

**RULES AND REGULATIONS FOR THE LICENSING OF NURSES**  
**and**  
**STANDARDS FOR THE APPROVAL OF BASIC**  
**NURSING EDUCATION PROGRAMS**

[R5-34-NUR/ED]



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

January 1964

***AS AMENDED:***

April 1985

July 1990

April 1992

April 1994

August 1995

October 1995 (E)

February 1996 (E)

May 1996

March 1997

December 1998

September 2001

January 2002 (re-filing in accordance  
with the provisions of section 42-35-4.1  
of the Rhode Island General Laws, as  
amended)

June 2004

December 2004

January 2007 (re-filing in accordance  
with the provisions of section 42-35-4.1  
of the Rhode Island General Laws, as  
amended)

June 2007

September 2007

March 2008

January 2012 (re-filing in accordance  
with the provisions of section 42-35-4.1  
of the Rhode Island General Laws, as  
amended)

**January 2012**

## ***INTRODUCTION***

These amended *Rules and Regulations Pertaining to the Licensing of Professional (Registered), Certified Registered Nurse Practitioners, Certified Registered Nurse Anesthetists, and Practical Nurses and Standards for the Approval of Basic Nursing Education Programs* [R5-34-NUR/ED] are promulgated pursuant to the authority conferred under §5-34-7(1) of the General Laws of Rhode Island, as amended, and are established for the purpose of defining the prevailing standards for:

- (1) The licensure of professional (registered) nurses, certified registered nurse practitioners, certified psychiatric and mental health nurse clinical specialists, certified registered nurse anesthetists, and practical nurses; and
- (2) The approval of basic nursing education programs in Rhode Island.

Pursuant to the provisions of §§42-35-3(a)(3) and (a)(4) of the General Laws of Rhode Island, as amended, the following were given consideration in arriving at the amended regulations: (1) alternative approaches to the regulations; (2) duplication or overlap with other state regulations; and (3) significant economic impact on small business. Based on the available information, no known overlap, duplication, or alternative approach was identified.

Upon promulgation of these amendments, these amended regulations shall supersede all previous *Rules and Regulations Pertaining to the Licensing of Professional (Registered), Certified Registered Nurse Practitioners, Certified Registered Nurse Anesthetists, and Practical Nurses and Standards for the Approval of Basic Nursing Education Programs* promulgated by the Department of Health and filed with the Secretary of State.

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## PART I *Definitions*

### Section 1.0 *Definitions*

Wherever used in these rules and regulations the following terms shall be construed as follows:

- 1.1 **"Act"** means Chapter 5-34 of the General Laws of Rhode Island, as amended, entitled, "Nurses".
- 1.2 **"Adjunct clinical faculty"** means individuals employed solely to supervise clinical nursing experiences of students and meet all the qualifications in §16.2(c)(2) of these Regulations.
- 1.3 **"Advanced practice nurse"** means the status of qualified individuals who hold an active license as a registered nurse and an active license as a nurse in an advanced role as defined under the provision of the Act or Chapter 5-34.2 of the Rhode Island General Laws, as amended.
- 1.4 **"Approval"** means the process whereby the Board of Nursing evaluates and grants official recognition to basic nursing education programs in this state which meet the established criteria and standards of these Regulations.
- 1.5 **"Approved basic professional nursing education program"** means a course of study for professional nurses that has been approved the Board, by the licensing authority of another state or territory, or by a national accrediting body.
- 1.6 **"Approved nurse practitioner program"** means a Board approved course of study for nurse practitioners conducted within an academic institution which is regionally accredited or accredited by such other agency as may be recognized by the Board. Said course shall include both a didactic component and a supervised clinical experience.
- 1.7 **"Basic nursing education program"**, hereafter referred to as nursing program, means an educational unit within a hospital, junior college, senior college or university, which has as its major goal the preparation of individuals to be responsible practitioners of nursing and to grant appropriate diploma or degree in nursing.
- 1.8 **"Board"** means the Board of Nurse Registration and Nursing Education established pursuant to the provisions of §5-34-4 of the Act.
- 1.9 **"Certified registered nurse anesthetist (CRNA)"** means an advanced practice nurse who has successfully met the requirements for licensure which are set forth in these Regulations.
- 1.10 **"Certified registered nurse practitioner (RNP)"** means an advanced practice nurse utilizing independent knowledge of physical assessment and management of health care and illnesses. The practice includes prescriptive privileges, and collaboration with other licensed health care professionals, including, but not limited to, physicians, pharmacists, podiatrists, dentists and nurses. Such collaboration is not required to be pursuant to a written collaboration agreement, with a specific designated physician, or at the same physical location as a collaborating practitioner.
- 1.11 **"Chief Academic Officer"** means the individual who holds the earned degree in nursing that is required to lead the specific nursing education program, as stipulated in these Regulations, and is directly responsible for the activities and outcomes of that program. This individual

may be titled within their specific institution as Chair, Dean, Director, etc., as determined by the culture of their institution.

- 1.12 ***“Client”***, as used in these Regulations, shall have the same meaning as “patient” or “resident.”
- 1.13 ***“Collaboration”***, as used in these Regulations, means an independent working relationship between an Advanced Practice Nurse and other licensed health care professionals, including but not limited to, physicians, pharmacists, podiatrists, dentists and nurses, but does not require such relationship to be evidenced by a written collaboration agreement, to be with a specific designated physician, or for services to be performed at the same physical location as any collaborating licensed health care practitioner.
- 1.14 ***“Continuing education hour”*** means a unit of measurement that describes sixty (60) minutes of an organized learning activity that is either a didactic or clinical experience.
- 1.15 ***“Continuing education unit (CEU)”*** means a specific, standard measure [e.g., ten (10) clock hours] of educational achievement used by many universities and professional organizations under the criteria of the International Association for Continuing Education and Training (IACET) to attest to clock hour completion of continuing education activities.
- 1.16 ***“Controlling institution”*** means the agency or institution that has authority and responsibility for financing the nursing education program employing the chief academic officer and faculty, graduating students and granting the diploma, certificate or degree.
- 1.17 ***“Coordinated licensure information system”*** means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a non-profit organization composed of and controlled by state nurse licensing boards.
- 1.18 ***“Delegatee”*** means the certified nursing assistant or other unlicensed assistive personnel receiving the authority to perform a nursing activity.
- 1.19 ***“Delegation”*** means the transferring to a competent individual the authority to perform a selected nursing activity in a selected situation. The nurse retains the accountability for the delegation.
- 1.20 ***“Dentist”*** means an individual licensed in this state to practice dentistry pursuant to the provisions of Chapter 5-31.1 of the General Laws of Rhode Island, as amended.
- 1.21 ***“Department”*** means the Rhode Island Department of Health.
- 1.22 ***“Director”*** means the Director of the Rhode Island Department of Health.
- 1.23 ***“Health”*** means optimum well-being.
- 1.24 ***“Healthcare”*** means those services provided to promote the optimum well-being of individuals.
- 1.25 ***“Home state”*** means the party state which is the nurse's primary state of residence.
- 1.26 ***“Independent practice”***, as used in these Regulations, means a psychiatric and mental health nurse clinical specialist working without a formal collaborative agreement with a physician licensed in accordance with Chapter 5-37 of the Rhode Island General Laws, as amended.

- 1.27 **"Licensed"** means status of qualified individuals who have completed a designated process by which the Board of Nursing grants permission to individuals accountable and/or responsible for the practice of nursing to engage in that practice, prohibiting all others from legally doing so.
- 1.28 **"Non-clinical nursing faculty"** means faculty employed for their expertise in a specific subject matter that is included in the curriculum of an approved nursing program and meet all the qualification in §16.2(c)(1) of these Regulations.
- 1.29 **"Non-disciplinary alternative program"** means the voluntary, confidential non-disciplinary program for nurses who abuse or are chemically dependent upon drugs or alcohol or who have been diagnosed with any mental illness as listed in the most recent revised publication or the most updated volume of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICO) published by the World Health Organization and that substantially limits the life activities of the person with the illness.
- 1.30 **"Nurse"**, as used in §7.0 of these Regulations, means a registered nurse or licensed practical/vocational nurse, as those terms are defined by each party's state practice laws.
- 1.31 **"Nursing"** means pursuant to §5-34-3(f) of the Act the provision of services that are essential to the promotion, maintenance, and restoration of health throughout the continuum of life. It provides care and support of individuals and families during periods of wellness, illness, and injury and incorporates the appropriate medical plan of care as prescribed by a duly licensed physician, dentist, podiatrist, or other health care provider licensed to prescribe. It is a distinct component of health services. Nursing practice is based on specialized knowledge, judgment, and nursing skills acquired through educational preparation in nursing and in the biological, physical, social, and behavioral sciences.
- 1.32 **"Party state"** means any state that has adopted the Nurse Licensure Compact.
- 1.33 **"Physician"** means an individual licensed to practice medicine in this state pursuant to the provisions of Chapter 5-37 of the General Laws of Rhode Island, as amended.
- 1.34 **"Podiatrist"** means an individual licensed in this state to practice podiatry pursuant to the provisions of Chapter 5-29 of the General Laws of Rhode Island, as amended.
- 1.35 **"Practical nursing"**, pursuant to §5-34-3(g) of the Act, is practiced by licensed practical nurses (L.P.N.s). It is an integral part of nursing based on a knowledge and skill level commensurate with education. It includes promotion, maintenance, and restoration of health and utilizes standardized procedures leading to predictable outcomes which are in accord with the professional nurse regimen under the direction of a registered nurse. In situations where registered nurses are not employed, the licensed practical nurse functions under the direction of a duly licensed physician, dentist, podiatrist, or other licensed health care providers authorized by law to prescribe. Each L.P.N. is responsible for the nursing care rendered.
- 1.36 **"The practice of certified registered nurse anesthesia"** means providing certain health care services under the supervision of anesthesiologists, licensed physicians or licensed dentists, in accordance with §5-31.1-1(16) of the General Laws of Rhode Island, as amended, which requires substantial specialized knowledge, judgment and skill related to the administration of anesthesia, including pre-operative and post-operative assessment of patients;

administering anesthetics; monitoring patients during anesthesia; management of fluid in intravenous therapy and management of respiratory care.

- 1.37 ***“Preceptor”*** means an individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model and/or supervisor in a clinical setting under the supervision of an assigned faculty member.
- 1.38 ***“Primary state of residence”*** means the state of a person’s declared fixed permanent and principal home for legal purposes; a domicile.
- 1.39 ***“Professional nurse”*** is synonymous with "registered nurse".
- 1.40 ***“Professional nursing”***, pursuant to §5-34-3(h) of the Act, is practiced by registered nurses (R.N.s). The practice of professional nursing is a dynamic process of assessment of an individual's health status, identification of health care needs, determination of health care goals with the individual and/or family participation and the development of a plan of nursing care to achieve these goals. Nursing actions, including teaching and counseling, are directed toward the promotion, maintenance, and restoration of health and evaluation of the individual's response to nursing actions and the medical regimen of care. The professional nurse provides care and support of individuals and families during periods of wellness and injury and incorporates where appropriate, the medical plan of care as prescribed by a duly licensed physician, dentist or podiatrist or other licensed health care provider licensed to prescribe. Each R.N. is directly accountable and responsible to the consumer for the nursing care rendered.
- 1.41 ***“Psychiatric and mental health clinical nurse specialist,”*** pursuant to §5-34-3(i) of the Act, is an advanced practice nurse utilizing independent knowledge and management of mental health and illnesses. The practice may include prescription privileges of certain legend medications, controlled substances from Schedule II classified as stimulants, and controlled substances from Schedule IV, within the scope of their practice. The practice may include collaboration with other licensed health care professionals, including but not limited to psychiatrists, psychologists, physicians, pharmacists and nurses. The psychiatric and mental health clinical nurse specialist holds the qualifications as defined in §5-34-40.1 of the Act and §3.3 of these Regulations.
- 1.42 ***“Regionally accredited”*** means the official guarantee that a college or university or other educational institution is in conformity with the standards of education prescribed by a regional accrediting commission recognized by the U.S. Commissioner of Education.
- 1.43 ***“State”***, as used in §7.0 of these Regulations, means a state, territory, or possession of the United States, the District of Columbia.
- 1.44 ***“Stable and predictable”*** means a condition in which a client’s clinical and behavioral status, as assessed by the registered nurse, is determined to be non-fluctuating and consistent, is not recuperative in nature, and does not require the regularly scheduled care of a registered or licensed practical nurse.
- 1.45 ***“State approved program”*** means the official recognition of a basic nursing education program granted by a state body statutorily authorized to approve basic nursing education programs in the respective state in which the nursing program is conducted.



- 1.46 **"State approved program of practical nursing"** means a course of study for practical nurses that has been approved the Board, by the licensing authority of another state or territory, or by a national accrediting body.
- 1.47 **"Substantive change"** means a significant modification or expansion in the nature and scope of education.
- 1.48 **"Supervision"** means the provision of guidance by a professional or practical nurse for the accomplishment of a nursing activity with initial direction of the activity and periodic inspection of the actual act of accomplishing the activity. Total nursing care of an individual remains the responsibility and accountability of a licensed nurse.
- 1.49 **"These Regulations"** mean all parts of Rhode Island *Rules and Regulations for the Licensing of Nurses and Standards for the Approval of Basic Nursing Education Programs* [R5-34-NUR/ED].
- 1.50 **"Unlicensed assistive personnel"** means persons who are not registered, certified, or otherwise licensed by the Department.

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PART II *Licensing Requirements for Professional (Registered), Certified Registered Nurse Practitioners, Certified Registered Nurse Anesthetists, and Practical Nurses*

Section 2.0 *License and Certification Requirements*

- 2.1 Pursuant to §5-34-2 of the Act, it shall be unlawful for any person to practice or offer to practice nursing in this state or to use any title, sign, abbreviation, card or device indicating authority to practice nursing unless such person has been duly licensed and registered in accordance with the statutory provisions of the Act and these Regulations, except persons exempt in accordance with §5-34-31 of the Act.
- 2.1.1 ***Professional (registered) nurse title:*** any person who holds a license to practice as a professional nurse in this state shall have the right to use the title "registered nurse" and the abbreviation "R.N.".
- 2.1.2 ***Certified registered nurse practitioner title:*** Any person who holds a license to practice as a certified registered nurse practitioner in this state shall have the right to use the title "certified registered nurse practitioner" and use the abbreviation "R.N.P." No other person shall assume that title or use that abbreviation or any other words or letters, signs, figures or devices to indicate that the person using it is a certified registered nurse practitioner.
- 2.1.3 ***Certified registered nurse anesthetist title:*** Any person who holds a license to practice as a certified registered nurse anesthetist in this state shall use the title "certified registered nurse anesthetist" and use the abbreviation "C.R.N.A."
- 2.1.4 ***Psychiatric and mental health clinical nurse specialist title:*** Any person who holds a license to practice as a psychiatric and mental health clinical nurse specialist in this state has the right to use the title "psychiatric and mental health clinical nurse specialist" and use the abbreviation "P.C.N.S." No other person may assume that title or use that abbreviation or any other words or letters, signs, figures, or devices to indicate that the person using it is a psychiatric and mental health clinical nurse specialist.
- 2.1.5 ***Practical nurse title:*** any person who holds a license to practice nursing as a practical nurse in this state shall have the right to use the title "licensed practical nurse" and the abbreviation "L.P.N."
- 2.2 No other person shall assume such titles or use such abbreviations or any other words, letters, signs, figures or devices to indicate that the person using the same is licensed professional nurse, certified registered nurse practitioner, psychiatric and mental health clinical nurse specialist, certified registered nurse anesthetist or licensed practical nurse in accordance with these Regulations.
- 2.3 **Criminal Records Review.** Pursuant to §5-34-43 of the Act, each person seeking a license to practice under the Act, or who is previously licensed and authorized to practice under the Act and is seeking employment, shall apply to the Bureau of Criminal Identification (BCI) for a national criminal records check that shall include fingerprints submitted to the Federal

Bureau of Investigation. This background check shall be processed prior to receiving a license to practice or to enter into employment. All applicable fees associated with the national criminal records check shall be paid by the applicant/licensee.

### Section 3.0 *Qualifications for Licensure*

3.1 ***Professional (Registered) Nurse:*** An applicant seeking licensure to practice professional nursing in the State of Rhode Island must:

- (a) Be of good moral character;
- (b) Have completed at least an approved high school course of study or the equivalent supported by diploma or certificate thereof as determined by the rules and regulations of the State Board of Education;
- (c) Have successfully completed the prescribed curriculum in an approved basic professional nursing education program and holds a diploma therefrom; and,
- (d) Foreign trained applicants must meet the requirements set forth in §5.3.1 of these Regulations.

3.2 ***Certified Registered Nurse Practitioner:*** An applicant seeking licensure to practice as a certified registered nurse practitioner in the State of Rhode Island must:

- (a) Be of good moral character;
- (b) Hold a current Rhode Island license as a registered nurse;
- (c) In addition to the above, have completed an approved educational program resulting in a master's degree in nursing and/or an approved nurse practitioner course of study as defined in §1.5 of these Regulations. All applicants for initial licensure must complete an accredited educational program resulting in a master's degree with a major in nursing.
- (d) Have successfully passed a national examination and be certified by a national nursing body recognized by the Board (e.g., American Nurses Credentialing Center [ANCC]).
- (e) For applicants seeking licensure by endorsement, the licensing agency in each state in which the applicant holds or has held a registration or license must submit to the Board in this state a statement confirming the applicant to be or have been in good standing.

3.3 ***Psychiatric and Mental Health Clinical Nurse Specialist:*** An applicant seeking licensure to practice as a psychiatric and mental health clinical nurse specialist in the State of Rhode Island must:

- (a) Be of good moral character;
- (b) Hold a current Rhode Island license as a registered nurse;
- (c) Have completed an accredited educational program resulting in a master's degree in psychiatric and mental health nursing and/or
- (d) Passed a national qualifying examination (e.g., American Nurses Credentialing Center [ANCC]) as recognized by the Board.

- (e) For applicants seeking licensure by endorsement, the licensing agency in each state in which the applicant holds or has held a registration or license must submit to the Board in this state a statement confirming the applicant to be or have been in good standing.
- 3.3.1 All applicants for initial licensure must complete an accredited educational program resulting in a master's degree in nursing and must pass a national qualifying examination recognized by the Board.
- 3.4 ***Licensed Practical Nurse:*** An applicant seeking licensure to practice practical nursing in the State of Rhode Island must:
  - (a) Be of good moral character;
  - (b) Have completed at least an approved high school course of study or the equivalent supported by diploma or certificate thereof as determined by the rules and regulations of the State Board of Education;
  - (c) Have furnished satisfactory proof that he or she successfully completed the prescribed curriculum in an approved program of practical nursing and holds a diploma or certificate from the program or is a graduate of an approved school of professional nursing or was a student in good standing at an approved school of professional nursing before completing the program of studies and, at the time of withdrawal, had completed a program of study, theory and clinical practice equivalent to that required for graduation from an approved school of practical nursing;
  - (d) Foreign trained applicants must meet the requirements set forth in §5.3.2 of these Regulations.
- 3.5 ***Certified Registered Nurse Anesthetist:*** An applicant seeking a license to practice nurse anesthesia in the State of Rhode Island must:
  - (a) Be of good moral character;
  - (b) Hold a current license as a professional registered nurse in Rhode Island;
  - (c) Have graduated from an education program accredited by the American Association of Nurse Anesthetists Council on Accreditation of Nurse Anesthesia Educational Programs, or its predecessors or successors, and which has as its objective, preparation of nurses to practice nurse anesthesia; and
  - (d) Have initial certification by the American Association of Nurse Anesthetists Council on Certification of Nurse Anesthetists, and recertification as applicable, by the American Association of Nurse Anesthetists Council on Recertification of Nurse Anesthetists or their predecessors or successors.
  - (e) For applicants seeking licensure by endorsement, the licensing agency in each state in which the applicant holds or has held a registration or license must submit to the Board in this state a statement confirming the applicant to be or have been in good standing.
- 3.5.1 The requirements set forth in §3.5(d) shall not apply to:

- (a) Graduate nurse anesthetists awaiting initial certification results, providing that the initial certification is accomplished within ninety (90) days of completion of an accredited nurse anesthesia education program.
- (b) A professional registered nurse who practices nursing in accordance with the provisions of the Nurse Practice Act, and who is duly enrolled as a bona fide student in an accredited nurse anesthesia program providing nurse anesthesia under the supervision of a certified registered nurse anesthetist and anesthesiologist;
- (c) A nurse practicing as a nurse anesthetist in Rhode Island on July 1, 1991.

#### Section 4.0 *Application for Licensure and Fee*

- 4.1 Application for licensure to practice in this state as a professional nurse, or practical nurse, shall be made on forms provided by the Department, which shall be completed, notarized and submitted to the Department. An applicant shall schedule his/her own examination date. Such application shall be accompanied by the following documents:
  - (a) Official transcripts of education credentials sent directly to the Board from the school of nursing.
  - (b) One (1) photograph of the applicant (head and shoulder view) approximately 2 X 3 inches in size, which is mounted on the application, and
  - (c) The application fee (non-refundable) made payable to the General Treasurer, State of Rhode Island, as follows:
    - (i) For professional nurse licensure: one hundred thirty dollars (\$130.00);
    - (ii) For practical nurse licensure: ninety dollars (\$90.00).
  - (d) Documentation of compliance with §2.3 of these Regulations by:
    - (i) Submitting a copy of the written notification from the BCI indicating that no disqualification information has been found; or
    - (ii) Requesting the BCI to provide the Department with a copy of the criminal background report.
- 4.2 Nurses registered in Rhode Island who wish to register as a certified registered nurse practitioner must submit appropriate certification credentials, as described in §3.2, plus an application fee (non-refundable) made payable to the General Treasurer, State of Rhode Island for one hundred thirty dollars (\$130.00). The fee for application for prescriptive privileges shall be fifty dollars (\$50.00).
  - 4.2.1 Nurses not registered in Rhode Island who are seeking registration as a certified registered nurse practitioner must comply with those requirements for endorsement in §5.2 of these Regulations, plus the application fee as described in §4.2.

- 4.3 Nurses registered in Rhode Island who wish to register as a certified registered nurse anesthetist, must submit appropriate certification credentials as described in §3.5 plus an application fee, (non-refundable) made payable to the General Treasurer, State of Rhode Island for one hundred thirty dollars (\$130.00).
  - 4.3.1 Nurses not registered in Rhode Island who are seeking registration as a certified registered nurse anesthetist must comply with those requirements for endorsement in §5.2 of these Regulations plus the application fee as described in §4.3.
- 4.4 Nurses registered in Rhode Island who wish to register as a psychiatric and mental health clinical nurse specialist must submit appropriate certification credentials as described in §3.3 plus an application fee (non-refundable) made payable to the General Treasurer, State of Rhode Island for one hundred thirty dollars (\$130.00). The fee for application for prescriptive privileges shall be fifty dollars (\$50.00).
  - 4.4.1 Nurses not registered in Rhode Island who are seeking registration as a psychiatric and mental health clinical nurse specialist must comply with those requirements for endorsement in §5.2 of these Regulations plus the application fee as described in §4.4.

## Section 5.0 *Licensing of Professional and Practical Nurses*

- 5.1 **By Examination.** Applicants, except those exempt pursuant to §5.2 of these Regulations, shall be required to pass an examination as determined by the Board to test the qualifications of the applicants to practice nursing as a professional or practical nurse pursuant to the statutory and regulatory requirements herein.
  - 5.1.1 The National Council Licensure Examination (NCLEX) or other recognized professional examination service may be used to test the applicant's competency, skill and knowledge to practice nursing.
  - 5.1.2 **[REMOVED].**
  - 5.1.3 All applications and supporting credentials as required in §4.0 of these Regulations shall be filed with the Board.
  - 5.1.4 **Re-examination.** In case of failure of any applicant to satisfactorily pass an examination such applicant shall be entitled to re-examination. Applicants may take the licensing examination as often as prescribed by the National Council Licensure Examination service. The fee (non-refundable) of one hundred thirty dollars (\$130.00) shall be resubmitted.
- 5.2 **Without Examination by Endorsement.** A license to practice nursing as a professional or practical nurse may be issued without examination to an applicant who provides evidence of being currently licensed by examination or endorsement as a professional nurse or practical nurse under the laws of another state or territory or District of Columbia, if in the opinion of the Board, the applicant meets the qualifications required of professional or practical nurses

in this state as set forth in these Regulations. The Board of Nurse Registration and Nursing Education shall act on each application within ninety (90) days of its submission.

- 5.2.1 A completed licensure application form and fee shall be filed with the Department in accordance with §4.0 of these Regulations, and such additional supporting documentation as may be requested, and furthermore:
  - (a) The licensing agency in each state in which the applicant holds or has held a registration or license must submit to the Board in this state a statement confirming the applicant to be or have been in good standing; and
- 5.2.2 Pursuant to §5-34-31 of the Act, persons who provide acceptable evidence, that is, not voluntarily surrendered, revoked, or suspended in another jurisdiction, of being currently licensed by examination or endorsement under the laws of other states of the United States, and the District of Columbia, shall not be prevented from practicing nursing in this state for a period of ninety (90) days from the date on the application fee receipt provided that they are duly licensed in this state within ninety (90) days from the date on the application fee receipt. The original privilege to work ninety (90) days shall not be extended or renewed.

### 5.3 ***Foreign Trained Applicants***

- 5.3.1 ***Professional (Registered) Nurses.*** Applicants from foreign nursing schools seeking initial U.S. licensure in Rhode Island shall present evidence of credentials evaluation by a RI Board of Nursing approved agency that provides evaluation of foreign credentials, including the requirements of §§3.1 and 4.0 of these Regulations and, furthermore, shall meet all of the appropriate requirements for licensure to the satisfaction of the Board and in accordance with the statutory and regulatory provisions of these Regulations. Applicants who have graduated from foreign nursing schools who are actively licensed in good standing in another state or jurisdiction shall be required to:
  - (a) Have their credentials evaluated by a Board of Nursing approved agency that provides evaluation of foreign credentials;
  - (b) Have successfully completed the NCLEX;
  - (c) Have successfully completed a Board of Nursing approved English language proficiency examination; and
  - (d) Submit the required application and fees in accordance with §4.0 of these Regulations.
- 5.3.2 ***Practical Nurses.*** Applicants from foreign schools of practical nursing must present to the Board the following documented evidence:
  - (a) High school education credentials equivalent to those of the State of Rhode Island;
  - (b) Official transcript from a government approved school of practical nursing that offered a general basic curriculum inclusive of the physical and biological

sciences, social sciences and nursing, including concepts in medical, surgical, obstetrical, pediatric and psychiatric nursing;

- (c) Credentials evaluation of the educational program by a Board of Nursing approved agency that provides evaluation of foreign credentials;
- (d) Successful completion of a Board of Nursing approved English language proficiency examination;
- (e) Successful completion of the NCLEX; and
- (f) The applicant must furthermore submit the requirements of §4.0 of these Regulations and must meet to the satisfaction of the Board, appropriate statutory and regulatory licensure requirements of these Regulations.

5.4 ***Graduate Nurses.*** Every graduate of an approved school of nursing who has filed with the Board a completed application, with supporting documents of credentials, for licensure as a professional nurse or practical nurse, may upon receiving a receipt from the Board for said application and documents, function as a graduate professional nurse or graduate practical nurse, as the case may be, for a period of ninety (90) days from the date on the application fee receipt and in each case he or she shall be supervised by a professional nurse licensed in this state. The original privilege to work ninety (90) days shall not be extended or renewed.

5.4.1 During this interim period, the graduate professional nurse or the graduate practical nurse applicant, shall identify himself or herself only as:

- (i) A "graduate professional nurse" and may use the initials "G.N.";
- (ii) A "graduate practical nurse" and may use the initials "G.P.N."

5.4.2 If such an applicant fails the licensing examination all aforementioned privileges referred to in §§5.4 and 5.4.1 of these Regulations shall automatically cease.

- (i) If an applicant fails to receive a license within ninety (90) days, all graduate nurse privileges will cease.

5.5 ***Certified Registered Nurse Practitioners.*** A license to practice as a certified registered nurse practitioner shall be issued if the applicant meets the qualifications for the certified registered nurse practitioner (R.N.P.). Persons who meet the qualifications of a certified registered nurse practitioner as stated in §5-34-35 of the Rhode Island General laws, as amended, and §3.2 of these Regulations, and are currently licensed as certified registered nurse practitioners by examination or endorsement under the laws of another state of the United States and/or the District of Columbia are allowed to practice as certified registered nurse practitioners in this state for a period not to exceed ninety (90) days from the date of clearance by the Board of Nurse Registration and Nursing Education of the Rhode Island Department of Health, provided that they are licensed in this state within ninety (90) days. The original privilege to work ninety (90) days from the date of clearance is not extended or renewed.

5.6 ***Certified Registered Nurse Anesthetists.*** Licensure as a nurse anesthetist shall be granted if the applicant meets the qualifications for licensure as indicated in §3.5 of these Regulations.



- 5.7 ***Psychiatric and Mental Health Clinical Nurse Specialist.*** A license to practice as a psychiatric clinical nurse specialist shall be issued if the applicant meets the qualifications for the psychiatric and mental health clinical nurse specialist. Persons who meet the qualifications of a psychiatric and mental health clinical nurse specialist, as stated in §5-34-40.1 of the Rhode Island General Laws, as amended, and §3.3 of these Regulations, and are currently licensed as psychiatric and mental health clinical nurse specialists by examination or endorsement under the laws of another state or territory of the United States and/or the District of Columbia are allowed to practice as psychiatric and mental health clinical nurse specialists in this state for a period not to exceed ninety (90) days from the date of clearance by the Board of Nurse Registration and Nursing Education of the Rhode Island Department of Health, provided that they are licensed in this state within ninety (90) days. The original privilege to work ninety (90) days from the date of clearance shall not be extended or renewed.

## Section 6.0 ***Issuance and Renewal of License and Fee***

- 6.1 Upon the recommendation of the Board, the Director shall issue to applicants who have satisfactorily met the licensure requirements of these Regulations, a license to practice either as a professional nurse, certified registered nurse practitioner, certified registered nurse anesthetist, psychiatric and mental health clinical nurse specialist, or practical nurse, in this state. Said license, unless sooner suspended or revoked, shall expire on the first (1<sup>st</sup>) day of March of every other year following the date of issuance of the original license.
- 6.2 On or before the first (1<sup>st</sup>) day of January of every year, the Department shall mail a notice for renewal of license to every person scheduled to be licensed that year on an odd/even basis with respect to the license number. Every professional or practical nurse so licensed who wishes to renew his or her license shall file with the Department a renewal application duly executed together with a renewal fee (non-refundable) of ninety dollars (\$90.00) payable to the General Treasurer, State of Rhode Island, before the fifteenth (15<sup>th</sup>) day of February of that year.
- (a) Every certified registered nurse practitioner so licensed who wishes to renew his or her license shall file with the Department such renewal application duly executed together with a renewal fee (non-refundable) of one hundred thirty dollars (\$130.00) which is ninety dollars (\$90.00) for the registered nurse fee, plus forty dollars (\$40.00) for the certified registered nurse practitioner fee. Evidence of current national certification as a nurse practitioner shall be verified at renewal.
  - (b) Pursuant to the provisions of §5-34.2-3 of the Rhode Island General Laws, as amended, every nurse anesthetist so licensed who wishes to renew his or her license shall file with the Department such renewal application duly executed together with a renewal fee (non-refundable) of one hundred thirty dollars (\$130.00), ninety dollars (\$90.00) of which will be for the registered nurse license and forty dollars (\$40.00) of which will be for the nurse anesthetist license. Evidence of current national certification as a nurse anesthetist shall be verified at renewal.
  - (c) Every psychiatric and mental health clinical nurse specialist so licensed who wishes to renew his or her license shall file with the Department such renewal application duly

executed together with a renewal fee (non-refundable) of one hundred and thirty dollars (\$130.00) biennially; ninety dollars (\$90.00) for the registered nurse fee plus forty dollars (\$40.00) for the psychiatric and mental health clinical nurse specialist fee. Evidence of current national certification as a psychiatric and mental health clinical nurse specialist shall be verified at renewal.

- 6.3 Upon receipt of such renewal application and payment of said fee, the accuracy of the application shall be verified and the Department shall grant a renewal license effective the second (2<sup>nd</sup>) day of March, and expiring on the first (1<sup>st</sup>) day of March two (2) years later unless the license is sooner suspended or revoked.
- 6.4 Any person who allows his or her license to lapse by failing to renew it on or before the first (1<sup>st</sup>) day of March of the next two (2) years as provided above may be reinstated by the Department upon submission of an application and on payment of the current renewal fee, unless license has been suspended or revoked.
  - 6.4.1 Any person using the title professional nurse, certified registered nurse practitioner, certified registered nurse anesthetist or practical nurse, or who practices nursing during the time that his or her license has lapsed shall be subject to the penalties for violations of the statutory and regulatory provisions of these Regulations.

#### Section 7.0 *Nurse Licensure Compact*

- 7.1 ***Issuance of a License by a Compact Party State.*** No applicant for initial licensure will be issued a compact license granting a multi-state privilege to practice unless the applicant first obtains a passing score on the applicable NCLEX examination or any predecessor examination used for licensure.
- 7.2 A nurse applying for a license in a home party state shall produce evidence of the nurse's primary state of residence. Such evidence shall include a declaration signed by the licensee. Further evidence that may be requested may include but is not limited to:
  - (a) Driver's license with a home address;
  - (b) Voter registration card displaying a home address;
  - (c) Federal income tax return declaring the primary state of residence
  - (d) Military Form No. 2058 – state of legal residence certificate; or
  - (e) W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.
- 7.3 A nurse on a visa from another country applying for licensure in a party state may declare either the country of origin or the party state as the primary state of residence. If the foreign country is declared the primary state of residence, a single state license will be issued by the party state.
- 7.4 A license issued by a party state is valid for practice in all other party states unless clearly designated as valid only in the state which issued the license.

- 7.5 When a party state issues a license authorizing practice only in that state and not authorizing practice in other party states (i.e. a single state license), the license shall be clearly marked with words indicating that it is valid only in the state of issuance.
- 7.6 A nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multi-state licensure privilege during the processing of the nurse's licensure application in the new home state for a period not to exceed thirty (30) days.
- 7.7 The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the thirty-(30) day period in §7.6 of these Regulations shall be stayed until resolution of the pending investigation.
- 7.8 The former home state license shall no longer be valid upon the issuance of a new home state license.
- 7.9 If a decision is made by the new home state denying licensure, the new home state shall notify the former home state within ten (10) business days and the former home state may take action in accordance with that state's laws and rules.
- 7.10 ***Limitations on Multi-state Licensure Privilege - Discipline.***
- (a) Home state Boards shall include in all licensure disciplinary orders and/or agreements that limit practice and/or require monitoring the requirement that the licensee subject to said order and/or agreement will agree to limit the licensee's practice to the home state during the pendency of the disciplinary order and/or agreement. This requirement may, in the alternative, allow the nurse to practice in other party states with prior written authorization from both the home state and such other party state Boards.
  - (b) An individual who had a license which was surrendered, revoked, suspended, or an application denied for cause in a prior state of primary residence, may be issued a single state license in a new primary state of residence until such time as the individual would be eligible for an unrestricted license by the prior state(s) of adverse action. Once eligible for licensure in the prior state(s), a multistate license may be issued.
- 7.11 ***Information System.***
- (a) Levels of Access
    - (1) The public shall have access to nurse licensure information limited to:
      - (i) The nurse's name,
      - (ii) Jurisdiction(s) of licensure,
      - (iii) License expiration date(s),
      - (iv) Licensure classification(s) and status(es),
      - (v) Public emergency and final disciplinary actions, as defined by contributing state authority, and
      - (vi) The status of multi-state licensure privileges.

- (2) Non-party state Boards shall have access to all Information System data except current significant investigative information and other information as limited by contributing party state authority.
- (3) Party state Boards shall have access to all Information System data contributed by the party states and other information as limited by contributing non-party state authority.
- (b) The licensee may request in writing to the home state Board to review the data relating to the licensee in the Information System. In the event a licensee asserts that any data relating to him or her is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The Board shall verify and within ten (10) business days correct inaccurate data to the Information System.
- (c) The Board shall report to the Information System within ten (10) business days:
  - (1) Disciplinary action, agreement or order requiring participation in alternative programs or which limit practice or require monitoring (except agreements and orders relating to participation in alternative programs required to remain nonpublic by contributing state authority),
  - (2) Dismissal of complaint, and
  - (3) Changes in status of disciplinary action, or licensure encumbrance.
- (d) Current significant investigative information shall be deleted from the Information System within ten (10) business days upon report of disciplinary action, agreement or order requiring participation in alternative programs or agreements which limit practice or require monitoring or dismissal of a complaint.
- (e) Changes to licensure information in the Information System shall be completed within ten (10) business days upon notification by a Board.

## Section 8.0 *Continuing Education Requirements*

- 8.1 Every person seeking renewal of a license under the provisions of the Act and these Regulations, shall provide satisfactory evidence to the Department that in the preceding two (2) years the practitioner (i.e., licensee) has completed the ten (10) required continuing education hours as established in this section.
  - 8.1.1 One (1) continuing education hour shall be equivalent to one (1) contact hour. One (1) continuing education unit shall be equivalent to ten (10) continuing education hours.
- 8.2 Continuing education hours related to nursing practice will be accepted by the Board for course work that has been presented, accepted or approved by the American Nurses Credentialing Center (ANCC) or its local chapter, other recognized professional nursing organizations, any department or school of nursing approved by a board of nursing, or such other professional, labor organization, or accrediting agency as may be approved by the Board.

- 8.3 At the time of license renewal, each licensee will be required to sign a statement attesting to the completion of the above continuing education requirements.
- 8.4 It shall be the sole responsibility of the individual practitioner to obtain documentation (e.g., course descriptions, proof of attendance) from the sponsoring organization, agency, or institution of his/her participation in a continuing education program and/or activity. These documents shall be retained by each licensee for no less than four (4) years and are subject to random audit by the Department.
- 8.5 Failure to produce satisfactory documentation of completion of the requirements of this section, upon request by the Board, constitutes grounds for disciplinary action under the provisions of the Act.
- 8.6 The Department may extend for only one (1) six (6) month period the continuing education requirements if the Department is satisfied that the applicant has suffered hardship which prevented meeting the educational requirements of these Regulations.

#### **Section 9.0 Transfer to Inactive List - Reinstatement**

- 9.1 Pursuant to §5-34-20 of the Act, a nurse who does not intend to practice nursing during a two (2) year period, upon written request to the Department, may have his or her name transferred to an inactive list and shall not be required to pay the renewal fee for as long as the inactive status is maintained.
- 9.1.1 Should a nurse resume practice at some future time, he or she will so notify the Department, remit the renewal fee, sign a statement attesting to the completion of the above continuing education requirements for the period during which the license was inactive [i.e., five (5) hours per year] or a re-entry program approved by the Board, and upon approval of the Board, the license shall be reinstated in accordance with the provisions of §6.0 of these Regulations.

#### **Section 10.0 *Other Requirements for Certified Registered Nurse Practitioners, Certified Registered Nurse Anesthetists and Psychiatric and Mental Health Clinical Nurse Specialists***

- 10.1 Prescriptive privileges for the certified registered nurse practitioner:
- (a) Shall be granted under the governance and supervision of the Department, Board of Nurse Registration and Nursing Education; and
  - (b) Shall include prescription of legend medications; and
  - (c) Shall not include controlled substances from schedule I of Chapter 21-28 of the General Laws, entitled "Controlled Substances Act"; and
  - (d) Shall include controlled substances from schedules V, IV, III and II of Chapter 21-28-2.08 of the Rhode Island General Laws, as amended; provided that the applicant has obtained a controlled substances registration from the Department.

10.2 [REMOVED]

- 10.3 To qualify for prescriptive privileges an applicant must submit on forms provided by the Department, verified by oath, that the applicant has evidence of completion of thirty (30) hours of education in pharmacology within the three (3) year period immediately prior to the date of application.

10.3.1 To maintain prescriptive privileges, the certified registered nurse practitioner (R.N.P.) must submit evidence of thirty (30) hours continuing education in pharmacology every six (6) years.

***Certified Registered Nurse Anesthetists***

- 10.4 The nurse anesthetist is responsible and accountable to the consumer for his/her practice. The governing board of a licensed hospital, or, in the case of a clinic or office, a licensed anesthetist, physician or dentist determines the scope of practice of the nurse anesthetists. All responsibilities are in writing in the form prescribed by hospital or office policy. Additionally, certified registered nurse anesthetists shall practice in accordance with the current American Association of Nurse Anesthetists Guidelines for Nurse Anesthesia Practice, if the nurse anesthetists guidelines for nurse anesthesia practice neither violate nor contradict hospital, clinic or physician or dentist office by-laws, rules, regulations and policies or the provisions of Chapter 5-34.2 of the Rhode Island General Laws, as amended.
- 10.5 No person shall practice or advertise as a nurse anesthetist or use other words, letters, signs, figures or devices to indicate that the person is a certified registered nurse anesthetist until the person has been licensed, or otherwise exempt from these Regulations.

***Psychiatric and Mental Health Clinical Nurse Specialists***

- 10.6 Prescriptive privileges for the psychiatric and mental health clinical nurse specialist:
- (a) Shall be granted under the governance and supervision of the Department, Board of Nurse Registration and Nursing Education;
  - (b) Are granted for psychiatric and mental health clinical nurse specialists who have a master's degree in nursing.
  - (c) Prescriptive privileges for the psychiatric and mental health clinical nurse specialist shall include prescription of all legend drugs, controlled substances from Schedule II classified as stimulants, controlled substances from Schedule IV, within the scope of practice, excluding controlled substances from Schedules I, III, and V, provided that the applicant has obtained a controlled substances registration from the Department.
- 10.6.1 A psychiatric and mental health clinical nurse specialist shall be permitted to prescribe in accordance with annually updated guidelines, written in collaboration with the medical director or physician consultant of their individual establishments;
- (a) Provided, however, that a psychiatric and mental health clinical nurse specialist in independent practice shall not have prescriptive privileges.

- 10.6.2 To qualify for prescriptive privileges, as part of the application process, a psychiatric and clinical nurse specialist shall:
- (a) Submit on forms provided by the Board of Nurse Registration and Nursing Education, verified by oath, that the applicant has evidence of completion of thirty (30) hours of education in pharmacology of psychotropic drugs and certain legend medications within the three (3) year period immediately prior to the date of application;
  - (b) Submit proof of attaining a master's degree in nursing;
  - (c) Submit a statement, verified by oath, that the applicant has documentation of the annually updated guidelines pertaining to prescription practices, written in collaboration with the medical director or physician consultant as described in §10.6.1 of these Regulations; and,
  - (d) Have verification of his or her current certification as a psychiatric and mental health clinical nurse specialist submitted to the Board by the American Nurses Credentialing Center.
- 10.6.3 To maintain prescriptive privileges, upon request of the Board of Nurse Registration and Nursing Education, a psychiatric and mental health clinical nurse specialist must:
- (a) Submit, verified by oath, that the applicant has evidence of completion of thirty (30) hours continuing education in pharmacology of psychotropic drugs every six (6) years;
  - (b) Submit documentation of the annually updated guidelines pertaining to prescription practices, written in collaboration with the medical director or physician consultant as described in §10.6.1; and,
  - (c) Have verification of his or her current certification as a psychiatric and mental health clinical nurse specialist submitted to the Board by the American Nurses Credentialing Center.
- 10.6.4 Each setting where such prescriptive privileges are allowed may further restrict prescriptive practices according to their own protocols.
- 10.6.5 Prior to prescribing those drugs classified under Chapter 21-28 as controlled substances in Schedule IV, a psychiatric and mental health clinical nurse specialist shall be required to register for such privileges with the Board of Pharmacy, Rhode Island Department of Health, and the Registration Unit of the federal Drug Enforcement Administration.

***Advanced Practice Nurse Advisory Committee***

- 10.7 The Advanced Practice Nurse Advisory Committee shall consist of nine (9) members, and membership shall be consistent with the provisions of §5-34-40 of the General Laws.
- 10.7.1 Said committee shall meet no less than two (2) times per year and shall have the following functions:

- (a) To assess advanced practice nurse practice for the purpose of improving patient care.
- (b) To review all complaints regarding advanced practice nurses and recommend any and all disciplinary or corrective action as deemed appropriate, including revocation and suspension of license, in accordance with the provisions of §5-34-40 of the General Laws.
- (c) Advises periodically to the Board of Nurse Registration and Nursing Education regarding advanced nurse practice.

## Section 11.0 *Standards of Nursing Practice*

### *Delegation*

- 11.1 Nurses may delegate to nursing assistants who are registered or licensed with the Department.
  - (a) In addition, nurses may delegate nursing activities that are consistent with the level of knowledge, skills, training, experience, and cultural awareness of the unlicensed assistive personnel when the client's health status is stable and predictable, as defined in these Regulations.
- 11.2 Delegation of nursing activities shall comply with the following requirements:
  - (a) The licensed professional nurse shall make an assessment of the patient's nursing care needs prior to delegating the nursing activity. A licensed LPN, acting within the scope of his/her practice, as defined in §1.31 of these Regulations, may delegate to licensed nursing assistants and to unlicensed assistive personnel when the registered nurse's assessment allows such delegation to occur.
  - (b) The nursing activity shall be one that a reasonable and prudent nurse, utilizing sound nursing judgment, would determine to be appropriate for delegation.
  - (c) The licensed nurse delegating the nursing activity shall be accountable for the quality of nursing care given to the patient through the process of delegation.
- 11.3 Criteria for determining nursing activities that may be delegated shall include the following:
  - (a) Knowledge and skills of the delegatee;
  - (b) Verification of the clinical competence of the delegatee as determined by the organization providing the health care services;
  - (c) Stability of the client's condition such that it involves predictability, absence of risk complication, and rate of change;
  - (d) The variables in each service setting that include, but are not limited to, the following:
    - (i) Accessible resources and established policies, procedures, practices, and channels of communication that lend support to the type of nursing activities being delegated;



- (ii) Complexity and frequency of care needed by a given client population;
- (iii) Number and qualifications of other staff present;
- (iv) Accessibility of the licensed nurse.
- (e) Nursing activities that inherently involve ongoing assessment, interpretation or decision-making that cannot be logically separated from the procedure(s) shall not be delegated.
- (f) Nursing activities for which the delegatee has not demonstrated competence shall not be delegated.

### ***Supervision***

- 11.4 A licensed nurse shall provide the necessary supervision, as defined in §1.42 of these Regulations, of delegated nursing activities.

### ***Pain Assessment***

- 11.5 All health care providers licensed by this state to provide health care services and all health care facilities licensed under Chapter 23-17 of the Rhode Island General Laws, as amended, shall assess patient pain in accordance with the requirements of the *Rules and Regulations Related to Pain Assessment (R5-37.6-PAIN)* promulgated by the Department.

## **Section 12.0 *Grounds for Denial, Revocation or Suspension of License***

- 12.1 Pursuant to the statutory provisions of §§5-34-24 and 5-34-25 and 5-34.2-4(c) of the General Laws, the Board shall have the power to deny, revoke, or suspend any license or otherwise to discipline any person licensed upon proof that the person is:
- (a) Guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing;
  - (b) Guilty of a crime of gross immorality;
  - (c) Unfit or incompetent by reason of negligence or habits;
  - (d) Habitually intemperate or is addicted to the use of habit-forming drugs;
  - (e) Mentally incompetent;
  - (f) Guilty of unprofessional conduct which includes, but is not limited to, all of the above and, also:
    - (i) Abandonment of a patient;
    - (ii) Willfully making and filing false reports or records in the practice of nursing;
    - (iii) Willful omission to file or record nursing records and reports as required by law;
    - (iv) Failure to furnish appropriate details of a client's nursing needs to succeeding nurses legally qualified to provide continuing nursing services to a client;
    - (v) Willful disregard of standards of nursing practice and failure to maintain standards established by the nursing profession; or

- (vi) Failure to comply with the provisions of §5-34-40(c) (2) of the General Laws, as a nurse practitioner; or
  - (g) Guilty of willfully or repeatedly violating any of the provisions of the Act and/or these Regulations.
- 12.2 All hearings and reviews as may be required by these Regulations shall be conducted in accordance with the provision of §18.0 of these Regulations.

### **Section 13.0 *Non-disciplinary Alternative Program***

- 13.1 The Board of Nurse Registration and Nursing Education may provide for a non-disciplinary alternative in situations involving alcohol and drug abuse; or any mental illness as listed in the most recent revised publication or the most updated volume of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association or the International Classification of Disease Manual (ICO) published by the World Health Organization and that substantially limits the life activities of the person with the illness; provided, that the nurse agrees to voluntarily participate in a program of treatment and rehabilitation.

#### ***Requirements for Participation in the Non-disciplinary Alternative Program***

- 13.2 Participation in the non-disciplinary program is voluntary. A nurse participating in the program shall:
- (a) Agree in writing to comply with terms of the contract;
  - (b) Be responsible for all costs for assessment, treatment, and monitoring;
  - (c) Agree to evaluations, including random body fluid testing, necessary to determine treatment and monitoring needs;
  - (d) Agree to a role in the treatment program as determined by the health care provider(s) approved by the Board.
- 13.3 Information related to the non-disciplinary program shall be provided to the nurse's employer to ensure adequate worksite monitoring and compliance.

#### ***Disqualification Criteria from the Non-disciplinary Program***

- 13.4 Criteria which shall disqualify a nurse from participating in a non-disciplinary program include the following:
- (a) Has been previously enrolled and terminated for non-compliance in a non-disciplinary program in Rhode Island or other jurisdiction;
  - (b) Has a chemical dependency problem or diagnosis of mental illness of such severity that it could represent a clear and present danger to patient health and safety or has had nursing practice problems resulting in the death of a patient or involving significant harm or potentially significant harm to a patient;

- (c) Has had previous formal disciplinary action (related to his/her chemical dependency or mental illness) taken by a nursing board against her/him;
- (d) Has been convicted of any crime related to a controlled substance or legend prescription drug.

***Causes for Termination from the Non-disciplinary Program***

- 13.5 A nurse participating in the program may be terminated for any of the following reasons:
- (a) Noncompliance with any aspect of the contract;
  - (b) Receipt of information by the Board, which after investigation, results in disciplinary action by the Board.
  - (c) Engaged in any act that would have been cause to have initially disqualified the nurse applicant from participation in the program.
- 13.6 If the nurse does not agree to voluntarily participate in a treatment program protocol, or fails to satisfactorily complete a treatment program, the Board of Nursing may initiate disciplinary proceedings.

***Confidentiality***

- 13.7 All records pertaining to a nurse's participation in the non-disciplinary program are confidential and not subject to discovery, subpoena or public disclosure.
- 13.8 A nurse's record shall be maintained in confidence as required by federal and state laws and regulations, and in particular, in accord with section 408 of Public Law 92-55 (the Drug Abuse Prevention, Treatment and Rehabilitation Act, 21 U.S.C. section 1175), as amended, and the regulations contained in 42 Code of Federal Regulations, Part 2.

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### PART III *Standards Pertaining to Basic Nursing Education Programs*

#### Section 14.0 *Approval Criteria*

14.1 Any school, college, university or institution or such other facility, including proprietary institutions and/or entities, in Rhode Island conducting or operating a basic nursing education program for the purpose of preparing individuals to be responsible practitioners of nursing and of granting appropriate diplomas or degrees in nursing (professional or practical nursing) is required to have been duly authorized to grant such degree or diploma by the appropriate state education body and/or authority pursuant to §§16-40-1 and 16-40-2 of the General Laws of Rhode Island, as amended, and is required furthermore to receive approval from the Board. Such approval may be granted if the nursing program meets the statutory and regulatory requirements and standards of these Regulations. Approval shall consist of:

14.1.1 "Initial approval" which is the official recognition granted by the Board to a new program upon application by the controlling institution after survey and evaluation by the Board to determine that the institution is reasonably ready to admit students based on the provisions of §14.1 of these Regulations; or

14.1.2 "Approved program" which is the official recognition of approval as defined in §1.3 of these Regulations, granted by the Board to the basic nursing education program in this state which is in compliance with the statutory and regulatory provisions of §16.0 of these Regulations.

#### Section 15.0 *Application for and Issuance of Approval*

15.1 **Initial Approval.** An institution desiring to conduct an educational program for the preparation of individuals for examination and licensure to practice nursing (professional or practical nursing) pursuant to §5-34-22 of the Act, shall apply to the Board and submit at least eighteen (18) months prior to the date it expects to admit the first student, a completed application. The proposed program shall provide, at a minimum, the following information to the Board:

- (a) General information about the controlling institution as specified in the application, including organizational and administrative relationships of the controlling institution and the program;
- (b) Governing institution approval and support;
- (c) Results of a needs assessment, including identification of potential students and employment opportunities for program graduates;
- (d) Type of educational program proposed;
- (e) Identification of sufficient financial and other resources;
- (f) Evidence of community readiness to accept and support the program in appropriate ways;
- (g) Clinical opportunities and availability of resources, including sources and locations of classrooms, clinical laboratory, conference rooms and other resources;

- (h) The philosophy, purposes and accreditation status of the controlling institution and the major facilities to be used for clinical laboratory experience;
- (i) Availability of qualified faculty;
- (j) A proposed time line for initiating and expanding the program, covering a period of at least eighteen (18) months; and
- (k) Any other evidence as deemed necessary and as may be requested by the Board.

15.1.1 When an institution has submitted evidence to the Board that it is prepared to meet the prescribed requirements and the preliminary procedures have been completed to the satisfaction of the Board, authorization shall be granted by the Board to the institution to initiate the basic nursing education program.

15.1.2 At least six (6) months prior to the date of admission of students, a report on the proposed education program shall be submitted to the Board by the nurse director which verifies that the following program components and processes have been completed:

- (a) Employment of a chief academic officer and faculty to develop program.
- (b) Overview of total curriculum:
  - (1) Content;
  - (2) Schedule (course sequence);
  - (3) Course descriptions and objectives;
  - (4) Contracts for clinical sites;
  - (5) Program evaluation plan;
  - (6) Consultation with the Board; and
  - (7) Course syllabi for first year with identified timeline for submission of syllabi for next years.
- (c) Establishment of student policies for admission, progression, retention and graduation.
- (d) RN programs preparing students at the diploma and/or associate degree levels shall also submit evidence of an articulation agreement with a Rhode Island-approved Baccalaureate nursing degree-conferring program.

15.1.3 A site visit and an evaluation to validate compliance with §§14.1 and 16.0 of these Regulations of the new nursing program shall be made by the state director of nursing education and/or other authorized representative of the Board, who shall submit written reports of findings to the Board for their evaluation of the nursing program. This site visit may also include an authorized representative of the Rhode Island Board of Governors for Higher Education.

15.1.4 If, in the opinion of the Board, the nursing program is found to meet the criteria of these Regulations, the Board shall grant an initial approval. Such approval shall

extend from the date of Board action which precedes admission of the first students, and shall terminate on graduation of the first students. The Board may request periodic reports from the new program regarding initial program operations before granting official state approval.

- 15.2 **Approved Program.** Upon expiration of the initial approval, the Board may grant official state approval, if the program is found to meet the prescribed standards of §16.0 of these Regulations. Such approval shall be based on data obtained from site visits conducted by the state director of nursing education and/or other authorized representative(s) of the Board and submission of program's ongoing evaluation plan and data.

### ***Evaluation of Approved Programs***

- 15.3 No later than December 1<sup>st</sup> of each year, an approved nursing program shall submit an annual report for the prior academic year to the Board which addresses, as a minimum, the criteria established by §15.4 of these Regulations. The Board may require an approved nursing program to submit additional information to determine compliance with the standards of these Regulations.
- 15.4 It shall be the duty of the Board through the state director of nursing education and/or other authorized representative(s) of the Board to conduct periodically, as may be deemed necessary, an evaluation of all basic nursing education programs in this state to validate continued compliance with the standards of these Regulations. Written reports shall be submitted to the Board for its determination of compliance with the standards of these Regulations. The Board shall also monitor and analyze various sources of information regarding program performance, including, but not limited to:
- (a) Annual reports from accrediting bodies
  - (b) Accreditation site visit recommendations
  - (c) Substantive change reports submitted to accreditation bodies
  - (d) Credentials of faculty including adjunct clinical faculty who are a matriculating graduate student in a graduate nursing education program.
  - (e) For programs preparing students at the diploma and/or associate degree levels, a current articulation agreement with a Rhode Island approved nursing education program authorized to confer a baccalaureate degree with a major in nursing.
- 15.5 If the National Council Licensure Examination (NCLEX) score of program graduates who are submitting to said examination for the first time, falls below the eighty percent (80%) pass rate for this population, for a period from October 1<sup>st</sup> through September 30<sup>th</sup> of the following year, the Board will notify the program, requesting a proposal for analyzing the problem. Such proposal shall be submitted within ninety (90) days of the request. A plan of correction is to be submitted within nine months of the submission of the proposal.
- 15.5.1 If the program fails to respond to the request from the Board, or if the plan of correction is found to be deficient, a hearing would be held in accordance with these Regulations.

15.5.2 If the NCLEX results continue to fall below the eighty percent (80%) passing standard, the program representatives may be invited to meet with members of the Board.

## Section 16.0 *Standards for Approved Programs*

16.1 **Organization and Administration.** The basic nursing education program shall be an organized sequence of study within or with an affiliated regionally accredited college or university or other similar controlling institution, authorized to confer credentials in nursing. A practical nursing educational program shall only be conducted as a post-secondary educational program. The nursing program shall:

- (a) Have written statements of purpose, philosophy and objectives, which are consistent with those of the sponsoring institution;
- (b) Be organized with clearly defined authorities and responsibilities and shall have a chart showing the relationships and channels of communication of the program to the Board, the other departments in the controlling institution, to other cooperating agencies and institutions, and within the program;
- (c) Include clinical experiences in the episodic and distributive areas of nursing practice in health care facilities providing the specialized clinical nursing service(s). Mutual agreements with cooperating agencies and/or institutions or facilities shall be developed which demonstrate active participation in the central clinical placement registry; and
- (d) Establish written policies and procedures pertaining to the nursing program which shall include provisions for the involvement of faculty members in the development of policies and procedures regarding planning, implementing and evaluating the curriculum.
- (e) An approved program shall be required to obtain and maintain accreditation of the nursing program by a national nursing accrediting body acceptable to the Board.

16.2 **Faculty.** The nursing program shall be staffed with a sufficient number of qualified faculty to meet the purposes and objectives of the nursing education program. The qualifications of the staff shall be commensurate with their respective functions and responsibilities.

- (a) (1) Registered nurse educational programs shall have a chief academic officer who meets the following qualifications:
  - (i) A current, active, unencumbered RN license or privilege to practice issued pursuant to the Act and these Regulations;
  - (ii) A doctoral degree in nursing; or a master's degree in nursing and a doctoral degree in a related field. Notwithstanding this requirement, a chief academic officer hired prior to 1 January 2010 shall only be required to hold at least a master's degree in nursing;
  - (iii) Educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration; and
  - (iv) A current knowledge of registered nursing practice.
- (2) All other nurse faculty members shall have:

- (i) A current, active, unencumbered RN license or privilege to practice issued pursuant to the Act and these Regulations;
  - (ii) A minimum of a master's degree with a major in nursing or a nursing doctorate degree. Notwithstanding this requirement, a faculty member hired prior to 1 April 1985 shall only be required to hold at least a master's degree in a field related to nursing;
  - (iii) Relevant clinical experience; and
  - (iv) Current knowledge of RN nursing practice.
- (b) (1) Practical nursing education programs shall have a chief academic officer who meets the following qualifications:
  - (i) A current, active, unencumbered RN license or privilege to practice issued pursuant to the Act and these Regulations;
  - (ii) A minimum of a baccalaureate degree in nursing and masters in nursing; or a nursing doctorate degree;
  - (iii) Educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration; and
  - (iv) A current knowledge of nursing practice at the practical/vocational level.
- (2) All other nursing faculty members shall have:
  - (i) A current, active, unencumbered RN license or privilege to practice issued pursuant to the Act and these Regulations;
  - (ii) A minimum of a master's degree with a major in nursing. Notwithstanding this requirement, a faculty member hired prior to 1 April 1985 shall only be required to hold at least a master's degree in a field related to nursing;
  - (iii) Relevant clinical experience; and
  - (iv) Current knowledge of LPN nursing practice.
- (c) (1) Faculty who teach non-clinical nursing course shall have graduate academic and professional preparation and experience in their respective field in accordance with the policies of the controlling institution.
- (2) Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall:
  - (i) Meet all the faculty qualifications for the program level, as defined by these Regulations, they are teaching.
  - (ii) Possess a current, active, unencumbered RN license or privilege to practice issued pursuant to the Act and these Regulations.
  - (iii) In an emergent situation, the Chief Academic Officer of a nursing program may request a waiver from the Board to hire a specific person to fill a specific position for a specified period of time.



- (3) ***Preceptors.*** Clinical preceptors shall possess a current, active, unencumbered RN license or privilege to practice issued pursuant to the Act and these Regulations, have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student.
  - (i) Clinical preceptors may be used to enhance faculty-directed clinical learning experiences.
  - (ii) Clinical preceptors shall be licensed as a nurse at or above the level for which the student is preparing.
- (d) Faculty members shall be recruited, appointed and promoted on the basis of academic and professional qualifications and demonstrated professional competence in accordance with established policies consistent with those of the controlling institution and hold such licensure or certification as may be required by law;
- (e) Faculty shall be responsible for:
  - (1) Developing, implementing and evaluating curriculum;
  - (2) Developing standards for admission, promotion and graduation of students;
  - (3) Participating in academic guidance and counseling;
  - (4) Participating in professional and community activities; and
  - (5) Such other as may be deemed appropriate;
- (f) Written policies pertaining to faculty rights and responsibilities which are consistent with the policies of the controlling institution shall be established and shall include provisions pertaining to:
  - (1) Freedom of inquiry and opinion;
  - (2) Criteria for evaluation of faculty performance;
  - (3) Grievance procedure; and
  - (4) Rank and status comparable to that afforded other faculty members of the controlling institution.

16.3 **Students.** Each nursing program shall provide directly to students, on an annual basis, written policies pertaining to no less than the following:

- (a) Admission, readmission, progression, retention, dismissal and graduation requirements which are consistent with policies of the controlling institution and the requirements of these Regulations;
- (b) Health and welfare, counseling and guidance, financial aid and housing (if any);
- (c) Participation in the development and evaluation of some aspects of the nursing program;
- (d) Availability of clinical facilities and services to the nursing program;
- (e) Student rights; and
- (f) Conditions of access to student records.

- 16.4 **Resources, Facilities and Services.** Each nursing program shall have adequate resources, facilities and services, consonant with the philosophy, purposes, objectives and policies of the nursing program and its controlling institution. Such resources, facilities and services shall include no less than:
- (a) Classroom, offices, conference rooms, laboratory and library facilities, accessible to and adequate for the number of students, faculty and other personnel;
  - (b) Sufficient instructional materials to meet the needs of students, faculty and staff;
  - (c) Furnishings of appropriate size and numbers as may be required for the varied instructional programs and for the number of students and staff;
  - (d) An adequate number of agency and service resources to provide the kinds of student learning experiences as required to meet curriculum objectives; and
  - (e) Adequate financial support to implement and operate the nursing program.
- 16.5 **Curriculum.** The curriculum of the nursing program shall be developed, organized, implemented and evaluated by the faculty. The framework of the curriculum shall be within the philosophy, purposes, and objectives of the program, as well as the policies of the controlling institution, and shall be consistent with the laws and regulations governing the practice of nursing. Furthermore, such curriculum shall be revised as may be necessary to maintain a program which reflects the developments in health care and its delivery, and to insure that students are adequately prepared to meet the professional and legal expectations of a licensed professional (registered) or practical nurse.

**16.5.1 *Organization of the Curriculum***

- (a) The selection and organization of the learning experience shall consist of an organized sequence of theory and clinical practice;
- (b) Theory and clinical experience shall be provided concurrently where appropriate;
- (c) Course outlines shall be kept current and available;
- (d) The organization of courses as model program design shall be in accordance with acceptable and recognized standards for baccalaureate degree, diploma and associate degree programs in nursing, and practical nursing programs shall be no less than forty (40) week academic programs.

**16.5.2 *Curriculum Content.*** Nursing education programs shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level, scope and standards of nursing practice consistent with the level of licensure. Professional courses should build on a foundation of general education so that graduates are prepared to provide safe and effective nursing care to a diverse population.

- (a) The general education shall include content in English communication and interpersonal relations; humanities; cross-cultural competence; mathematics and quantitative reasoning; natural sciences and their relationship to each other; and social sciences that emphasize the study of human behavior.

- (b) The nursing specific content should be consistent with the current standards for national accreditation. This would include:
  - (1) Didactic content and supervised clinical experience in the prevention and treatment of illness and the promotion, restoration and maintenance of health in patients across the life span and in a variety of clinical settings;
  - (2) Experiences that promote the development of sound clinical judgment for optimal care, including the integration of research and evidence-based practice, the honoring of patient values, and the meeting ethical /legal standards;
  - (3) Opportunities to develop leadership and management skills, and professional socialization consistent with the level of licensure. This includes working in interdisciplinary teams, and delegation to/supervision of other health care providers;
  - (4) Using informatics to communicate, manage knowledge, mitigate error, and support decision making; and
  - (5) Participating in quality improvement processes to measure client outcomes, identify hazards and errors, and develop changes in processes of client care.

16.5.3 **Evaluation of Curriculum.** A systematic plan for on-going evaluation of the curriculum shall be established which includes evaluation provisions pertaining to no less than:

- (a) The implementation of the curriculum design;
- (b) The congruency of the curriculum with needs of society and developments in health care and its delivery; and
- (c) Revisions and/or modifications of curriculum as may be necessary based on evaluation data.

16.6 ***Innovative Approaches in Nursing Clinical Skills Education.*** Nursing programs are encouraged to explore and integrate effective ways to provide quality nursing education that develops the clinical skills of students so that graduates are adequately prepared to practice safely, competently, and ethically within the scope of practice as defined in the Act and these Regulations.

#### 16.6.1 ***Purposes***

- (a) To foster innovative models of nursing clinical education in approved nursing education programs so that preparation of nurses is reflective of the changing expectations of nurses in health care.
- (b) To assure that innovative approaches are conducted in a manner consistent with the Board's role of protecting the public.
- (c) To keep the Board informed of innovative approaches in nursing education and explicate how the selected approaches conform to the quality outcome standards of core education criteria outline in §16.5 of these Regulations.

#### 16.6.2 *Eligibility*

- (a) The nursing education program shall hold official state approval without conditions.
- (b) There are no substantiated complaints in the last two (2) years.
- (c) There are no rule violations in the past (2) years.

#### 16.6.3 *Notification.*

- (a) Substantive changes in clinical education will be described to the Board within the annual report. The information will include:
  - (1) A brief description of the innovation, including educational objectives;
  - (2) Rationale with available evidence supporting this approach;
  - (3) An explanation as to why it is desirable to implement this change;
  - (4) Identification of any possible risk to the public;
  - (5) Identification of where in the curriculum this innovation will be implemented.
  - (6) Expected impact on the preparation of the students;
  - (7) Plan for implementation, including timetable; and
  - (8) Evaluation plan to determine effectiveness.
- (b) At any time if an eligible school wishes to inform or work with the Board in developing an innovative approach time will be provided during the meeting of the Board or with the Education Sub-Committee of the Board.

#### 16.6.4 *Board Intervention*

- (a) The Board may require the program to make modifications if the Board receives substantiated evidence indicating adverse impact on either the public or the students.
- (b) The nursing program shall provide documentation of corrective measures and their effectiveness.

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## Section 17.0 *Denial or Revocation of Approval*

- 17.1 If the Board determines that a state-approved nursing program is not maintaining the standards prescribed by these Regulations, written notice of such deficiency shall be communicated by the Board to the nursing education program chief academic officer. When failure to correct the noted deficiency(ies) to the satisfaction of the Board within a reasonable period of time as recommended by the Board occurs, the Board shall notify the controlling institution of a proposed pending action to deny or revoke approval of the program and the controlling institution shall be given an opportunity for a prompt and fair hearing in accordance with the provisions of §18.0 of these Regulations.

### 17.2 *Conditional Approval of Nursing Education Programs*

- (a) If the Board determines that an approved nursing education program is not meeting the criteria set forth in these Regulations, the governing academic institution shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.
- (b) The Board may grant conditional approval when it determines that a program is not fully meeting approval standards.

- 17.3 ***Reinstatement of Approval.*** The Board may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.

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## **PART IV      *Violations and Sanctions/Practices and Procedures/Severability***

### **Section 18.0    *Violations and Sanctions***

- 18.1    Any violations of the provisions of the Act and these Regulations, shall be cause for the Board to impose such sanctions as denial, revocation or suspension of an individual's license or imposing such other disciplinary action, and the Board may deny, revoke or suspend state approval of a basic nursing education program which fails to comply with the standards of these Regulations. Furthermore, pursuant to §5-34-29 of the Act, any violations of the provisions of the Act shall be subject to the penalties of that section.

### **Section 19.0    *Rules Governing Practices and Procedures***

- 19.1    All hearings and reviews required under the provisions of the Act shall be held in accordance with established Board policies and the rules and regulations promulgated by the Rhode Island Department of Health entitled *Rules and Regulations of the Rhode Island Department of Health Regarding Practices and Procedures Before the Department of Health and Access to Public Records of the Department of Health (R42-35-PP)*.

### **Section 20.0    *Severability***

- 20.1    If any provisions of these Regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of these Regulations which can be given effect, and to this end the provisions of these Regulations are declared to be severable.

## ***REFERENCES***

1. Chapter 21-28-2.08 of the Rhode Island General Laws, as amended, “Uniform Controlled Substances Act, Article 21-28-2.01 Standards and Schedules.” Available online: <http://www.rilin.state.ri.us/Statutes/TITLE21/21-28/21-28-2.08.HTM>
2. *Rules and Regulations Related to Pain Assessment (R5-37.6-PAIN)*, Rhode Island Department of Health, May 2003.
3. *Rules and Regulations of the Rhode Island Department of Health Regarding Practices and Procedures Before the Department of Health and Access to Public Records of the Department of Health (R42-35-PP)*, Rhode Island Department of Health, April 2004.
4. Rhode Island Board of Nursing website available online: <http://www.health.ri.gov/hsr/professions/nurses.php>

The revision dates of all regulations cited above were current when these amended regulations were filed with the Secretary of State. Current copies of all regulations issued by the RI Department of Health may be downloaded at no charge from the RI Secretary of State’s Final Rules and Regulations Database website: <http://www.sos.ri.gov/rules/>