and interactive learning activities that assist the student in achieving course objectives;

(D) Clinical courses shall be faculty supervised and include direct patient care activities with faculty oversight;

(E) Learning and technology resources, to include library resources, that are selected with input of the faculty and are comprehensive, current, and accessible to faculty and students;

(F) Technical support services for faculty and students;

(G) Access to appropriate and equivalent student services;

(H) Faculty and student input into the evaluation process; and

(I) Recurring interaction between faculty and students.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-2.100. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Amended: Filed Jan. 8, 1981, effective April 11, 1981. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Dec. 15, 1992, effective Sept. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.100, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-2.110 Records

PURPOSE: This rule defines student records required to be kept by programs of professional nursing.

(1) Transcripts.

(A) Transcripts of all courses attempted or completed by each student attending the program shall be maintained permanently.

(B) The official transcript shall identify the following:

1. Date of admission, date of separation from the program, hours/credits/units earned, and the diploma/

degree awarded; and

2. Transferred credits, including course titles and credits earned. Name and location of the credit-granting institution shall be maintained as part of graduate records.

(C) Transcripts, including microfiche and computer files, shall be stored in a secured area.

(2) School Records.

(A) Student records shall be stored in an area which is theft resistant and where confidentiality can be ensured or according to sponsoring institution policies for secure storage of records.

(B) The nursing program shall maintain records as required by institutional and nursing program policies.

(3) Compliance with the Family Education Rights and Privacy Act (FERPA) and any applicable regulations shall be strictly maintained.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-2.110. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.110, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-2.120 Publications

PURPOSE: This rule defines what must be included in publications published by programs of professional nursing.

(1) Publications shall be current, dated, and internally consistent.

(2) A nondiscrimination policy shall appear in publications specific to the nursing program.

(3) The following information shall be available to the applicant prior to admission:

(A) Approval status as granted by the board (initial, full, or conditional approval status);

(B) Admission criteria;

(C) Section 335.066, RSMo, of the Missouri Nursing Practice Act with an explanation that completion of the program does not guarantee eligibility to take the licensure examination;

(D) Advanced placement policies;

(E) Student services;

(F) Curriculum plan;

(G) Program costs;

(H) Refund policy; and

(I) Financial assistance.

(4) The following information shall be available to the student in writing upon entry:

(A) Philosophy and/or mission;

(B) Graduate competencies;

(C) Grading, promotion, and graduation policies;

(D) Faculty roster with credentials;

(E) School calendar;

(F) Student policies;

(G) Student's rights and responsibilities; and

(H) Appeal policies and procedures.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-2.120. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Amended: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.120, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-2.130 Program Evaluation

PURPOSE: This rule provides for evaluation of the professional nursing program by students, faculty, and coordinating agencies.

(1) There shall be a written plan for systematic evaluation of all aspects of the program that includes student objectives, graduate competencies, and program outcomes. The systematic evaluation of the program will document the following:

- (A) Frequency of evaluation;
- (B) Methods of evaluation;
- (C) Person(s) responsible for the evaluation;
- (D) Program-specific benchmarks;
- (E) Actual outcomes with trended data; and
- (F) Program planning and improvement based on analysis of the benchmarks and actual outcomes.

(2) Systematic evaluation of the program shall include evaluation of the following:

- (A) Student achievement of program outcomes;
- (B) Adequacy of program resources to include, but not limited to, fiscal, human, and technical learning resources;
- (C) Clinical experiences to include, but not limited to, evaluation of:
 1. Clinical sites by students and faculty;
 2. Course and faculty by students; and
 3. Students and faculty by representative(s) of clinical site(s); and
- (D) Multiple measures of program outcomes to include, but not limited to, National Council Licensure Examination (NCLEX) pass rates, graduation and job placement rates, and graduate/employer satisfaction with program preparation for new graduates at six (6) months or more after graduation.

(3) Documentation shall indicate that data collected through systematic evaluation has been utilized in the planning and improvement of the program.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-2.130. This version of rule filed April 20, 1973, effective May 1, 1973. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Readopted: Filed March 12, 1981, effective June 11, 1981. Emergency rescission filed Oct. 22, 1981, effective Nov. 1, 1981, expired Feb. 19, 1982 (Original Rule). Amended: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded: Filed Oct. 22, 1981, effective Feb. 11, 1982 (Original Rule). Rescinded and readopted: Filed Sept. 25, 1991, effective March 9, 1992. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-2.130, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-2.180 Licensure Examination Performance

PURPOSE: This rule defines the required examination

pass rate for first time candidates and its impact on program approval.

(1) The licensure examination performance of first-time candidates from each professional nursing program shall be no less than eighty percent (80%) for each calendar year (January 1 through December 31).

(2) First-time candidates shall include only those graduates of the program who take the licensure examination for the first time within one (1) year of graduation.

(3) The nursing program with a pass rate lower than eighty percent (80%) shall:

(A) First year—Provide the board with a report analyzing all aspects of the education program, identifying areas contributing to the unacceptable pass rate and plan of correction to resolve low pass rate. The plan of correction shall include:

1. Mission or philosophy of the nursing program;
2. Program governance as defined in 20 CSR 2200-2.050(5);
3. General faculty resources and workload;
4. Student support services;
5. Program admission, progression, and graduation policies;
6. Program graduation rates for the last five (5) years;
7. National Council Licensure Examination for Registered Nurses (NCLEX-RN®) pass rates for the last five (5) years;
8. Job placement rates for the last five (5) years;
9. Program satisfaction, to include student, graduate, and employer data;
10. Number of nursing faculty teaching on full-time and part-time basis; to include part-time clinical faculty and faculty on contingent approval; and
11. Use of systematic program evaluation data related to program planning and improvement;

(B) Second consecutive year—The program may be placed on conditional approval status. The program administrator will be required to appear before and present to the board a current analysis of program effectiveness, problems identified, and plans of correction;

(C) Side-by-side comparison of first-year and second-year analyses of program effectiveness shall be included;

(D) The nursing program placed on conditional approval shall remain on conditional approval (as per 20 CSR 2200-2.010(6)) until it has two (2) consecutive years of pass rates of at least eighty percent (80%) or until the board removes approval pursuant to section 335.071.3., RSMo; and

(E) If, after two (2) years of conditional approval, a nursing program has not demonstrated consistent measurable progress toward implementation of the correction plan and NCLEX-RN® pass rates remain below eighty

percent (80%), the board shall withdraw approval pursuant to section 335.071.3., RSMo.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-2.180. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-2.180, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

Chapter 3

Minimum Standards for Approved Programs of Practical Nursing

20 CSR 2200-3.001 Definitions

PURPOSE: This rule defines terms used in 20 CSR 2200-3 and throughout this chapter.

(1) When used in 20 CSR 2200-3, the following terms mean:

(A) Accredited—The official authorization or status granted by an agency for a program or sponsoring institution through a voluntary process;

(B) Administrator—Registered professional nurse with primary authority and responsibility for administration of the program regardless of job title;

(C) Approved—Recognized by the board as meeting or maintaining minimum standards for educational programs preparing practical nurses;

(D) Annual report—Report submitted annually by the administrator of the program that updates information on file with the board and validates continuing compliance with minimum standards;

(E) Appeal policy and procedure—An established procedure for processing complaints; may also be known as a complaint procedure, due process, appeals procedure, or problem resolution;

(F) Board—Missouri State Board of Nursing;

(G) Campus—A specific geographic program location with a distinct student body and coordinator at which all appropriate services and facilities are provided;

(H) Certificate of approval—Document issued by the board to programs of nursing which have met minimum standards;

(I) Class—A discrete cohort of students admitted to a nursing program, designed to begin a course of study together on a specific date and to graduate together on a specific date;

(J) Clinical experience—Faculty planned and guided learning activities designed to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the delivery of nursing care to an individual, group, or community;

(K) Clinical simulation—An educational experience that creates realistic scenarios where students engage in nursing practice under the direction of nursing faculty;

(L) Clinical skills laboratory—Designated area where skills and procedures can be demonstrated and practiced;

(M) Conditional approval—Status of a program that has failed to meet or maintain the regulations or requirements, or both, set by the board. This status is subject to the program conforming to the requirements and recommendations and within a time period set by the board;

(N) Cooperating agency—A corporation, hospital, or other organization which has a written agreement with the program to provide clinical education opportunities;

(O) Coordinator—Registered professional nurse with authority and responsibility for a campus nursing program

as delegated by the administrator of the nursing program;

(P) Course objectives—Measurable statements that guide experiences and activities that help learners meet established requirements for a specific course;

(Q) Curriculum—Planned studies and learning activities designed to lead students to graduation and eligibility for application for licensure;

(R) Direct care—A clinical experience in which patient care is given by the student under the direction of the faculty member or preceptor;

(S) Distance learning—Curriculum provided from a main campus location to another geographic location primarily through electronic or other technological methods;

(T) Endorsement—Process of acquiring licensure as a nurse based on original licensure by examination in another state, territory, or country;

(U) Faculty—Individuals designated by sponsoring institution with responsibilities for development, implementation, and evaluation of philosophy and/or mission, objectives, and curriculum of nursing program;

(V) Full-time—Those individuals deemed by sponsoring institution to meet definition for full-time employment;

(W) Governing body—Body authorized to establish and monitor policies and assume responsibility for the educational programs;

(X) Graduate competency—Individual graduate behaviors;

(Y) Initial approval—Status granted a program of practical nursing until full approval status is granted or denied;

(Z) Information technology—The study designed for development, implementation, support, or management of computer-based information systems, particularly software applications and computer hardware;

(AA) Minimum standards—Criteria which nursing programs shall meet in order to be approved by the board;

(BB) Mission—Overall statement of purpose that faculty accept as valid and is directly related to curriculum practices;

(CC) Multiple campuses—Distinct and separate geographic locations offering the same program, providing the same services, and operated by the same sponsoring institution;

(DD) NCLEX-PN® examination—National Council Licensure Examination for Practical Nurses;

(EE) Objectives—Measurable statements describing anticipated outcomes of learning;

(FF) Observational experiences—Planned learning experiences designed to assist students to meet course objectives through observation;

(GG) Part-time—Individuals deemed by the sponsoring institution to meet the definition for part-time employment;

(HH) Philosophy—A composite of the beliefs that the faculty accept as valid and is directly related to curriculum

practices;

(II) Pilot program/project—Educational activity which has board approval for a limited time and which otherwise would be out of compliance with minimum standards;

(JJ) Preceptor—Registered professional or licensed practical nurse assigned to assist nursing students in an educational experience which is designed and directed by a faculty member;

(KK) Program—Course of study leading to a diploma or certificate;

(LL) Program outcomes—Measurable statements defining aggregate student achievements;

(MM) Requirement—A mandatory condition that a school or program meets in order to comply with minimum standards;

(NN) Satellite location—A site geographically separate from but administered and served by a primary program campus;

(OO) Sponsoring institution—The institution that is financially and legally responsible for the nursing program;

(PP) Statement of need and feasibility— Current evidence of need for professional and practical nurses, additional nursing program(s), and community support;

(QQ) Systematic evaluation plan—Written plan developed by faculty for comprehensive evaluation of all aspects of the program; and

(RR) Written agreement—Formal memorandum of understanding or contract between a nursing education program and a cooperating agency, which designates each party's responsibilities for education of nursing students.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.001. Original rule filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-3.001, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-3.010 Approval

PURPOSE: This rule defines the approval status and process for programs of practical nursing.

(1) Programs of practical nursing shall obtain approval from the board.

(2) Purposes of Approval—

(A) To promote the safe practice of practical nursing by setting minimum standards for programs preparing entry-level practical nurses;

(B) To assure that educational requirements for admission to the licensure examination have been met and to facilitate endorsement in other states, territories, countries, or any combination of these;

(C) To encourage continuing program improvement through assessment, evaluation, and consultation; and

(D) To assist programs of practical nursing in developing and maintaining academic standards (theory and clinical) that are congruent with current educational and nursing practice standards.

(3) Classification of Approval.

(A) Initial approval is the status granted a program of practical nursing until full approval is granted or denied.

(B) Full approval is the status granted a program of practical nursing after the program has graduated one (1) class and has met and continues to meet regulations or requirements.

(C) Conditional approval is the status of a program that has failed to meet or maintain the regulations or requirements set by the board.

(4) Initial Approval Status.

(A) Process for Obtaining Initial Approval—

1. An accredited institution of education desiring to establish a program of practical nursing shall submit a petition to the board at least three (3) months prior to the submission of a proposal. Prior to submission of a petition, nursing programs operating under the institution's sponsorship shall meet requirements for full program approval. The petition shall include: the name and location of the sponsoring institution and its accreditation status; the mission statement of the sponsoring institution and the mission statement of the proposed program; the proposed location (and satellites) in relation to the administrative office of the sponsoring institution; statement of need and feasibility; type and length of the nursing program proposed; and tentative budget plans including evidence of financial resources adequate for planning, implementing, and continuing the nursing program.

A. The statement of need and feasibility shall include:

(I) Documentation of the need for the nursing program including community and economic development need, rationale for why the program should be established, and documentation of employers' need for graduates of the proposed program;

(II) Number of professional nursing and practical nursing programs in the area and potential impact on those nursing programs;

(III) Number and source of anticipated student population;

(IV) Letters of support for the proposed nursing program;

(V) Letter(s) from potential clinical sites; including a description of potential clinical sites, average daily patient census, and the ability to provide clinical placement to potential student(s) in addition to those of existing nursing programs to meet program objectives and outcomes; and

(VI) Source of potential qualified faculty and anticipated ratio of faculty to student enrollment.

B. Upon board review of the petition, the board shall have the authority to accept or deny the petition. The petition shall be accepted by the board prior to submission of a proposal. Revised petitions may be submitted to the board. Each petition shall remain active for no more than one (1) calendar year from the date of review by the board.

C. The board will electronically notify nursing programs of the accepted petition;

2. Each sponsoring institution shall have only one (1) program proposal under consideration for initial approval at any one (1) time;

3. A program proposal shall be written and presented to the board by the administrator of the proposed program. The proposal shall be written to reflect compliance with the Minimum Standards for Program of Practical Nursing as prescribed in 20 CSR 2200-3.050 through 20 CSR 2200-3.130. The proposal shall bear the signature of the administrator who shall meet the criteria in 20 CSR 2200-3.060(1)(B) and shall be active in the position on a full-time basis for at least nine (9) months and preferably one (1) year prior to the entry of the first class. The number of copies of the proposal, as specified by the board, shall be accompanied with the required application fee. Submission of the application fee shall initiate review of the proposal. The proposal shall be prepared following the reporting format and include each component as indicated in paragraph (4)(A)4. of this rule. The proposal shall remain active for no more than one (1) calendar year from the date of receipt at the board office. No more than two (2) proposal revisions shall be accepted. Members designated by the board shall review the proposal and make recommendations to the board. Board approval of the proposal with or without contingencies shall be obtained no later than six (6) months prior to the anticipated opening date;

4. A proposal submitted shall contain the following information:

A. Curriculum.

(I) Philosophy and/or mission.

(II) Graduate competencies.

(III) Curriculum sequence.

(IV) Course descriptions and objectives with number of credit hours or clock hours for all courses.

(V) Systematic evaluation plan.

(VI) Evidence of eligibility for articulation of credits related to completion of a program of professional nursing;

B. Students.

(I) Maximum number of students per class.

(II) Number of classes admitted per year.

(III) Number of students anticipated in initial class.

(IV) Plan for increase to maximum enrollment, if applicable.

(V) Admission criteria.

(VI) Plans for progression and retention of students.

(VII) Appeal policies and procedures.

(VIII) Availability and accessibility of student services;

C. Faculty.

(I) Plan for hiring full-time and part-time theory and clinical faculty. This shall include full-time equivalents, student to faculty ratios, and full-time to part-time faculty ratios to meet initial and increasing enrollment.

(II) Position descriptions;

D. Support services personnel.

(I) Number of full-time and part-time ancillary support services personnel.

(II) Position descriptions;

E. Sponsoring institution.

(I) Evidence of authorization to conduct the program of practical nursing by the governing body of the sponsoring institution.

(II) Evidence of accreditation by an agency recognized by the United States Department of Education.

(III) Current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the faculty structure within the proposed program.

(IV) Evidence of the financial stability and resources of the sponsoring institution and the program of nursing; and

F. Facilities.

(I) Description of educational facilities to be used by the practical nursing program such as classrooms, library, offices, clinical skills laboratory, and other facilities.

(II) Description of planned or available learning resources to include such items as equipment, supplies, library services, computers, and technology.

(III) Letter(s) from potential clinical site; including a description of potential clinical sites, average daily patient census, and the ability to provide clinical placement to potential students in addition to those of existing nursing programs to meet program objectives and outcomes.

(IV) A letter of intent from each proposed cooperating agency stating its ability to provide the appropriate educational experiences to meet program objectives and outcomes;

5. Site survey. Representatives from the board shall make an on-site survey to verify implementation of the proposal and compliance with 20 CSR 2200-3.050 through 20 CSR 2200-3.130; and

6. The board's decision to grant initial approval is contingent upon evidence from the site survey that the program is being implemented in compliance with 20 CSR 2200-3.050 through 20 CSR 2200-3.130. Initial program approval contingent on the site survey shall remain active for no more than one (1) calendar year prior to program start.

(B) Throughout the period of initial approval, the program will submit an annual survey.

(C) Upon graduation of the program's first class and receipt of results of the National Council Licensure Examination for Practical Nurses (NCLEX-PN® examination), the board shall review the following:

1. The program's compliance with minimum standards during initial approval including the program's adherence to the approved proposal and changes authorized by the board;

2. Report of an on-site survey;

3. Report of the National Council Licensure Examination for Practical Nurses results (as per 20 CSR 2200-3.180(1));

4. Identification and analysis of class graduation rate; and

5. Submission of program's ongoing systematic evaluation plan with available data.

(D) After its review, the board shall decide to continue initial approval for a period of not more than one (1) year, deny approval, or grant full approval.

(5) Full Approval Status.

(A) Annual Report. Each program and each campus of each program shall complete and submit the board's annual survey by the established deadline. Following review by the board, each program shall be notified of the board's action(s).

(B) A program's approval status shall be subject to review by the board if the required annual report is not received within thirty (30) days from the established deadline.

(C) On-Site Surveys. On-site surveys shall be made on a scheduled basis, at the direction of the board, or upon request of the nursing program. Each nursing program shall be surveyed typically at five- (5-) year intervals. If the program is accredited by a national nursing accreditation agency, the nursing program may request that the on-site survey be scheduled in coordination with a national nursing accreditation agency visit. Representatives of the board shall form a survey team to conduct each on-site survey. Each survey team shall consist of two (2) or more persons qualified to conduct on-site surveys. The program shall solicit public comments in preparation for each scheduled on-site survey. Evidence of solicitation of public comments shall be available for

review during the on-site survey.

(D) Additional Visits/Surveys. At least two (2) representatives of the board shall make additional visits/surveys as deemed necessary by the board. A program may request additional visits.

(6) Conditional Approval Status.

(A) Should circumstances warrant, the board will notify the program administrator of concerns regarding the program and the administrator will be requested to respond to those concerns.

(B) Should circumstances be such that instructional quality and integrity of the program is jeopardized, the board may impose a moratorium on student admissions.

(C) A program may be placed on conditional approval status if it has failed to meet or maintain the rules/regulations or requirements, or both, set by the board. The program will remain on conditional approval status until such time as the deficiencies are corrected to the satisfaction of the board.

(D) A program's approval may be withdrawn pursuant to section 335.071.3., RSMo, for noncompliance with minimum standards. A program which fails to correct identified deficiencies to the satisfaction of the board shall, after notice and hearing, be removed from the board's listing of approved programs.

(7) Annual Registration Requirements.

(A) An application for annual registration shall be sent to each approved program and each campus of each program from the board. Failure to receive the application will not relieve the program of its obligation to register.

(B) A separate annual registration form and designated fee as established by 20 CSR 2200-4.010 shall be submitted to the board for each approved program and each campus of each program prior to June 1 of each year.

(C) A program's approval status shall be subject to review by the board if the required registration fee is not received within thirty (30) days following the June 1 deadline.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.010. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Amended: Filed Oct. 14, 1987, effective Jan. 29, 1988. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Dec. 14, 1994, effective May 28, 1995. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-3.010, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-3.020 Discontinuing and Reopening Programs

PURPOSE: This rule establishes the procedures for discontinuing and reopening programs of practical nursing.

(1) Program Discontinuation.

(A) A plan for closure shall be submitted to the board, at least six (6) months and, preferably, one (1) year prior to closing the program and shall include:

1. Closing date; and
2. Plans for completion of program for currently enrolled students.

(B) The plan for closure shall be approved by the board prior to implementation.

(C) Date of completion on the diploma/certificate shall be on or before the official closing date of the program.

(D) Application for registration with the required fee shall be submitted annually to the board as long as there are students in the program.

(E) Classroom and clinical instruction approved by the board shall be provided until the designated date of closing. The sponsoring institution shall be responsible for providing a complete educational program for the currently enrolled students or shall provide a mechanism for transfer.

(F) Records for all graduates and for all students who attended the program of practical nursing shall be filed in the manner used by the institution conducting the program.

1. Transcripts of all courses attempted or completed by each student attending the program shall be maintained by the designated custodian. Provisions for obtaining copies of transcripts shall be maintained.

2. If the program closes but the sponsoring institution continues, that institution shall assume the responsibility for the records and notify the board, in writing, of the location of the storage of the records.

3. If both the program of practical nursing and the sponsoring institution close, the transcripts shall be given permanent custodial care and the board shall be notified in writing of the name and address of the custodian.

(G) A program closure summary indicating compliance with the requirements of this rule shall be submitted to the board no later than thirty (30) days after the actual date for program closure.

(2) Program Reopening. The procedure for reopening a program is the same as for initial approval in 20 CSR 2200-3.010(4)(A).

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.020. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-3.020, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-3.030 Change in Sponsorship

PURPOSE: This rule defines the procedure for a change of sponsorship of a practical nursing program.

(1) The institution assuming the sponsorship of an approved program shall notify the board in writing within ten (10) working days after the change of sponsorship.

(2) A change in sponsorship form provided by the board shall be completed and returned within thirty (30) days of receipt of the form.

(3) Any proposed changes that affect the criteria included in 20 CSR 2200-3.010(4)(A)1.-4. shall be approved by the board prior to implementation.

(4) Program documents shall be changed to indicate the appropriate sponsor.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.030. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-3.030, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-3.035 Multiple Campuses

PURPOSE: This rule defines the procedure for multiple campuses.

- (1) Each campus of a program will be treated independently for purposes of compliance with the minimum standards set forth by the board.
- (2) Each campus is required to submit a separate annual survey, annual registration, and annual registration fee.
- (3) The sponsoring institution shall submit a proposal as indicated in 20 CSR 2200-3.010(4)(A) and receive approval from the board before opening an additional campus. Each additional campus shall be surveyed.
- (4) Each campus shall have a full-time faculty person designated as the coordinator who reports to the program administrator. Each program coordinator shall meet the faculty requirements for appointment.
- (5) Discipline of one (1) campus will not automatically result in discipline of other campuses of the same program.
- (6) Each campus will be evaluated individually concerning licensure examination results.
- (7) Satellite locations do not qualify as multiple campuses.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.035. Original rule filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-3.035, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-3.040 Program Changes Requiring Board Approval, Notification, or Both

PURPOSE: This rule defines program changes which require board approval, notification, or both.

- (1) Board approval is required for changes of the following:
 - (A) Substantial revision of curriculum;
 - (B) Length of program;
 - (C) Increase number of students by enrollment or transfer, by more than one (1) beyond the number

approved by the board;

- (D) Pilot program/project; and
- (E) Relocation of the program or any of its components.

(2) The request for board approval of program changes shall include:

- (A) Narrative description of proposed change(s);
- (B) Rationale for proposed changes including consistency with the program's philosophy and/or mission and graduate competencies;
- (C) Side-by-side comparison of proposed changes and current practice when applicable;
- (D) Timetable for implementation;
- (E) Narrative of the impact of proposed changes on the program;
- (F) Explanation of the impact of the proposed changes on currently enrolled students, faculty, graduates, or resources; and
- (G) Methods of evaluation to be used to determine the effect of the change.

(3) The request shall be submitted by a deadline established by the board.

(4) A change in name and/or address of the program shall be submitted in writing to the board within thirty (30) days of the change.

(5) A change in a program's accreditation status by any accrediting body shall be submitted in writing to the board within thirty (30) days of the program's notification of such.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.040. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-3.040, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-3.050 Organization and Administration of an Approved Program of Practical Nursing

PURPOSE: This rule defines the organization and administration of an approved program of practical nursing.

(1) Philosophy and/or mission of the program shall be in writing and shall be consistent with the philosophy and/or mission statement of the sponsoring institution.

(2) Graduate competencies shall be derived from the program's philosophy and/or mission.

(3) The philosophy and/or mission and the graduate competencies shall be the basis on which the curriculum is developed.

(4) There will be a faculty governance structure with responsibility for the nursing curriculum and the admission, progression and graduation of students.

(A) Meetings shall be scheduled at stated intervals.

(B) Written minutes of all meetings shall be maintained.

(5) The program shall have a current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the faculty structure within the nursing program.

(6) Finance.

(A) There shall be an annual budget to support the program.

(B) The administrator of the program shall manage the budget.

(C) The administrator, with input from the faculty, shall make recommendations for the budget.

(7) Clerical Assistance.

(A) Each program shall have secretarial and other support services sufficient to meet the needs of the program.

AUTHORITY: sections 335.036 and 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.050. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-3.050, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999; 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-3.060 Administrator/Faculty

PURPOSE: This rule defines the categories, qualifications and competencies, responsibilities, and employ-

ment policies of administrator/ faculty.

(1) Program Administrator.

(A) The administrator shall have primary responsibility and the authority for the administration of the nursing program and shall be employed full-time.

(B) Criteria for Appointment—

1. Current active licensure to practice professional nursing in Missouri; the candidate's license to practice professional nursing has never been disciplined in any jurisdiction;

2. Baccalaureate or graduate degree in nursing that includes a clinical component. Any program administrator appointed to the position prior to December 9, 1993, is exempt from the requirement of having a Bachelor of Science in Nursing;

3. Academically and experientially qualified and maintains expertise in area of responsibility; and

4. Approved by the board prior to appointment. Academic transcript(s) that reflects eligibility for the position shall be submitted to the board for approval prior to appointment.

(C) Program administrators with responsibility for two (2) or more nursing programs shall designate full-time faculty as program coordinators. The coordinator's workload shall allow time for day-to-day management of one (1) nursing program under the direction of the program administrator. Each program coordinator shall meet faculty requirements for appointment.

(2) Nursing Faculty.

(A) Nurse faculty shall have responsibility for developing, implementing, and evaluating the nursing program.

(B) Criteria for Appointment—

1. Current active licensure to practice professional nursing in Missouri; the candidate's license to practice professional nursing has never been disciplined in any jurisdiction;

2. Educational requirements—

A. Nursing faculty teaching in a practical nursing program shall have a minimum of a Bachelor of Science in Nursing degree with a clinical component; and

B. Nursing faculty appointed prior to January 1, 1999, are exempt from this requirement;

3. Academically and experientially qualified and maintain expertise in areas of responsibility;

4. Contingent faculty approval may be granted if—

A. The program meets requirements for full board program approval;

B. The program presents sufficient evidence that all options to fill the respective position with a candidate who meets academic requirements have been exhausted;

C. The candidate has current licensure to practice professional nursing in Missouri; the candidate's

license to practice professional nursing has never been disciplined;

D. The candidate is experientially qualified and maintains expertise in areas of responsibility;

E. The candidate is projected to receive the required degree within twelve (12) calendar months of hire; and

F. Faculty approved on contingency shall work under the direction of a board-approved faculty; and

5. Academic transcript(s) shall be submitted to the board. Faculty candidates shall be approved by the board prior to appointment.

(3) Responsibilities. The administrator and faculty of the program shall be responsible for, but not limited to—

(A) Compliance with minimum standards;

(B) Ongoing, systematic development, implementation, and evaluation of the total program in relation to stated philosophy and/or mission and graduate competencies of the program;

(C) Instruction and evaluation of students;

(D) Providing input on program related policies regarding recruitment, admission, retention, promotion, and graduation of students;

(E) Availability of academic advisement and guidance of students;

(F) Maintenance of student records in compliance with institutional policy;

(G) Ensuring confidentiality of student records;

(H) Maintenance of clinical and educational competencies in areas of instructional responsibilities. Professional competence activities may include nursing practice, continuing education, writing for publication, and/or participation in professional associations; evidence of ongoing professional competence related to specialty area instruction shall be maintained;

(I) Participation in the development of program and institutional policies and decision making; and

(J) Experienced faculty shall serve as assigned mentors for less seasoned and new faculty. Records of assigned mentors shall be maintained.

(4) Minimum Number of Faculty. One (1) full-time nursing faculty in addition to the program administrator with sufficient faculty to achieve the objectives of the educational program and such number shall be reasonably proportionate to: number of students enrolled; frequency of admissions; education and experience of faculty members; number and location of clinical sites; and total responsibilities of the faculty.

(5) Faculty workload shall allow time for class and laboratory preparation, instruction, program evaluation, and professional development.

(6) Non-nurse faculty shall have professional preparation and qualifications in the specific areas for which they are

responsible.

(7) Employment Policies.

(A) To the extent required by the law, age, marital status, sex, national origin, race, color, creed, disability, and religion shall not be determining factors in employment.

(B) Nursing Program.

1. Personnel policies shall be available in writing and consistent with the sponsoring institution.

2. Position descriptions shall be in writing and shall detail the responsibilities and functions for each position.

3. A planned orientation shall be in writing and implemented. It shall include a review of the Missouri Nursing Practice Act (NPA).

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.060. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-3.060, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-3.070 Physical Facilities

PURPOSE: This rule defines the physical facilities and resources required by practical nursing programs.

(1) Office Space and Equipment.

(A) The institution shall provide space and equipment to fulfill the purpose of the program.

(B) The administrator of the program shall have a private office.

(C) The coordinator(s) and faculty shall have office space sufficient to carry out responsibilities of their respective positions.

(D) Private areas shall be provided for faculty/student conferences.

(2) Library.

(A) Each program and each campus of each program shall have access to library resources with current and available resources to meet the educational needs of the students and the instructional and scholarly activities of the faculty.

(B) Management of library resources shall include:

1. Budget for acquisition of appropriate resources;
2. System for identifying or deleting outdated resources; and
3. Policies and procedures governing the administration and the use of the library resources shall be in writing and available to students and faculty.

(3) Quiet area designated for study.

(4) Classrooms.

(A) Classrooms shall be of size, number, and type for the number of students and teaching methodology.

(B) Classrooms shall have climate control, ventilation and lighting, seating, furnishings, and equipment conducive to learning.

(C) Storage space shall be available for equipment and supplies.

(5) Clinical Skills Laboratory.

(A) Each program and each campus of each program shall have a clinical skills laboratory sufficient to meet learning outcomes.

(B) Management of clinical skills laboratory shall include:

1. Designated faculty time to manage skills lab resources;
2. Budget allocation for equipment and supplies;
3. Plan for acquisition and maintenance of equipment and supplies; and
4. Policies and procedures governing the administration and the use of the clinical skills laboratory. These policies and procedures shall be in writing and available to students and faculty.

(6) Technology Resources/Computers.

(A) Each program and each campus of each program shall have access to current and available resources to meet the educational needs of the students and the instructional and scholarly activities of the faculty.

(B) Management of technology resources shall include:

1. Budget for acquisition of current technology, including computers;
2. System for identifying, deleting, and/or replacing resources; and
3. Policies and procedures governing the administration and the use of the technology/computers. These policies and procedures shall be made available to students and faculty.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.070. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and*

readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-3.070, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-3.080 Clinical Sites

PURPOSE: This rule defines selection and use of clinical sites by the practical nursing program for required student clinical learning experiences.

(1) Clinical sites shall be selected which will provide direct care and observational learning experiences to meet the objectives of the course.

(A) Observational experiences shall provide learning experiences to meet the course objectives and shall not exceed twenty percent (20%) of the total clinical program hours. Orientation to the facility does not contribute to the twenty percent (20%).

(B) Clinical simulation and clinical skills lab time is at the discretion of the nursing program.

(C) Direct patient care experiences shall be sufficient to achieve identified competencies as well as course and program outcomes.

(D) The ratio of faculty to students in the clinical area shall be designed to promote patient safety and to facilitate student learning.

(E) There shall be evidence of clinical orientation for each nursing course with a clinical component.

(2) Each program shall have written evidence of an agreement with each clinical site which includes time frames for a notification of termination and periodic review.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.080. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-3.080, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-3.085 Preceptors

PURPOSE: This rule defines the utilization of preceptors.

(1) Preceptors may be used as role models, mentors, and supervisors of students in practical nursing programs.

(A) Preceptors do not replace faculty in the education of the student but serve to assist faculty and the student in achieving designated objectives of a nursing course.

(B) Preceptors are not to be considered when determining the faculty to student ratio.

(C) Preceptors shall not be utilized in fundamentals of nursing courses.

(D) Preceptors shall supervise no more than two (2) students during any given shift. Supervision by a preceptor means that the preceptor is present and available to the student(s) in the clinical setting.

(2) Each nursing program shall have written policies for the use of preceptors which incorporate the criteria listed in this rule.

(3) Responsibilities of preceptors shall include:

(A) Possess current license to practice as a registered professional or licensed practical nurse with at least one (1) year experience in the area of clinical specialty for which the preceptor is used;

(B) Perform the responsibilities as determined by the nursing program; and

(C) Provide written documentation to faculty regarding the student's performance in relation to meeting designated course objectives.

(4) Responsibilities of the nursing program faculty in regards to utilization of preceptors shall include:

(A) Select the preceptor in collaboration with the clinical site;

(B) Provide the preceptor with information as to the duties, roles, and responsibilities of the faculty, the student, and the preceptor including the communication processes;

(C) Provide the preceptor a copy of the objectives of the course in which the student is enrolled and directions for assisting the student to meet objectives specific to the clinical experience;

(D) Assume responsibility for each student's final evaluation and the assigning of a performance rating or grade;

(E) Be readily available to students and clinical preceptors during clinical learning experiences; and

(F) Shall meet periodically with the clinical preceptors and student(s) for the purpose of monitoring and evaluating learning experiences.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.085. Original rule filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-3.085,*

effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-3.090 Students

PURPOSE: This rule defines the admission, readmission, and transfer criteria and services provided students.

(1) Admission, Readmission, and Transfer.

(A) The educational program shall comply with the state and federal laws regarding discrimination in the admission of students.

(B) Policies for admission, readmission, transfer, and advanced placement shall be written, implemented, and evaluated by the faculty.

(C) Admission criteria shall reflect consideration of:

1. Potential to complete the program; and

2. Ability to meet the standards to apply for licensure (see sections 335.046.2, RSMo, and 335.066, RSMo).

(D) Students who are readmitted or transferred shall complete the same requirements for graduation as other members of the class to which they are admitted.

(E) The board shall approve the maximum number of students enrolled in each program. The criteria for approval of the maximum number will be based on:

1. Availability of qualified faculty;

2. Available clinical experiences; and

3. Educational facility's ability to accommodate students.

(F) Late Admissions. No student shall be admitted later than five (5) school days after the established entrance date of the program.

(G) Students for whom English is a second language shall meet the same general admission requirements as other students.

(2) Student Services.

(A) Housing. If the school provides housing for students, there shall be written policies governing the facilities.

(B) Health. If the school provides health services for students, there shall be information available regarding a process for accessing and obtaining health care.

(C) Academic Advisement and Financial Aid Services. Academic advisement and financial aid services shall be accessible to all students.

(3) Appeal Procedure. Policies and procedures which afford students due process shall be available for managing academic and nonacademic appeals. Due process for student appeals shall include the providing of written

notice of all decisions affecting an individual student. An opportunity to contest facts serving as the basis for decisions and the opportunities to appeal decisions to a higher level than the original decision maker shall be included.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.090. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-3.090, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-3.100 Educational Program

PURPOSE: This rule defines the educational program, curriculum plan and requirements, and distance education requirements for programs of practical nursing.

(1) General Purpose.

(A) The program shall have a philosophy and/or mission which guides the curriculum practices.

(B) The curriculum incorporates established professional standards, guidelines, and competencies with clearly stated objectives, graduate competencies, and program outcomes.

(C) The educational program shall provide planned learning experiences essential to the achievement of the stated philosophy and/or mission and graduate competencies of the program and shall demonstrate logical progression.

(D) The educational program shall provide clinical education to facilitate transition to practice as a practical nurse.

(2) Curriculum Organization and Development.

(A) The nursing faculty shall have the authority and the responsibility to develop, implement, and evaluate the curriculum.

(B) There shall be a written curriculum plan that is logically structured to achieve expected individual and aggregate student outcomes.

(C) Curriculum design of programs of practical nursing shall foster seamless articulation toward a program of professional nursing.

(D) The curriculum shall be planned so that the number of hours/credits/units of instruction are distributed between theory and clinical hours/credits/units to permit

achievement of graduate competencies and program outcomes.

(E) Curriculum shall be planned so that each division of the curriculum (whether it be a quarter, term, or semester) has a reasonably equal number of credit hours of instruction and has a beginning and ending date.

(F) The number of credit hours required for completion of the nursing program shall not exceed the number of credit hours required for a comparable degree program.

(G) Student learning experiences shall be directed and evaluated by the faculty and be consistent with the curriculum plan.

(3) Curriculum Requirements. Content may be developed as a separate course or integrated. Integrated concepts shall be evident in the course objectives. Instruction shall be provided in the following areas:

(A) Biological and Physical Sciences. Content from these sciences shall include:

1. Anatomy and physiology;
2. Nutrition; and
3. Pharmacology;

(B) Social and Behavioral Sciences. Content from these sciences shall include concepts of:

1. Communication;
2. Interpersonal relations;
3. Culturally and spiritually sensitive care;
4. Patient involvement in decision making and care management; and
5. Promotion of healthy lifestyles for patients and populations;

(C) Growth and development/life span;

(D) Nursing Science. Theory and clinical instruction in nursing shall be based on the nursing process and encompass the promotion, maintenance, and restoration of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle. Content shall enable the student to develop competency in each of the following areas:

1. Fundamentals of nursing;
2. Nursing of adults;
3. Nursing of children;
4. Nursing of the elderly;
5. Maternal and newborn nursing;
6. Mental health concepts;
7. Administration of medications;
8. IV therapy;
9. Leadership/management concepts, to include coordinating and managing continuous patient care;
10. Evidence-based practice;
11. Patient-centered care, to include respect for patient differences, values, preferences, and expressed needs;
12. Patient safety;
13. Quality of care; and
14. Use of information technology to communicate, manage knowledge, mitigate error, and support

decision making;

(E) Personal and vocational concepts shall exist as a discrete course in the curriculum and include the following content:

1. Ethical and legal aspects of nursing;
2. Nursing history and trends;
3. Role of the practical and professional nurse;
4. Inter-professional approach to patient care;

and

5. Quality improvement processes; and

(F) External nursing examinations, if used, shall not be used solely for program progression or graduation.

(4) Syllabus Construction. Syllabi shall be current and available to all faculty, students, and cooperating agencies. Each syllabus shall include:

- (A) Course description;
- (B) Course objectives;
- (C) Teaching or learning strategies;
- (D) Evaluation methodologies;
- (E) Grading scale;
- (F) Course policies; and
- (G) Clock or credit hour requirements related to theory, lab, and clinical instruction.

(5) Distance Education. Courses/programs of study that utilize distance education shall have—

- (A) A course management/delivery platform that is reliable and navigable for students and faculty;
- (B) Budgetary support;
- (C) Collaborative and interactive learning activities that assist the student in achieving course objectives;
- (D) Clinical courses shall be faculty supervised and include direct patient care activities with faculty oversight;
- (E) Learning and technology resources, to include library resources, that are selected with input of the faculty and are comprehensive, current, and accessible to faculty and students;
- (F) Technical support services for faculty and students;
- (G) Access to appropriate and equivalent student services;
- (H) Faculty and student input into the evaluation process; and
- (I) Recurring interaction between faculty and students.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.100. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Amended: Filed May 6, 1983, effective Aug. 11, 1983. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-3.100, effective Aug. 28, 2006.*

Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-3.110 Records

PURPOSE: This rule defines records required to be kept by programs of practical nursing.

(1) Transcripts.

(A) Transcripts of all courses attempted or completed by each student attending the program shall be maintained permanently.

(B) The official transcript shall identify the following:

1. Date of admission, date of separation from the program, hours/credits/units earned, and the diploma/degree awarded; and
2. Transferred credits, including course titles and credits earned. Name and location of the credit-granting institution shall be maintained as part of graduate records.

(C) Transcripts, including microfiche and computer files, shall be stored in a secured area.

(2) School Records.

(A) Student records shall be stored in an area which is theft resistant and where confidentiality can be ensured or according to sponsoring institution policies for secure storage of records.

(B) The nursing program shall maintain records as required by institutional and nursing program policies.

(3) Compliance with the Family Education Rights and Privacy Act (FERPA) and any applicable regulations shall be strictly maintained.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.110. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-3.110, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-3.120 Publications

PURPOSE: This rule defines what must be included in publications published by programs of practical nursing.

- (1) Publications shall be current, dated, and internally consistent.
- (2) A nondiscrimination policy shall appear in publications specific to the nursing program.
- (3) The following information shall be available to the applicant in writing prior to admission:
 - (A) Approval status as granted by the board (initial, full, or conditional approval status);
 - (B) Admission criteria;
 - (C) Section 335.066, RSMo, of the Missouri Nursing Practice Act with an explanation that completion of the program does not guarantee eligibility to take the licensure examination;
 - (D) Advanced placement policies;
 - (E) Student services;
 - (F) Curriculum plan;
 - (G) Program costs;
 - (H) Refund policy; and
 - (I) Financial assistance.
- (4) The following information shall be available to the student in writing upon entry:
 - (A) Philosophy and/or mission;
 - (B) Graduate competencies;
 - (C) Grading, promotion, and graduation policies;
 - (D) Faculty roster with credentials;
 - (E) School calendar;
 - (F) Student policies;
 - (G) Student's rights and responsibilities; and
 - (H) Appeal policies and procedures.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.120. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-3.120, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-3.130 Program Evaluation

PURPOSE: This rule provides for evaluation of the practical nursing program by faculty, students, and coordinating agencies.

- (1) There shall be a written plan for systematic evaluation of all aspects of the program that includes student objectives, graduate competencies, and program outcomes. The systematic evaluation of the program will document the following:
 - (A) Frequency of evaluation;
 - (B) Methods of evaluation;
 - (C) Person(s) responsible for the evaluation;
 - (D) Program-specific benchmarks;
 - (E) Actual outcomes with trended data; and
 - (F) Program planning and improvement based on analysis of the benchmarks and actual outcomes.
- (2) Systematic evaluation of the program shall include evaluation of the following:
 - (A) Student achievement of program outcomes;
 - (B) Adequacy of program resources to include, but not limited to, fiscal, human, and technical learning resources;
 - (C) Clinical experiences to include, but not limited to, evaluation of:
 1. Clinical sites by students and faculty;
 2. Course and faculty by students; and
 3. Students and faculty by representative(s) of clinical site(s); and
 - (D) Multiple measures of program outcomes to include, but not limited to, National Council Licensure Examination (NCLEX) pass rates, graduation and job placement rates, and graduate/employer satisfaction with program preparation for new graduates at six (6) months or more after graduation.
- (3) Documentation shall indicate that data collected through systematic evaluation has been utilized in the planning and improvement of the program.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000. This rule originally filed as 4 CSR 200-3.130. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999. Moved to 20 CSR 2200-3.130, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.*

**Original authority: 335.035, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and*

20 CSR 2200-3.180 Licensure Examination Performance

PURPOSE: This rule defines the required examination pass rate for first-time candidates and its impact on program approval.

(1) The licensure examination performance of first-time candidates from each practical nursing program shall be no less than eighty percent (80%) for each calendar year (January 1 through December 31).

(2) First-time candidates shall include only those graduates of the program who take the licensure examination for the first time within one (1) year of graduation.

(3) The nursing program with a pass rate lower than eighty percent (80%) shall:

(A) First year—Provide the board with a report analyzing all aspects of the education program, identifying areas contributing to the unacceptable pass rate and plan of correction to resolve low pass rate. The plan of correction shall include:

1. Mission or philosophy of the nursing program;
2. Program governance as defined in 20 CSR 2200-3.050(5);
3. General faculty resources and workload;
4. Student support services;
5. Program admission, progression, and graduation policies;
6. Program graduation rates for the last five (5) years;
7. National Council Licensure Examination for Practical Nurses (NCLEX-PN®) pass rates for the last five (5) years;
8. Job placement rates for the last five (5) years;
9. Program satisfaction, to include student, graduate, and employer data;
10. Number of nursing faculty teaching on full-time and part-time basis; to include adjunct clinical faculty and faculty on contingent approval; and
11. Use of systematic program evaluation data related to program planning and improvement;

(B) Second consecutive year—The program may be placed on conditional approval status. The program administrator will be required to appear before and present to the board a current analysis of program effectiveness, problems identified, and plans of correction;

(C) Side-by-side comparison of first-year and second-year analyses of program effectiveness shall be included;

(D) The nursing program placed on conditional approval shall remain on conditional approval (as per 20 CSR 2200-3.010(6)) until it has two (2) consecutive years

of pass rates of at least eighty percent (80%) or until the board removes approval pursuant to section 335.071.3., RSMo; and

(E) If, after two (2) years of conditional approval, a nursing program has not demonstrated consistent measurable progress toward implementation of the correction plan and NCLEX-PN® pass rates remain below eighty percent (80%), the board shall withdraw approval pursuant to section 335.071.3., RSMo.

AUTHORITY: section 335.036, RSMo Supp. 2012, and section 335.071, RSMo 2000.* This rule originally filed as 4 CSR 200-3.180. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999. Amended: Filed Dec. 1, 2000, effective May 30, 2001. Moved to 20 CSR 2200-3.180, effective Aug. 28, 2006. Rescinded and readopted: Filed April 17, 2007, effective Dec. 30, 2007. Amended: Filed Jan. 11, 2013, effective July 30, 2013.

*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011 and 335.071, RSMo 1975, amended 1981, 1999.

Chapter 4

General Rules

20 CSR 2200-4.010 Fees

PURPOSE: This rule establishes and fixes the various fees and charges authorized by Chapter 335, RSMo.

(1) The following fees are established by the State Board of Nursing:

- (A) Examination Fee—Registered Professional Nurse (RN) \$ 45
 - 1. Reexamination Fee—RN \$ 40
- (B) Examination Fee—Licensed Practical Nurse (LPN)..... \$ 41
 - 1. Reexamination Fee—LPN \$ 40
- (C) Endorsement Fee—RN \$ 55
- (D) Endorsement Fee—LPN \$ 51
- (E) Lapsed License Fee (in addition to renewal fee for each year of lapse) \$ 50
- (F) School Annual Registration Fee \$ 100
- (G) Verification Fee \$ 30
- (H) License Renewal Duplicate Fee \$ 15
- (I) Computer Print-Out of Licensees— not more than \$ 25
- (J) Biennial Renewal Fee—
 - 1. RN—
 - A. Effective January 1, 2009 \$ 60
 - B. Effective January 1, 2011, to December 31, 2012 \$ 40
 - C. Effective January 1, 2013 \$ 60
 - 2. LPN—
 - A. Effective January 1, 2009 \$ 52
 - B. Effective January 1, 2011, to December 31, 2012 \$ 32
 - C. Effective January 1, 2013 \$ 52
 - 3. License renewal for a professional nurse shall be biennial; occurring on odd-numbered years and the license shall expire on April 30 of each odd-numbered year. License renewal for a practical nurse shall be biennial; occurring on even-numbered years and the license shall expire on May 31 of each even-numbered year. Renewal shall be for a twenty-four (24)-month period except in instances when renewal for a greater or lesser number of months is caused by acts or policies of the Missouri State Board of Nursing. Renewal applications (see 20 CSR 2200-4.020) shall be mailed every even-numbered year by the Missouri State Board of Nursing to all LPNs currently licensed and every odd-numbered year to all RNs currently licensed;
 - 4. Renewal fees for each biennial renewal period shall be accepted by the Missouri State Board of Nursing only if accompanied by an appropriately completed renewal application; and
 - 5. All fees established for licensure or licensure renewal of nurses incorporate an educational surcharge in the amount of one dollar (\$1) per year for practical nurses and five dollars (\$5) per year for professional nurses. These funds are deposited in the professional and practical nursing student loan and nurse repayment

fund;

- (K) Review and Challenge Fees—
 - 1. LPN \$100
 - 2. RN \$100
- (L) Uncollectible Fee (Charged for any uncollectible check or other uncollectible financial instrument submitted to the Missouri State Board of Nursing.) \$ 25
- (M) Fee for Late Education Agenda Items \$ 30
- (N) Application Fee for Proposals to Establish New Programs of Nursing \$3,000
- (O) Application Fee for Advanced Practice Nurse Eligibility \$150
- (P) Bound Copy of the Nursing Practice Act (statutes and rules) \$ 5
- (Q) Biennial Retired Nurse Renewal Fee (This fee shall not be subject to the education surcharge) \$ 15

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

AUTHORITY: sections 324.001.10 and 335.036, RSMo Supp. 2010 and section 335.046, RSMo 2000. This rule originally filed as 4 CSR 200-4.010. Emergency rule filed Aug. 13, 1981, effective Aug. 23, 1981, expired Dec. 11, 1981. Original rule filed Aug. 13, 1981, effective Nov. 12, 1981. Emergency amendment filed Feb. 10, 1982, effective Feb. 20, 1982, expired June 20, 1982. Amended: Filed Feb. 10, 1982, effective May 13, 1982. Amended: Filed May 13, 1982, effective Aug. 12, 1982. Amended: Filed Oct. 13, 1982, effective Jan. 13, 1983. Amended: Filed Dec. 13, 1983, effective March 11, 1984. Amended: Filed June 29, 1984, effective Nov. 11, 1984. Amended: Filed Nov. 14, 1986, effective Feb. 12, 1987. Amended: Filed Oct. 28, 1988, effective March 11, 1989. Amended: Filed Aug. 11, 1989, effective Dec. 11, 1989. Amended: Filed Nov. 2, 1990, effective March 14, 1991. Amended: Filed Feb. 4, 1991, effective Aug. 30, 1991. Amended: Filed Aug. 7, 1992, effective April 8, 1993. Amended: Filed May 21, 1993, effective Nov. 8, 1993. Amended: Filed Sept. 7, 1993, effective May 9, 1994. Amended: Filed May 5, 1994, effective Oct. 30, 1994. Amended: Filed Oct. 25, 1995, effective June 30, 1996. Amended: Filed Feb. 15, 1996, effective Aug. 30, 1996. Amended: Filed June 1, 2000, effective Nov. 30, 2000. Emergency amendment filed Dec. 15, 2000, effective Jan. 1, 2001, expired June 29, 2001. Amended: Filed Dec. 12, 2000, effective June 30, 2001. Amended: Filed Feb. 18, 2003, effective Aug. 30, 2003. Moved to 20 CSR 2200-4.010,*

effective Aug. 28, 2006. Amended: Filed Aug. 21, 2007, effective Feb. 29, 2008. Amended: Filed Feb. 29, 2008, effective Aug. 30, 2008. Amended: Filed June 2, 2008, effective Dec. 30, 2008. Amended: Filed March 30, 2009, effective Sept. 30, 2009. Emergency amendment filed Jan. 4, 2011, effective Jan. 14, 2011, expired July 12, 2011. Amended: Filed Jan. 4, 2011, effective June 30, 2011.

*Original authority: 334.001, RSMo 2008, amended 2009; 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008; and 335.046, RSMo 1975, amended 1981, 1995, 1999.

20 CSR 2200-4.020 Requirements for Licensure

PURPOSE: This rule sets out requirements for licensure in Missouri of registered professional nurses and licensed practical nurses by examination, endorsement, and renewal.

(1) Examination.

(A) Written examination as used in Chapter 335, RSMo shall mean either a paper and pencil examination or a computerized adaptive examination.

(B) The registered professional nurse (RN) candidate shall have successfully completed the basic prescribed curriculum and received a degree or diploma from a school with an accredited professional nursing program. The practical nurse candidate shall have successfully completed a basic prescribed curriculum in an accredited school of practical nursing and have earned a practical nursing degree, diploma or certificate or completed a comparable period of training as determined by the board. A comparable period of training as determined by the board shall mean graduation from an accredited professional nursing program with validation by examination of a personal and vocational concepts course by an accredited practical nursing program or graduation from the Army Practical Nurse Program.

(C) The candidate shall make written application to the Missouri State Board of Nursing for permission to be admitted to the licensing examination for professional/practical nurses. Application forms for the licensing examination shall be obtained from the Missouri State Board of Nursing.

1. A request for forms shall be made by the director of the program of professional/ practical nursing and should include the names and completion dates of candidates who expect to apply for admission to the examination.

2. Application forms for out-of-state/country graduates may be obtained by contacting the State Board of Nursing, giving name, address, name and address of school of nursing and completion date.

3. Any applicant applying for the practical nurse

licensing examination who is deficient in theory, clinical experience, or both, as stated in 20 CSR 2200, Chapter 3—Practical Nursing, and has not earned a practical nursing degree or met the requirements for a comparable period of training as determined by the board pursuant to 20 CSR 2200-4.020(1)(B), will not be approved.

(D) A completed application for the licensing examination signed and accompanied by one (1) two-inch by two-inch (2"× 2") portrait/photograph of the applicant shall be submitted to the Missouri State Board of Nursing for evaluation along with the required examination fee, and proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check prior to the established deadline date set by the Missouri State Board of Nursing. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor. All fees are nonrefundable. Note: The name appearing on the application will be the only legal name of the individual recognized by the Missouri State Board of Nursing unless evidence of the change in name has been submitted.

(E) An application for a candidate's first licensing examination in Missouri shall bear the school seal and the signature of the director of the program of professional/practical nursing. This shall indicate the endorsement of the candidate to take the licensing examination. The affidavit portion of the application shall be properly executed before a notary public.

(F) Applicants approved by the Missouri State Board of Nursing as eligible to take the licensing examination for professional/practical nurses shall be notified and forwarded identifying material and specific information as to date, time, and place. Candidates shall take the current National Council of State Boards of Nursing, Incorporated Licensure Examination for professional/practical nurses.

(G) The term first licensing examination scheduled by the board, as used in section 335.081, RSMo, shall mean the first licensure examination taken by the student which must be taken within ninety (90) days of graduation.

(H) An applicant for licensure by endorsement or licensure by examination who answers yes to one (1) or more of the questions on the application or the fingerprint checks reveal charges and/or convictions which relate to possible grounds for denial of licensure under section 335.066, RSMo shall submit copies of appropriate documents, as requested by the board, related to that answer or the fingerprint check before his/her application will be considered complete. The copies shall be certified if they are records of a court or administrative government agency. An applicant for licensure by endorsement or licensure by examination who the executive director or designee determines may not meet the requirements for licensure or examination shall be notified that the applica-

tion will be reviewed by the members of the board at the board's next regular scheduled meeting following receipt of all requested documents. The Missouri State Board of Nursing shall notify, by certified mail or delivery, any individual who is refused permission to take an examination for licensure or an individual licensed in another state, territory or foreign country that is denied a license by endorsement without examination. At the time of notification, this individual is to be made aware of his/her avenue of appeal through the Missouri Administrative Hearing Commission.

(I) A passing designation as determined by the Missouri State Board of Nursing shall be attained by candidates to qualify for licensure to practice professional/practical nursing in Missouri. Results of the licensing examination shall be reported only by pass/fail designation to candidates and to directors of programs of professional/practical nursing.

(J) An original examination report shall be forwarded to the examinee. A copy shall be retained in the permanent application on file in the Missouri State Board of Nursing office. A composite report shall be forwarded to the director of each program of professional/practical nursing listing the names of the candidates and the pass/fail designation for each candidate.

(K) A transcript of the final record shall be submitted to the Missouri State Board of Nursing for each applicant upon completion of the program of professional/practical nursing. The seal, if available, of the school and signature of the director of the program of professional/practical nursing or registrar shall be affixed to the transcript. The transcript must include the degree awarded and date of graduation. A candidate cannot take the licensure examination until all licensure requirements are met, including providing a transcript.

(L) There shall be a thirty (30)-day grace period for graduates who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received his/her results.

(M) Requests for Examination Modification.

1. The Missouri State Board of Nursing and its test service shall determine if a candidate shall be allowed modification of the examination if the candidate requests the modification because of a disability defined by the Americans with Disabilities Act.

2. The candidate requesting modification shall submit a request to the Missouri State Board of Nursing. The request shall contain—

A. A letter from the candidate's nursing education program indicating what modifications, if any, were granted by that program;

B. Appropriate documentation supporting the request for accommodation from a qualified professional with expertise in the areas of the diagnosed disability. Documentation must include:

(I) A history of the disability and any past

accommodation granted the candidate and a description of its impact on the individual's functioning;

(II) Identification of the specific standardized and professionally recognized tests/assessments given (e.g., Woodcock-Johnson, Weschler Adult Intelligence Scale);

(III) Clinical diagnoses of disability (where applicable, list the DSM Code Number and Title);

(IV) The scores resulting from testing, interpretation of the scores and evaluations; and

(V) Recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability; and

C. A letter from the applicant requesting the modifications detailing the specific modifications and explaining the rationale for the modifications.

3. When the request is received from the candidate with the previously listed items, the request will be reviewed.

4. If approved, a request for modification of an examination will be submitted to the National Council of State Boards of Nursing, Incorporated.

5. After the National Council of State Boards of Nursing, Incorporated has reported its decision to the Missouri State Board of Nursing, the candidate will be notified of the decision.

6. A handicapped individual is defined in the Rehabilitation Act of 1973.

(2) Repeat Examination.

(A) A candidate who does not achieve the passing designation as determined by the Missouri State Board of Nursing shall not qualify to receive a license to practice professional/ practical nursing in Missouri. It shall be unlawful for any person to practice professional/practical nursing in Missouri as a graduate nurse after failure of the National Council of State Boards of Nursing, Incorporated licensure examination until successfully passing the examination and receiving a license.

(B) A candidate who does not achieve the passing designation who wishes to review, challenge, or both, the National Council Licensure Examination must send a written letter of request to the Missouri State Board of Nursing office no later than four (4) months after release of examination results to the candidate.

(C) If approved, the request is submitted to the National Council of State Boards of Nursing, Incorporated. A board fee may be charged.

(D) A candidate who does not achieve the passing designation shall be notified. No further examination notices shall be issued by the Missouri State Board of Nursing.

(E) The required fee shall be submitted to the Missouri State Board of Nursing office each time the candidate applies for the examination and is nonrefundable.

(3) A graduate of a nursing program may practice as a graduate nurse until he/she has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs.

(4) Passing Score.

(A) The standard score of three hundred fifty (350) in each subject of the State Board Test Pool Examination for Registered Nurses shall be the Missouri passing score beginning with series nine hundred forty-nine (949) through series two hundred eighty-two (282). Candidates writing the licensing examination prior to the date series nine hundred forty-nine (949) was given shall have no grade below sixty-five percent (65%) and shall have attained an average score of seventy percent (70%). Beginning July 1982, the standardized scoring system to be used with the National Council Licensure Examination for Registered Nurses will have a passing score of sixteen hundred (1600). Beginning February 1989, to be eligible for licensure, a candidate must achieve a pass designation on the National Council Licensure Examination for Registered Nurses.

(B) For the period March 1, 1954 through February 28, 1958, seventy percent (70%) was required for passing the practical nurse examination. For the period March 1, 1958 to December 31, 1958, the standard score of three hundred (300) was the minimum passing score for the practical nurse examination. As of January 1, 1959, the standard score of three hundred fifty (350) shall be the minimum passing score in Missouri for the State Board of Nursing Test Pool Licensing Examination or the National Council Licensure Examination for Practical Nurses. Beginning October 1988, to be eligible for licensure, a candidate must achieve a pass designation on the National Council Licensure Examination for Practical Nurses.

(5) Licensure by Endorsement in Missouri—Registered Nurses (RNs) and Licensed Practical Nurses (LPNs).

(A) A professional/practical nurse licensed in another state or territory of the United States shall be entitled to licensure provided qualifications are equivalent to the requirements of Missouri at the time of original licensure. This equivalency shall be defined as—

1. Evidence of completion and graduation from an accredited program of professional/practical nursing if educated in a state of the United States; a course-by-course evaluation report received directly from a credentials evaluation service approved by the board or a Commission on Graduates of Foreign Nursing Schools (CGFNS) certificate if the initial nursing education was earned in a territory, Canada, or another country;

2. Attainment of a passing standard score or pass designation as determined by the Missouri State Board of Nursing on the licensing examination or attainment of an acceptable grade in areas comparable to those required in Missouri at the time licensure was secured in the state of original licensure;

3. Evidence of completion of the applicable secondary education set forth in section 335.046, RSMo requirements or the equivalent as determined by the State Department of Education;

4. Applicants who are not citizens of the United States who have completed programs in schools of professional/practical nursing in states which require citizenship for licensure may take the National Council Licensure Examination for professional/practical nurses in Missouri if they meet all of Missouri's requirements; and

5. If an individual was licensed by waiver as a practical/vocational nurse in another state, territory or foreign country prior to July 1, 1955, and the individual meets the requirements for licensure as a practical nurse in Missouri which were in effect at the time the individual was licensed in the other jurisdiction, she/he is eligible for licensure in Missouri as an LPN. If an individual is licensed by waiver in another state after July 1, 1955, she/he does not qualify for licensure by waiver in Missouri as a practical nurse.

(B) Procedure for Application.

1. An applicant should request an application for endorsement licensure from the Missouri State Board of Nursing. The request shall include the full name, current mailing address and state of original licensure.

2. The application for endorsement licensure shall be completed in black ink with the affidavit portion properly executed before a notary public and submitted with the required application fee, and proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor. All fees are nonrefundable. The application shall be submitted to the Missouri State Board of Nursing.

3. The endorsement/verification of licensure form shall be forwarded by the applicant to the board of nursing for completion in the state or territory of original licensure by examination, or to Canada, with a request to submit the completed form to the Missouri State Board of Nursing.

4. The applicant shall cause an official nursing transcript to be forwarded directly to the Missouri State Board of Nursing office if a transcript is requested by the executive director or designee.

5. A final evaluation of the submitted application shall be made only after all required credentials are assembled.

6. The applicant shall be notified of this evaluation for licensure.

(6) Applicants Not Meeting Requirements.

(A) An applicant who does not meet the Missouri requirements for licensure at the time of completion of a program of professional/practical nursing shall be advised

regarding the necessary steps for qualification on the basis of the particular deficiency.

(B) An applicant who has not attained the passing score or grade on the licensing examination as required by the Missouri State Board of Nursing at the time of original licensure shall be required to take the current National Council Licensure Examination (NCLEX®) and receive a pass designation prior to licensure.

(C) A professional/practical nurse licensed in another state or territory of the United States shall be entitled to licensure; provided, qualifications are equivalent to the requirements in Missouri at the time of original licensure.

(7) Temporary Permit.

(A) Applicants wishing to practice professional/practical nursing in Missouri following the evaluation of the application and transcript, if requested to determine if the applicant meets licensure requirements in Missouri, should submit a copy of a current nursing license from another state, territory or Canada. A temporary permit may be secured for a limited period of time six (6) months until licensure is granted or denied by the Missouri State Board of Nursing or until the temporary permit expires, whichever comes first. If the applicant does not hold a current nursing license in another state, territory or Canada, a temporary permit may be issued upon receipt of a completed endorsement verification of licensure form and transcript, if requested. Applicants from Canada may apply for a temporary permit provided for by rule.

(8) Intercountry Licensure by Examination in Missouri—RN and LPN.

(A) Application Procedure.

1. A professional/practical nurse educated outside a state of the United States shall be entitled to apply to take the examination for licensure if, in the opinion of the Missouri State Board of Nursing, current requirements for licensure in Missouri are met.

2. An applicant must request an Application for Professional/Practical Nurse Licensure by Examination. The request shall include the applicant's full name, current mailing address and country of original licensure. The application shall be properly executed by the applicant in black ink and shall be included in the documents submitted to the Missouri State Board of Nursing for evaluation with the required credentials. All original documents shall be returned to the applicant. Credentials in a foreign language shall be translated into English, the translation shall be signed by the translator and the signature shall be notarized by a notary public. The translation shall be attached to the credentials in a foreign language when submitted to the Missouri State Board of Nursing.

3. The required credentials for practical nurse applicants are—

A. A course-by-course evaluation report received directly from a foreign credentials evaluation service approved by the board;

B. A photostatic copy of birth certificate (if a

copy of birth certificate is not available, copy of baptismal certificate, passport or notarized statement from an authorized agency will be accepted as verification of name, date of birth, and place of birth);

C. Photostatic copy of marriage license/certificate (if applicable);

D. Evidence of English-language proficiency by any of the following:

(I) Test of English as a Foreign Language (TOEFL) www.toefl.org with a passing score of five hundred forty (540) on the paper examination or a passing score of two hundred seven (207) for the computerized examination or a passing score of seventy-six (76) on the Internet-based exam; or

(II) Test of English for International Communication (TOEIC) www.toeic.com with a passing score of seven hundred twenty-five (725); or

(III) International English Language Testing System (IELTS) www.ielts.org with a passing score in the academic module of six and one-half (6.5) and the Spoken Band score of seven (7);

E. Test of Spoken English (TSE®) Certificate indicating that the applicant has obtained a minimum overall score of fifty (50);

F. Photostatic copy of original license issued by the licensing agency where original licensure/registration was secured by examination; and

G. The completed application must be accompanied by one (1) two-inch by two-inch (2"× 2") portrait/photograph of the applicant, and proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor, and the required application fee. All fees are nonrefundable.

4. The required credentials for professional nurse applicants are—

A. A course-by-course evaluation report received directly from a credentials evaluation service approved by the board or Commission on Graduates of Foreign Nursing Schools (CGFNS) certificate and evidence of English-language proficiency. Any of the following is considered evidence of English-language proficiency:

(I) Test of English as a Foreign Language (TOEFL) www.toefl.org with a passing score of five hundred forty (540) on the paper examination or a passing score of two hundred seven (207) for the computerized examination or a passing score of seventy-six (76) on the Internet-based exam; or

(II) Test of English for International Communication (TOEIC) www.toeic.com with a passing score of seven hundred twenty-five (725); or

(III) International English Language Testing System

(IELTS) www.ielts.org with a passing score in the academic module of six and one-half (6.5) and the Spoken Band score of seven (7).

B. A photostatic copy of birth certificate (if a copy of birth certificate is not available, a copy of baptismal certificate, passport or notarized statement from authorized agency will be accepted as verification of name, date of birth and place of birth);

C. Photostatic copy of original license or certificate issued by the licensing agency where original licensure/registration was secured by examination;

D. Photostatic copy of marriage license/certificate (if applicable); and

E. The completed examination application with the required examination fee, one (1) two-inch by two-inch (2"× 2") portrait/photograph of the applicant, and proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background check shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor. All the credentials shall be submitted to the Missouri State Board of Nursing.

(B) Unqualified Applicants. An applicant who does not meet Missouri's current minimum requirements for licensure shall be advised regarding the necessary steps for qualification.

(C) The board of nursing will cooperate with the United States Immigration Service by advising it of the status of the applicant for nursing licensure if requested.

(9) Licensure Renewal.

(A) Renewal periods shall be for one (1), two (2), or three (3) years as determined by the board.

(B) The required fee shall be submitted prior to the date the license lapses.

(C) In answer to requests for information regarding an individual's licensure, the staff of the board will verify status and other information as deemed appropriate by the executive director.

(10) Inactive Licenses.

(A) Any nurse possessing a current license to practice nursing in Missouri may place that license on inactive status by filing a written and signed request for inactive status with the board. This request may be accomplished, but need not be, by signing the request for inactive status which appears on the nurse's application for license renewal and returning that application to the board prior to the date the license has lapsed.

(B) Individuals wishing to reactivate licenses after being carried as inactive shall request a Petition for Renewal from the Missouri State Board of Nursing. Fees shall be accepted only if accompanied by a completed Petition for Renewal. The Petition for Renewal shall be

accompanied by proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check prior to the established deadline date set by the Missouri State Board of Nursing. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor. All fees are nonrefundable. Back fees shall not be required for the years the licensee's records were carried as inactive. The Petition for Renewal shall also show, under oath or affirmation of the nurse, a statement—

1. That the nurse is not presently practicing nursing in Missouri; and

2. As to whether the nurse did practice nursing while the license was inactive and, if so, how long and where. If the nurse was practicing nursing in Missouri at the time his/her license was inactive, he/she also must submit a notarized statement indicating that he/she ceased working as soon as he/she realized that the license was inactive. In addition, the nurse must cause his/her employer to submit a statement on the employer's letterhead stationery or a notarized statement indicating that the nurse ceased working as soon as he/she realized that the license was inactive.

(C) No person shall practice nursing or hold him/herself out as a nurse in Missouri while his/her license is inactive.

(D) A nurse who petitions for renewal of an inactive license who answers yes to one (1) or more of the questions on the petition which relate to possible grounds for denial of renewal under section 335.066, RSMo, shall submit copies of appropriate documents related to that answer, as requested by the board, before his/her petition will be considered complete. The copies shall be certified if they are records of a court or administrative government agency. If a nurse requesting reinstatement of his/her inactive license is denied by the State Board of Nursing based upon the fact that the nurse is subject to disciplinary action under any provisions of Chapter 335, RSMo, the nurse shall be notified of the statutory right to file a complaint with the Administrative Hearing Commission.

(E) A nurse whose license is inactive for three (3) years or more shall file the petition, documents, and fees required in subsection (10)(B). In addition, the nurse may be required to appear before the board personally and demonstrate evidence of current nursing knowledge and may be required to successfully complete an oral or written examination, or both, provided by the board or to present proof of regular licensed nursing practice in other states during that time period.

(11) Lapsed Licenses, When—Procedures for Reinstatement.

(A) Pursuant to sections 335.056 and 335.061, RSMo, a license issued by the State Board of Nursing to an RN or LPN is lapsed if the nurse fails to renew that license in a timely fashion. A license renewal is timely if the nurse mails a completed application for renewal, accompanied by the requisite fee, in a properly stamped and addressed envelope, postmarked no later than the expiration date of the nurse's current license. No person shall practice nursing or hold him/herself out as a nurse in Missouri while his/her license is registered with the State Board of Nursing as being lapsed.

(B) A nurse whose license has lapsed in Missouri for fewer than thirty (30) days may obtain renewal of that license by mailing the requisite fee to the proper address and postmarked no later than the thirtieth day of lapse. Satisfactory explanation of the lapse will be presumed. The State Board of Nursing, in its discretion, may not renew the license of any nurse who is subject to disciplinary action under Chapter 335, RSMo, but the board shall advise the nurse of the statutory right to file a complaint with the Administrative Hearing Commission.

(C) A nurse whose license has lapsed in Missouri for thirty (30) days or more, but fewer than three (3) years, must petition the State Board of Nursing for renewal of the license on a form furnished by the board. Accompanying the petition shall be a late renewal fee, the fee for the current renewal period as outlined in 20 CSR 2200-4.010, and proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check prior to the established deadline date set by the Missouri State Board of Nursing. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor. All fees are nonrefundable. If the nurse has practiced nursing in Missouri while the license was lapsed, in order to renew, the licensee must pay the lapsed fee, the renewal fee for each year he/she practiced nursing in Missouri, and the fee for the current renewal period. This petition shall show under oath or affirmation of the nurse—

1. A statement that the nurse is not presently practicing nursing in Missouri;

2. A statement as to whether the nurse did practice nursing while the license was lapsed and, if so, how long and where; and

3. If the nurse was practicing nursing in Missouri at the time his/her license was lapsed, he/she must submit a notarized statement indicating that he/she ceased working as soon as he/she realized that the license was lapsed. In addition, the nurse must cause his/her employer to submit a statement on the employer's letterhead stationery or a notarized statement indicating that the nurse ceased working as soon as he/she realized that the license was lapsed.

(D) A nurse whose license is lapsed for three (3) years or more shall file the same petition, documents and fees required in subsection (11)(C). In addition, the nurse may be required to appear before the board personally and demonstrate evidence of current nursing knowledge and may be required to successfully complete an examination provided by the board or by proof of regular licensed nursing practice in other states during that time period.

(E) Upon satisfactory completion of the requirements specified in subsections (11)(B)–(D) which are pertinent to that nurse, the board reserves the right to refuse to reinstate the lapsed license of any nurse, including one who is subject to disciplinary action under any provisions of Chapter 335, RSMo, which includes disciplinary action for practicing nursing without a license while that license is lapsed. A nurse who is petitioning for renewal of a lapsed license who answers yes to one (1) or more of the questions on the petition which relate to possible grounds for denial of renewal under section 335.066, RSMo, shall submit copies of appropriate documents, as requested by the board, related to that answer before his/her petition will be considered complete. The copies shall be certified if they are records of a court or administrative government agency. If a lapsed license is not reinstated, the board shall notify the nurse of the fact and the statutory right to file a complaint with the Administrative Hearing Commission.

(F) If any provision of this rule is declared invalid by a court or agency of competent jurisdiction, the balance of this rule shall remain in full force and effect, severable from the invalid portion.

(12) Change of Name, Address, or Both.

(A) Original License. The original license may not be altered in any way; it must remain in the name under which it was issued.

(B) Current License.

1. Each Missouri licensed nurse shall notify the board within thirty (30) days of each name change.

2. Each Missouri licensed nurse shall notify the board within thirty (30) days of each address change.

(13) Retired License Status.

(A) An applicant for renewal of a nurse license who is retired from the profession may apply for a retired license status by completing a form provided by the board.

(B) Retired from the profession means that the licensee does not intend to practice nursing for monetary compensation for at least two (2) years; such person may provide volunteer services.

(C) A licensee may qualify for retired license status provided the licensee:

1. Is retired from the profession;
2. Holds a current, unrestricted, and undisciplined nurse license; and
3. Submits the required form.

(D) Retired license renewal for a professional nurse shall be biennial; occurring on odd-numbered years and the license shall expire on April 30 of each odd-numbered year. Retired license renewal for a practical nurse shall be biennial; occurring on even-numbered years and the license shall expire on May 31 of each even-numbered year.

(E) Individuals wishing to reactivate licenses after being carried as retired shall request a Petition for Renewal from the board. Fees shall be accepted only if accompanied by a completed petition for renewal. The Petition for Renewal shall be accompanied by proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check prior to the established deadline date set by the Missouri State Board of Nursing. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor. All fees are nonrefundable. Back fees shall not be required for the years the licensee's records were carried as retired. The Petition for Renewal shall show, under oath or affirmation of the nurse, a statement—

1. That the nurse is not presently practicing nursing in Missouri for monetary compensation; and

2. As to whether the nurse did practice nursing for monetary compensation while the license was retired and, if so, how long and where. If the nurse was practicing nursing for monetary compensation in Missouri at the time his/her license was retired, he/she also must submit a notarized statement indicating employment dates, employer names and addresses, and an explanation of why the nurse practiced for compensation while the license was retired. In addition, the nurse must cause his/her employer to submit a statement on the employer's letterhead stationery or a notarized statement indicating that the nurse ceased working as soon as he/she realized that the license was retired.

(F) A nurse who petitions for renewal of a retired license, who answers yes to one (1) or more of the questions on the petition which relate to possible grounds for denial of renewal under section 335.066, RSMo, shall submit copies of appropriate documents related to that answer, as requested by the board, before his/her petition will be considered complete. The copies shall be certified if they are records of a court or administrative government agency. If a nurse requesting reinstatement of his/her retired license is denied by the State Board of Nursing based upon the fact that the nurse is subject to disciplinary action under any provisions of Chapter 335, RSMo, the nurse shall be notified of the statutory right to file a complaint with the Administrative Hearing Commission.

AUTHORITY: sections 335.036.1(2) and (7) and 335.066, RSMo Supp. 2013, and sections 335.046 and 335.051,

RSMo 2000. This rule originally filed as 4 CSR 200-4.020. Original rule filed Oct. 14, 1981, effective Jan. 14, 1982. Amended: Filed May 13, 1982, effective Aug. 12, 1982. Amended: Filed Oct. 13, 1982, effective Jan. 13, 1983. Amended: Filed March 15, 1983, effective June 11, 1983. Amended: Filed Sept. 13, 1983, effective Dec. 11, 1983. Amended: Filed May 24, 1985, effective Nov. 11, 1985. Amended: Filed Sept. 13, 1985, effective Dec. 28, 1985. Amended: Filed Aug. 5, 1987, effective Nov. 12, 1987. Rescinded and readopted: Filed Aug. 11, 1989, effective Dec. 11, 1989. Amended: Filed Dec. 13, 1989, effective Feb. 25, 1990. Amended: Filed Oct. 17, 1991, effective April 9, 1992. Amended: Filed March 5, 1992, effective Aug. 6, 1992. Emergency amendment filed May 14, 1993, effective May 24, 1993, expired Sept. 20, 1993. Amended: Filed May 14, 1993, effective Nov. 8, 1993. Amended: Filed June 29, 1993, effective Jan. 13, 1994. Amended: Filed Sept. 7, 1993, effective May 9, 1994. Amended: Filed Feb. 2, 1994, effective July 30, 1994. Amended: Filed Dec. 15, 1995, effective June 30, 1996. Amended: Filed Jan. 29, 1996, effective July 30, 1996. Amended: Filed July 27, 1998, effective Jan. 30, 1999. Amended: Filed May 12, 2000, effective Nov. 30, 2000. Amended: Filed June 28, 2002, effective Dec. 30, 2002. Amended: Filed March 15, 2004, effective Sept. 30, 2004. Amended: Filed July 29, 2005, effective March 30, 2006. Moved to 20 CSR 2200-4.020, effective Aug. 28, 2006. Amended: Filed May 14, 2007, effective Nov. 30, 2007. Amended: Filed Feb. 29, 2008, effective Aug. 30, 2008. Amended: Filed June 2, 2008, effective Dec. 30, 2008. Amended: Filed Aug. 27, 2009, effective Feb. 28, 2010. Amended: Filed Sept. 5, 2013, effective Feb. 28, 2014.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007; 335.046, RSMo 1975, amended 1981, 1995, 1999; and 335.051, RSMo 1975, amended 1981, 1999.*

20 CSR 2200-4.021 Graduate Temporary Permit
(Rescinded April 30, 2010)

AUTHORITY: section 335.036, RSMo 2000. This rule originally filed as 4 CSR 200-4.021. Original rule filed Sept. 13, 1983, effective Dec. 11, 1983. Amended: Filed Dec. 13, 1989, effective Feb. 25, 1990. Amended: Filed June 16, 2003, effective Dec. 30, 2003. Moved to 20 CSR 2200-4.021, effective Aug. 28, 2006. Rescinded: Filed Oct. 8, 2009, effective April 30, 2010.

20 CSR 2200-4.022 Nurse Licensure Compact

PURPOSE: This rule sets forth the provisions of the nurse licensure compact.

(1) Definition of Terms in the Compact. For the purpose of the compact—

(A) “Board”—party state’s regulatory body responsible for issuing nurse licenses;

(B) “Information system”—the coordinated licensure information system;

(C) “Primary state of residence”—the state of a person’s declared fixed permanent and principal home for legal purposes; domicile;

(D) “Public”—any individual or entity other than designated staff or representatives of party state boards or the National Council of State Boards of Nursing, Inc.; and

(E) Other terms used in these rules are to be defined as in the Interstate Compact.

(2) Issuance of a License by a Compact Party State. For the purpose of this compact—

(A) No applicant for initial licensure will be issued a compact license granting a multi-state privilege to practice unless the applicant first obtains a passing score on the applicable National Council Licensure Examination (NCLEX) examination or its predecessor examination used for licensure;

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

1. Driver’s license with a home address;

2. Voter registration card displaying a home address;

3. Federal income tax return declaring the primary state of residence;

4. Military Form no. 2058—state of legal residence certificate; or

5. W-2 from U.S. Government or any bureau, division, or agency thereof indicating the declared state of residence;

(C) A nurse on a visa from another country applying for licensure in a party state may declare either the country of origin or the party state as the primary state of residence. If the foreign country is declared the primary state of residence, a single state license will be issued by the party state;

(D) A license issued by a party state is valid for practice in all other party states unless clearly designated as valid only in the state which issued the license;

(E) When a party state issues a license authorizing practice only in that state and not authorizing practice in other party states (i.e., a single state license), the license shall be clearly marked with words indicating that it is valid only in the state of issuance;

(F) A nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multi-state licensure privilege during the processing of the nurse’s licensure application in the new home state for a

period not to exceed ninety (90) days;

(G) The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the ninety-(90-) day period as stated in subsection (2)(F) shall be stayed until resolution of the pending investigation;

(H) The former home state license shall no longer be valid upon the issuance of a new home state license; and

(I) If a decision is made by the new home state denying licensure, the new home state shall notify the former home state within ten (10) business days and the former home state may take action in accordance with that state’s laws and rules.

(3) Limitations on Multi-State Licensure Privilege—Discipline.

(A) Home state boards shall include in all licensure disciplinary orders and/or agreements that limit practice and/or require monitoring the requirement that the licensee subject to said order and/or agreement will agree to limit the licensee’s practice to the home state during the pendency of the disciplinary order and/or agreement. This requirement may, in the alternative, allow the nurse to practice in other party states with prior written authorization from both the home state and such other party state boards.

(B) An individual who had a license which was surrendered, revoked, suspended, or an application denied for cause in a prior state of primary residence, may be issued a single state license in a new primary state of residence until such time as the individual would be eligible for an unrestricted license by the prior state(s) of adverse action. Once eligible for licensure in the prior state(s), a multi-state license may be issued.

(4) Information System.

(A) Levels of Access.

1. The public shall have access to nurse licensure information limited to—

A. The nurse’s name;

B. Jurisdiction(s) of licensure;

C. License expiration date(s);

D. Licensure classification(s) and status(es);

E. Public emergency and final disciplinary actions, as defined by contributing state authority; and

F. The status of multi-state licensure privileges.

(B) Non-party state boards shall have access to all information system data except current significant investigative information and other information as limited by contributing party state authority.

(C) Party state boards shall have access to all information system data contributed by the party states and other information as limited by contributing non-party state authority.

(D) The licensee may request in writing to the home state board to review the data relating to the licensee in

the information system. In the event a licensee asserts that any data relating to him or her is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The board shall verify and within ten (10) business days correct inaccurate data to the information system.

(E) The board shall report to the information system within ten (10) business days—

1. Disciplinary action, agreement, or order requiring participation in alternative programs or which limit practice or require monitoring (except agreements and orders relating to participation in alternative programs required to remain non-public by contributing state authority);

2. Dismissal of complaint;

3. Changes in status of disciplinary action or licensure encumbrance;

4. Current significant investigative information shall be deleted from the information system within ten (10) business days upon report of disciplinary action, agreement, or order requiring participation in alternative programs or agreements which limit practice or require monitoring or dismissal of a complaint; and

5. Changes to licensure information in the information system shall be completed within ten (10) business days upon notification by a board.

AUTHORITY: sections 335.300, 335.325, and 335.335, RSMo Supp. 2012. Original rule filed Oct. 8, 2009, effective April 30, 2010. Amended: Filed March 8, 2013, effective Aug. 30, 2013.*

**Original authority: 335.300, RSMo 2009.*

20 CSR 2200-4.025 Definitions

PURPOSE: This rule provides definitions for specific terms used throughout the rules.

(1) MNIT—Missouri Nurse Intervention and Treatment Program.

(2) MNIT Board of Directors—Composed of a maximum of seven (7) members and the MNIT administrator to promote the early identification, intervention, treatment and rehabilitation of licensed practical nurses or registered professional nurses who may be impaired by reasons of substance abuse and/or mental disorders.

(3) Contractor—A nonprofit corporation or association with whom the Missouri State Board of Nursing contracts for the purpose of creating, supporting, and maintaining the MNIT Program.

(4) MNIT Administrator—The person(s) who is hired by the contractor to oversee and manage the MNIT

Program.

(5) Nurse—Registered professional nurse or licensed practical nurse licensed in the state of Missouri.

AUTHORITY: sections 335.036 and 335.067, RSMo Supp. 2007. Original rule filed Feb. 11, 2008, effective Aug. 30, 2008.

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007 and 335.067, RSMo 2007.*

20 CSR 2200-4.026 Membership and Organization

PURPOSE: This rule establishes the membership and organization of the MNIT Board of Directors.

(1) The Missouri Nurse Intervention and Treatment (MNIT) Program Board of Directors shall be composed of:

(A) Psychiatric or mental health professional (medical doctor, doctor of osteopathy, nurse practitioner, clinical nurse specialist, registered professional nurse) designated by the Missouri Hospital Association;

(B) Member who is in recovery designated by the Missouri Nurses Association;

(C) Member who is in recovery designated by the Missouri State Association of Licensed Practical Nurses;

(D) Licensed practical nurse designated by the Missouri State Association of Licensed Practical Nurses;

(E) Registered professional nurse designated by the Missouri Nurses Association;

(F) Advanced practice registered nurse designated by an advanced practice registered nurse organization through the Missouri Nurses Association;

(G) Public member designated by the Missouri Center for Patient Safety; and

(H) MNIT administrator.

(2) The MNIT Board of Directors shall serve staggered three (3)-year terms and shall serve at the discretion of their respective agencies and serve as many terms as their respective agencies deem appropriate. The first board of directors' terms will be decided by random draw at the Board of Nursing office. The MNIT Board of Directors shall annually elect a chairperson. The chairperson is responsible for notifying the respective agencies six (6) months prior to the expiration of a term.

(3) The MNIT Board of Directors shall meet at least two (2) times annually.

(4) The MNIT Board of Directors shall serve without compensation other than that allowed by law for service as a board member. Each member of the MNIT Board

of Directors shall be entitled to reimbursement for travel expenses as deemed appropriate by the MNIT Board of Directors.

(5) The MNIT Board of Directors shall oversee all aspects of the general operation of the contractor including, but not limited to, oversight of the administration, staffing, financial operations and case management as it pertains to the Missouri Nurse Intervention and Treatment Program.

(6) The MNIT administrator shall be a non-voting member of the MNIT Board of Directors.

AUTHORITY: sections 335.036 and 335.067, RSMo Supp. 2007. Original rule filed Feb. 11, 2008, effective Aug. 30, 2008.

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007 and 335.067, RSMo 2007.*

20 CSR 2200-4.027 MNIT Board of Directors/ Contractor Duties

PURPOSE: This rule establishes the duties of the MNIT Board of Directors and contractor.

(1) The Missouri Nurse Intervention and Treatment (MNIT) Program Board of Directors/contractor shall provide a written and/or oral report to the State Board of Nursing at each quarterly State Board of Nursing meeting or upon request of the State Board of Nursing. The report shall outline the status of each nurse in treatment referred to the MNIT Board of Directors by the State Board of Nursing in such detail as requested by the State Board of Nursing. The identity of the nurses who voluntarily submit to the MNIT Board of Directors/contractor shall remain anonymous for purposes of these reports.

(2) The MNIT Board of Directors/contractor shall provide written and/or oral reports to the State Board of Nursing, including quarterly income and expense reports. These reports must be itemized and account for all income from any and every source and each expense to any and every vendor that relates to the Missouri Nurse Intervention and Treatment Program in any way.

(3) The MNIT Board of Directors/contractor shall enter into written contracts with each nurse in treatment. The contract between the MNIT Board of Directors/contractor and the nurse shall include, but not be limited to, the following:

(A) Each contract shall be a minimum of five (5) years in duration;

(B) Each nurse in treatment will abstain from the pos-

session or consumption of controlled substances except as prescribed by a treating physician;

(C) Each nurse in treatment shall abstain from the possession or consumption of alcohol or illegal drugs;

(D) Each nurse in treatment shall submit to random drug testing unless otherwise specified by the State Board of Nursing;

(E) Each nurse in treatment shall report all relapses to the MNIT Board of Directors;

(F) Upon request of the MNIT Board of Directors, each nurse in treatment shall report to the MNIT Board of Directors;

(G) Each nurse in treatment shall attend support meetings as requested by the MNIT Board of Directors or treatment providers;

(H) Each nurse in treatment referred to the Missouri Nurse Intervention and Treatment Program by the State Board of Nursing shall authorize the MNIT Board of Directors to release any and all information regarding the nurse in treatment to the State Board of Nursing;

(I) Each nurse in treatment voluntarily enrolled in the Missouri Nurse Intervention and Treatment Program shall authorize the MNIT Board of Directors to release any and all information regarding the nurse in treatment to the State Board of Nursing upon a violation of Chapter 335, RSMo or the rules promulgated pursuant thereto or the contract with the MNIT Board of Directors;

(J) Each nurse in treatment shall be financially responsible for all drug screens and any other professional or administrative service rendered on behalf of the nurse in treatment; and

(K) The following paragraph shall be contained in each written agreement:

1. In consideration of my being allowed to participate in the Missouri Nurse Intervention and Treatment Program, I expressly release the contractor, the MNIT administrator, the MNIT Board of Directors and the State Board of Nursing and all of their employees, board members, agents and independent contractors from any and all claims, whether now existing or hereafter arising, related to or arising from my participation in the Missouri Nurse Intervention and Treatment Program or any services provided to me hereunder, including but not limited to claims that I might hereafter assert that the contractor, the MNIT administrator, the MNIT Board of Directors or State Board of Nursing, any of the agents or independent contractors, board members or employees were negligent or that any of said persons or entities committed any acts of omission or commission that I claim are or were negligent or that I claim were acts of professional malpractice, it being the intent hereof that I will be forever barred from asserting any such claims hereafter. In the event I hereafter assert any such claim, I agree that such assertion will disqualify me from further participation in the Missouri Nurse Intervention and Treatment Program and that the MNIT Board of Directors will be absolutely entitled to discharge me from said program.

(4) The MNIT Board of Directors/contractor shall provide services when appropriate to nurses in treatment which include, but are not limited to, the following:

(A) Monitoring compliance of the contract between the MNIT Board of Directors and the nurse in treatment;

(B) Administering drug screens;

(C) Assisting the nurse in treatment in obtaining evaluation and treatment; and

(D) Requiring evaluators to provide written reports which address whether a member of the Missouri Nurse Intervention and Treatment Program suffers from an impairment, identifies the impairment, provides recommendations for treatment of the impairment and whether the member's practice of nursing should be restricted due to the impairment.

(5) The MNIT Board of Directors/contractor shall report, in writing, to the State Board of Nursing all violations of State Board of Nursing disciplinary orders or the Nursing Practice Act which occur after the date of the disciplinary order or the date of the nurse entering the Missouri Nurse Intervention and Treatment Program, whichever occurs first. All violations shall be reported promptly but no later than ten (10) days after obtaining knowledge of the violation.

(6) The MNIT Board of Directors/contractor shall assist the State Board of Nursing in carrying out the terms of any disciplinary order pertaining to a nurse in treatment.

(7) The MNIT Board of Directors/contractor shall obtain a written release from all nurses referred to the Missouri Nurse Intervention and Treatment Program by the State Board of Nursing. The release shall authorize the MNIT Board of Directors/contractor to release all information and documents pertaining to the nurse to the State Board of Nursing and MNIT Board of Directors and to communicate all information regarding the nurse in treatment to the State Board of Nursing and MNIT Board of Directors.

(8) The MNIT Board of Directors/contractor shall provide the State Board of Nursing access to all information and documents pertaining to the nurse in treatment referred to the Missouri Nurse Intervention and Treatment Program by the State Board of Nursing.

(9) The contractor shall require the administrator to supply information and documentation with regard to the identification, intervention, treatment and rehabilitation of all nurses who participate or are assisted by the Missouri Nurse Intervention and Treatment Program to the MNIT Board of Directors as directed by the MNIT Board of Directors.

(10) The contractor shall require the MNIT administrator to supply all reports provided to the State Board of Nursing to the MNIT Board of Directors. The informa-

tion and documentation as described herein shall only be released to the State Board of Nursing pursuant to Chapter 335, RSMo and the rules promulgated thereto.

(11) The contractor shall require the MNIT administrator to provide the MNIT Board of Directors with all information on nurses participating in or assisted by the contractor as directed by the MNIT Board of Directors.

(12) The MNIT Board of Directors/contractor shall prepare and implement an action plan and budget as directed by and approved by the State Board of Nursing. The MNIT Board of Directors/contractor shall report on progress with regard to preparing and implementing the action plan and budget as directed by the State Board of Nursing and MNIT Board of Directors.

(13) The MNIT Board of Directors/contractor shall require the MNIT administrator to submit progress and performance reports to the MNIT Board of Directors and the State Board of Nursing as requested by the MNIT Board of Directors or the State Board of Nursing. Reports of those voluntarily participating in the program shall be for statistical purposes only.

(14) The contractor shall coordinate activities of the MNIT Board of Directors, oversee and manage the daily operations of the MNIT Board of Directors and assist with the administrative duties of the MNIT Board of Directors.

AUTHORITY: sections 335.036 and 335.067, RSMo Supp. 2007. Original rule filed Feb. 11, 2008, effective Aug. 30, 2008.

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007 and 335.067, RSMo 2007.*

20 CSR 2200-4.028 Confidentiality

PURPOSE: This rule establishes the guidelines regarding the confidentiality of the records and information of the impaired professional.

(1) The Missouri Nurse Intervention and Treatment (MNIT) Program Board of Directors shall provide the State Board of Nursing access to all information pertaining to each nurse in treatment referred to the MNIT Board of Directors by the State Board of Nursing.

(2) The MNIT Board of Directors shall obtain a written release from each nurse in treatment in the Missouri Nurse Intervention and Treatment Program authorizing the release of all information and documents pertaining to the nurse in treatment to the State Board of Nursing authorizing the MNIT Board of Directors to communicate

all information pertaining to the nurse in treatment to the State Board of Nursing. The information and documentation as described herein shall only be released to the State Board of Nursing pursuant to Chapter 335, RSMo and the rules promulgated thereto relating to violation of the MNIT contract.

(3) In regards to a participant referred by the State Board of Nursing and the voluntary participants who have violated their MNIT contract, the State Board of Nursing and MNIT Board of Directors may exchange privileged and confidential information, interviews, reports, statements, memoranda and other documents including information on investigations, findings, conclusions, interventions, treatment, rehabilitation and other proceedings of the State Board of Nursing and MNIT Board of Directors and other information closed to the public to promote the identification, interventions, treatment, rehabilitation and discipline (accountability) of nurses who may be impaired.

(4) All privileged and confidential information and other information not considered to be public records or information pursuant to Chapter 610, RSMo shall remain privileged and confidential and closed to the public after such information is exchanged.

AUTHORITY: sections 335.036 and 335.067, RSMo Supp. 2007. Original rule filed Feb. 11, 2008, effective Aug. 30, 2008.

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007 and 335.067, RSMo 2007.*

20 CSR 2200-4.029 MNIT Administrator

PURPOSE: This rule establishes the qualifications and duties of the MNIT administrator.

(1) The Missouri Nurse Intervention and Treatment (MNIT) Program administrator shall possess a combination of education and experience in the area of addiction counseling and be licensed in Missouri in a related field.

(2) The MNIT administrator shall be familiar with nursing professionals suffering from impairment which include, but shall not be limited to, the following:

- (A) Dependency;
- (B) Alcohol addiction;
- (C) Drug addiction; and
- (D) Mental health issues.

(3) The duties of the MNIT administrator shall include, but not be limited to, the following:

- (A) Organizing and carrying out interventions;
- (B) Referring nurses for appropriate assessment, or

evaluation and seeing that treatment recommendations based on the assessment are followed;

(C) Monitoring treatment progress and re-entry contractual compliance. Said monitoring shall include random drug screens;

(D) Assisting nurses to reenter practice from treatment;

(E) Assisting with aftercare issues;

(F) Any and all reporting of these areas to appropriate agencies;

(G) Program development;

(H) Outreach education; and

(I) Other necessary services as determined by the MNIT Board of Directors.

(4) The MNIT administrator shall supply information and documentation with regard to the identification, intervention, treatment and rehabilitation of all nurses who participate or are assisted by the Missouri Nurse Intervention and Treatment Program to the MNIT Board of Directors as directed by the MNIT Board of Directors.

(5) The MNIT administrator shall supply all reports provided to the State Board of Nursing and to the MNIT Board of Directors. The contractor shall provide all reports, including reports on nurses who participate in or are assisted by the Missouri Nurse Intervention and Treatment Program, and fiscal reports to the MNIT Board of Directors as directed by the MNIT Board of Directors.

(6) The MNIT administrator shall provide the MNIT Board of Directors with all information on nurses participating in or assisted by the contractor as directed by the MNIT Board of Directors.

(7) The MNIT Board of Directors/contractor shall provide the State Board of Nursing access to all information and documents pertaining to the nurse in treatment referred to the Missouri Nurse Intervention and Treatment Program by the State Board of Nursing.

AUTHORITY: sections 335.036 and 335.067, RSMo Supp. 2007. Original rule filed Feb. 11, 2008, effective Aug. 30, 2008.

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007 and 335.067, RSMo 2007.*

20 CSR 2200-4.030 Public Complaint Handling and Disposition Procedure

PURPOSE: This rule establishes a procedure for the receipt, handling, and disposition of public complaints by the board.

(1) Only complaints containing sufficient information to investigate and alleging conduct that would violate the Nursing Practice Act shall be investigated in the manner set forth in sections (3) through (10) below.

(2) The Board of Nursing encourages potential complainants to immediately alert the nurse and administration of the facility where the nurse is employed of the concern or complaint in an effort to provide the facility with the opportunity to address and correct concerns immediately.

(3) The State Board of Nursing shall receive and process each complaint made against any licensee or permit holder, which complaint alleges certain acts or practices which may constitute one (1) or more violations of the provisions of Chapter 335, RSMo. This only applies to complaints where there is sufficient information to investigate and the allegation(s), if true, would be a violation of the Nursing Practice Act. Any member of the public or profession, or any federal, state, or local officials may make and file a complaint with the board. No member of the State Board of Nursing shall file a complaint with this board while holding that office, unless that member is excused from further board deliberations or activity concerning the matters alleged within that complaint. The executive director or any staff member of the board may file a complaint pursuant to this rule in the same manner as any member of the public.

(4) Complaints should be mailed, faxed, or delivered to the following address: Executive Director, Missouri State Board of Nursing, 3605 Missouri Boulevard, PO Box 656, Jefferson City, MO 65102-0656.

(5) All complaints shall be made in writing and shall fully identify the complainant by name and address. Complaints may be made on forms which are provided by the board and available upon request or can be accessed at the board's website.

(6) Each complaint received under this rule shall be logged in a book maintained by the board for that purpose. Complaints shall be logged in consecutive order as received. The logbook shall contain a record of each complainant's name and address; the name and address of the subject(s) of the complaint; the date each complaint is received by the board; a brief statement of the acts complained of; a notation whether the complaint resulted in its dismissal by the board or informal charges being filed with the Administrative Hearing Commission; and the ultimate disposition of the complaint. This logbook shall be a closed record of the board.

(7) Each complaint received under this rule shall be acknowledged in writing. The complainant shall be informed as to whether the complaint is being investigated and later, if applicable, as to whether the complaint

has been dismissed by the board. The complainant shall be notified of the disciplinary action taken, if any. The provisions of this section shall not apply to complaints filed by staff members of the board based on information and belief, acting in reliance on third-party information received by the board.

(8) Both the complaint and any information obtained as a result of the investigation of the complaint shall be considered a closed record and shall not be available for inspection by the general public.

(9) This rule shall not be deemed to limit the board's authority to file a complaint with the Administrative Hearing Commission charging a licensee of the board with any actionable conduct or violation, whether or not such a complaint exceeds the scope of the acts charged in a preliminary public complaint filed with the board and whether or not any public complaint has been filed with the board.

(10) The board interprets this rule, which is required by law, to exist for the benefit of those members of the public who submit complaints to the board and for those persons or entities within the legislative and executive branches of government having supervisory or other responsibilities or control over the professional licensing boards. This rule is not deemed to protect or insure to the benefit of those licensees, permit holders, registrants or other persons against whom the board has instituted or may institute administrative or judicial proceeding concerning possible violations of the provisions of Chapter 335, RSMo.

AUTHORITY: section 335.036, RSMo Supp. 2013. This rule originally filed as 4 CSR 200-4.030. Original rule filed Feb. 10, 1982, effective May 13, 1982. Amended: Filed June 28, 2002, effective Dec. 30, 2002. Moved to 20 CSR 2200-4.030, effective Aug. 28, 2006. Amended: Filed May 27, 2008, effective Nov. 30, 2008. Amended: Filed Aug. 28, 2013, effective Feb. 28, 2014.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007 and 620.010, RSMo 1973, amended 1981, 1983, 1986, 1989, 1990, 1993, 1994, 1995, 1999, 2001, 2007, 2008.*

20 CSR 2200-4.040 Mandatory Reporting Rule

PURPOSE: This rule establishes a procedure and guidelines regarding reports required from hospitals, ambulatory surgical centers, or temporary nursing staffing agencies by section 383.133, RSMo concerning any final disciplinary action against a nurse licensed under Chapter 335, RSMo or the voluntary resignation of any such nurse.

(1) The State Board of Nursing shall receive and process any report from a hospital, ambulatory surgical center, or temporary nursing staffing agency concerning any disciplinary action against a nurse licensed under Chapter 335, RSMo or the voluntary resignation of any such nurse against whom any complaints or reports have been made which might have led to disciplinary action. Disciplinary action is defined in section 383.130, RSMo as any final action taken by the board of trustees or similarly empowered officials of a hospital or ambulatory surgical center, or owner or operator of a temporary nursing staffing agency, to reprimand, discipline, or restrict the practice of a health care professional. Only such reprimands, discipline, or restrictions in response to activities which are also grounds for disciplinary actions according to the professional licensing law for that health care professional shall be considered disciplinary actions for purposes of this definition.

(2) Reports to the board shall be in writing and shall comply with the minimum requirements as set forth in this rule. The Board of Nursing will assume that all reports received from hospitals, ambulatory surgical centers, or temporary nursing staffing agencies will be treated as under section 383.133, RSMo. The information shall be submitted within fifteen (15) days of the final disciplinary action, and shall contain, but need not be limited to—

(A) The name, address and telephone number of the person making the report;

(B) The name, address and telephone number of the person who is the subject of the report;

(C) A description of the facts, including as much detail and information as possible, which gave rise to the issuance of the report, including the dates of occurrence deemed to necessitate the filing of the report. Whenever possible, the report should include:

1. The date of each alleged incident;
2. The name of the patient involved;
3. If the incident involves medication, the name of the medication;
4. Very specific details describing the events;
5. List witnesses to the incident(s) and their contact information; and
6. If you conducted an internal investigation, provide a copy of the report;

(D) If court action is involved and known to the reporting agent, the identity of the court, including the date of filing and the docket number of the action; and

(E) A statement as to what final action was taken by the institution.

(3) Reports made to the board under the mandated reporting requirements as defined in Chapter 383, RSMo shall not be deemed a violation of the federal Health Insurance Portability and Accountability Act (HIPAA) and the privacy rules located in the Act because the Missouri State Board of Nursing qualifies as a health oversight

agency as defined in the HIPAA privacy rules.

(4) Any activity that is construed to be a cause for disciplinary action according to section 335.066, RSMo shall be deemed reportable to the board. Nothing in this rule shall be construed as limiting or prohibiting any person from reporting a violation of the Nursing Practice Act directly to the State Board of Nursing.

(5) In cases where a nurse voluntarily submits to an employee assistance program or to a rehabilitation program for alcohol or drug impairment and no disciplinary action is taken by the facility, the facility is not mandated to report but may report. If the nurse is subsequently disciplined by the facility for violating provisions of the employee assistance program or rehabilitation program or voluntarily resigns in lieu of discipline, the facility must report to the board under the above provision.

AUTHORITY: sections 335.036 and 383.133, RSMo Supp. 2007. This rule originally filed as 4 CSR 200-4.040. Original rule filed Aug. 5, 1987, effective Nov. 12, 1987. Amended: Filed Jan. 8, 1988, effective April 28, 1988. Amended: Filed April 19, 1996, effective Nov. 30, 1996. Amended: Filed July 11, 2000, effective Jan. 30, 2001. Moved to 20 CSR 2200-4.040, effective Aug. 28, 2006. Amended: Filed May 27, 2008, effective Nov. 30, 2008.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007 and 383.133, RSMo 1986, amended 2007.*

20 CSR 2200-4.050 Nursing Student Loan Program

PURPOSE: This rule defines the criteria that a nursing program must meet for approval by the Missouri State Board of Nursing as a participating program in the professional and practical nursing student loan program.

(1) The board shall designate as approved for participation in the professional and practical nursing student loan program those Missouri nursing programs which meet the following criteria:

(A) The nursing program leads to initial licensure as a professional or practical nurse and is accredited as a program of professional or practical nursing by the Missouri State Board of Nursing; or

(B) The nursing program does not lead to initial licensure, but offers a formal course of instruction leading to a bachelor of science degree in nursing or a master of science degree in nursing and the nursing program annually submits to the Missouri State Board of Nursing an application for approval as a participating school, which provides evidence of—

1. The existence of a separate and distinct nurs-

ing department within the degree-granting institution; and

2. A curriculum plan incorporating both nursing theory and clinical nursing experience as integral components of the course of instruction.

(2) Student Eligibility.

(A) The State Board of Nursing will consider the following factors to determine whether an eligible student is approved for participation in the nursing student loan program:

1. Criminal convictions;
2. Whether applicant's nursing license has been disciplined by the Missouri State Board of Nursing or any other licensing board;
3. Whether the applicant has been denied a nursing license by any state board of nursing;
4. Whether there are any current or past complaints filed against the nursing license of the applicant;
5. Whether the applicant has been placed on the Department of Social Service's Employee Disqualification List; or
6. Any other information which would indicate that licensure of the applicant would not be in the public interest.

AUTHORITY: section 335.212, RSMo Supp. 1990. This rule originally filed as 4 CSR 200-4.050. Original rule filed Nov. 2, 1990, effective March 14, 1990. Amended: Filed Dec. 30, 1993, effective July 10, 1994. Moved to 20 CSR 2200-4.050, effective Aug. 28, 2006.*

**Original authority: 335.212, RSMo 1990.*

20 CSR 2200-4.100 Advanced Practice Nurse

PURPOSE: This rule specifies the criteria necessary for registered professional nurses to be recognized by the Missouri State Board of Nursing, and therefore, eligible to practice as advanced practice registered nurses and use certain advanced practice registered nurse titles.

(1) Definitions.

(A) Accredited college or university—An institution of learning awarded accreditation status by the appropriate regional accreditation body for higher education certified by the Council on Post Secondary Accreditation to conduct such accreditations.

(B) Advanced—Means content and competency at a level beyond that of a baccalaureate prepared nurse.

(C) Advanced nursing education program—

1. Prior to July 1, 1998, completion of a formal post-basic educational program from or formally affiliated with an accredited college, university, or hospital of at least one (1) academic year, which includes advanced nursing theory and clinical nursing practice, leading to a graduate degree or certificate with a concentration in an advanced practice nursing clinical specialty area.

2. From and after July 1, 1998, completion of a graduate degree from an accredited college or university with a concentration in an advanced practice nursing clinical specialty area, which includes advanced nursing theory and clinical nursing practice. From and after January 1, 2009, program shall provide a minimum of five hundred (500) faculty supervised clinical hours.

(D) Advanced pharmacology course—A course that offers content in pharmacokinetics and pharmacodynamics, pharmacology of current/commonly-used medications, and the application of drug therapy to the treatment of disease and/or the promotion of health;

(E) Advanced practice registered nurse (APRN)—As defined in section 335.016, RSMo.

(F) Advanced practice nursing clinical specialty—Recognized advanced body of nursing knowledge and specialized acts of advanced professional nursing practice.

(G) Certificate of controlled substance prescriptive authority—Eligibility granted by the Missouri State Board of Nursing (MSBN) to an APRN to apply with the Missouri Bureau of Narcotics and Dangerous Drugs (BNDD) and the federal Drug Enforcement Agency (DEA) for authority to prescribe controlled substances from Schedules III–V as delegated in a collaborative practice arrangement between a collaborating physician and a collaborating APRN.

(H) Nationally recognized certifying body—A non-governmental agency approved by the MSBN that validates by examination, based on pre-determined standards, an individual nurse's qualifications and knowledge for practice in a defined functional or clinical area of nursing.

(I) Nationally recognized professional nursing organization—A membership entity for registered professional nurses (RNs) in the United States whose intention is national in scope and exists, in part, for the ongoing purposes of—

1. Fostering high standards for professional nursing practice;
2. Promoting the professional development and general welfare of registered professional nurses;
3. Improving the health and well-being of individuals, families, and communities in collaboration with other health care providers; and
4. Engaging in action at the national level on matters of professional policy and national health policy.

(J) Preceptorial experience—A designated portion of a formal educational program that is offered in a healthcare setting and affords students the opportunity to integrate theory and role in both the clinical specialty/practice area and advanced nursing practice through direct patient care/client management.

(K) Qualified preceptor—An APRN with a current unrestricted RN license who has a scope of practice which includes prescribing and has met the requirements for prescriptive authority; a licensed practitioner of medicine or osteopathy with unrestricted prescriptive authority.

(2) To Obtain APRN Recognition.

(A) After June 30, 1997, the MSBN shall maintain an up-to-date roster of RNs recognized as eligible to practice as an APRN, which shall be available to the public. A copy of the current roster can be obtained by contacting the MSBN.

1. Temporary recognition—available to new graduate APRNs only—An RN who is a graduate registered nurse anesthetist, graduate nurse midwife, graduate nurse practitioner, or graduate clinical nurse specialist and desires to begin practice in their advanced practice role prior to the successful completion of their certification examination must be recognized by the MSBN and shall satisfy the following:

A. Hold a current unencumbered license to practice in Missouri, or another compact state as an RN;

B. Submit completed Document of Recognition application and fee to the MSBN. Incomplete application forms and evidence will be considered invalid. Fees are not refundable;

C. Provide evidence of having successfully completed an advanced nursing education program as defined in subsection (1)(B) of this rule;

D. Register to take the first available certification examination administered by a nationally recognized certifying body acceptable to the MSBN;

E. Agree to notify the MSBN and employer of results within five (5) working days of receipt of results. If notification is of unsuccessful results, then agree to cease practice as an APRN immediately;

F. Be restricted from any prescriptive authority;

G. Have never been denied certification or had any certification suspended, revoked, or cancelled by an MSBN-approved nationally-recognized certifying body; and

H. Shall be recognized for a period not greater than four (4) months from the date of graduation, pending a certification decision by an MSBN-approved nationally-recognized certifying body.

(B) Initial Recognition—RNs who are certified registered nurse anesthetists (CRNA), certified nurse midwives (CNM), certified nurse practitioners, or certified clinical nurse specialists (CNS) applying for recognition from the MSBN for eligibility to practice as advanced practice registered nurses shall—

1. Hold a current unencumbered license to practice in Missouri or another compact state as an RN; and

2. Provide evidence of completion of appropriate advanced nursing education program as defined in subsection (1)(C) of this rule; and

3. Submit completed Document of Recognition application and appropriate fee to the MSBN. Incomplete application forms and evidence will be considered invalid. Fees are not refundable; and

4. Submit documentation of current certification in their respective advanced nursing clinical specialty area by an MSBN-approved nationally-recognized certifying

body, meeting the requirements of this rule; or

5. Before January 1, 2010, applicants for whom there is no appropriate certifying examination shall also provide the following documentation:

A. Evidence of successful completion of three (3) graduate credit hours of pharmacology offered by an accredited college or university within the previous five (5) years prior to the date of application to the board; and

B. Evidence of a minimum of eight hundred (800) hours of clinical practice in the advanced practice nursing clinical specialty area within two (2) years prior to date of application to the board; and

6. Each applicant is responsible for maintaining and providing documentation of satisfactory, active, up-to-date certification/recertification/maintenance and/or continuing education/competency status to the MSBN.

7. To be eligible for controlled substance prescriptive authority, the APRN applicant must:

A. Submit evidence of completion of an advanced pharmacology course that shall include preceptorial experience in the prescription of drugs, medicines, and therapeutic devices with a qualified preceptor. Evidence shall be submitted in the form of one (1) of the following:

(I) An official final transcript from their advanced practice program; or

(II) A letter from the school describing how this was integrated into the curriculum; or

(III) Evidence of successful completion of three (3) credit hours post-baccalaureate course in advanced pharmacology from an accredited college or university within the last five (5) years; or

(IV) Evidence of successful completion of forty-five (45) continuing education units in pharmacology within the last five (5) years; and

B. Provide evidence of completion of at least three hundred (300) clock hours of preceptorial experience in the prescription of drugs, medicines, and therapeutic devices with a qualified preceptor. The APRN applicant shall complete the form provided by the MSBN and include this form with the Document of Recognition application or at such time as the APRN has completed the required hours of preceptorial experience; and

C. Has had controlled substance prescriptive authority delegated in a collaborative practice arrangement under section 334.104, RSMo, with a Missouri licensed physician who has an unrestricted federal Drug Enforcement Administration (DEA) number and who is actively engaged in a practice comparable in scope, specialty, or expertise to that of the APRN. Submit the completed "Statement of Controlled Substance Delegation" form provided by the MSBN as part of the application process to the MSBN.

8. Once the APRN has received controlled substance prescriptive authority from the MSBN, he/she may apply for a BNDD registration number and a federal DEA registration number. Restrictions that may exist on

the collaborative physician's BNDD registration may also result in restrictions on the BNDD registration for the APRN. The instructions and the application needed for BNDD registration can be found at www.dhss.mo.gov/BNDD. For information regarding federal DEA registration, see www.DEADiversion.usdoj.gov.

(C) Continued Recognition—In order to maintain a current Document of Recognition, the APRN shall—

1. Maintain current RN licensure in Missouri or in another compact state. An RN license placed on inactive or lapsed status will automatically lapse the Document of Recognition regardless of current certification status; and

2. APRNs shall notify the MSBN within five (5) working days of any change in status, documentation, or other changes that may affect their recognition as an APRN; and

3. Provide evidence of recertification by a certifying body, approved by the MSBN, to the MSBN prior to the current expiration date. It is the APRN's responsibility to be sure that their recertification credentials have been received by the MSBN; or

4. If approved by the MSBN as noncertified prior to January 1, 2010, every two (2) years shall provide evidence of—

A. A minimum of eight hundred (800) hours of clinical practice in their advanced practice nursing clinical specialty and in the advanced practice role; and

B. A minimum of sixty (60) contact hours in their advanced practice nursing clinical specialty area offered by an accredited college or university; and

5. Adhere to all requirements of the BNDD and the federal DEA; and

6. APRNs who fail to satisfy any of the applicable requirements of subsections (2)(A)–(C) of this rule shall lose their recognition as an APRN in Missouri. Loss of recognition as an APRN results in ineligibility to call or title oneself or practice as an APRN but does not prevent the individual from practicing as an RN within his/her education, training, knowledge, judgment, skill, and competence. To regain recognition as an APRN, the individual must complete the application process described in paragraphs (2)(B)1.–8. of this rule.

(3) Titling.

(A) After June 30, 1997, only an RN meeting the requirements of this rule and recognized by the MSBN as an APRN shall have the right to use any of the following titles or their abbreviations in clinical practice: advanced practice registered nurse (APRN); certified advanced practice registered nurse; nurse anesthetist; certified registered nurse anesthetist (CRNA); nurse midwife; certified nurse midwife (CNM); nurse practitioner (NP); certified nurse practitioner; certified nurse specialist (CNS); or certified clinical nurse specialist.

(B) RNs recognized as APRN nurses by the MSBN shall specify their RN title and clinical nursing specialty area designation, and may include certification status, if

applicable, for purposes of identification and documentation.

(C) APRNs will be held accountable by the MSBN for representing themselves accurately and fully to the public, their employers, and other health care providers.

(4) Scope of Practice.

(A) RNs recognized by the MSBN as being eligible to practice as an APRN shall function clinically—

1. Within the state of Missouri Nursing Practice Act, Chapter 335, RSMo, and all other applicable rules and regulations;

2. Within the professional scope and standards of their advanced practice nursing clinical specialty area and consistent with their formal advanced nursing education and national certification, if applicable, or within their education, training, knowledge, judgment, skill, and competence as an RN; and

3. Within the regulations set forth by the BNDD and the federal DEA if deemed eligible to prescribe controlled substances by the MSBN.

(5) Certifying Body Criteria.

(A) In order to be a certifying body acceptable to the MSBN for APRN status, the certifying body must meet the following criteria:

1. Be national in the scope of its credentialing;

2. Have no requirement for an applicant to be a member of any organization;

3. Have formal requirements that are consistent with the requirements of the APRN rule;

4. Have an application process and credential review that includes documentation that the applicant's advanced nursing education, which included theory and practice, is in the advanced practice nursing clinical specialty area being considered for certification;

5. Use psychometrically sound and secure examination instruments based on the scope of practice of the advanced practice nursing clinical specialty area;

6. Issue certification based on passing an examination and meeting all other certification requirements;

7. Provide for periodic recertification/maintenance options which include review of qualifications and continued competence; and

8. Have an evaluation process to provide quality assurance in its certification, recertification, and continuing competency components.

(B) Each listed certifying body and/or its policies and procedures for certification shall be subject to at least annual review by the MSBN to determine whether criteria for recognition under this rule are being maintained.

(C) The MSBN shall identify, keep on file, and make available to the public the current list of nationally-recognized certifying bodies acceptable to the board of nursing. Nationally-recognized certifying bodies may be added or deleted from the board of nursing's list of nationally-recognized certifying bodies based on the criteria set forth

in this rule. A copy of the current list can be obtained by contacting the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102, by calling (573) 751-0681, or on the website at www.pr.mo.gov/nursing.asp.

AUTHORITY: sections 335.016(2) and 335.036, RSMo Supp. 2009. This rule originally filed as 4 CSR 200-4.100. Original rule filed Nov. 15, 1991, effective March 9, 1992. Rescinded and readopted: Filed Oct. 25, 1995, effective June 30, 1996. Emergency amendment filed May 1, 1997, effective May 12, 1997, expired Nov. 7, 1997. Amended: Filed May 1, 1997, effective Oct. 30, 1997. Amended: Filed June 16, 2003, effective Dec. 30, 2003. Moved to 20 CSR 2200-4.100, effective Aug. 28, 2006. Amended: Filed Aug. 11, 2006, effective March 30, 2007. Amended: Filed June 27, 2008, effective Dec. 30, 2008. Rescinded and readopted: Filed April 30, 2010, effective Nov. 30, 2010.*

**Original authority: 335.016(2), RSMo 1975, amended 1993, 1995, 1999, 2002, 2004, 2007, 2008 and 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008.*

20 CSR 2200-4.200 Collaborative Practice

PURPOSE: In accordance with section 334.104, RSMo, this rule defines collaborative practice arrangement terms and delimits geographic areas; methods of treatment; review of services; and drug/device dispensing or distribution pursuant to prescription.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) For the purpose of these rules, the following definitions shall apply:

(A) Advanced practice nurse—A registered professional nurse (RN) who is also an advanced practice registered nurse (APRN) as defined in section 335.016(2), RSMo;

(B) Controlled substance prescriptive authority—the eligibility and certificate granted by the Missouri State Board of Nursing (MSBN) to an APRN who has been delegated the authority to prescribe controlled substances from Schedules III, IV, and/or V in a written collaborative practice arrangement by the collaborating physician as defined in section 335.019, RSMo;

(C) Collaborative practice arrangements— Refers to written agreements, jointly agreed upon protocols, or standing orders, all of which shall be in writing, for the delivery of health care services;

(D) Population-based public health services— Health services provided to well patients or to those with narrowly circumscribed conditions in public health clinics or community health settings that are limited to immunizations, well child care, human immunodeficiency virus (HIV) and sexually transmitted disease care, family planning, tuberculosis control, cancer and other chronic disease, wellness screenings, services related to epidemiologic investigations, and prenatal care; and

(E) Registered professional nurse—An RN as defined in section 335.016(16), RSMo, who is not an APRN.

(2) Geographic Areas.

(A) The collaborating physician in a collaborative practice arrangement shall not be so geographically distanced from the collaborating RN or APRN as to create an impediment to effective collaboration in the delivery of health care services or the adequate review of those services.

(B) The use of a collaborative practice arrangement by an APRN who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons shall be limited to practice locations where the collaborating physician, or other physician designated in the collaborative practice arrangement, is no further than fifty (50) miles by road, using the most direct route available, from the collaborating APRN if the APRN is practicing in federally-designated health professional shortage areas (HPSAs). Otherwise, in non-HPSAs, the collaborating physician and collaborating APRN shall practice within thirty (30) miles by road of one another.

(C) An APRN who desires to enter into a collaborative practice arrangement at a location where the collaborating physician is not continuously present shall practice together at the same location with the collaborating physician continuously present for a period of at least one (1) month before the collaborating APRN practices at a location where the collaborating physician is not present. It is the responsibility of the collaborating physician to determine and document the completion of the same location practice described in the previous sentence.

(D) A collaborating physician shall not enter into a collaborative practice arrangement with more than three (3) full-time equivalent APRNs. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule.

(3) Methods of Treatment.

(A) The methods of treatment and the authority to administer, dispense, or prescribe drugs delegated in a

collaborative practice arrangement between a collaborating physician and collaborating APRN shall be within the scope of practice of each professional and shall be consistent with each professional's skill, training, education, competence, licensure, and/or certification and shall not be further delegated to any person except that the individuals identified in sections 338.095 and 338.198, RSMo, may communicate prescription drug orders to a pharmacist.

(B) The methods of treatment and authority to administer and dispense drugs delegated in a collaborative practice arrangement between a collaborating physician and a collaborating RN shall be within the scope of practice of each professional and shall be consistent with each professional's skill, training, education, and competence and shall not be delegated to any other person except the individuals identified in sections 338.095 and 338.198, RSMo, may communicate prescription drug orders to a pharmacist.

(C) The collaborating physician shall consider the level of skill, education, training, and competence of the collaborating RN or APRN and ensure that the delegated responsibilities contained in the collaborative practice arrangement are consistent with that level of skill, education, training, and competence.

(D) Guidelines for consultation and referral to the collaborating physician or designated health care facility for services or emergency care that is beyond the education, training, competence, or scope of practice of the collaborating RN or APRN shall be established in the collaborative practice arrangement.

(E) The methods of treatment, including any authority to administer or dispense drugs, delegated in a collaborative practice arrangement between a collaborating physician and a collaborating RN shall be delivered only pursuant to a written agreement, jointly agreed-upon protocols, or standing orders that shall describe a specific sequence of orders, steps, or procedures to be followed in providing patient care in specified clinical situations.

(F) The methods of treatment, including any authority to administer, dispense, or prescribe drugs, delegated in a collaborative practice arrangement between a collaborating physician and a collaborating APRN shall be delivered only pursuant to a written agreement, jointly agreed-upon protocols, or standing orders that are specific to the clinical conditions treated by the collaborating physician and collaborating APRN.

(G) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B

container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the United States Pharmacopeia (USP), (2010), published by the United States Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrievable dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating APRN;

8. An RN shall not, under any circumstances, prescribe drugs. The administering or dispensing of a controlled substance by an RN or APRN who has not been delegated authority to prescribe in a collaborative practice arrangement, pursuant to 19 CSR 30-1.066, shall be accomplished only under the direction and supervision of the collaborating physician, or other physician designated in the collaborative practice arrangement, and shall only occur on a case-by-case determination of the patient's needs following verbal consultation between the collaborating physician and collaborating RN or APRN. The required consultation and the physician's directions for the administering or dispensing of controlled substances shall be recorded in the patient's chart and in the appropriate dispensing log. These recordings shall be made by the collaborating RN or APRN and shall be cosigned by the collaborating physician following a review of the records;

9. In addition to administering and dispensing controlled substances, an APRN, as defined in section 335.016, RSMo, may be delegated the authority to prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, RSMo, in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty (120)-hour supply without refill;

10. An APRN may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents, grandparents, great-grandparents, children, grandchildren, great-grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step members are also included in family;

11. An APRN or RN in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

12. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the collaborating APRN to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

13. The medications to be administered, dispensed, or prescribed by a collaborating RN or APRN in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating RN or APRN.

(H) When a collaborative practice arrangement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the collaborating physician, or other physician designated in the collaborative practice arrangement, shall examine and evaluate the patient and approve or formulate the plan of treatment for new or significantly changed conditions as soon as is practical, but in no case more than two (2) weeks after the patient has been seen by the collaborating APRN or RN.

(I) Nothing in these rules shall be construed to permit medical diagnosis of any condition by an RN pursuant to a collaborative practice arrangement.

(4) Review of Services.

(A) In order to assure true collaborative practice and to foster effective communication and review of services, the collaborating physician, or other physician designated in the collaborative practice arrangement, shall be immediately available for consultation to the collaborating RN or APRN at all times, either personally or via telecommunications.

(B) The collaborative practice arrangement between a collaborating physician and a collaborating RN or APRN shall be signed and dated by the collaborating physician and collaborating RN or APRN before it is implemented, signifying that both are aware of its content and agree to follow the terms of the collaborative practice arrangement. The collaborative practice arrangement and any subsequent notice of termination of the collaborative practice arrangement shall be in writing and shall be maintained by the collaborating professionals for a minimum of eight (8) years after termination of the collaborative practice arrangement. The collaborative practice arrangement shall be reviewed at least annually and revised as needed by the collaborating physician and collaborating RN or APRN. Documentation of the annual review shall be maintained as part of the collaborative practice arrangement.

(C) Within thirty (30) days of any change and with each physician's license renewal, the collaborating physician shall advise the Missouri State Board of Registration for the Healing Arts whether he/she is engaged in any collaborative practice agreement, including collaborative practice agreements delegating the authority to prescribe controlled substances and also report to the board the name of each licensed RN or APRN with whom he/she has entered into such agreement. A change shall include, but not be limited to, resignation or termination of the RN or APRN; change in practice locations; and addition of new collaborating professionals.

(D) An RN or an APRN practicing pursuant to a collaborative practice arrangement shall maintain adequate and complete patient records in compliance with section 334.097, RSMo.

(E) The collaborating physician shall complete a review of a minimum of ten percent (10%) of the total health care services delivered by the collaborating APRN. If the APRN's practice includes the prescribing of controlled substances, the physician shall review a minimum of twenty percent (20%) of the cases in which the APRN wrote a prescription for a controlled substance. If the controlled substance chart review meets the minimum total ten percent (10%) as described above, then the minimum review requirements have been met. The collaborating APRN's documentation shall be submitted for review to the collaborating physician at least every fourteen (14) days. This documentation submission may be accomplished in person or by other electronic means and reviewed by the collaborating physician. The collaborating physician must produce evidence of the chart review upon request of the Missouri State Board of Registration for the Healing Arts. This subsection shall not apply during the time the collaborating physician and collaborating APRN are practicing together as required in subsection (2)(C) above.

(F) If a collaborative practice arrangement is used in clinical situations where a collaborating APRN provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician shall be present for sufficient periods of time, at least once every two (2) weeks, except in extraordinary circumstances that shall be documented, to participate in such review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff. In such settings, the use of a collaborative practice arrangement shall be limited to only an APRN.

(G) The collaborating physician and collaborating RN or APRN shall determine an appropriate process of review and management of abnormal test results which shall be documented in the collaborative practice arrangement.

(H) The Missouri State Board of Registration for the Healing Arts and the Missouri State Board of Nursing separately retain the right and duty to discipline their respective licensees for violations of any state or federal

statutes, rules, or regulations regardless of the licensee's participation in a collaborative practice arrangement.

(5) Population-Based Public Health Services.

(A) In the case of the collaborating physicians and collaborating registered professional nurses or APRN practicing in association with public health clinics that provide population- based health services as defined in section (1) of this rule, the geographic areas, methods of treatment, and review of services shall occur as set forth in the collaborative practice arrangement. If the services provided in such settings include diagnosis and initiation of treatment of disease or injury not related to population-based health services, then the provisions of sections (2), (3), and (4) above shall apply.

AUTHORITY: sections 334.104.3 and 335.036, RSMo Supp. 2009. This rule originally filed as 4 CSR 200-4.200. Original rule filed Jan. 29, 1996, effective Sept. 30, 1996. Amended: Filed April 1, 1998, effective Oct. 30, 1998. Amended: Filed Oct. 30, 2002, effective June 30, 2003. Moved to 20 CSR 2200-4.200, effective Aug. 28, 2006. Amended: Filed June 27, 2008, effective Dec. 30, 2008. Rescinded and readopted: Filed April 30, 2010, effective Nov. 30, 2010.*

**Original authority: 334.104, RSMo 1993, amended 2002, 2003, 2006, 2008, 2009 and 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008.*

Chapter 5

Definitions

20 CSR 2200-5.010 Definitions

PURPOSE: This rule provides definitions of terms used by the Missouri State Board of Nursing.

(1) The definition based upon Chapter 335 RSMo is used by the Missouri State Board of Nursing—Proper supervision means the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluations.

AUTHORITY: Chapter 335, RSMo 1986. This rule originally filed as 4 CSR 200-5.010. Original rule filed Oct. 14, 1981, effective Jan. 14, 1982. Amended: Filed March 15, 1983, effective June 11, 1983. Moved to 20 CSR 2200-5.010, effective Aug. 28, 2006.*

**Original authority: Please consult the Revised Statutes of Missouri.*

Chapter 6

Intravenous Infusion Treatment Administration

20 CSR 2200-6.020 Definitions

PURPOSE: This rule defines the terms used throughout this chapter.

(1) Administer—to carry out comprehensive activities involved in intravenous infusion treatment modalities that include, but are not limited to, the following: observing; performing; monitoring; discontinuing; maintaining; regulating; adjusting; documenting; assessing; diagnosing; planning; intervening; and evaluating.

(2) Board—the Missouri State Board of Nursing.

(3) Central venous catheter—a catheter that is advanced through the internal jugular vein, cephalic or basilic vein in the antecubital fossa, or subclavian vein, with the catheter tip terminating in the superior vena cava. A central venous catheter may also be inserted into a femoral vein with the catheter tip then terminating in the inferior vena cava. Central venous catheters may be used to administer prescribed intravenous infusion treatment modalities or to perform prescribed intravenous infusion diagnostic procedures and include, but are not limited to, peripherally inserted central catheters (PICCs), external percutaneously placed central venous catheters, tunneled central venous catheters, and implanted central venous catheters with a portal reservoir.

(4) Cognitive and psychomotor instruction—the process of acquiring the knowledge and related physical activities associated with a specific skill or operation.

(5) Cognitive and psychomotor competency verification—the confirmation that an individual possesses the needed cognitive and psychomotor abilities to perform a specific procedure or skill.

(6) Delivery system—a product that allows for the intravenous administration of a drug or parenteral fluid. The delivery system may be integral or may have component parts, and includes all products used in the administration of intravenous infusion treatment modalities, from the solution container to the catheter.

(7) Initiate—the performance of activities involved in starting a prescribed intravenous infusion treatment modality.

(8) Injection/access port—a resealable cap or other component part designed to accommodate needles or needleless devices for the administration of solutions into the vascular system.

(9) Intermittent—an intravenous infusion treatment modality administered at prescribed intervals with periods of infusion cessation.

(10) Intravenous administration—prescribed intravenous infusion treatment modalities involving the venous system that may include, but are not limited to, the performance of such nursing interventions as the insertion of a peripheral needle or a peripheral catheter, the removal of venous blood, and/or the administration of an intravenous injection or parenteral fluid infusion.

(11) Intravenous catheter or cannula—a hollow tube made of silastic, plastic, or metal used for accessing the venous system.

(12) Intravenous drug administration—any prescribed therapeutic or diagnostic substance delivered into the bloodstream via a vein including, but not limited to, medications, nutrients, contrast media, blood, blood products, or other fluid solutions.

(13) Intravenous infusion treatment modality—refers to a variety of means/methods utilized in the introduction of a prescribed substance and/or solution into an individual's venous system.

(14) Intravenous piggyback administration—a secondary infusion into an established patent primary intravenous line for the intermittent delivery of medications.

(15) Intravenous bolus or push drug administration—the administration of medication rapidly into a vein, to enter the blood stream in a short period of time, and to provide a specific systemic effect.

(16) Licensed practical nurse (LPN)—a licensed practical nurse as defined in section 335.016, RSMo, and licensed to practice in the state of Missouri and referred to as LPN throughout this chapter.

(17) Life threatening circumstances—refers to a physiologic crisis situation wherein prescribed drug administration via manual intravenous bolus or push drug administration is immediately essential to preserve respiration and/or heartbeat.

(18) Mid-line catheter—a catheter that is inserted into a vein in the antecubital fossa and then advanced three inches to twelve inches (3"–12") into the proximal upper arm.

(19) Needleless system—a substitute for a needle or other sharp access device, which may be available in blunt, recessed, or valve designs.

(20) Packaged drug systems—use-activated containers which are compartmentalized and have pre-measured ingredients that form a solution when mixed.

(21) Parenteral nutrition—the intravenous administra-

tion of total nutritional needs for a patient who is unable to take appropriate amounts of food enterally.

(22) Peripheral venous catheter—a catheter that begins and terminates in a vein in an extremity (i.e., arm, hand, leg, or foot) or in a vein in the scalp.

(23) Policy—a written statement of a recommended course of action intended to guide decision making.

(24) Premixed drugs for intravenous administration—those drugs compounded or prepared by a pharmacy department, parenteral fluid or drug manufacturer, or mixed by a licensed registered professional nurse who possesses documented evidence of the necessary cognitive and psychomotor instruction by a licensed pharmacist.

(25) Procedure—a written statement of steps required to complete an action.

(26) Qualified practical nurses—for the purpose of this chapter, this term includes:

(A) Graduate practical nurses practicing in Missouri within the time frame as defined in 20 CSR 2200-4.020(3);

(B) Practical nurses with temporary permits to practice in Missouri; and

(C) Practical nurses currently licensed to practice in Missouri, unless specifically stated otherwise within the text of the specific rule.

(27) Registered professional nurse (RN)—a registered professional nurse as defined in section 335.016, RSMo, and licensed to practice in the state of Missouri and referred to as RN throughout this chapter.

AUTHORITY: section 335.017, RSMo 2000, and section 335.036, RSMo Supp. 2012. This rule originally filed as 4 CSR 200-6.020. Original rule filed Sept. 1, 2005, effective April 30, 2006. Moved to 20 CSR 2200-6.020, effective Aug. 28, 2006. Amended: Filed June 27, 2008, effective Dec. 30, 2008. Amended: Filed March 8, 2013, effective Aug. 30, 2013.*

**Original authority: 335.017, RSMo 1983 and 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011.*

20 CSR 2200-6.030 Intravenous Infusion Treatment Administration by Qualified Practical Nurses; Supervision by a Registered Professional Nurse

PURPOSE: This rule sets forth the requirements for qualified practical nurses as defined in this chapter to participate in the administration of intravenous infusion treatment modalities.

(1) Qualified practical nurses shall only perform venous access and intravenous (IV) infusion treatment modalities according to the specific provisions of section 335.016, RSMo, 20 CSR 2200-5.010, and this chapter. A qualified practical nurse shall only perform such activities under the direction and supervision of a registered professional nurse or a person licensed by a state regulatory board to prescribe medications and intravenous infusion treatments (hereinafter the “licensed prescriber”).

(2) Qualified practical nurses who perform venous access and intravenous infusion treatment modalities shall:

(A) Maintain accountability to the registered professional nurse or licensed prescriber who is directing and supervising the individual’s practical nursing care acts involving venous access and intravenous infusion treatment modalities;

(B) Maintain ongoing, documented, specialized knowledge, education, skills, training, judgment, and experience related to practical nursing care acts involving venous access and intravenous infusion treatment modalities;

(C) Ensure that appropriate, authorized prescriber orders for patient care involving venous access and intravenous infusion treatment modalities are in place before patient care is begun;

(D) Only engage in practical nursing care acts involving venous access and intravenous infusion treatment modalities that are within the individual’s authorized scope of practice as specified in section 335.016, RSMo, 20 CSR 2200-5.010, and this chapter; and

(E) Only engage in practice consistent with lawful written policies and procedures of the individual’s employer as well as any state or federal laws applicable to the individual’s employer.

(3) Registered professional nurses who direct and supervise qualified practical nurses in the performance of acts involving venous access and intravenous infusion treatment modalities shall:

(A) Provide appropriate direction and supervision for practical nursing care acts involving venous access and intravenous infusion treatment modalities that are within the qualified practical nurse’s authorized scope of practice as specified in section 335.016, RSMo, 20 CSR 2200-5.010, and this chapter;

(B) Provide appropriate direction and supervision based on reasonable and prudent assessments, judgments, and decisions concerning the specialized knowledge, education, skills, training, judgment, and experience of the qualified practical nurse designated to perform specific acts involving venous access and intravenous infusion treatment modalities; and

(C) Only engage in direction, supervision and practice consistent with lawful, written policies and proce-

dures of the individual's employer and any state or federal laws applicable to the individual's employer.

(4) Qualified practical nurses who have documented competency verification by the individual's employer, but who are not IV-Certified according to these rules, may:

(A) Observe, monitor, and maintain precalculated intravenous parenteral fluid infusion flow rate including total parenteral nutrition, peripheral parenteral nutrition, blood, and blood products;

(B) Observe and monitor peripheral venous access sites for evidence of developing complications;

(C) Observe and monitor patient for evidence of adverse response to prescribed venous access and intravenous infusion treatment modalities;

(D) Remove indwelling peripheral venous access devices that do not exceed three inches (3") in length, excluding mid-line catheters;

(E) Obtain blood and blood products from the blood bank in accordance with established blood bank protocol;

(F) Perform pre-transfusion blood and blood product cross-checking procedures at patient bedside with a registered professional nurse;

(G) Perform phlebotomy for the purpose of obtaining blood specimens for laboratory testing and/or donor collection; and

(H) Report and document actions taken and observations made.

(5) In addition to the functions and duties set forth in section (4), graduate practical nurses and IV-Certified licensed practical nurses who have documented competency verification by the individual's employer, may—

(A) Calculate the flow of intravenous parenteral fluid infusions including total parenteral nutrition, peripheral parenteral nutrition, blood, and blood products;

(B) Initiate peripheral venous access sites using devices that do not exceed three inches (3") in length, excluding mid-line catheters;

(C) Administer parenteral intravenous fluid infusions including total parenteral nutrition and peripheral parenteral nutrition through established, patent peripheral venous lines and central venous lines;

(D) Change peripheral venous administration set tubings and dressings;

(E) Administer premixed drugs and solutions through established, patent peripheral and central venous lines either by continuous infusion or intermittent intravenous piggyback methods;

(F) Maintain the patency of "locked" peripheral and central venous catheters with saline and/or heparin flush solutions;

(G) Administer packaged drug systems containing diluent and drug through established, patent peripheral and central venous lines; and

(H) Administer continuous or intermittent parenteral fluid infusions via electronic infusion pumps and controllers, which includes assembling and programming of the electronic infusion pump or controller.

(6) In addition to the functions and duties set forth in sections (4) and (5), and with additional individualized education and experience that includes documented competency verification by the individual's employer, graduate practical nurses and IV-Certified licensed practical nurses may—

(A) Change central venous line administration set tubings and site dressings;

(B) Obtain blood specimens for laboratory testing from established central venous catheters, which includes implanted vascular access port devices that have already been accessed;

(C) Administer premixed pain medications via patient controlled analgesia pump (PCA), which includes assembling and programming of the pump; and

(D) Administer premixed drugs that will infuse over a minimum of thirty (30) minutes via mechanical infusion devices, including, but not limited to, syringe pumps and disposable elastomeric devices.

(7) Graduate practical nurses and licensed practical nurses shall NOT, under any condition, perform the following functions or duties:

(A) Administer anti-neoplastic drugs, commonly referred to as chemotherapy, via any intravenous infusion treatment modality. However, the qualified practical nurse may stop the flow of an infusion if an adverse reaction or complication is observed and immediately notify a RN to assess the situation;

(B) Begin the initial or sequential administration of a transfusion of whole blood or blood product including, but not limited to, serum albumin;

(C) Access the port reservoir of a central venous implanted vascular access port device;

(D) Perform an intravenous admixture in which a syringe/needle is used to add drug(s) to a parenteral fluid container, prior to the administration of the infusion;

(E) Add drug(s) to the fluid container of an existing intravenous infusion;

(F) Add drug(s) to an existing volume control set chamber;

(G) Administer drug(s) via the intravenous push or intravenous bolus mode of delivery except when life-threatening circumstances require such administration;

(H) Remove a mid-line catheter or any type of central venous catheter; and

(I) Participate in any intravenous infusion treatment modality involving neonates.

AUTHORITY: section 335.017, RSMo 2000, and section 335.036, RSMo Supp. 2012. This rule originally*

filed as 4 CSR 200-6.030. Original rule filed Sept. 1, 2005, effective April 30, 2006. Moved to 20 CSR 2200-6.030, effective Aug. 28, 2006. Amended: Filed Oct. 30, 2007, effective April 30, 2008. Amended: Filed March 8, 2013, effective Aug. 30, 2013.

*Original authority: 335.017, RSMo 1983 and 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011.

20 CSR 2200-6.040 Venous Access and Intravenous Infusion Treatment Modalities Course Requirements

PURPOSE: This rule sets forth the minimum requirements for establishing and conducting a course of instruction for qualified practical nurse participants to become IV-Certified in the state of Missouri.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) A venous access and intravenous (IV) infusion treatment modalities course shall prepare the non IV-Certified qualified practical nurse to safely perform the functions and procedures inherent in selected intravenous infusion treatment modalities as set forth in this rule.

(2) Course providers shall only design and conduct a venous access and intravenous infusion treatment modalities course as specified in this rule. The course shall provide sufficient instruction for the following qualified practical nurse participants to become IV-Certified in Missouri:

(A) A practical nurse currently licensed to practice in Missouri;

(B) A practical nurse with a temporary permit to practice in Missouri;

(C) A graduate practical nurse of a non-Missouri practical nursing education program seeking licensure in Missouri; or

(D) A federal employee who possesses a current license as a practical nurse in another state who is enrolling in a course provided by a federal facility located in Missouri.

(3) Curriculum.

(A) The curriculum of a venous access and intra-

venous infusion treatment modalities course shall include the following components:

1. Review of the Missouri Nursing Practice Act including the current venous access and intravenous infusion treatment modalities regulations;

2. Review of the policies and procedures of the clinical agency where practical experience is received;

3. Structure of the circulatory system including anatomical location and physiology of veins used for venous access;

4. Relationship between parenteral fluid treatment administration and the body's homeostatic and regulatory function with attention to the clinical manifestation of fluid and electrolyte imbalance and cellular physiology;

5. Principles of infection control in venous access and parenteral fluid administration;

6. Identification of various types of equipment used in venous access and parenteral fluid administration, with content related to criteria for use of each, and means of troubleshooting for malfunctions;

7. Principles and practices related to intravenous drug and/or fluid administration across the life span;

8. Nursing management of venous access and parenteral fluid administration procedures that are commonly used in patient care settings;

9. Procedure for obtaining venous access including appropriate equipment selection, psychological preparation of the patient, site selection, aseptic skin preparation, insertion and stabilization of the venous access device, application of dressing to insertion site, and documentation of procedure;

10. Maintenance of venous access site and parenteral fluid administration system components according to established current practices;

11. Monitoring venous access site for evidence of local complications, parenteral fluid infusion flow rate, and response to treatment;

12. Adjusting parenteral fluid flow rate in various clinical situations;

13. Procedure for removal of peripheral venous access device upon completion of the prescribed treatment or if suspected or confirmed complications arise;

14. Calculation of drug dosage and parenteral fluid administration flow rates; and

15. Principles of phlebotomy.

(B) The curriculum to be offered shall be approved by the board.

1. The course provider shall develop the curriculum. The course provider may select an IV Therapy text of choice. The text may be utilized as the curriculum stem. Content specific to IV Therapy certification in Missouri shall be added. The curriculum shall contain all of the components listed in paragraphs (3)(A)1.-5. of this rule and be submitted to the board for approval.

(C) A course shall, at a minimum, consist of:

1. Thirty (30) hours of classroom and skills laboratory instruction or its equivalent, (e.g., faculty-student interactive study); and

2. Eight (8) hours of supervised clinical practice, which shall include at least one (1) successful performance of peripheral venous access and the initiation of an intravenous infusion treatment modality on an individual.

(D) There shall be written course outcomes that identify the expected competencies of the participant upon completion of the course.

(E) The course participant shall complete a pretest(s) in pharmacology, anatomy and physiology, and asepsis to determine the participant's level of knowledge at the beginning of the course.

(F) All classroom and clinical instruction and practice shall be supervised by a registered professional nurse designated by the provider and who meets the faculty qualifications as stated in section (4) of this rule.

(4) Faculty Qualifications and Responsibilities.

(A) Nursing faculty shall hold a current, undisciplined license or temporary permit to practice as a registered professional nurse in Missouri; and the license to practice professional nursing has never been disciplined in any jurisdiction. Nursing faculty shall have a minimum of two (2) years of clinical experience within the last five (5) years that included responsibility for performing venous access and intravenous infusion treatment modalities.

(B) All non-nurse faculty shall possess the professional preparation and qualifications to teach the specific content for which they are responsible.

(C) For the clinical component of the course, the maximum faculty to student ratio shall be one to three (1:3) for observational experiences and the performance of non-invasive procedures and functions. The faculty to student ratio shall be one to one (1:1) during the performance of peripheral venous access and initiation of an intravenous infusion treatment modality on an individual.

(D) The course provider shall designate a registered professional nurse to be the course coordinator who shall be responsible for all aspects of the course.

(5) Classroom and Clinical Facilities.

(A) Classrooms shall be of sufficient size and contain the necessary equipment and teaching aids to implement the course.

(B) The clinical facilities utilized shall be sufficient to allow for appropriate implementation of the course and may include, but are not limited to, acute care, long-term care, ambulatory care, and community agencies that provide intravenous infusion treatment modalities.

(C) Faculty and course participants shall have access to the necessary intravenous treatment equip-

ment and patients/clients receiving intravenous treatment modalities, including pertinent medical records.

(D) There shall be a signed written agreement between the course provider of the course and each cooperating clinical facility that specifies the roles, responsibilities, and liabilities of each party. This written agreement will not be required if the only clinical facility to be used is also the provider of the course.

(6) To successfully complete a venous access and intravenous infusion treatment modalities course for the purpose of becoming IV-Certified, the qualified participant shall:

(A) Achieve a minimum grade of eighty percent (80%) on a written final examination of no fewer than fifty (50) multiple choice items;

(B) Demonstrate clinical competency in the mastery of the course objectives; and (C) Perform at least one (1) successful peripheral venous access and initiate an intravenous infusion treatment modality on an individual.

(7) Record Keeping.

(A) The provider of an approved course shall maintain records documenting each participant's attendance, scores, and competencies. These records shall be kept for a period of at least five (5) years. A copy of this record shall be provided to the course participant.

(B) The provider of an approved course shall award a certificate, using a form provided by the board, to each participant who successfully completes the course.

(C) Within thirty (30) days of a participant's successful completion of an approved course, the designated course coordinator shall submit the required participant information to the board on a form provided by the board.

AUTHORITY: section 335.017, RSMo 2000, and section 335.036, RSMo Supp. 2012. This rule originally filed as 4 CSR 200-6.040. Original rule filed Sept. 1, 2005, effective April 30, 2006. Moved to 20 CSR 2200-6.040, effective Aug. 28, 2006. Amended: Filed March 8, 2013, effective Aug. 30, 2013.*

**Original authority: 335.017, RSMo 1983 and 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011.*

20 CSR 2200-6.050 Approval Process for a Venous Access and Intravenous Infusion Treatment Modalities Course

PURPOSE: This rule sets forth the approval process for a course provider to establish, maintain, and discontinue a course of instruction for qualified practical nurse participants to become IV-Certified in the state

of Missouri.

(1) To obtain initial approval of a venous access and intravenous infusion treatment modalities course, the course provider shall submit a written proposal to the board.

(A) The proposal shall be written by and bear the original signature of a registered professional nurse who holds a current undisciplined license or temporary permit to practice as a registered professional nurse in Missouri.

(B) The proposal shall contain the following:

1. Name of course provider;
2. Course objectives;
3. Curriculum to be utilized including the method(s) of delivery and the number of classroom and clinical hours;
4. Faculty qualifications;
5. Name of designated course coordinator;
6. Description and location of classroom and clinical facilities to be utilized;
7. Copies of the agreement with the clinical facilities to be utilized;
8. Maximum faculty to student ratio in the clinical component;
9. Methods of participant evaluation used including final examination;
10. Qualifications/requirements of course participants;
11. Policy delineating successful completion of the course; and
12. Policy regarding records to be maintained.

(C) The board shall review the proposal and issue a letter to the course provider stating whether the program has been approved or denied. If the program is denied approval, the board shall state the specific reasons for its denial.

(2) Requirements for Maintaining Course Approval.

(A) The provider of an approved course shall comply with any subsequent changes in this rule beginning with the first course participants following the effective date of the rule change. The course provider shall submit a written report to the board specifying the manner in which it will comply with the rule change(s). The board shall approve the submitted report prior to the entrance of the next course participants.

(B) The course provider shall notify the board in writing of all changes in information that was submitted in its approved proposal. Changes shall be approved by the board prior to implementation.

(C) The course provider shall keep the board current as to the names of faculty and clinical facilities utilized.

(D) The course provider shall submit an annual report to the board using the form provided by the board. Failure to submit the annual report will be cause for the board to withdraw its approval of the course.

(E) The board maintains the authority to randomly audit course providers for compliance with the requirements as stated in this chapter. This includes review of records onsite.

(3) Discontinuing an Approved Course.

(A) To discontinue an approved course, a letter bearing the signature of the course coordinator shall be submitted to the board stating:

1. The date after which the provider will no longer offer the approved course; and
2. The name and address of the custodian for the records required to be maintained for a five (5)-year period.

(B) The board shall issue a letter to the course provider confirming that the course has officially been discontinued.

(C) If a course provider desires to reestablish an approved venous access and intravenous infusion treatment modalities course after a course has been officially discontinued, a new proposal shall be submitted as required by section (1).

AUTHORITY: section 335.017, RSMo 2000, and section 335.036, RSMo Supp. 2012. This rule originally filed as 4 CSR 200-6.050. Original rule filed Sept. 1, 2005, effective April 30, 2006. Moved to 20 CSR 2200-6.050, effective Aug. 28, 2006. Amended: Filed March 8, 2013, effective Aug. 30, 2013.*

**Original authority 335.017, RSMo 1985; 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011.*

20 CSR 2200-6.060 Requirements for Intravenous Therapy Administration Certification

PURPOSE: This rule specifies the processes by which practical nurses can be recognized as IV-Certified in the state of Missouri.

(1) A practical nurse who is currently licensed to practice in Missouri and who is not Intravenous (IV)-Certified in Missouri can obtain IV-Certification upon the successful completion of a board approved venous access and intravenous infusion treatment modalities course.

(A) Upon receipt of confirmation of successful completion of an approved course, the board shall issue a verification of IV-Certification letter stamped with the board seal.

(B) Upon receipt of the verification of IV-Certification letter from the board, the licensed practical nurse may engage in practical nursing care acts involving venous access and intravenous infusion treatment modalities as specified in the provisions of section 335.016, RSMo, 20 CSR 2200-5.010, and this chapter.

(C) The practical nurse's next issued license shall state LPN IV-Certified.

(2) A practical nurse who is currently licensed to practice in another state or territory of the United States, who is an applicant for licensure by endorsement in Missouri and has been issued a temporary permit to practice in Missouri and is not IV-Certified in another state or territory can obtain IV-Certification upon successful completion of a board approved venous access and intravenous infusion treatment modalities course.

(A) Upon receipt of confirmation of successful completion of an approved course, the board shall issue a Verification of IV-Certification letter stamped with the board seal and stating the expiration date of the temporary permit.

(B) Upon receipt of the Verification of IV-Certification letter from the board, the individual may engage in practical nursing care acts involving venous access and intravenous infusion treatment modalities as specified in the provisions of section 335.016, RSMo, 20 CSR 2200-5.010, and this chapter.

(C) When all other licensure requirements are met, the license issued will state LPN IV-Certified.

(D) If licensure requirements are not met by the expiration date stated on the Verification of IV-Certification letter and temporary permit, the individual shall cease performing all practical nursing care acts including those related to intravenous infusion treatment administration.

(3) A practical nurse who is currently licensed to practice in another state or territory of the United States, who is an applicant for licensure by endorsement in Missouri and has been issued a temporary permit to practice in Missouri, and is IV-Certified in another state or territory of the United States, or who has completed a venous access and intravenous infusion treatment modalities course in another state or territory of the United States, can obtain IV-Certification in Missouri by:

(A) Contacting a provider of a board approved venous access and intravenous infusion treatment modalities course; and

(B) Requesting provider evaluation of venous access and intravenous infusion treatment modalities competency. The evaluating provider may:

1. Accept the applicant's federal or other state or territory's course as equivalent to Missouri's requirements;
2. Accept part of the curriculum taken in that state or territory and require the applicant to complete any deficiencies;
3. Require the applicant to complete an entire board approved venous access and intravenous infusion treatment modalities course; or
4. Require the applicant to achieve a mini-

imum score of eighty percent (80%) on a written comprehensive examination of no less than fifty (50) multiple choice items and demonstrate the ability to initiate a peripheral vascular access and intravenous infusion treatment modality;

(C) Upon receipt of confirmation from an approved course provider that the practical nurse possesses the necessary venous access and intravenous infusion treatment modalities competencies, the board will issue a Verification of IV-Certification letter stamped with the board seal and stating the expiration date of the individual's temporary permit;

(D) Upon receipt of the Verification of IV-Certification letter from the board, the individual may engage in practical nursing care acts involving venous access and intravenous infusion treatment modalities as specified in the provisions of section 335.016, RSMo, 20 CSR 2200-5.010, and this chapter;

(E) When all other licensure requirements are met, the license issued will state LPN IV-Certified;

(F) If licensure requirements are not met by the expiration date stated on the Verification of IV-Certification letter and temporary permit, the individual shall cease performing all practical nursing care acts including those related to intravenous infusion treatment administration.

(4) Individuals who graduated from a board approved practical nursing program after February 28, 1999 are exempt from taking a separate venous access and intravenous infusion treatment modalities course to become IV-Certified.

(A) A graduate of such a practical nursing program may perform the functions and duties related to venous access and intravenous infusion treatment modalities as delineated in 20 CSR 2200-6.030 until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs.

(B) Upon official notification of passing the licensure examination, the graduate practical nurse will be issued a Missouri license stating LPN IV-Certified.

(5) Graduate practical nurses as specified in subsections 20 CSR 2200-6.040(2)(C) and (D) of this chapter who are seeking licensure by examination in Missouri and for whom the board has received confirmation of successful completion of an approved venous access and intravenous infusion treatment modalities course shall meet all licensure requirements before a license stating LPN IV-Certified can be issued.

(6) If a qualified licensed practical nurse requests a license stating LPN IV-Certified prior to the next licensure renewal cycle, the procedure for obtaining a duplicate license as stated in 20 CSR 2200-4.020(14) shall be followed.

*AUTHORITY: section 335.017, RSMo 2000, and section 335.036, RSMo Supp. 2012. * This rule originally filed as 4 CSR 200-6.060. Original rule filed Sept. 1, 2005, effective April 30, 2006. Moved to 20 CSR 2200-6.060, effective Aug. 28, 2006. Amended: Filed June 27, 2008, effective Dec. 30, 2008. Amended: Filed March 8, 2013, effective Aug. 30, 2013.*

**Original authority: 335.017, RSMo 1983 and 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011.*

