

**Chapter 45. Advanced Practice Registered Nurses
NOTICE OF INTENT**

**Department of Health and Hospitals
Board of Nursing**

Title 46 PROFESSIONAL AND OCCUPATIONAL
STANDARDS Part XLVII. Nurses,
Subpart 2 Registered Nurses Chapter 45. Advanced Practice
Registered Nurses

In accordance with R.S. 37:911 et seq., Authorizes the Louisiana State Board of Nursing to regulate individuals with the desire to practice as a registered nurse or advanced practice registered nurse and to adopt the rules and regulations to implement the provisions of the Nurse Practice Act. The proposed rule would allow for alignment with the nationally proposed uniform requirements for advanced practice registered nurses. This model is aimed at public protection by ensuring uniformity across all jurisdictions. Uniformity of national standards and regulation not only allows for the mobility of nurses, it also served the public by increasing access to care. The need for standardization also affects the livelihood of practicing APRN's and their ability to relocate to areas experiencing health care shortages. The proposed changes provide for consistent definitions regarding advanced practice registered nursing which specify role and population focus. The proposed rules eliminates issuance of a temporary permit to practice as a advanced practice registered nurse for the new graduate and assures that authorization to practice depends on achieving certification. The proposed revisions streamline the requirements for submitting changes in collaborative practice agreements. The proposed rules clarify the actions the regulatory agency may take if the licensee does not meet requirements for licensure or if the licensee must demonstrate further competency to ensure public safety; modification of the licensure/ credentialing processes to require evidence of completed education and Board certification prior to licensure, requirement for continued certification requirement and authorization of prescriptive authority which allows for thorough validation of core competencies.

§4501. Introduction

A. Louisiana Revised Statutes of 1950, specifically R.S. 37:911 et seq., delegated to the Louisiana State Board of Nursing the responsibility to authorize additional acts to be performed by registered nurses practicing in expanded roles and gave the board of nursing the power to set standards for nurses practicing in specialized roles. From 1981 to 1995, the board recognized advanced practitioners of nursing as certified nurse-midwives, certified registered nurse anesthetists, clinical nurse specialists, and primary nurse associates.

B. In 1995, the Louisiana Legislature amended R.S. 37:911 et seq., empowering the board of nursing to use the term advanced practice registered nurse (APRN) to license a registered nurse with advanced education as provided in R.S. 37:913.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:281 (April 1996), amended LR 31:2012 (August 2005).

§4503. Titles

A. Advanced practice registered nurse (APRN) means a licensed registered nurse who has completed an accredited graduate level education program preparing the individual in one or more APRN role and population foci, is certified by a nationally recognized certifying body in one or more role and population focus, such as the American Nurses Credentialing Center, as having an advanced nursing specialty as described in §4507 and who meets the criteria for an advanced practice registered nurse as established by the board.

B. A nurse licensed as an Advanced Practice Registered Nurse (APRN) shall include, but not be limited to, the following functional roles.

1. *Certified Nurse Midwife (CNM)*—an advanced practice registered nurse educated in the disciplines of nursing and midwifery and certified according to a nationally recognized certifying body, such as the American College of Nurse Midwives Certification Council, as approved by the board and who is authorized to manage the nurse midwifery care of newborns and women in the antepartum, intrapartum, and postpartum, and/or gynecological periods as well as primary care for women across their lifespan and treatment of their male partners for sexually transmitted infections (STI).

2. *Certified Registered Nurse Anesthetist (CRNA)*—an advanced practice registered nurse educated in the field of nurse anesthesia and certified according to the requirements of a nationally recognized certifying body ~~such as the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists~~, as approved by the board and who is authorized to select and administer anesthetics or ancillary services to patients under their care.

3. *Clinical Nurse Specialist (CNS)*—an advanced practice registered nurse ~~educated in a recognized nursing specialty area who is certified according to the requirements of a nationally recognized certifying body such as the American Nurses Credentialing Center, as approved by the board and who is authorized to provide direct nursing care to a select population in a recognized nursing specialty area, and plans, guides, and directs care given by other nursing personnel as a CNS and is certified according to the requirements of a nationally recognized certifying body as approved by the Board. CNS's are expert clinicians in a specialized area of nursing practice and population focus and practice in a wide variety of health care settings by providing direct patient care and influencing health care outcomes by providing expert consultation and by implementing improvements in health care delivery systems. CNS practice integrates nursing practice which focuses on assisting patients in the prevention or resolution of illness through medical diagnosis and treatment of disease, injury or disability.~~

4. Certified Nurse Practitioner (CNP)—an advanced practice registered nurse educated in a specified area of care and certified according to the requirements of a nationally

recognized certifying body ~~accrediting agency such as the American Nurses Credentialing Center, National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties, or the National Certification Board of Pediatric Nurse Practitioners and Nurses, or as approved by the board and who is authorized to provide primary, acute, or chronic care as an advanced nurse practitioner acting within his scope of practice to individuals, families, and other groups~~ populations in a variety of settings including, but not limited to, homes, institutions, offices, industry, schools, and other community agencies.

~~5. Registered Nurse Anesthetist (RNA) as provided for in R.S.37:930.B.~~

C. A licensed Advanced Practice Registered Nurse must use the title "APRN" ~~unless the title is CRNA or RNA. The category~~ APRN role of certification and/or education designation may be used before or after APRN as follows.

1. Certification

- a. CNM—Certified Nurse Midwife;
- b. CRNA—Certified Registered Nurse Anesthetist;
- c. CNS—Clinical Nurse Specialist ~~plus area of specialty, i.e., CNS, Medical/ Surgical;~~
- d. CNP—Certified Nurse Practitioner ~~plus area of specialty, i.e., FNP for Family Nurse Practitioner.~~

2. Education

- a. MSN, MN, MS or other appropriate degree at the master's level;
- b. DNP, DNS, EdD, PhD, or other appropriate degree at the doctorate level.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:281 (April 1996), amended LR 27:723 (May 2001), LR 31:2012 (August 2005).

§4505. Definitions

Accrediting Agency- an organization which establishes and maintains standards for professional nursing or nursing related programs and recognizes those programs that meet these standards.

Advanced Practice Certification—certification by a nationally recognized certifying body approved by the board.

Advanced Practice Nursing Education Program—a program whose purpose is to prepare advanced practitioners of nursing with a graduate degree or post-graduate certification/award by an academic institution accredited or awarded pre-approval, pre-accreditation status by a nursing or nursing -related accrediting organization recognized by the US Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA) and whose graduates are eligible for certification as an Advanced Practice Registered Nurse.

Advanced Practice Registered Nurse (APRN)-is a registered nurse:

1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles in addition to a population focus;

2. who has passed a national certification examination that measures APRN role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;

3. who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients;

4. whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;

5. who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;

6. who has clinical experience of sufficient depth and breadth to reflect the intended license;

7. who has obtained a license to practice as an APRN;

8. who is expected to practice within established standards and is accountable for the quality of advanced nursing care rendered, for recognizing limits of knowledge and experience, planning for the management of situations beyond one's expertise; and for consulting with or referring patients to other health care providers as appropriate.

Advanced Practice Registered Nurse Student—any licensed registered nurse enrolled as a student in an educational program approved by the Board which prepares the individual for APRN licensure.

Advanced Practice Registered Nursing—nursing by a certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist, or nurse practitioner which is based on knowledge and skills acquired in a basic nursing education program, licensure as a registered nurse, and a minimum of a ~~master's~~ graduate degree with a concentration in one or more the respective advanced practice nursing specialty role and population focus which includes both didactic and clinical components, advanced knowledge in nursing theory, physical and psychosocial assessment, nursing interventions, and management of health care.

Advanced Practice Registered Nursing Specialty Role—a designated area of advanced practice in which the registered nurse holds a ~~master's~~ graduate degree with a concentration in the respective area of practice that includes both the didactic and clinical components, advanced knowledge in nursing theory, physical and psychosocial assessment, nursing interventions, pharmacotherapeutics, and management of health care and also prepares the APRN for national

certification. For the purpose of this part, the area of practice is defined within the context of the role and population focus of advanced practice nursing. The four APRN roles include: certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist, and nurse practitioner.

Approval—a status indicating the program has met the legal standards established by the board.

Approved Program—a nursing education program approved by the board.

Assessment Studies—diagnostic studies including, but not limited to laboratory testing, radiologic studies, electrocardiograms, pulmonary function tests, and pharmaceutical diagnostic testing.

Board—the Louisiana State Board of Nursing.

Clinical Practice Guidelines—refers to written or electronic documents, jointly agreed upon by the collaborating professionals that describe a specific plan, arrangement, or sequence of orders, steps, or procedures to be followed or carried out in providing patient care in various clinical situations. These may include textbooks, reference manuals, electronic communications, and Internet sources; etc.

Clinical practice guidelines must be:

- commensurate with the APRN's knowledge, skills and abilities;
- in accordance with current standards of care and evidence-based practice for the APRN role and population focus;
- address types or categories or schedules of drugs for prescription;
- be specific to the practice setting; and
- be maintained on site.

Collaborating Physician—a physician actively engaged in clinical practice and the provision of patient care with whom the APRN has developed and signed a collaborative practice agreement for prescriptive and distributing authority and who holds a current, unencumbered, unrestricted and valid medical license issued or recognized by the Louisiana State Board of Medical Examiners and is in good standing with no pending disciplinary proceedings, and practices in accordance with rules of the Louisiana State Board of Medical Examiners.

Collaboration—a cooperative working relationship with licensed physicians, dentists, or other health care providers to jointly contribute to providing patient care and may include but not be limited to discussion of a patient's diagnosis and cooperation in the management and delivery of health care with each provider performing those activities that he is legally authorized to perform.

Collaborative Practice—the joint management of the health care of a patient by an advanced practice registered nurse performing advanced practice registered nursing and one or more consulting physicians or dentists. Except as otherwise provided in R.S. 37:930, acts of medical diagnosis and prescription by an advanced practice registered nurse shall be in accordance with a collaborative practice agreement.

Collaborative Practice Agreement—a formal written statement/document addressing the parameters of the collaborative practice which are mutually agreed upon by the advanced practice registered nurse and one or more licensed physicians or dentists which shall include but not be limited to the following provisions:

1. availability of the collaborating physician or dentist for consultation or referral, or both;
2. methods of management of the collaborative practice which shall include clinical practice guidelines;
3. coverage of the health care needs of a patient during any absence of the advanced practice registered nurse, physician, or dentist.

Contact Hour—a unit of measurement that describes 50 sixty (60) minutes of participation in an educational activity, which meets the board's continuing education criteria. Ten contact hours equal one continuing education unit (C.E.U.).

Controlled Substance—any substance defined, enumerated, or included in federal or state statute or regulations 21 CFR §1308.11-15 or R.S. 40:964, or any substance which may hereafter be designed as a controlled substance by amendment of supplementation or such regulations and statute.

Cooperating Agency—an organization, institution or agency which by agreement accepts Advanced Practice Registered Nurse students for educational experiences.

Course—a distinct unit of instruction which has been organized for presentation with a specific time frame. This includes all related learning experiences deemed necessary by the faculty to meet the stated objectives.

Curriculum—the planned studies and learning activities designed to lead to graduation and eligibility for advanced practice registered nurse licensure.

Distance Education—teaching learning strategies to meet the needs of students who are physically separated from the faculty.

Distance Education Technology—the methods and technical support used to teach students who may be physically distant from the faculty. The methods may include audio conference, compressed video, electronic mail, and the Internet.

Distribute, Distribution or Distributed—the issuing of free samples and other gratuitous medications supplied by drug manufacturers, as defined by clinical practice guidelines contained in a collaborative practice agreement for prescriptive authority.

Electronic Transmission—transmission of information in electronic form or the transmission of the exact visual image of a document by way of electronic equipment.

Faculty—

1. *Nurse Faculty*—a doctorally or master's prepared registered nurse and/or advanced practice registered nurse with academic preparation and experience under written

contractual agreement with a parent institution for administration, teaching, clinical supervision of students or research in programs preparing candidates for advanced practice registered nurse licensure.

2. *Support Faculty*—an individual with academic preparations and experience in his/her field of specialization who provides services or teaches support courses.

3. *Preceptor/Clinical Practicum Coordinators*—an advanced practice registered nurse, physician, dentist, who provides guidance, serves as a role model, resource person, and clinical teacher to enhance the learning experiences of an advanced practice nursing student on a one-to-one basis for a specified time or as specifically approved by the board.

Functional Role—the advanced practice role for which a master's in nursing program prepares its graduates. The categories of functional roles for advanced practice licensure include nurse midwives, nurse anesthetists, clinical nurse specialists, and nurse practitioners.

Goals—the aims of the program including the expected competencies of the graduate.

Gratuitous Medications—the medications provided by the manufacturer to be distributed to indigent populations and/or HIV and STD patients free of charge.

Lapsed APRN License—inactive APRN licensure status due to failure to renew or to request inactive licensure status.

Major Change in Curriculum—any one of the following shall be deemed to constitute a major change in curriculum:

1. alteration, other than editorial, in program's mission/philosophy and goals;
2. addition or deletion of more than 10 percent of the semester credit hours from the program of studies;
3. departure from current educational practices or methods;
4. addition or deletion of a program or clinical track preparing APRNs.

Medical Therapeutic Device—any instrument, apparatus, implement, machine, contrivance, implant, or other similar or related article, including any component part of accessory, which is required under federal law to bear the label "Rx only". The medical device or appliance shall be within the scope of practice of the Advanced Practice Registered Nurse.

National Nursing Accrediting body – means National League for Nursing Accreditation Commission (NLNAC), the Commission for Collegiate Nursing Education (CCNE), Accreditation Commission for Midwifery Education (ACME), or the Council on Accreditation of Nurse Anesthesia Educational Programs (COA)

National Professional Accrediting Organization—an organization that provides accreditation for educational activity offered by a nursing, medical, or pharmacy association or other educational entities and is approved by the board relative to pharmacotherapeutics.

Nationally Recognized Certifying Body- means a national certification organization which certifies qualified licensed registered nurses as advanced practice registered nurses and which establishes and requires certain eligibility criteria related to education and practice, offers an examination in an advanced practice nursing role and population which meets current psychometric guidelines and tests, and is approved by the Board.

Objectives—the behavioral expectations of the students in courses and throughout the program that lead to the goals of the program.

Parent Institution—the organization or agency responsible for the administration and operation of the nursing program.

Philosophy—a statement which includes and identifies the beliefs accepted by the faculty and the parent institution related to nursing education.

Population Focus- term referenced in the National Counsel for State Boards of Nursing's document entitled "Consensus Model for APRN Regulation: Licensure Accreditation, Certification, & Education" which refers to one of the areas of concentrated study and practice provided to a collection of specified individuals who have characteristics in common. A broad, population-based focus of study encompasses common problems and aspects of that group of patients and the likely co-morbidities, interventions, and responses to those problems. Examples include, but are not limited to neonatal, pediatric, women's health, adult, family, mental health, etc. A population focus is not defined as a specific disease/health problem or specific intervention.

Preceptorship Experience—an individualized teaching-learning strategy in which an advanced practice nursing student participates in clinical nursing practice while assigned to a preceptor.

Prescribe—to direct, order, or designate the preparation, use of or manner of using by spoken or written words or by electronic means.

Prescription or Prescription Drug Order—an order from a practitioner authorized by law to prescribe for a drug or device that is patient specific and is communicated by any means to a pharmacist in a permitted pharmacy, and is preserved on file as required by law or regulation. R.S. 37:14.1164 (44).

Prescription Monitoring Program (PMP)- a system for the monitoring of controlled substances and other drugs of concern dispensed in the state or dispensed to an address within the state as established in R.S. 40:1001-1014.

Program Head (Administrative Director)—the registered nurse with the authority and responsibility for the administration of the program and implementation of the curriculum. This title is used regardless of the person's official title in the parent institution.

Published Professional Standards- level of performance that advanced practice registered nurses, within their specific role and population focus, are required to achieve and maintain in their practice; represents the criteria against

which the performance of all advanced practice registered nurses within the role and population focus is considered as published by the relevant professional nursing organizations.

Recommendations—statements focusing on areas where there are factors which may impinge on maintenance of standards.

Requirements—standards with which educational programs shall comply.

Role—the advanced practice area for which a graduate level nursing program prepares its graduates. The four roles for advanced practice registered nurse licensure include nurse midwives, nurse anesthetists, clinical nurse specialists, and nurse practitioners.

Samples—a unit of prescription drug, which is not intended to be sold and is intended to promote the sale of the drug.

Shall—a term used to denote a requirement which must be met.

Should—a term used to denote a suggested method of meeting a requirement.

Standard—a criterion by which performance is measured.

Subspecialty—a focus of practice ~~within a specialty beyond an advanced practice role and population focus~~ assuring expert, in depth knowledge, skills, and abilities of a particular an aspect of patient ~~problem care~~; e.g., cardiovascular disease, palliative care, oncology, substance abuse, orthopedics, critical care, etc.

Survey—the collection of information by the board for its review in granting, continuing or denying approval of a program.

Under the Guidance of an Approved Preceptor—guidance by a licensed APRN, physician, dentist, or person approved by the board within the same or related practice specialty or functional role must be accessible but not physically present.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 27:724 (May 2001), amended LR 31:2013 (August 2005).

§4507. Licensure as Advanced Practice Registered Nurse

A. Initial Licensure

1. The applicant shall meet the following requirements:

a. holds a current, unencumbered, unrestricted and valid registered nurse license in Louisiana and there are no grounds for disciplinary proceedings, as stated in R.S. 37:921;

b. completion of a minimum of a ~~master's~~ graduate degree with a concentration in the respective advanced practice nursing ~~specialty and functional role~~ and population focus or completion of a post master's concentration in the respective advanced practice nursing ~~specialty and functional~~ nursing role and population focus from a program accredited by a nursing or nursing related accrediting body that is recognized by the U.S. Secretary of Education and/or the

Council for Higher Education Accreditation (CHEA) and otherwise approved by the Board ~~college or university that meets the curriculum guidelines established by the board.~~ Exception to the ~~master's~~ graduate degree will may be granted to those applicants who provide documentation as requested by the board that, prior to December 31, 1995, the applicant completed or was continuously enrolled in a formalized post-basic education program preparing for the advanced practice nursing ~~specialty and functional role~~ and population focus as approved by the board prior to December 31, 1995 as follows:

i. a program of studies offered through an institution of higher education which qualifies the graduate to take a certification examination in the advanced practice ~~specialty and functional~~ role and population foci; or

ii. a program of studies accepted by a nationally recognized certifying body which is recognized by the Louisiana State Board of Nursing; ~~or~~

~~iii. a program which is individually recognized by the Board of Nursing based on established criteria; as stated in LAC 46:XLVII.4509;~~

c. submission of a completed application on a form furnished by the board;

d. submission of evidence of current certification in the respective advanced practice nursing ~~specialty and functional~~ role and population focus by a nationally recognized certifying body approved by the board. ~~When specialty and functional role certification is not available, in addition to meeting the above requirements, the individual will be required to meet the commensurate requirements specified below in Paragraph 3;~~

e. submission of a non-refundable fee as specified in LAC 46:XLVII.3341;

f. submission to criminal history record information as specified in LAC46:XLVII.3330;

g. after initial licensure, applicants seeking licensure for advanced practice in an additional specialty and/or functional role shall meet the requirements stated in LAC 46:XLVII.4507.A.1.a-d.

h. if there is a gap equal to or greater than 2 years between the completion of the graduate or post graduate program as delineated in LAC46:XLVII. 4507.1.b and the application for initial licensure, the applicant must provide additional verification of competency as requested by the Board and may be required to appear before the Board (or its committee) for further consideration before licensure or a temporary permit may be granted.

2. The board will verify all licensure and certification requirements via primary source verification as requested including (a) Licensure (b) Education (c) Certification and information relevant to the practice of the APRN.

3. An APRN license shall be issued with an expiration date that coincides with the applicant's RN license.

~~3. Commensurate Requirements when certification is not available:~~

~~a. hold the minimum of a master's degree with a concentration in the respective advanced practice nursing specialty and functional role from a regionally accredited college or university or a program otherwise approved by the board and has practiced with a APRN temporary permit for a minimum of six months to a maximum of 24 months; and~~

~~b. have provided a minimum of 800 hours of patient care under the direction of an approved preceptor within the past 24 months; up to 400 of these may be earned through clinical practicum in a master's program;~~

~~c. submit an affidavit for waiver of certification examination on a form provided by the board.~~

B. Temporary Permit—Initial Applicants

1. An APRN applicant who possesses a current RN license or a valid RN temporary permit, and that has a gap equal to or greater than 2 years between the completion of the graduate or post graduate program as delineated in LAC46:XLVII. 4507.1.b and the application for initial licensure, may be granted a temporary permit for a maximum of 120 days which allows the applicant to practice under the guidance of an a licensed APRN, or physician, who is engaged in active clinical practice and holds an active, unencumbered, unrestricted licensed dentist or approved preceptor within the role and population or practice specialty and functional role of the applicant, ~~except as provided for in R.S.37:930.A.3.~~ Evidence must be submitted to the board delineating that the applicant:

a. holds an active, unencumbered, unrestricted and valid registered nurse license in Louisiana;

a. b. is in the process of applying for initial licensure under LAC 46:XLVII.4507.A;

c. holds current certification in the respective advanced practice nursing role and population focus by a nationally recognized certifying body approved by the board;

d. meets requirements of LAC 46: XLVII. 4507.A.1.h.;
and

~~b. has been accepted as a first time candidate for the appropriate national professional certification examination; or~~

~~c. in the process of meeting the practice eligibility requirements for the appropriate national professional certification examination for the advanced nursing practice specialty and functional role as recognized by the board; or~~

~~d. in the process of meeting the practice requirements for licensure by commensurate requirements; or~~

~~e. is awaiting certification results based upon initial application; and~~

~~f. e. there are no grounds for disciplinary proceedings as stated in R.S. 37:921.~~

2. A nurse practicing under the temporary permit shall use the title advanced practice registered nurse applicant or APRN applicant.

3. ~~Upon receipt of initial certification examination results:~~

~~a. the temporary permit shall expire;~~

~~b. applicant shall submit or cause to be submitted, a copy of the results to the board;~~

~~e. the unsuccessful candidate shall:~~

~~i. cease to practice as an APRN applicant (does not prohibit practice as a registered nurse);~~

~~ii. notify the employer of the results.~~

4. Upon completion of the commensurate requirements or at the end of two years, the temporary permit shall expire.

5. An advanced practice registered nurse seeking licensure in either an additional advanced practice nursing specialty and functional role may seek a temporary permit as stated in LAC 46:XLVII.4507.B and D.

6. ~~3.~~ The APRN temporary permit may be extended for justifiable causes ~~to a maximum of 120 days or until receipt of initial certification results.~~

4. If allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:911 et seq., or any rule promulgated by the board is received during the permit interval, the temporary permit issued pursuant to this Section above shall be recalled and licensure denied or delayed in accordance with LAC 46:XLVII.3331 or until such time as the person completes the disciplinary process.

C. Licensure by Endorsement. The board may issue a license by endorsement if the applicant has practiced as an APRN under the laws of another state and if, in the opinion of the board, the applicant meets the requirements for licensure as an APRN in this jurisdiction.

1. If the applicant is applying from another jurisdiction that licenses the ~~category~~ role and population focus of ~~the~~ APRN for which the applicant is seeking licensure, the applicant shall submit:

a. a completed application on a form furnished by the board;

b. the required nonrefundable fee as set forth in LAC 46:XLVII.3341;

c. verification of current RN licensure in this jurisdiction or documentation that the applicant has applied for licensure as a RN and meets the requirements of this jurisdiction, and there are no grounds for disciplinary proceeding as stated in R.S. 37:921;

d. verification of licensure status directly from the jurisdiction of original licensure in the advanced practice category nursing role and population focus;

e. verification of current unencumbered, unrestricted license in the registered nurse and advanced practice category nursing role and population focus directly from the jurisdiction of current or most recent employment as an APRN;

f. verification of educational requirements as stated in LAC 46:XLVII.4507.A.1.b;

g. verification of current unconditional national certification in the respective specialty and functional role and population focus area as recognized by the board; or meets commensurate requirements as specified in LAC 46:XLVII.4507.A.3; and

~~h. documentation of meeting the requirements in LAC 46:XLVII.4515. submission to criminal history record information as specified in LAC46:XLVII.3330.~~

2. If the applicant is applying from a jurisdiction that does not license the APRN category role and/or population focus for which the applicant is seeking licensure, the applicant shall submit in addition to Subparagraphs C.1.a, b, c, f, g, and h as stated above:

a. documentation of the applicant's qualifications for advanced practice directly from the board in the state where the applicant first practiced in the APRN category role and/or population focus; and

b. documentation of the applicant's qualifications for advanced practice directly from the board in the state where the applicant was last employed in the APRN category role and/or population focus.

3. If the applicant is applying from a jurisdiction that does not verify advanced practice or does not meet the endorsement requirements, the applicant shall qualify by meeting the requirements for initial APRN licensure, LAC 46:XLVII.4507.A and B.

4. if the applicant has not been engaged in clinical practice as an APRN for 2 years or more, the applicant must provide additional verification of competency as requested by the Board and may be required to appear before the Board (or its committee) for further consideration before licensure or a temporary permit may be granted.

D. Temporary Permit: Endorsement Applicants

1. A nurse seeking APRN licensure by endorsement, and has been issued a RN temporary permit, may be issued a temporary permit to practice as an APRN for a maximum of 120 days if the applicant submits:

a. a completed APRN application on a form furnished by the board;

b. the required nonrefundable fee as set forth in LAC 46:XLVII.3341;

c. evidence of meeting the educational and certification requirements specified in LAC 46:XLVII.4507.A.1.b and d; or

~~d. documentation of registration for the certifying examination within 90 days.~~

2. The APRN temporary permit may be extended until receipt of initial certification results for justifiable causes.

3. If allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:911 et seq., or any rule promulgated by the board is received during the permit interval, the temporary permit issued pursuant to this Section above shall be recalled and licensure denied or delayed in accordance with LAC 46:XLVII.3331 or until such time as the person completes the disciplinary process.

E. Renewal of Licenses by Certification— or Commensurate Requirements, or Grandfathering

1. The date for renewal of licensure to practice as an APRN shall coincide with renewal of the applicant's RN license. Renewal of the APRN license is contingent upon renewal of the RN license and verification that there are no grounds for disciplinary proceedings as stated in R.S. 37:921. RN and APRN license renewal must be submitted to the Board electronically through the Board website annually prior to current licensure expiration. Renewal includes but is not limited to the following components: An applicant for renewal of an APRN license shall submit to the board:

a. a completed application on a form furnished by the board; completion of renewal applications for both RN and APRN licensure available at the Board website during annual renewal season;

b. evidence of current certification/recertification, unless the APRN has been licensed by the board in accordance with R.S. 37:912 (B)(3)(4); or in accordance with commensurate requirements when certification is not available [R.S. 37:920(A)(2)]. Effective January 1, 2002, and required for relicensure in 2003, APRNs licensed by the board in accordance with commensurate requirements when certification is not available [R.S. 37:920(A)(2)] shall comply with the requirements specified in §4507.E.2. below; in each APRN role and population focus being renewed by a national certifying body approved by the Board;

c. payment of the annual licensure renewal fee as specified in LAC 46:XLVII.3341.

2. APRNs initially licensed in accordance with R.S. 37:912(B)(3)(4) (grand-fathered) and who are not advanced practice certified, or R.S. 37:920(A)(2) and LAC 46:XLVII.4507.A.3 whose category and area of specialization role and population focus does not provide for certification/re-certification (commensurate requirements) shall submit the following documentation for renewal, in addition to meeting the requirements specified above in §4507.E.1.a-c:

a. a minimum of 300 hours of practice in advanced practice registered nursing, as defined in R.S.37:913.3.a, within a 12-month period; and

b. a minimum of 2 college credit hours per year of relevance to the advanced practice role; or

c. a minimum of 30 continuing education (C.E.) contact hours approved by the board each year. CMEs (Continuing Medical Education Units) may be approved by the board to meet this requirement;

d. the above Subparagraphs b or c will meet the C.E. requirements for the registered nurse and the advanced practice registered nurse licensure renewal;

~~e. notwithstanding any provision of this Section to the contrary, for renewal of an APRN license issued valid through January 31, 2006 and renewed on or before March 31, 2006, compliance with Subparagraphs b and c will not be required.~~

3. An advanced practice registered nurse shall maintain current national certification and/or recertification as required in all subsections regarding licensure throughout the entire licensure period. Failure of any APRN to submit evidence of and maintain current active certification or recertification shall result in the APRN license becoming inactive and invalid and the APRN shall not practice or use the title of advanced practice registered nurse until the requirements for reinstatement of the APRN license are met.

4. Any advanced practice registered nurse who practices during the time the APRN license is inactive and invalid will be subject to disciplinary action and will not be reinstated until such time as the person completes the disciplinary process.

F. Reinstatement of an APRN License

1. An APRN who has failed to renew his/her license, or has had an inactive licensure status, may apply for reinstatement by submitting to the board:

- a. evidence of current RN licensure;
- b. completed application on a form furnished by the board;
- c. evidence of current certification/recertification by a national certifying body accepted by the board; or

d. APRNs initially licensed in accordance with R.S. 37:912(B)(3)(4) or 920(A)(2) ~~and LAC 46:XLVII.4507.A.3 whose specialty and functional role~~ and population focus does not provide for certification/recertification shall submit the following documentation for each year of inactive or lapsed status:

- i. a minimum of 300 hours of practice as a fully licensed or permitted advanced practice registered nurse for each year of inactive or lapsed status up to a maximum of 800 hours; and
- ii. a minimum of two college credit hours per year of relevance to the advanced practice role; or
- iii. a minimum of 30 continuing education (C.E.) contact hours approved by the board each year. CMEs (Continuing Medical Education Units) may be approved by the board to meet this requirement; and

e. the required fee as specified in LAC 46:XLVII.3341.

2. Reinstatement of an APRN license for an applicant seeking to meet §4507.F.1.c or d, in addition to meeting the above requirements in Subparagraphs F.1.a, b, and e, the applicant shall:

- a. apply for a six month temporary permit to practice under the guidance of a clinical preceptor approved by the board which may be extended to a maximum of two years; and
- b. practice under the temporary permit and current practice standards set forth by the respective advanced practice nursing ~~specialty and functional~~ role and population focus; and

c. successfully complete the number of clinical practice hours required by the national certifying body approved by the board, if seeking certification/recertification, under the guidance of a preceptor approved by the board; and

d. submit evidence of current certification by a national certifying body approved by the board; or

e. if seeking commensurate requirements the applicant must practice under the guidance of a clinical preceptor approved by the board for a minimum of 800 hours of clinical practice in the area of clinical specialization when ~~specialty~~ certification is not available; and

f. submit evidence of compliance with §4507.E.2.b or c for each year of inactive or lapsed status; and

g. submit a final evaluation by the approved preceptor verifying successful completion of six months of full time practice or the equivalent hours in the area of specialization (minimum of 800 hours).

3. If allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:911 et seq., or any rule promulgated by the board is received during the permit interval, the temporary permit issued pursuant to this Section above shall be recalled and licensure denied or delayed in accordance with LAC 46:XLVII.3331 or until such time as the person completes the disciplinary process.

4. if the applicant has not been in clinical practice as an APRN for 2 years or more, the applicant must provide additional verification of competency as requested by the Board and may be required to appear before the Board (or its committee) for further consideration before licensure or a temporary permit may be granted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:281 (April 1996), amended LR 27:724 (May 2001), LR 29:580 (April 2003), LR 31:1340 (June 2005), LR 31:2015 (August 2005), LR 32:247 (February 2006), LR 37:3027 (October 2011).

§4509. Educational Requirements

A. Duties of the Board Directly Related to Nursing Education Programs

1. The authority of the Board of Nursing relating to nursing education programs is contained in the Louisiana Revised Statutes, Title 37, Section 911, et seq., and as amended.

2. Section 918, Duties and Powers of the Board, states that the board shall:

a. establish and publish minimum curriculum requirements and standards for individuals seeking to be licensed under this Part;

b. approve nursing education programs whose graduates meet the licensing requirements of the board;

c. provide for hearings for nurse educational programs when approval is denied or withdrawn;

d. establish and publish standards of nursing practice and education in accordance with those developed and accepted by the profession;

e. adopt and revise rules and regulations necessary to enable the board to implement this Part in accordance with the Administrative Procedure Act.

B. Fees

1. Notwithstanding any other provisions of this Chapter, the board shall collect in advance fees for education services as follows:

School Approval—Site Visit	\$500/site Visit per Institution
School Annual Report	\$ 50 per Institution

C. Purposes of Approval

1. To promote the safe practice of nursing by establishing standards for programs preparing individuals seeking licensure as advanced practice registered nurses in Louisiana.

2. To grant legal recognition to nursing education programs which upon survey and evaluation are determined by the board to have met the standards.

3. To assure graduates of these programs that they meet the educational and legal requirements for advanced practice registered nurses and to facilitate their endorsement to other states and countries.

4. To assure continuous evaluation and improvement of graduate nursing programs and graduate nursing education to prepare candidates for advanced practice registered nurse licensure.

5. To provide the public and prospective students with a list of graduate nursing programs that meet the standards established by the board.

D. Types of Approval

1. Initial

a. Initial approval is granted to a new program which upon application by the parent institution and after survey and board evaluation, is determined by the board to be eligible to admit students to the graduate nursing educational program to prepare candidates for advanced practice registered nurse licensure.

b. Initial approval shall not be continued for more than two consecutive one-year periods following the nursing program's eligibility to apply for full approval.

2. Full. Full approval is granted to a graduate program that meets all standards established by the board.

3. Conditional. A graduate nursing program shall be placed on conditional approval when the board has determined that it fails to meet one or more of the established standards.

E. Standards and Requirements for Graduate Nursing Education Program preparing candidates for advanced practice registered nurse licensure.

1. Mission/Philosophy and Goals

a. The graduate nursing education program shall have a clear statement of mission/philosophy, consistent with the mission of the parent institution and congruent with current concepts in nursing education relevant to the respective advanced practice specialty and functional role preparation.

b. The program shall meet the educational requirements for the nationally recognized certifying body whose certification program graduates are prepared to pursue as accepted by the board.

c. The competencies of the graduates shall be clearly delineated.

d. Distance education programming is consistent with the mission and goals of the nursing unit and the governing organization.

F. Administration, Organization, Control

1. The educational program shall be an academic unit of a regionally accredited college or university which offers a graduate degree with a major in nursing or a graduate degree with a concentration in the advanced practice registered nurse specialty as defined in R.S.37:913(1).

2. There shall be a governing body which has legal authority to conduct the nursing program, determine general policy and provide financial support.

3. The parent institution shall be approved by the appropriate accrediting bodies.

4. The program shall have comparable status with other educational units within the organizational structure of the parent institution.

5. The parent institution shall have an organizational chart which delineates the lines of responsibility and authority.

6. The program shall notify the board in writing, within two weeks, when there has been a change in the control of the institution, administrative head of the program, or the accreditation status of the educational facilities.

7. The program head shall have the authority and responsibility to administer the program in respect to:

a. the instructional program;

b. budget planning and management; and

c. administrative arrangements for faculty, staff and students.

G. Faculty and Faculty Organization

1. Faculty Body. There shall be qualified faculty adequate in numbers to implement the program in nursing in relation to its stated mission/philosophy and goals.

2. Qualifications

a. The program head and each nurse faculty member shall hold a current license to practice as a registered nurse in Louisiana and shall be appointed in compliance with state and federal laws on non-discrimination.

b. The program head (administrative director) of an advanced practice registered nurse program shall hold an earned doctorate, and shall have a minimum of three years experience in the areas of nursing education and three years in clinical practice.

c. The APRN faculty member shall hold a minimum of a master's degree in nursing. APRN nursing faculty teaching advanced practice specialty content must be licensed in advanced practice in that advanced practice or related specialty.

d. Other credentialed providers may be utilized to provide content relevant to the advanced practice role in support courses.

e. The educational component of the APRN program shall be coordinated by a lead faculty member who is educated and nationally certified in the same specialty area and licensed as an APRN in the state of Louisiana.

f. APRN nurse faculty shall have sufficient mix of full time and part-time faculty to support the functional roles.

g. APRN faculty teaching clinical courses must have institutional support to maintain currency in clinical practice.

h. APRN faculty must demonstrate competence in clinical practice and teaching which may include continued national certification or continuing education requirements.

i. Exceptions to the academic qualifications for nurse faculty shall be justified and approved under board-established guidelines until December 31, 2010, at which time all nurse faculty shall be required to hold an APRN license and academic preparation in their respective advanced practice specialty.

3. Nurse faculty shall function under the same policies established for other faculty in the parent institution.

4. Policies for nurse faculty shall include but not be limited to:

- a. qualifications for the position;
- b. contract or letter of appointment to delineate terms of appointment, functions and responsibilities of the position;
- c. salary scale, promotion, retirement, vacation, sick leave, leave of absence for personal and professional growth and health care benefits;
- d. a written plan for performance evaluation of faculty shall be established and utilized on a continuing basis.

5. A nurse faculty organization shall be established consistent with the parent institution and shall have clearly delineated bylaws.

6. Faculty workloads shall allow time for class and laboratory preparation, teaching, program revision, improvement in teaching methods, guidance of students,

participation in faculty organizations and committees, research and scholarly endeavors, attendance at professional meetings and participation in continuing education programs.

7. Nurse faculty shall select, guide and evaluate all learning experiences in the program.

H. Student Selection and Guidance

1. Admission standards for entry into the APRN program shall be established, published, and shall reflect ongoing involvement by APRN faculty.

2. Qualified applicants shall be considered for admission without discrimination and in compliance with applicable state and federal laws and regulations.

3. Placement and advisement in the program by examinations, previous education, or both, shall be consistent with the parent institution.

4. Progression, transfer, termination and graduation policies shall be established and published. Any progression criteria specific to the APRN program/track reflect involvement by APRN faculty.

5. Information on the approval and accreditation status of the program, policies on tuition rebates, health care and counseling services shall be in writing.

6. Accurate information about the program shall be presented in recruitment and related activities.

7. Students shall be provided opportunity for input into the program.

8. Students' records shall be safeguarded and their confidentiality shall be maintained.

9. Students shall not be eligible to enroll in a clinical nursing course based on evidence of grounds for denial of licensure in accordance with R.S. 37:921, LAC 46:XLVII.3403 and LAC 46:XLVII.3331.

I. Guidelines for Advanced Practice Registered Nurse Students' Clinical Practicum

1. Advanced practice registered nursing students shall perform advanced practice nursing functions under the guidance of a qualified instructor or preceptor, (as defined in LAC 46:XLVII.4505), as a part of their program of study.

2. The clinical practicum shall be a minimum of 500 supervised clinical hours in direct nurse/client care. Specialty tracks that provide care to multiple age groups or prepare the APRN to function in multiple care settings will require more than 500 hours.

3. Dual track nurse practitioner advanced practice programs (two specialties) or combined nurse practitioner/clinical nurse specialist programs shall include content and clinical experience in both functional roles and specialties.

4. Out-of-state schools shall request in writing to the board and have approved, any request to initiate a clinical practicum in Louisiana. The out-of-state program must provide evidence of approval by the Louisiana Board of

Regents to provide instruction in Louisiana. The "out of state school" shall provide evidence of LSBN board approval to the clinical site coordinator prior to practicum. The following information relative to advanced practice registered nurse student (s) shall be submitted:

- a. student(s) name;
- b. the clinical practice setting;
- c. the credentials of the instructor/preceptor; and
- d. evidence of RN licensure in Louisiana.

J. Facilities, Resources, Services

1. An identifiable physical facility for nursing shall be provided by the parent institution.
2. Classrooms, conference rooms, multipurpose rooms, learning laboratories and library resources shall be provided.
3. Offices for administrative personnel, faculty and support staff shall be provided.
4. Storage space for safeguarding student and faculty records, for equipment and instructional materials shall be provided to meet the needs of the program.
5. Nursing library resources shall be comprehensive, current and accessible.
6. Secretarial and support services shall be provided to meet the needs of the program.
7. Clinical facilities shall be available in sufficient numbers and variety to meet the needs of the program.

K. Curriculum

1. The APRN faculty shall periodically review, evaluate and revise as appropriate the mission philosophy, and goals of the program.
2. The mission/philosophy and goals shall be used by the faculty in planning, implementing and evaluating the total program.
3. The goals shall be consistent with the mission and describe the expected competencies of the graduate.
4. The curriculum shall include, but not be limited to content in advanced pathophysiology, advanced pharmacology, advanced assessment and diagnostic reasoning, and management of health care status and shall evidence appropriate course sequencing.
5. The APRN program track has a minimum of 500 supervised clinical hours overall. Specialty tracks that provide care to multiple age groups and care settings will require additional hours as distributed in a way that represents the populations served.
6. There shall be provisions for the recognition of prior learning and advanced placement in the curriculum for those individuals who hold a master's in nursing who are seeking to qualify for recognition in a different specialty or functional role. Post-Master's (PM) nursing students must complete the requirements of a master's APRN program through a formal

graduate level certificate or master's level track in the desired functional role and specialty. PM students must master the same outcome criteria as master's level students. PM students are required to complete a minimum of 500 supervised clinical hours.

L. Program Evaluation

1. The program has a systematic plan for program evaluation and assessment and documents the use of data in decision making for program development, maintenance, and revision which includes the following:
 - a. mission/philosophy, outcomes of the curriculum;
 - b. teaching/learning experiences;
 - c. expected competencies of the graduate;
 - d. student(s) evaluations of courses;
 - e. faculty evaluations of students;
 - f. performance of graduates on the appropriate certification exam;
 - g. follow-up studies of the graduates;
 - h. employment functioning of the graduates; and
 - i. evaluation of faculty performance.
2. The program evaluation plan shall document that the curriculum prepares graduates to meet the standards for the advanced practice registered nurse as specified in LAC 46:XLVII.4513.

M. Major Curriculum Change

1. Major curriculum changes shall be approved by the board at a regularly scheduled meeting of the board at least six months prior to the date of implementation.
2. An approved graduate program seeking to add a specialty or functional role to its existing graduate nursing program shall be approved by the board at least six months prior to the date of implementation.

N. Records and Reports

1. The nursing education program and the parent institution shall develop and implement a systematic plan for maintaining student records in accordance with accepted academic standards.
 - a. Student Records
 - i. Each student's records include an application, progression evaluation, and graduation forms which are kept on file for a minimum of one year after graduation or three years after termination from the program if the student does not graduate.
 - ii. The application and final transcript are kept on file permanently.
2. Faculty Records. Faculty records shall be on file in the nursing education program and/or in the parent institution and shall be in compliance with existing federal, state and institutional requirements.

3. Other records shall be kept on file and shall include:

- a. current program bulletin;
- b. current budget and fiscal reports;
- c. current contracts with cooperating agencies;
- d. minutes of nurse faculty committee meetings;
- e. follow up studies of the graduates; and
- f. program self-evaluation studies.

4. The nursing education program submits to the board the following reports:

- a. annual report on the form provided by the board;
- b. interim reports on the form provided by the board;
- c. self-study report on the form provided by the board; and
- d. other reports as deemed necessary by the board.

O. Procedure for Terminating a Program

1. Voluntary Termination

- a. The board shall be notified when a decision has been made to close a program.
- b. All of the board's standards shall be maintained until all students have transferred to another program or have graduated.
- c. All students shall have assistance with transfers to another program and a list of these students shall be submitted to the board.
- d. The following records shall be retained:
 - i. student's application to the program;
 - ii. student's final transcript;
 - iii. each curriculum plan offered; and
 - iv. list of each graduating class and date of graduation.

2. Involuntary Termination

- a. The board shall be notified of the arrangements for safe storage of the permanent records of the program and its students' records.
- b. The following records shall be retained:
 - i. student's application to the program;
 - ii. student's final transcript;
 - iii. each curriculum plan offered; and
 - iv. a list of each graduating class and date of graduation.

P. Procedure for Establishing a New Program

1. Step I

- a. A parent institution wishing to establish a new graduate program or to add a new specialty and/or functional role to prepare candidates for advanced practice registered

nurse licensure in nursing shall submit the following at least one year in advance of anticipated date for admission of students:

- i. a written notice of intent to establish a new graduate APRN program in nursing or to add a new specialty and/or functional role, stating the purpose and type of program;

- ii. documented evidence of approval from the parent institution and the appropriate governing board to award the appropriate degree or specialty and/or functional role and a copy of the current bulletin or catalog; and

- iii. a report of a feasibility study documenting a need for the program or specialty and/or functional role. The study shall include evidence of:

- (a). nurse manpower studies which validate need for the program as it relates to total state resources and graduate nursing education in the state, and the potential impact on other graduate nursing education programs within the state;

- (b). availability of qualified nurse faculty and support faculty;

- (c). adequate academic facilities and qualified preceptors to meet the needs of the program;

- (d). adequate financial resources for planning, implementing and continuing the program;

- (e). commitment of administration to support the program;

- (f). community support;

- (g). a proposed time schedule for initiating and expanding the program; and

- (h). an available pool of potential students.

- b. Representatives of the parent institution shall meet with the board at a regularly scheduled board meeting to review the notice of intent, the report of the feasibility study and any other information submitted. Based on its review the board shall give written notification to the parent institution that:

- i. supplementary information is needed; or

- ii. the notice of intent to establish a new graduate program or to add a new specialty and/or functional role is sanctioned and the parent institution may continue with the plan to establish the program; or

- iii. public announcements of the opening of the proposed program and preadmission of students shall not occur prior to the receipt of initial board approval; or

- iv. the application is not sanctioned, the reasons therefore, and all planning must cease.

2. Step II

- a. If the parent institution is granted sanction by the board to proceed with the development of the program a

qualified program head shall be employed a minimum of 12 months prior to the admission of the first class of students.

b. The program head shall have the authority and responsibility to develop:

- i. an organizational structure for the program;
- ii. an organizational chart;
- iii. a constitution and bylaws;
- iv. administrative policies and procedures;
- v. policies for screening and recommending candidates for faculty appointments and for retention and promotion of faculty (see §3515);
- vi. a budget;
- vii. a plan for the use of appropriate preceptors and or clinical agencies;
- viii. a sample contractual agreement with clinical preceptors and/or cooperating agencies; and
- ix. a plan for the use of academic facilities and resources.

c. The program head shall appoint a minimum of four full-time nurse faculty whose background includes:

- i. experience in curriculum design;
- ii. previous teaching experience in a nursing education program of the same academic level as the proposed program; and
- iii. clinical nursing practice for a minimum of two years.

d. Faculty shall be appointed at least six months prior to admission of students.

e. The nurse faculty shall develop the proposed program and plan for its implementation. They shall write:

- i. mission/philosophy and goals;
- ii. curriculum plan;
- iii. course objectives;
- iv. course outlines;
- v. evaluation plan and methods;
- vi. admission, progression and graduation criteria;
- vii. policies for protecting students' rights, their safety and welfare, and for guidance and counseling; and
- viii. plan for utilization of the proposed program.

f. The program head may petition the board for an initial survey visit.

3. Step III

a. Initial approval may be requested after an on-site survey by a representative of the board.

b. After initial approval is granted, students may be admitted to the program.

4. Step IV

a. Within the first academic year, a representative of the board shall conduct an on-site survey of the program.

5. Step V

a. Full approval shall be requested after members of the first class of graduates write and receive the results of the first certification examination. Additionally, an on-site survey shall be requested and upon presentation of evidence that standards of the board have been met, full approval may be granted to the program.

b. Initial approval shall not be continued for more than two consecutive one-year periods following the nursing program's eligibility to apply for full approval.

Q. Procedure of Continuing Full Approval

1. On-site surveys shall be made on a scheduled basis, at the discretion of the board, or upon the request of the program.

2. Programs holding full board approval for a minimum of five consecutive years and full national accreditation recognized by the board may request to have board survey visits coordinated with national accreditation visits. Following receipt of the official request by the program, the date of initiation of this process for the program shall be determined by the board.

a. An on-site visit shall be conducted by an authorized representative of the board within six months following each national accreditation visit.

b. To meet the self-study requirements, the national self-study report and the addendum required by the board shall be submitted to the board at least 21 days prior to the scheduled on-site survey visit.

c. A copy of any national accreditation correspondence concerning accreditation and interim reports shall be forwarded to the board.

3. An on-site survey of a nursing education program which does not hold full national accreditation recognized by the board shall be conducted by an authorized representative of the board at least every five years.

4. A written report of the on-site survey is sent to the administrative officer of the parent institution, to the program head, and to all board members.

5. The program head may submit a response to the report of the on-site survey and also be present when the board reviews and acts upon the report.

6. Action relevant to the approval status of the program is taken by the board after an evaluation of:

- a. the on-site survey document; or
- b. the program's annual report; or

c. evidence that indicates the program fails to meet the standards and requirements.

7. The board shall provide for an evaluation and hearing to determine if a program has met or has failed to meet the standards and requirements and:

a. gives written notice that the standards have been met and continues full approval or restores approval; or

b. gives written notice of specified deficiency(ies) and places the program on conditional approval for a period of one year.

8. A program has the right at any time to present evidence to the board that the deficiency(ies) has been corrected and may petition the board to restore full approval to the program.

9. No later than 12 months from the date the program was placed on conditional approval, the program shall submit a written report to the board with evidence that the standard(s) have been met, and may petition the board to restore full approval.

10. If a deficiency(ies) cannot be corrected in 12 months, the program shall file a plan for meeting the standard(s) and may petition the board to continue the conditional approval status.

11. Conditional approval status is not granted to a program for more than three consecutive one-year periods.

12. After three consecutive years on conditional approval a program shall not admit any students into the nursing sequence until the board has determined that all standards have been met.

13. The right to appeal the board's decision is afforded any program in accordance with R.S. 37:918(C) and the Louisiana Administrative Procedure Act, Section 965 Appeals.

R. Approval for Nursing Education Programs Whose Administrative Control Is Located in Another State Offering Programs, Courses, and/or Clinical Experience in Louisiana

1. Program of Studies. To receive approval by the board for a total program of studies offered in Louisiana by nursing programs whose administrative control is located in another state, the following criteria shall be met.

a. New programs follow the procedure to establish new programs as specified in LAC 46:XLVII.4509.

b. Programs must present evidence of compliance with all standards and requirements contained in LAC 46:XLVII.4509. Upon full approval, the program will be reviewed under the requirements for continued approval, as specified in LAC 46:XLVII.4509.

2. Course/Clinical Offerings. Out-of-state nursing programs offering courses/clinical experiences in Louisiana are expected to maintain the standards required of Louisiana-based programs. The board reserves the right to withdraw the approval of such offerings if adherence to these standards is not maintained. To receive approval by the Board of Nursing

for course/clinical offerings in Louisiana by nursing programs whose administrative control is located in another state, the following criteria shall be met.

a. Approval/Accreditation Requirements. Evidence of approval/accreditation of the nursing program shall be submitted to the board as stipulated below.

i. The nursing program sponsoring the offering shall hold current approval by the Board of Nursing and/or other appropriate approval bodies in the state in which the parent institution is located.

ii. Regional accreditation shall be held by the parent institution.

iii. National accreditation recognized by the board is recommended.

iv. The nursing program sponsoring the course/clinical offering must provide the Board of Nursing with the following materials for review at least four months prior to the scheduled initiation of the offering:

(a). a letter of request for approval to provide the course/clinical offering which indicates the time-frame during which the offering will be conducted, the clinical agency(ies) and the clinical unit(s) to be utilized;

(b). a copy of the mission/philosophy and goals;

(c). a curriculum pattern which lists all courses required within the program of study;

(d). a course syllabus for the course/clinical experience(s) to be offered which specifies the related objectives of the offering; and

(e). current school catalog.

v. Request for preceptorship learning experiences shall include evidence of compliance with LAC 46:XLVII.4509.U.1, 2, 3 and 4.

vi. A "Faculty Qualification" form shall be submitted for each faculty member providing instruction within the state of Louisiana.

b. Approval

i. Course/clinical offerings by out-of-state nursing programs may be approved for a period of two years, at which time program representatives may petition for renewal of approval for each additional two-year period.

ii. A written report which provides updated and current data relevant to the program shall be submitted as a component of the petition for renewal.

iii. Failure to comply with the requirements established by the board shall result in the immediate withdrawal of the board's approval of course/clinical offerings.

c. Post Approval. A copy of the executed contractual agreement between the academic institution and the clinical facility shall be submitted to the board prior to the initiation of the offering(s).

S. Procedure for Proposed Major Change in Curriculum. A nursing education program proposing a major curriculum change shall submit to the board, six months prior to date of implementation, the following:

1. evidence that the parent institution has approved the curriculum change;
2. rationale for the proposed change;
3. mission/philosophy, goals, course objectives and course outlines;
4. concise presentation of current and proposed curriculum;
5. time table for implementation of the change in curriculum;
6. an explanation of the anticipated effect on currently enrolled students; and
7. planned method for evaluating the results of the change.

T. Procedure for Submitting Required Forms and Reports

1. Annual Report. The nursing education program shall submit 10 copies of an annual report, on a form provided by the board, on the designated date, accompanied by one copy of the current school catalog.

2. Interim Reports

a. A "Faculty Qualification" form shall be submitted on a form provided by the board within two weeks of the time each new faculty member is employed.

b. Any program required to submit a National League for Nursing Accrediting Commission or a Council for Collegiate Nursing Education Interim Report shall submit a copy of the report to the board.

3. Self-Study

a. A self-study shall be submitted to the board 21 days prior to the scheduled on-site survey of the program.

b. The national accreditation self study report and the addendum required by the board may be submitted to meet the self-study requirements of the board.

U. Preceptorship Learning Experiences

1. Nurse faculty shall retain the responsibility for selecting and guiding student learning experiences and the evaluation of student performance with input from preceptors.

2. Preceptors shall be selected according to written criteria jointly developed by faculty, nursing administration in the clinical facility, and in accordance with guidelines established by the board.

3. A faculty member shall be available on a frequent basis to preceptors while students are involved in a preceptorship experience.

4. There shall be one preceptor/clinical practicum coordinator per two students during any given real or current time period.

AUTHORITY NOTE: Promulgated in accordance with R.S.37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals. Board of Nursing, LR 27:726 (May 2001), amended LR 31:2017 (August 2005).

§4511. Advanced Practice Registered Nurse Professional Certification Programs

A. A national certifying body which meets the following criteria shall be recognized by the board as mandated by R.S. 37:913:

1. credentials nationally;
2. does not require an applicant to be a member of any organization or entity;
3. documents the criteria for applicant eligibility to take an examination for certification and recertification;
4. requires a ~~master's~~ **graduate** degree as the minimal educational level for certification or otherwise approved by the board;
5. utilizes an application process and credential review which includes documentation that the applicant's didactic education has concentrated in the advanced nursing practice **category role and population focus** being certified, and that the applicant's clinical practice is in the advanced nursing **specialty and functional role area and population focus** of certification;
6. uses an examination as a basis for certification in the advanced nursing practice category which meets the following criteria:
 - a. the examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community;
 - b. the examination represents entry-level practice based on standards in the advanced nursing practice category;
 - c. the examination represents the knowledge, skills (critical thinking and technical), and role functions essential for the delivery of safe and effective advanced nursing care to the client;
 - d. the examination content and its distribution are specified in a test plan, based on the job analysis study, that is available to examinees;
 - e. examination items are reviewed for content validity, cultural sensitivity, and correct scoring using an established mechanism, both before use and periodically;
 - f. examinations are evaluated for psychometric performance;
 - g. the passing standard is established using acceptable psychometric methods, and is re-evaluated periodically; and

h. examination security is maintained through established procedures;

7. issues certification based upon passing the examination and meeting all other certification requirements;

8. provides for periodic re-certification which includes review of qualifications and indicators of continued competence, including but not limited to continuing education or examination; and

9. has mechanisms in place for communication to boards of nursing for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan, and scope of practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:283 April 1996), amended LR 31:2023 (August 2005).

§4513. Authorized Practice

A. Collaboration is a process in which an APRN has a relationship with one or more physicians or dentists to deliver health care services. Such collaboration is to be evidenced by the APRN scope of practice and indicates the relationships that they have with physicians or dentists to deal with issues outside their scope of practice.

B. Scope of Practice. An advanced practice registered nurse shall practice as set forth in R.S. 37:913(3)(a) and the standards set forth in these administrative rules. The patient services provided by an APRN shall be in accord with the educational preparation of that APRN. APRNs practicing in accord with R.S.37:913(3)(a) are not required to have a collaborative practice agreement. The APRN who engages in medical diagnosis and management shall have a collaborative practice agreement that includes, but is not limited to, the following provisions [R.S. 37:913(8) and (9)]:

1. availability of the collaborating physician or dentist for consultation or referral, or both;

2. methods of management of the collaborative practice which shall include clinical practice guidelines; and

3. coverage of the health care needs of a patient during any absence of the APRN, physician, or both parties.

C. Standards of Nursing Practice for the Advanced Practice Registered Nurse. Standards of practice are essential for safe practice by the APRN and shall be in accordance with the published professional standards for each recognized specialty and functional role. The core standards for all categories of advanced practice registered nurses include, but are not limited to:

1. an APRN shall meet the standards of practice for registered nurses as defined in LAC 46:XLVII.3901-3915;

2. an APRN shall assess patients at an advanced level, identify abnormal conditions, analyze and synthesize data to establish a diagnosis, develop and implement treatment plans, and evaluate patient outcomes;

3. the APRN shall use advanced knowledge and skills in providing patients and health team members with guidance and teaching;

4. an APRN shall use critical thinking and independent decision-making at an advanced level, commensurate with the autonomy, authority, and responsibility of the specialty and functional role while working with patients and their families in meeting health care needs;

5. an APRN shall demonstrate knowledge of the statutes and rules governing advanced registered nursing practice and function within the legal boundaries of the appropriate advanced registered nursing practice role;

6. an APRN shall demonstrate knowledge of and apply current nursing research findings relevant to the advanced nursing specialty and functional role;

7. an APRN shall make decisions to solve patient care problems and select medical treatment regimens in collaboration with a licensed physician or dentist; and

8. an APRN shall retain professional accountability for his/her actions and/or interventions.

D. Prescriptive and Distributing Authority. An Advanced Practice Registered Nurse (APRN) shall practice in a manner consistent with the definition of advanced practice set forth in R.S. 37:913(3). An APRN may be granted prescriptive authority to prescribe assessment studies, including pharmaceutical diagnostic testing (e.g., dobutamine stress testing) legend and certain controlled drugs, therapeutic regimens, medical devices and appliances, receiving and distributing a therapeutic regimen of prepackaged drugs prepared and labeled by a licensed pharmacist, and free samples supplied by a drug manufacturer, and distributing drugs for administration to and use by other individuals within the scope of practice as defined by the board in R.S. 37.913(3)(b).

1. The applicant shall:

a. hold a current, unencumbered, unrestricted and valid registered nurse license in Louisiana with no pending disciplinary proceedings as stated in R.S. 37:921;

b. hold a current, unencumbered, unrestricted and valid APRN license;

c. hold current national certification in the advanced practice nursing role and population focus by a nationally recognized certifying body approved by the Board;

d. submit a notarized application on a form provided by the board with a non-refundable fee as set forth in LAC 46:XLVII.3341;

e. provide evidence of:

i. 500 hours of clinical practice as a licensed APRN or APRN applicant within ~~one year~~ **two years** in the ~~clinical specialty~~ **role and population focus** for which the applicant was educationally prepared as an APRN immediately prior to applying for prescriptive and distributing authority; practice in another state as a licensed

APRN may be accepted to meet this requirement; clinical practice obtained during the graduate program which meets requirements of eligibility for certification and which prepared the APRN or APRN applicant for the advanced practice nursing role may be accepted to meet this requirement;

ii. successful completion of a minimum of 45 contact hours of education (3 credit hour academic course) in advanced pharmacotherapeutics obtained as a component of a formal educational program preparing registered nurses for advanced practice, approved by the board;

iii. successful completion of a minimum of 45 contact hours (3 credit hour academic course) in advanced physiology/pathophysiology in a formal educational program approved by the board for preparation for advanced practice registered nurses;

iv. successful completion of a minimum of 45 contact hours (3 credit hour academic course) in advanced health assessment in a formal educational program approved by the board for preparation for advanced practice registered nurses;
or

iv, v. any deviation from Clause 1.e.i, ii, ~~or~~ iii, or iv shall be submitted to the board for review and approval; and

~~v.~~ vi. a collaborative practice agreement as defined in §4513.B.1, 2 and 3, with one or more licensed collaborating physicians which shall include, but not be limited to:

(a). a plan of accountability among the parties that:

(i). defines the prescriptive authority of the APRN and the responsibilities of the collaborating physician or physicians;

(ii). delineates a plan for hospital and other healthcare institution admissions and privileges which includes a statement that the collaborating physician must have said privileges at the same institution before an APRN can receive this determination at said institution;

(iii). delineates mechanisms and arrangements for diagnostic and laboratory requests for testing; and

(iv). delineates a plan for documentation of medical records;

(b). clinical practice guidelines as required by R.S. 37:913(9)(b) shall contain documentation of the types or categories or schedules of drugs available and generic substitution for prescription and be in accordance with current standards of care and evidence-based practice for the APRN specialty and functional role and be:

(i). mutually agreed upon by the APRN and collaborating physician;

(ii). specific to the practice setting;

(iii). maintained on site; and

(iv). reviewed and signed at least annually by the APRN and physician to reflect current practice;

(c). documentation of the availability of the collaborating physician when the physician is not physically present in the practice setting. Physicians shall be available to provide consultation as needed:

(i). physician shall be available by telephone or direct telecommunications for consultation, assistance with medical emergencies, or patient referral, as delineated in the collaborative practice agreement; and

(ii). the secondary (back-up) physician or physicians shall be in good standing and approved by the Louisiana State Board of Medical Examiners and sign the collaborative practice agreement;

(iii). in the event the collaborating physician and any secondary (back-up) collaborating physician(s) are unavailable, the APRN will not prescribe;

(d). documentation shall be shown that patients are informed about how to access care when both the APRN and/or the collaborating physicians are absent from the practice setting; and

(e). an acknowledgement of the mutual obligation and responsibility of the APRN and collaborating physician to insure that all acts of prescriptive authority are properly documented.

2. Prescriptive Authority

a. Prescribing Controlled Substances and Legend Drugs

i. The LSBN shall review the application, reapplication or renewal, the collaborative practice agreement for prescriptive authority and all related materials and shall approve, modify, or deny the application, reapplication or renewal for prescriptive authority. An APRN with prescriptive authority approved by the board may prescribe drugs and therapeutic devices as recommended by clinical practice guidelines and the parameters of the collaborative practice agreement.

ii. Prior to granting an APRN prescriptive authority the collaborating physician or physicians license(s) shall be ~~approved by~~ verified through the Louisiana State Board of Medical Examiners.

iii. ~~Prescription Guidelines—All Medications~~

~~(a). The following guidelines apply to all prescriptions, whether or not said prescriptions are for legend drugs, controlled substances or any other medication. An APRN granted prescriptive authority shall comply with all federal and state laws and rules in prescribing, distributing, and administering drugs.~~

iv. The APRN who has been given proper authority to prescribe whether in person or by an electronic means or over the Internet or over telephone lines must meet the following requirements:

(a). perform and appropriately document a history and physical examination, and make a diagnosis based upon the examination and all diagnostic and laboratory tests;

(b). formulate a therapeutic plan that is discussed with the patient;

(c). state the availability of the APRN or coverage for the patient for follow-up care;

(d). all of the above must be included in the collaborative practice agreement.

v. Each order for a prescription, whether written, **faxed**, or oral, **or electronic** shall ~~include the following information.~~ **include the information in accordance with the rules and regulations as set forth by the Louisiana Board of Pharmacy including LAC46:LIII.2511.**

(a). ~~The prescription form shall not be less than 4 inches by 5 inches, and shall bear a single printed signature line.~~

(b). ~~The prescription form shall clearly indicate the authorized prescriber's name, licensure designation, address, telephone number, and if applicable Drug Enforcement Administration (DEA) registration number. In the event multiple practitioners are identified on the prescription form, the authorizing prescriber's specific identity shall be clear and unambiguous. This identification may be indicated by any means, including but not limited to a marked check box next to, or circling the authorizing prescriber's printed name.~~

(c). ~~The prescription form shall clearly indicate the authorized prescriber's practice affiliation, and the collaborating physician's name, address, and telephone number shall appear on the prescription form.~~

(d). ~~No prescription form shall contain more than four prescription drug orders.~~

(e). ~~Each prescription drug order on the form shall provide the following:~~

~~_____ (i). a check box labeled "dispense as written" or DAW or both; and~~

~~_____ (ii). the number of refills, if any; and~~

~~_____ (iii). for prescriptions reimbursable by Medicare and Medicaid, the APRN may only inhibit equivalent drug product interchange by handwriting the words "brand necessary" or "brand medically necessary" on the face of the prescription order or on a separate sheet attached to the prescription order as specified in LAC 46:LIII.2511.~~

b. Controlled Substances. The board may authorize an APRN with prescriptive authority to prescribe or distribute controlled substances as defined, enumerated or included in federal or state statutes or regulations 21 C.F.R.1308.11-15, R.S 40:964, on an individual practice basis An APRN who is so authorized shall provide their Drug Enforcement Administration registration number on all written, **electronic**, **or faxed** prescriptions and be furnished on all oral prescriptions and shall comply with all scheduled drug prescription requirements in accordance with LAC 46:LIII.2511:

i. an APRN granted authority to prescribe or distribute controlled substances shall not utilize such substances in connection with the treatment of:

(a). chronic or intractable pain, as defined in LAC 46:XLV.6515-6923;

(b). obesity, as defined in LAC 46:XLV.6901-6913; or

(c). oneself, a spouse, child or any other family member;

ii. any APRN authorized to prescribe controlled substances shall provide to the board a copy of his or her **initial** Louisiana Controlled Dangerous Substance permit and Drug Enforcement Administration registration number prior to prescribing or distributing controlled substances;

iii. controlled substances which may be prescribed by an APRN shall include Schedule **II**, III, IV and V. ~~Schedule II shall be approved by the board on an individual basis.~~ Controlled substances shall be limited to, consistent with, and exclusively within the parameters of the practice specialty of the collaborating physician and in the APRN's licensed ~~category and area of specialization~~ **role and population focus**. The APRN must have been approved by the board to prescribe and distribute noncontrolled substances. The applicant must submit a collaborative practice agreement that clearly states that the controlled substances prescribed have been jointly agreed upon with the collaborating physician;

iv. the APRN must submit a collaborative practice agreement which delineates controlled substances utilization, which specifies the circumstances, limitations and extent to which such substances may be prescribed or distributed;

~~v. the APRN must submit evidence of 500 hours of practice with a collaborating physician immediately preceding the initial request for controlled substances;~~

~~vi.v.~~ the APRNs application must state an identified need for controlled substances within the patient population served by the collaborative practice;

~~vii.vi.~~ the collaborative practice agreement must contain acknowledgment of responsibility by the collaborating physician to ensure that the controlled substance authority of an APRN is utilized in a manner that is consistent with any rule or regulation imposed upon the APRNs practice;

~~viii.vii.~~ the APRN who is authorized to prescribe controlled substances must determine the type, dosage form, frequency of application of controlled substances prescribed to a patient. This responsibility must never be delegated to any other personnel;

~~ix.viii.~~ the APRN shall insure that the complete name and address of the patient to whom the APRN is prescribing the controlled substance appears on the prescription;

~~x.ix.~~ the APRN shall not permit any prescription for controlled substances to be signed by any other person in the place of or on behalf of the APRN;

~~xii. x.~~ the APRN may utilize faxes as original prescriptions for Schedule III-V as long as it has a true electronic signature;

~~xiii. xii.~~ no more than one controlled substance shall be issued on a single prescription blank; and

~~xiii. xi.~~ no APRN shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication.

3. Maintenance of Patient Records (controlled substances)

a. Patient Record. An APRN who prescribes a controlled substance shall maintain a complete record of the examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing controlled substances. The name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed must be documented in the record.

b. The Louisiana State Board of Nursing has the authority to conduct random audits of patient records at practice sites where APRNs have been granted approval for prescribing legend and controlled substances.

4. Drug Maintenance, Labeling and Distribution Requirements

a. APRNs shall not receive samples of controlled substances. An APRN may receive and distribute pre-packaged medications or samples of non-controlled substances for which the APRN has prescriptive authority.

b. An APRN must distribute the medication. For the purpose of this regulation "distribute" shall mean hand the pre-packaged medication to the patient or the patient's authorized agent.

c. All drug products which are maintained/stored at the site of practice of an APRN, shall be maintained/stored in the manufacturer's or re-packer's original package. The label of any container in which drugs are maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date.

d. All drug products shall be maintained, stored and distributed in such a manner as to maintain the integrity of the product.

5. Continued Competency for Prescriptive Authority. Each year an APRN with prescriptive authority shall obtain six contact hours of continuing education in pharmacotherapeutics in their ~~category and area of specialization~~ advanced nursing role and population foci. Documentation of completion of the continuing education contact hours required for prescriptive authority shall be submitted at the request of the board in a random audit procedure at the time of the APRN's license renewal. In order for the continuing education program to be approved by the board, the program shall:

a. be provided by a board approved national certifying organization or provider approved by the board;

b. include content relevant to advanced practice nursing and the use of pharmacological agents in the prevention of illness, and the restoration and maintenance of health;

6. APRN prescriptive authority may be renewed after review and approval by the board;

7. ~~changes in prescriptive authority. Prior to changes with the collaborating physician, or physicians or coverage physician, when applicable, the APRN shall notify the board in writing requesting approval of such all changes regarding physicians and practice sites including the addition and deletion of any collaborating physicians and submit a new collaborative practice agreement. The APRN shall notify the board in writing within 30 days of all changes regarding practice sites. Failure to notify the board may result in disciplinary action;~~

a. prior to adding new collaborating physician(s) or dentists(s) and sites concurrently (ie . new employment) to prescriptive authority privileges, the APRN shall notify the Board in writing requesting approval of such additions on forms provided by the Board and submit a collaborative practice agreement;

b. prior to the addition of physician(s) or dentist(s) to a collaborative practice agreement at a site that has previously been approved by the Board, the APRN shall;

i. obtain a collaborative practice agreement which is signed by the additional physician(s) or dentist(s). The collaborative practice agreement shall be identical in all aspects and content to the collaborative practice agreement which has been previously approved by the Board for collaborating physician(s) or dentist(s) at this site;

ii. maintain the signed collaborative practice agreement on site at all times and provide a copy to Board staff at any time it is requested;

iii. notify the Board in writing within 30 days of the addition of the collaborating physician(s) or dentist(s) on a form provided by the Board;

v. provide any additional documents as requested by the Board;

vi. Cease practicing with a collaborating physician(s) or dentist(s) if notified by the Board to do so;

c. Failure to abide by all provisions of this part may result in disciplinary action.

8. the board shall be responsible for maintaining a current up-to-date public list of APRNs who have authority to prescribe in the state;

9. the board shall supply whatever data is needed by the Office of Narcotics and Dangerous Drugs of the Department of Health and Hospitals of the State of Louisiana;

10. an APRN shall demonstrate compliance with the board's rules relating to authorized practice, section LAC 46:XLVII.4513.C;

11. limitation:

a. an APRN's prescriptive and distributing authority is personal to that individual APRN and is not delegable. An

APRN shall not enter into any agreement, arrangement or contract with another health care provider, practitioner, person or individual which in any manner transfers any of the prescribing or distributing authority that the APRN derives as a result of approval by the board;

b. only registered practitioners of medicine, dentistry, or veterinary medicine are authorized to compound and dispense drugs in accord with R.S.37:1201;

c. exclusion. Nothing herein shall require a CRNA to have prescriptive authority to provide anesthesia care, including the administration of drugs or medicine necessary for anesthesia care;

d. continuance. Those APRNs who have previously been granted prescriptive and distributing authority by the Joint Administrative Committee or the LSBN shall continue under these rules;

e. reinstatement. An APRN who has been granted approval by the board for prescriptive and distributive authority and who has ceased practicing with prescriptive authority for more than 12 months may apply for reinstatement of such authority;

f. in the event that the time period is greater than 12 months but less than four years the APRN shall:

i. meet the requirements as set forth in LAC 46:XLVII.4513.D.1.a, b., and c; and

ii. provide evidence of six contact hours of continuing education in pharmacotherapeutics for each 12 month period of non-prescribing in their category and area of specialization. The APRN may obtain the required advanced pharmacotherapeutic hours through continuing education offerings. The required advanced pharmacotherapeutic hours may be non-lecture offerings or Continuing Medical Education Units (CMEs) provided that the offering documents the number of advanced pharmacotherapeutic hours in the educational offering. Pharmacotherapeutics hours must be delineated on the certificate. In order for the continuing education program to be approved by the board, the program shall:

(a). be provided by a board approved national certifying organization or provider approved by the board; and

(b). include content relevant to advanced practice nursing and the use of pharmacological agents in the prevention of illness, and the restoration and maintenance of health;

g. in the event that the time period is greater than four years the APRN shall meet the requirements as set forth in LAC 46:XLVII.4513.D.1.a, b, c, and d;

12. termination of prescriptive privileges:

a. prescriptive privileges may be terminated for violation of any rules and regulations of the board;

b. prescriptive authority will be designated as "Inactive" when an APRN has no current collaborative practice agreement with a collaborating physician;

c. prescriptive authority will be designated as "Inactive" in the event the RN and/or APRN license is revoked, suspended, made inactive or becomes delinquent;

13. financial disclosure:

a. the APRN is subject to the rules LAC 46:XLVII.3605, "Disclosure of Financial Interest";

14. freedom of choice;

a. an APRN shall not be influenced in the prescribing of drugs, devices or appliances by a direct or indirect financial interest in a pharmaceutical firm, pharmacy or other supplier or other health care related business;

b. patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of an APRN. The prescription is a written **or electronic** direction for a therapeutic or corrective agent. A patient is entitled to a copy of the APRN's prescription for drugs or other devices. The patient has a right to have the prescription filled wherever the patient wishes.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918(K), and R.S. 37:1031-1034.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 10:598 (August 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 22:283 (April 1996), amended by the Department of Health and Hospitals, Board of Nursing and Board of Medical Examiners, LR 22:981 (October 1996), LR 25:1245 (July 1999), LR), amended by the Department of Health and Hospitals, Board of Nursing, 27:727 (May 2001), amended by the Department of Health and Hospitals, Board of Nursing and Board of Medical Examiners, LR 28:487 (March 2002) repromulgated LR 28:1205 (June 2002), amended LR 31:2023 (August 2005).

§4515. Continued Competence of Advanced Practice Registered Nurses

A. Continued competence requirements shall apply as follows:

1. APRNs maintain advanced practice recertification in accordance with the nationally recognized certifying body's criteria as approved by the board; or

2. when advanced practice certification/recertification is not available, or APRNs who are licensed by grandfathering, without advanced practice certification, the APRN shall meet the requirements for renewal as specified in the LAC 46:XLVII.4507.E.2.

B. Continuous Quality Improvement. The board may perform on-site review for APRNs to determine compliance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918(K), and R.S. 37:1031-1034.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:284 (April 1996), amended LR 27: 727 (May 2001), LR 31:2027 (August 2005).

§4517. Additional Standards for Each Advanced Practice Nurse Category

A. The APRN is responsible and accountable for compliance to the specific standards of practice for his/her

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specialty and functional role and for other state and federal rules and regulations that effect his/her patient population(s).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:284 (April 1996), amended LR 27:727 (May 2001), LR 31:2027 (August 2005).

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES

Person

Preparing

Statement:

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Return

Address:

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Rule

Title: Chapter 45

Baton Rouge, La 70818

Date Rule

Takes Effect: 7/1/2013

SUMMARY

(Use complete sentences)

In accordance with Section 953 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a fiscal and economic impact statement on the rule proposed for adoption, repeal or amendment. THE FOLLOWING STATEMENTS SUMMARIZE ATTACHED WORKSHEETS, I THROUGH IV AND WILL BE PUBLISHED IN THE LOUISIANA REGISTER WITH THE PROPOSED AGENCY RULE.

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Other than publication costs associated with the rule changes, which are estimated to be \$2,132 in FY 13, it is not anticipated that state or local governmental units will incur any other costs or savings as a result of promulgation of the proposed rule. The proposed rule will align with national standards and regulations across all jurisdictions. The rule changes to sections 4503 and 4505 primarily provide clarity concerning definitions and roles of Advanced Practice Registered Nurses (APRN), thereby aligning with these national standards. This rule does not require an increase or decrease in workload responsibilities to the Board.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The rule changes to section 4507 add a new provision that is subject to the Board's \$100 reinstatement fee. It requires APRNs that fail to maintain current certification to file a reinstatement application and pay the Board a \$100 fee. The Board's revenue will increase depending on the number of APRNs this provision applies to. Otherwise, it is anticipated that implementation of the proposed rule will not affect state or local governmental revenue collections as there are no new or eliminated fees introduced with the rule changes.

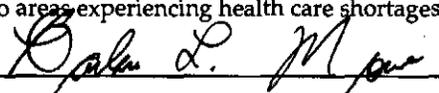
III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

Section 4507 requires APRNs that do not maintain current certification to pay the Board's \$100 reinstatement fee for their license and incur varying costs associated with recertification. In addition, the APRN temporary permit's applicability is changing. Previously, APRN applicants that were awaiting certification qualified for the temporary permit, and there were no requirements regarding timeliness of the initial application for licensure. Under the rule change, the temporary permit is required for applicants who waited over 2 years to initially apply for APRN licensure after completion of their graduate studies and certification. This requires the APRN to practice in a limited capacity while the Board verifies competency of the applicant due to the long time delay before an application is filed. Outside of potential costs associated with education needed to meet the additional competency standards set by the Board (such as continuing education credits and preceptorship), there is no impact to the individual as a result of changes to temporary permits.

Under the changes to section 4513, specific educational and training requirements are amended in order for an APRN to obtain prescriptive authority. Specifically, an APRN must now complete 45 contact hours in advanced health assessment. Costs for this educational course will vary by institution. Also, the time requirement for 500 hours of clinical practice lengthened from 1 year to 2 years, which benefits the APRN by giving extra time to complete the workload. In order to specifically prescribe controlled substances, the rules are amended so that APRNs no longer need to complete 500 hours of practice with a collaborating physician, and APRNs may be permitted to apply to prescribe Schedule II controlled substances, if it is considered within the parameters of the practice and specialty of the collaborating physician and APRN, which will result in a cost and workload decrease that varies according to each APRN's scope of practice. Section 4513 is also amended to require that APRNs obtain and keep a collaborative practice agreement on site when adding a physician to a site that was previously approved by the Board. Though a single form will still need to be submitted, this eliminates the need to send the collaborative practice agreement to the Board office, thus benefiting the APRN in cost and efficiency.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Standardization under the proposed rule changes affects the livelihood of practicing APRN's and their ability to relocate to areas experiencing health care shortages.


Signature of Agency Head or Designee


Legislative Fiscal Officer or Designee

Barbara Morvant, Executive Director
Typed Name & Title of Agency Head or Designee

04/09/2013
Date of Signature

4/10/13
Date of Signature

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

The following information is required in order to assist the Legislative Fiscal Office in its review of the fiscal and economic impact statement and to assist the appropriate legislative oversight subcommittee in its deliberation on the proposed rule.

- A. Provide a brief summary of the content of the rule (if proposed for adoption, or repeal) or a brief summary of the change in the rule (if proposed for amendment). Attach a copy of the notice of intent and a copy of the rule proposed for initial adoption or repeal (or, in the case of a rule change, copies of both the current and proposed rules with amended portions indicated).

The proposed changes provide for consistent definitions regarding advanced practice registered nursing which allows for increased clarity; revision of administrative processes to decrease inefficient use of resources (for the licensee, facilities, other professionals, & the agency/LSBN) and increase ability of advanced practice registered nurses to work within their maximum scope of practice authorized in the State; actions the regulatory agency may take if the licensee violates certain provisions of the law or rules; actions the regulatory agency may take if the licensee does not meet requirements for licensure or if the licensee must demonstrate further competency to ensure public safety; and modification of the licensure/ credentialing processes to require evidence of completed education and Board certification prior to licensure and authorization of prescriptive authority which allows for thorough validation of core competencies.

- B. Summarize the circumstances, which require this action. If the Action is required by federal regulation, attach a copy of the applicable regulation.

The National Council for State Boards of Nursing/NCSBN is an organization that promotes evidenced-based regulatory excellence for patient safety and public protection. All 50 states are member boards including the District of Columbia and four US territories. There are 12 other members from other countries/territories worldwide. The majority of the proposed revisions to Chapter 45 of LSBN's regulations are intended to align with the "Consensus Model for APRN Regulation" which is a document published by NCSBN.

The Louisiana State Board of Nursing/LSBN developed an APRN Task Force represented by various statewide groups and stakeholders that presented suggestions for changes in Chapter 45 of LSBN's regulations. The proposed changes are largely a reflection of the work of that group.

Additionally, there are components of the revision that are necessary to address the task of LSBN in regulating APRNs by clarifying actions the agency may take as a result of violations as well as a need to verify additional competencies prior to licensure. Addressing administrative processes to decrease inefficient use of resources will assist all parties involved without jeopardizing public safety.

C. Compliance with Act 11 of the 1986 First Extraordinary Session

- (1) Will the proposed rule change result in any increase in the expenditure of funds? If so, specify amount and source of funding.

It is anticipated that the implementation of the proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 13. It is anticipated that \$2132.00 will be expended in FY13 for the state's administrative expense for promulgation of the proposed rule.

- (2) If the answer to (1) above is yes, has the Legislature specifically appropriated the funds necessary for the associated expenditure increase?

(a) _____ Yes. If yes, attach documentation.

(b) _____ NO. If no, provide justification as to why this rule change should be published at this time

FISCAL AND ECONOMIC IMPACT STATEMENT

WORKSHEET

I. A. COSTS OR SAVINGS TO STATE AGENCIES RESULTING FROM THE ACTION PROPOSED

1. What is the anticipated increase (decrease) in costs to implement the proposed action?

COSTS	FY 12-13	FY 13-14	FY 14-15
Personal Services	\$0	\$0	\$0
Operating Expenses	\$2,132	\$0	\$0
Professional Services	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0
Equipment	\$0	\$0	\$0
Major Repairs & Constr.	\$0	\$0	\$0
TOTAL	\$2,132	\$0	\$0

POSITIONS (#)

2. Provide a narrative explanation of the costs or savings shown in "A. 1.", including the increase or reduction in workload or additional paperwork (number of new forms, additional documentation, etc.) anticipated as a result of the implementation of the proposed action. Describe all data, assumptions, and methods used in calculating these costs.

It is anticipated that \$2132.00 will be expended in FY 12-13 for the state's administrative expense for promulgation of the proposed rule.

3. Sources of funding for implementing the proposed rule or rule change.

SOURCE	FY 12-13	FY 13-14	FY 14-15
State General Fund	\$0	\$0	\$0
Agency Self-Generated	\$2,132	\$0	\$0
Dedicated	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0
Other (Specify)	\$0	\$0	\$0
TOTAL	\$2,132	\$0	\$0

4. Does your agency currently have sufficient funds to implement the proposed action? If not, how and when do you anticipate obtaining such funds?

Yes, sufficient funds are available to the agency in order to implement the rule.

B. COST OR SAVINGS TO LOCAL GOVERNMENTAL UNITS RESULTING FROM THE ACTION PROPOSED.

1. Provide an estimate of the anticipated impact of the proposed action on local governmental units, including adjustments in workload and paperwork requirements. Describe all data, assumptions and methods used in calculating this impact.

It is anticipated that implementation of the proposed rule will have no impact on local government units

2. Indicate the sources of funding of the local governmental unit, which will be affected by these costs or savings.

It is anticipated that implementation of the proposed rule will have no impact on the source of local government.

FISCAL AND ECONOMIC IMPACT STATEMENT

WORKSHEET

II. EFFECT ON REVENUE COLLECTIONS OF STATE AND LOCAL GOVERNMENTAL UNITS

A. What increase (decrease) in revenues can be anticipated from the proposed action?

REVENUE INCREASE/DECREASE	FY 12-13	FY 13-14	FY 14-15
State General Fund	\$0	\$0	\$0
Agency Self-Generated	INCREASE	INCREASE	INCREASE
Dedicated Funds*	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0
Local Funds	\$0	\$0	\$0
TOTAL	INCREASE	INCREASE	INCREASE

*Specify the particular fund being impacted.

B. Provide a narrative explanation of each increase or decrease in revenues shown in "A." Describe all data, assumptions, and methods used in calculating these increases or decreases.

Depending on the number of APRNs that fail to maintain current certification under the rule changes to section 4507, the Board will receive \$100 per reinstatement application. Otherwise, it is anticipated that implementation of the proposed rule will not affect state or local governmental revenue collections as there are no new or eliminated fees introduced with the rule changes.

FISCAL AND ECONOMIC IMPACT STATEMENT

WORKSHEET

III. COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS

- A. What persons or non-governmental groups would be directly affected by the proposed action? For each, provide an estimate and a narrative description of any effect on costs, including workload adjustments and additional paperwork (number of new forms, additional documentation, etc.), they may have to incur as a result of the proposed action.

Section 4507 requires APRNs that do not maintain current certification to pay the Board's \$100 reactivation fee for their license and incur varying costs associated with recertification. In addition, the APRN temporary permit's applicability is changing. Previously, APRN applicants that were awaiting certification qualified for the temporary permit, and there were no requirements regarding timeliness of the initial application for licensure. Under the rule change, the temporary permit is required for applicants who waited over 2 years to initially apply for APRN licensure after completion of their graduate studies and certification. This requires the APRN to practice in a limited capacity while the Board verifies competency of the applicant due to the long time delay before an application is filed. Outside of potential costs associated with education needed to meet the additional competency standards set by the Board (such as continuing education credits and preceptorship), there is no impact to the individual as a result of changes to temporary permits.

Under the changes to section 4513, specific educational and training requirements are amended in order for an APRN to obtain prescriptive authority. Specifically, an APRN must now complete 45 contact hours in advanced health assessment. Costs for this educational course will vary by institution. Also, the time requirement for 500 hours of clinical practice lengthened from 1 year to 2 years, which benefits the APRN by giving extra time to complete the workload. In order to specifically prescribe controlled substances, the rules are amended so that APRNs no longer need to complete 500 hours of practice with a collaborating physician, and APRNs may be permitted to apply to prescribe Schedule II controlled substances, if it is considered within the parameters of the practice and specialty of the collaborating physician and APRN which result in a cost and workload decrease that varies according to each APRN's scope of practice. Rules are also amended to provide for APRN's to obtain and keep a collaborative practice agreement on site when adding a physician to a site that was previously approved by the Board. Though a single form will still need to be submitted, this eliminates the need to send the collaborative practice agreement to the Board office thus benefiting the APRN in cost and efficiency.

- B. Also provide an estimate and a narrative description of any impact on receipts and/or income resulting from this rule or rule change to these groups.

See Section A above.

IV. EFFECTS ON COMPETITION AND EMPLOYMENT

Identify and provide estimates of the impact of the proposed action on competition and employment in the public and private sectors. Include a summary of any data, assumptions and methods used in making these estimates.

Standardization under the proposed rule changes affects the livelihood of practicing APRN's and their ability to relocate to areas experiencing health care shortages.