

**Vermont Board of Nursing
Administrative Rules
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Vermont Board of Nursing Administrative Rules Effective: June 23, 2011

Part 1 Introduction and General Provisions

1.1 Location and Purpose of Office The Office of the Vermont State Board of Nursing and its Executive Director are located at the Office of the Secretary of State, Office of Professional Regulation, National Life Bldg., North, FL2, Montpelier, VT 05620-3402.

1.2 Purpose of Rules The purpose of these rules is to assist in administering and implementing the spirit and intent of 26 V.S.A. Chapter 28, NURSING, enacted to safeguard the life and health of the people of Vermont by empowering the Board to:

- (a) approve all nursing education programs in Vermont, which prepare persons to practice nursing at both the basic and advanced levels;
- (b) examine graduates of state-approved educational programs which prepare persons to enter the practice of nursing;
- (c) register and license successful examinees;
- (d) register and license qualified applicants licensed by other states;

- (e) re-license qualified licensees;
 - (f) license advanced practice registered nurses;
 - (g) regulate the practice of nursing;
 - (h) publish interpretative statements;
 - (i) discipline licensees for cause; and
 - (j) regulate the proceedings of the Vermont State Board of Nursing in accordance with 26 V.S.A. Chapter 28, subchapters 1 and 2, 3 V.S.A. Chapters 5 and 25 and these administrative rules.
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Part 2 Definitions In addition to 26 V.S.A. §1572, **Definitions**, the following definitions apply to these rules.

2.1 Administrator - a registered nurse who is responsible for administering an educational program or a nursing services department regardless of the title used by the governing organization.

2.2 Approval - official recognition of nursing education programs that meet standards established by the Board of Nursing.

2.3 Approved Nursing Education Program - a nursing education program that the Board determines meets and complies with the requirements of §1581 and these rules, or a program which is ascertained to meet and comply with the requirements of statutes and rules administered by a similar statutory agency which licenses nurses in another United States jurisdiction or country.

2.4 Collaboration - a process which involves two or more health care professionals working together, though not necessarily in each other's presence, each contributing one's respective area of expertise to provide more comprehensive care.

2.5 Competence - performance of nursing functions skillfully and proficiently while demonstrating the interrelationship of essential knowledge, judgment and skills.

2.6 Conditioned License - a license which, as part of the disciplinary process, has had conditions or provisions added which must be met in order to maintain the license.

2.7 Cooperating Agency - an agency that by contract or written agreement with the governing organization, is utilized to provide essential learning experiences for students.

2.8 Delegation - Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains the accountability for the total nursing care of the individual.

2.9 Distance Education - a set of teaching and/or learning strategies to meet the needs of students in other than a traditional classroom where teachers and learners are separate from each other.

2.10 Endorsement - the process of verifying education, examination, and other credentials related to registration and licensure by one state Board of nursing to another.

2.11 Governing Organization - agency or institution that has the authority and responsibility for financing the nursing education program, employing the administrator and faculty, graduating students, and granting the diploma, certificate, or degree.

2.12 Lapsed License - the termination of an individual's privilege to practice nursing due to the individual's failure to renew or notify the Board to place in inactive status the nursing license within the specified period of time.

2.13 License - current authority to practice nursing in Vermont which is granted to qualified applicants upon registration and periodically thereafter in accordance with 26 V.S.A. §§ 1571-1601 and these rules.

- (a) APRN - Advanced Practice Registered Nurse
- (b) RN - Registered Nurse.
- (c) LPN - Licensed Practical Nurse.
- (d) LNA - Licensed Nursing Assistant.

2.14 Nursing Education Program - refers to a post secondary education program preparing persons to practice nursing at both the basic and advanced levels.

2.15 Preceptor - Registered Nurse who serves as a facilitator and supervisor of student learning experiences in a practice setting who is not a member of the nursing education program's faculty.

2.16 Policy - definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions, as established by the Board.

2.17 Registration - the recorded and permanent number assigned to an applicant who meets all requirements for initial licensure to practice nursing in Vermont in accordance with 26 V.S.A. § 1576 and these rules. A certificate of registration issued to the registrant is not in itself authority to practice nursing.

2.18 Reinstatement - procedure of restoring or re-establishing a nursing license which has lapsed or which has been revoked or suspended.

2.19 Revocation - removal of the privilege to practice nursing indefinitely.

2.20 Rule - Board's statement of general applicability which has the force and effect of law when duly adopted in conformity with the requirements of 3 V.S.A. Chapter 25 and under the authority of 26 V.S.A. Chapter 28 that implements, interprets, or prescribes law or policy, or describes the organization, procedure or practice requirement of the Board.

2.21 Standards of Practice - statements enunciated by state and national nursing organizations and used by the Board in determining safe practice.

2.22 Supervision - the provision of guidance by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

(a) **Direct Supervision** - supervision which requires that direction be given by a registered nurse physically present on the unit.

(b) **Supervision of a LPN or RN applicant** - the supervisor must be on the premises of the facility and be specifically assigned responsibilities for supervising the performance of the RN or LPN applicant.

(c) **On Site Supervision** - supervision which requires monitoring of the licensees practice and which must be on the premise of the facility and specifically assigned to another RN.

(d) **Supervision of APRN Applicants** - the supervisor must be an APRN or physician in the area of specialty who is on the premises of the facility.

2.23 Suspension - removal of the privilege to practice nursing for a specified period of time.

2.24 Temporary License - a license issued under 26 V.S.A. § 1576(d) which is valid for 90 days.

2.25 Temporary Permit - a permit granted to an applicant when the applicant has not practiced nursing for five or more years that permits the applicant to

function in the clinical field while regaining and updating competence in nursing practice.

Part 3 The Vermont Board of Nursing

3.1 Members Members of the Board shall be those persons appointed by the Governor as provided in 26 V.S.A. § 1573. No member shall serve concurrently on the policy-making Board of a professional association of nurses at the State level.

3.2 Powers and Duties The Board shall have all such powers and duties as conferred on it by 26 V.S.A. Chapter 28 Subchapters 1 & 2. In particular, the Board shall:

- (a) submit recommendations for appointment of an Executive director to the Director, Office of Professional Regulation;
- (b) approve the appointment of the Executive Director and other persons as may be necessary to carry on the work of the Board.
- (c) review, approve, and contract for suitable licensing examinations and determine the passing scores;
- (d) appoint or recommend appointment of appropriate members or staff to participate as representatives of the Board at national, state, and regional meetings of associations whose purposes and functions are relevant to the work of the Board;
- (e) adopt, amend, or repeal rules in accordance with the administrative procedures act;
- (f) advise the legislature when fees established by 26 V.S.A. § 1577 and 3 V.S.A. § 125 need revisions;
- (g) delegate such duties to the officers and authority of the Board to the Executive Director as defined in these rules and by motion of the Board;
- (h) meet monthly to transact the regular business of the Board. The first meeting following Sept 1st of each year shall include the election of officers;
- (i) adopt rules establishing a program to serve as an alternative to the disciplinary process for nurses and nursing assistants with chemical

dependencies or other professional practice issues as designated by the Board; and

(j) meet at such other additional times for special purposes as deemed necessary and as required under 26 V.S.A. § 1574.

3.3 Agenda

(a) The agenda for meetings shall be sent from the Office of the Board to each member, and to others upon request at least five days before the meeting.

(b) Any member or person wishing to place an item on the agenda shall notify the office of the Board at least ten days before the meeting.

(c) Items of an emergency nature shall be considered at any meeting without prior notice.

3.4 Robert's Rules of Order The rules contained in the current edition of Robert's Rules of Order may serve as a guide for the conduct of the meetings in all disputed instances to which they may apply.

3.5 Officers of the Board In accordance with 26 V.S.A. § 1574(1), officers shall be a chair, a vice-chair, and secretary elected by majority ballot of those members attending the annual meeting. Officers shall assume office at the close of the annual meeting. The term of office shall be one year and officers may succeed themselves. Vacancies in the office of vice-chair or secretary shall be filled for the unexpired term by Board election in the manner here prescribed. A vacancy in the office of chair shall be filled by the vice-chair for the unexpired term.

3.6 Chair Duties The chair shall: preside at all meetings and hearings, and in consultation with the Director, Office of Professional Regulation, and with the concurrence of the Board assume delegated administrative authority and responsibilities of the Executive Director in the event of a vacancy of that position; reimbursement shall be determined as provided in 32 V.S.A. Section 1010 (a) and (b).

3.7 Vice Chair Duties The vice-chair shall: assume the duties of the chair in the event of absence from meetings and all responsibilities of the chair in the event of vacancy in office.

3.8 Secretary Duties The secretary shall:

(a) review the record of the proceedings of all meetings and hearings, and in the event of a vacancy in the position of Executive Director assume delegated authority and responsibilities that are related to minutes and records of meetings and hearings.

(b) In the absence of the chair and vice-chair, the secretary shall assume the responsibility of the chair.

3.9 Qualifications of the Executive Director The Executive Director shall be a graduate of an approved nursing education program, hold a master's degree in nursing and have at least five years experience in nursing practice, including administration, teaching or supervision in schools of nursing or health agencies.

3.10 Authority of the Executive Director

In addition to authority specifically conferred in this Chapter, the Executive Director:

- (a) has the authority and responsibility to the Board to administer 26 V.S.A. Chapter 28 and these rules in accordance with the provisions of these rules and policies which may be established by the Board;
- (b) appoints persons to serve on committees as may be created for special tasks related to the work of the Board. All such committees shall have at least one member of the Board in its composition;
- (c) interprets policies and makes administrative decisions based on Board instructions and policy, these rules, and 26 V.S.A. Chapter 28;
- (d) carries out, provides consultation, and otherwise implements directions of the Board related to nursing education, examination, registration, licensure, renewal, practice, and discipline of licensees;
- (e) functions as surveyor of nursing education programs to determine approval status;
- (f) reviews and recommends approval of re-entry programs according to these rules and Board established guidelines;
- (g) assists the Board and prosecuting attorneys in investigating potential disciplinary cases including malpractice and unprofessional conduct; assists in preparing recommended disciplinary actions;
- (h) represents the Board at meetings of professional associations, agencies providing health care services, and institutions providing educational opportunities related to nursing and health care as requested by the Board;
- (i) has the authority and responsibility for ensuring the preparation of: agendas for meetings; all reports, except as may be specified otherwise by motion of the Board; all minutes of meetings and records of hearings; projected budgets for the Board's approval and for submission to the

Director of the Office of Professional Regulation and subsequently to the Secretary of State; and correspondence of the Board;

(j) requests secretarial and clerical assistance from the Office of the Secretary of State, Office of Professional Regulation, as needed to carry out the work of the Board;

(k) orients new Board members and provides information for continuous updating of all members;

(l) coordinates and supervises staff employed by or assigned to the Board;

(m) reviews the expenditures of the Board in accordance with its approved budget.

Part 4. Nursing Education Programs

4.1 State Approved Nursing Educational Programs

(a) Approval of nursing education programs is based on the ability of these programs to produce nurses capable of functioning safely and effectively within the standards of nursing practice. The nursing programs will be evaluated to ensure the ability of graduate nurses to meet this goal, as appropriate to the educational program's level of preparation. Criteria for approval are stated in Part 15 of these rules.

(b) All nursing education programs, whether individualized or general, shall be approved by the State Board of Nursing.

(c) All nursing education programs in Vermont preparing persons to practice nursing under 26 V.S.A. Chapter 28 shall be state-approved schools or programs established in an accredited post-secondary institution, an education agency or re-entry setting. The level of education shall not be less than post-secondary education.

(d) Change of Control: If the governing organization of an approved program changes ownership, the program shall be removed from the Board's list of approved schools until such time as the new governing body gives the Board written assurance that all requirements of approval will be maintained.

4.2 Standards of Nursing Education Purpose of Standards:

(a) To ensure that the purpose and outcomes of the nursing programs are consistent with the Nurse Practice Act and Board Rules and Regulations and other relevant state statutes.

- (b) To ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.
- (c) To emphasize outcomes evaluation and quality improvement of nursing education programs.
- (d) To provide criteria for the development and evaluation of new and established nursing education programs.
- (e) To promote quality improvement of established nursing education programs through outcome evaluation.

4.3 Types of Approval

(a) **Provisional approval** is granted to a new program that, on application by the governing organization and after survey and Board evaluation, is determined by the Board to be ready to admit students. Provisional approval terminates when the Board has considered the program's application for approval at its first meeting following graduation of the first students.

(b) **Approval** is granted to a program that has graduated its first class and periodically thereafter if, after survey and evaluation, it is determined by the Board to have complied with 26 V.S.A. § 1581 and these rules. The Board shall state the term of approval, consistent with the national accrediting agency which shall be no longer than ten years and shall be contingent upon continued compliance with 26 V.S.A. § 1581 and these rules.

(c) **Conditional Approval** is granted to a program when there is evidence of a degree of non-compliance with 26 V.S.A. § 1581 and these rules. The governing organization shall be given a reasonable period of time determined by the Board to submit an action plan and correct the identified program deficiencies.

(d) **Withdrawal of Approval** will occur when it has been determined that the program fails substantially to meet the standards set forth in 26 V.S.A. § 1581 and these rules or fails to correct the deficiencies within the time specified by the Board.

4.4 Provisional Approval for New Programs A new nursing education program to prepare persons for nursing practice shall be established only by a governing organization which is a post-secondary educational institution or agency as described in these rules.

4.5 Provisional Approval, Step I: Initial Request

(a) A governing organization wishing to establish such a program shall request provisional approval by the Board at least twelve months before the date it expects to admit its first students.

(b) This request shall be submitted in both paper and electronic versions and include the following information:

- (1) the philosophy, purpose, outcomes, and accreditation status of the governing organization;
- (2) organizational and administrative relationships of the governing organization and the program;
- (3) studies documenting the need for the programs in the state;
- (4) evidence of community readiness to accept and support the program;
- (5) purposes and classification of program; availability of adequate resources;
- (6) faculty, clinical and academic facilities including classroom, conference room, library, office space and skills laboratory;
- (7) evidence of financial resources adequate for the planning, implementation and continuation of the program;
- (8) description of anticipated student population, and; tentative time-schedule for the next twelve months; and
- (9) any other evidence of compliance with the requirements of 26 V.S.A. § 1581 and these rules.

(c) The appropriate administrative officer of the governing organization shall sign the request.

(d) The Board shall advise the governing organization, after review and evaluation of the information submitted, of the need for additional information, any requirements not met and any recommendations the Board may have. Once the requirements are met, the governing organization may proceed to Step II.

4.6 Provisional Approval, Step II: Granting of Provisional Approval

(a) The governing organization shall employ an administrator with qualifications complying with 26 V.S.A. §§1572,1581 and these rules.

(b) The administrator shall provide the Board with the following.

- (1) a tentative overall plan for the program, including operational statements of philosophy, purpose, outcomes and curriculum plan, organizational and administrative policies, plans for use of clinical facilities, and resources;
- (2) a budget plan;
- (3) a plan describing qualifications, numbers, and conditions of employment of faculty; and
- (4) an organizational chart indicating lines of administrative authority and control within the organization and program, and other relationships of authority and cooperation.

(c) The Board shall grant provisional approval when the information submitted shows compliance with the provisions of this Rule and 26 V.S.A. § 1581. The governing organization and administrator may then proceed to Step III.

(d) Prior to the initiation of the program, the Board shall advise the governing organization in writing, with a copy to the administrator of the nursing program, of its decision regarding approval together with its recommendations.

(e) The Board shall advise the governing organization and program administrator when action on the approval status of their program is placed on its agenda.

(f) If provisional approval is denied the institution may request a hearing before the Board, which shall be granted.

4.7 Provisional Approval, Step III: Requirements During Provisional Approval Period

(a) The governing organization and program administrator shall employ faculty in compliance with qualifications required by 26 V.S.A. §§1572,1581 and by these rules.

(b) The faculty shall develop and implement the program, including written:

- (1) statements of philosophy, purpose, and program outcomes;
- (2) statements of course objectives;
- (3) curriculum design;
- (4) plans for the use of all assigned facilities and resources, including the clinical areas in cooperating agencies;
- (5) policies for student rights and responsibilities; and
- (6) description of evaluation methods and tools.

(c) The administrator shall submit progress reports as requested by the Board.

(d) A site visit may be conducted by the Board.

4.8 Provisional Approval, Step IV: Application for Approval Following graduation of the first class, a self-study report, outlining compliance with the Standards of Nursing Education shall be submitted and a survey visit shall be made for consideration of approval of the program.

4.9 Existing Programs: Requirements for Approval

(a) To ensure continuing compliance with the Standards of Nursing Education existing programs are evaluated not less than every ten years unless substantial changes in any part of the program are made during the interim. Each program is required to submit an annual report.

(b) Information needed for approval. A narrative self-study report submitted to the Board previous to the survey shall contain information and statistical data required by the following rules.

4.10 Nursing Education Standards

(a) **Mission and Philosophy Standard:** The program shall have a mission and philosophy congruent with that of the governing organization and reflective of current nursing standards appropriate to post secondary and higher education.

(1) The program shall have purpose and outcomes that are consistent with the mission and philosophy, laws and rules, and generally accepted standards of practice for the graduates of the type of nursing program offered.

(2) The faculty shall use the mission and philosophy, purpose and outcomes to develop, plan, implement, and evaluate the total program.

(b) **Governance Standard:** The governance of the nursing education program shall be consistent with the policies and procedures of the governing organization.

(1) The relationship of the nursing education program to other units within the governing organization shall be clearly defined as to authority, responsibility and channels of communication.

(2) The program shall have an organizational plan depicting relationships and channels of communication within the program.

(3) The program shall be governed by an organization which is accredited by the New England Association of Colleges and Secondary Schools or other accrediting bodies as appropriate.

(4) Administration, faculty and students shall participate in the governance of the organization and the nursing unit.

(5) All nursing education programs shall include clinical experience in state approved facilities.

(6) The program and its governing organization shall have a written and current contract or memorandum of agreement with each cooperating agency used by the program as a clinical laboratory for its students.

(7) The administrator of the program shall be a registered nurse licensed in this state who is academically and experientially qualified to direct the

nursing program in preparing graduates for the safe and effective practice of nursing.

(8) The administrator is accountable for the administration, planning, implementation and evaluation of the nursing education program and for the allocation of resources.

(9) The administrator of the master's degree nursing program shall have a minimum of a master's degree in nursing and an earned doctoral degree from an accredited institution and shall have educational experience in teaching, research, curriculum development and administration including at least 2 years of clinical experience.

(10) The administrator of all other nursing programs shall have a minimum of a master's degree in nursing and educational experience in teaching, curriculum development and administration, including at least 2 years of clinical experience.

(11) The administrator's work load shall allow adequate time to carry out administrative and leadership activities.

(c) **Faculty Standard:** All nursing education programs shall have academically and experientially qualified nurse faculty in sufficient numbers and expertise to achieve the objectives of the nursing education program.

(1) All faculty shall hold a current unencumbered license to practice as a registered nurse in Vermont and;

(2) shall meet the governing organization's requirement for faculty appointment and;

(3) shall be recruited, appointed, and promoted without discrimination as to age, race, religion, sex, sexual preference, national origin or marital status.

(4) **Faculty Roles, Defined** The roles of the faculty in teaching, scholarship, service and practice are clearly identified in job descriptions and faculty personnel policies.

(5) **Faculty, Masters Degree Programs** A master's degree nursing education program shall have a majority of faculty holding earned doctorates from accredited institutions.

(6) **Faculty, Bachelor's and Associate Degree Programs** All baccalaureate and associate degree nursing education programs shall

have nurse faculty, all of whom hold at least a masters degree with a major in nursing and clinical experience relevant to the areas of responsibility;

(7) **Faculty, Practical Nursing Programs** All practical nursing education programs shall have nurse faculty all of whom shall have a minimum of a bachelor's degree in nursing and clinical experience relevant to the areas of responsibility;

(8) **Baccalaureate Degree Programs, Clinical Instructors** All baccalaureate nursing degree programs may use clinical instructors who do not hold the educational qualifications herein specified but who have clinical experience relevant to the area of responsibility and hold, at a minimum, a bachelor's degree in nursing and a master's degree with a major in nursing or a master's degree in a related field, approved by the Board;

(9) **Associate Degree Programs, Clinical Instructors** All associate degree nursing programs may use clinical instructors who do not hold the educational qualifications herein specified but who have clinical experience relevant to the area of responsibility and hold a bachelor's degree in nursing and a master's degree in nursing or a master's degree in a related field, approved by the Board, or who can demonstrate enrollment in a master's degree in nursing program.

(10) **SPECIAL NOTICE:** In 2009 the Vermont legislature adopted the following provision to remain in effect until July 1, 2013:

Sec. 26. "NURSING EDUCATION PROGRAMS; FACULTY;
EDUCATIONAL EXPERIENCE

A member of the nurse faculty of a baccalaureate or associate degree nursing education program shall hold at least a master's degree with a major in nursing and clinical experience relevant to the areas of responsibility unless the individual was a member of the faculty prior to March 1, 2004, provided that he or she meets all other requirements of the Vermont State Board of nursing rules and has either acquired a master's degree in education or is currently in the process of obtaining a master's degree in nursing."

(11) **Faculty Personnel Policies** Faculty personnel policies shall be written and shall include those used in evaluation of performance.

(12) **Non-Clinical Course Faculty** Faculty who teach non-clinical courses shall have advanced academic preparation appropriate to the area of content.

(d) Preceptor Standard:

(1) Preceptors shall have expertise in the clinical area in which students are being precepted; Criteria for selection of preceptors shall be in writing and consistent with meeting program outcomes for students;

(2) There shall be a written agreement between the nursing program, clinical agency and/or preceptor which identifies the roles and responsibilities of faculty, preceptor, student and clinical facility.

(3) Preceptors shall: contribute to the evaluation of the student's performance by providing information in writing to the faculty member regarding the student's achievement of established clinical learning objectives or outcomes.

(e) Facilities and Other Resources Standard The human, fiscal, physical, and learning resources support program outcomes and quality improvement.

(1) Classrooms, conference rooms, laboratories and offices are available to meet the purpose(s) of the nursing program and the needs of the students, faculty, administration and staff at each site in which the program is offered.

(2) Library space is adequate and holdings are relevant, current, comprehensive, and accessible to students and faculty.

(3) Agencies and services utilized for learning experiences adequate in number and kind to meet curriculum objectives.

(4) Fiscal resources are sufficient to support the nursing program commensurate with resources of the governing organization.

(5) Technical support and computer equipment is available and sufficient for students and faculty to achieve the outcomes of the nursing program.

(6) Learning resources are comprehensive and available to aid students in achieving program goals / outcomes.

(7) Distance learners have access to and can effectively use resources available to on-campus students.

(8) Supportive personnel and services are adequate to meet faculty and administrative needs.

(f) Students Standard: The program provides a learning environment conducive to academic achievement.

(1) Non-discrimination Each nursing education program shall admit students without discrimination as to age, race, religion, sex, sexual preference, national origin and marital status.

(2) Information Each nursing program shall have accurate and clearly written information available to students regarding:

(A) policies for admission, readmission, transfer, progression, advanced placement, dismissal, graduation and state Board of nursing criteria for examination;

(B) costs associated with the program and conditions of refund;

(C) students' rights and responsibilities; and

(D) grievances / complaints and the appeal processes.

(3) Support Services Students shall have access to support services that include health, counseling, academic advisement and financial aid.

(4) Distance Learning Distance learning education students shall have the same range of services as on-campus students.

(5) Student Participation Each nursing program shall provide opportunity for student participation in academic policies, curriculum planning, implementation, and evaluation.

(g) **Curriculum Standard:** The curriculum shall provide diverse learning experiences consistent with program outcomes and quality improvement.

(1) The curriculum developed, implemented and evaluated by the nursing faculty has an organizing framework from which course objectives / competencies, learning activities and outcomes flow.

(2) The curriculum is congruent with the mission/ philosophy, purpose, organizing framework, program objectives, curriculum design and outcome measures.

(3) The curriculum is logically and sequentially organized and has measurable objectives for courses and levels of progression.

(4) The ratio between nursing and non-nursing credit shall be based on a rationale to ensure sufficient preparation for the safe and effective practice of nursing.

- (5) The ratio of clock hours to credit hours for theory and clinical experiences and other activities is consistent, clear and reasonable and meets program objectives.
- (6) Course syllabi are available to all students and identify all aspects of each nursing course.
- (7) Clinical experiences are selected and monitored by faculty and are correlated with didactic content to provide an opportunity for direct care in the promotion, prevention, restoration and maintenance of health in clients across the life span in a variety of settings.
- (8) Teaching/learning practices consider the individual differences of students.
- (9) Distance education provided by nursing faculty meet the same requirements, rigor and quality of the on-campus program.
- (10) **All Curricula** The curricula in the graduate, baccalaureate and associate degree nursing programs shall include courses in biological, social and behavioral sciences and humanities that provide a foundation for nursing courses and contribute to the critical thinking skills of its graduates commensurate with the level of education offered.
- (11) **Graduate Nursing Curriculum** The graduate nursing curriculum shall include advanced knowledge and practice in nursing and health care delivery.
- (12) **Associate and Baccalaureate Curricula** The associate and baccalaureate nursing curricula shall be designed to prepare graduates for safe and effective practice as registered nurses in accordance with 26 V.S.A. Chapter 28, and with these rules. The curriculum shall include nursing content drawn from major concerns of individuals across the life span as well as society at large as they occur on the wellness-illness continuum.
- (13) **Registered Nursing Programs, Approval Criteria** To be approved, a registered nursing program shall provide the minimum content area hours:
- (A) Adult Nursing 75 hours theory, 200 hours clinical;
 - (B) Maternal/Infant Nursing 30 hours theory, 40 hours clinical;
 - (C) Pediatric Nursing 30 hours theory, 40 hours clinical;
 - (D) Psychiatric/Mental Health Nursing, 30 hours theory, 40 hours clinical;

- (E) Anatomy and Physiology, 80 hours;
- (F) Microbiology, 40 hours;
- (G) Humanities, 40 hours; and
- (H) Social/Behavioral Science, 40 hours.

(14) **Practical Nurse Curriculum** The practical nurse curriculum shall require no less than one academic year for completion and shall be designed to prepare graduates for practice as licensed practical nurses in accordance with 26 V.S.A. Chapter 28 and with these rules.

(A) The practical nurse curriculum shall include content in biological sciences, communication, nutrition, and pharmacology and nursing courses that ensure preparation sufficient for the safe and effective practice of nursing.

(B) The practical nurse curriculum shall include clinical experiences that allow students to provide direct care to persons throughout the life span who have relatively stable nursing requirements.

(15) **Practical Nursing Programs, Approval Criteria** To be approved, a practical nursing program shall provide the minimum content area hours:

- (A) Adult Nursing 60 hours, theory, 160 hours clinical;
- (B) Maternal/Infant Nursing 20 hours, theory, 20 hours clinical;
- (C) Pediatric Nursing 20 hours theory, 20 hours clinical;
- (D) Psychiatric/Mental Health Nursing 20 hours theory, 20 hours clinical;
- (E) Anatomy and Physiology 80 hours; and
- (F) Social/Behavioral Science 40 hours.

(h) **Evaluation Standard:** The program shall implement a comprehensive systematic plan for the evaluation and assessment of its educational program.

(1) The program has both formative and summative documentation of periodic evaluations of each student's achievement including but not limited to completion / graduation rates, pass rates on NCLEX and other professional qualifying examinations and job placement appraisals.

(2) The program has a written plan for systematic evaluation of each program component related to its purpose or objective, and documented evidence that the plan has been implemented.

(3) The program has a process for utilizing evaluation findings for future planning and revision.

(i) **Records Standard:** The program maintains current and accurate educational records.

(1) Student files are current and include admission data, written periodic evaluations, and transcripts. The permanent file record shall include a final transcript and terminal evaluation.

(2) Faculty file records shall be current with proof of licensure, curriculum vitae, terms of employment, evidence of educational activities and evidence of participation in relevant professional and community activity.

(3) Administrative file records shall include all operational policies; minutes of faculty and committee meeting reports to the governing organization, the Board and other accrediting bodies; fiscal accounting records and program bulletins and catalogues.

(j) **Program Bulletins Standard:**

(1) The program demonstrates integrity in all of its publications.

(2) All program bulletins, catalogues, and brochures shall show the date of release and provide accurate summary information about the governing organization and the nursing education program.

(k) **Advisory Committee Standard:** The program shall have an advisory committee

(1) An advisory committee shall consist of consumers, students and other members whose input shall be considered in the development and evaluation of the program. Its major functions shall be advisory and supportive.

(2) There shall be written rules describing its purpose, objective, function, structure, and membership.

(3) Minutes of all its meetings shall be on file in the administrative records of the program.

4.11 Existing Programs: Approval

(a) The Board shall make its decisions regarding continuing approval based on consideration of the survey report and annual reports;

(b) The Board shall advise the governing organization in writing, with a copy to the administrator of the nursing program, of its decision regarding approval, together with its recommendations.

(c) The Board shall advise the governing organization and program administrator when action on the approval status of their program is placed on its agenda.

4.12 Reports to the Board

(a) All approved nursing education programs in Vermont shall submit an annual report on or before October 1st and covering the period August 1st of the previous year to July 31st.

(b) Copies of the annual report as designated by the Board shall be submitted according to guidelines and forms provided by the Board, describing:

(1) changes in philosophy, program objectives, program evaluation, and organizational structure;

(2) curriculum changes made since last report, or currently projected;

(3) all nursing course faculty, date of appointment, academic preparation, educational activities, major teaching responsibilities;

(4) faculty-student ratios;

(5) cooperating agencies used for clinical laboratory experience;

(6) student data;

(7) response to prior Board and national accreditation recommendations;
and

(8) other information and/or materials as requested by the Board.

(c) The governing organization shall notify the Board in writing of administrative changes relating to and affecting the program.

(d) The program shall notify the Board in writing prior to major changes in the curriculum, including:

(1) changes in objectives which alter the curriculum significantly or changes in length of program, and

(2) reorganization of entire curriculum.

(e) The Board on its own motion may at any time request information specifically related to requirements of 26 V.S.A. § 1581 and of these rules.

4.13 Surveys

(a) The Board, through its delegated representative(s), shall survey on site each approved nursing education program: within one year after graduation of the first

class and not less than every ten years thereafter; and prior to a change in approval status.

(b) Prior to the survey visit, a program shall submit an electronic and hard copy of a narrative self evaluation report which provides evidence of compliance with 26 V.S.A. § 1581 and these rules. The self evaluation report will be submitted to the Board six weeks prior to the survey visit.

(c) Interim site visits may be made to the institution by Board representatives at any time.

(d) The nursing education program shall reimburse the Board for actual and necessary costs incurred for site visits.

4.14 Consultations The Board shall provide consultation upon request of a governing organization or program for assistance with matters related to approval. The Board may require reimbursement to the consultant by the governing organization or the program for actual and necessary personal expenses incurred for meals, lodging and travel.

4.15 Closing a Program The governing organization shall advise the Board when a decision to close a program has been reached and shall submit a written plan for orderly discontinuation signed by the chief administrative officer.

(a) The closure shall be accomplished by: transfer of students to other approved programs, or discontinuing student admissions and officially closing when the last student is graduated.

(b) All requirements of Board approval shall be maintained until the last student is transferred or graduated.

(c) Students shall have assistance with transfers and efforts shall be made to minimize loss of student time.

(d) The governing organization shall be responsible for securing or providing files of the permanent records of the program and its students and shall notify the Board of the location and method of retrieving information from these files.

Part 5 Re-Entry and Refresher Programs

5.1 Purpose Registered and licensed practical nurses who do not meet practice requirements for renewal or endorsement may not renew their licenses until they successfully complete a re-entry course. APRN's who do not meet

practice requirements for renewal or endorsement may not renew their licenses until they have successfully completed a refresher course.

(a) Re-entry programs are designed for registered nurses and practical nurses.

(b) Refresher courses are designed for APRN's.

(c) Reentry and refresher programs may be individually designed or established by a nursing education program or a nursing service facility and must be approved by the Board.

5.2 Types of Approval Re-entry and refresher programs are approved at least every five years in accordance with Board established guidelines.

(a) **Approval** is based on the ability of the program to:

(1) educate nurses capable of re-entering the field of nursing or advanced practice nursing through the enhancement and updating of previous learning, and

(2) meet Board established criteria.

(b) **Conditional approval** is granted to the program when there is evidence of a degree of non-compliance with 26 V.S.A. § 1581 and these rules. The conditional approval remains in effect until compliance has been demonstrated. Compliance must be demonstrated prior to the beginning of a succeeding session of the re-entry or refresher program.

5.3 Surveys The Board may conduct a survey visit and shall be reimbursed for actual and necessary costs incurred for survey visits.

5.4 Criteria The program shall:

(a) have a written purpose, program and unit objectives and identified outcomes;

(b) conduct a program of a minimum of 120 hours of theory and 120 hours of clinical practice for the RN candidate, a minimum of 80 hours of theory and 80 hours of clinical practice for the LPN candidate, and a minimum of 150 hours of theory and 250 hours of clinical practice for an APRN candidate;

(c) provide direct RN supervision for re-entry program clinical practice;

(d) provide on-site supervision by an APRN or a physician collaborating provider with a license in good standing and practicing in the same specialty area for refresher program clinical practice; and

(e) be located within or, if individually designed, under the direction of, a nursing education program or an institutional nursing service education department.

5.5 Faculty All re-entry and refresher programs shall have faculty sufficient in number and expertise to meet the purposes and objectives of the programs as well as insure direct supervision of clinical practice. All programs shall have:

(a) an administrator who is currently licensed as a registered nurse, holds at least a bachelor's degree in nursing, and who has had relevant experience in the provision and teaching of nursing.

(b) for re-entry programs: faculty, including preceptors for clinical services, who hold a current Vermont registered nurses' license;

(c) for refresher programs: faculty, including preceptors for clinical services who hold a current Vermont APRN license.

(d) for re-entry programs: teaching faculty shall have at least a bachelor's degree in nursing and relevant experience;

(e) for refresher programs: teaching faculty shall have at least a graduate degree in nursing and experience in the role and population focus consistent with the goals of the program;

(f) all clinical preceptors shall have relevant clinical experience as outlined in these rules.

(g) Faculty and clinical preceptors who provide education and guided clinical experiences under the direction of the program administrator.

5.6 Facilities and Other Resources

(a) Each re-entry and refresher program shall have facilities and other resources compatible with its purpose, objectives, and policies.

(b) Classrooms, conference rooms, laboratories and offices are sufficient to meet the purpose of the program and the needs of the faculty, students, administrator and staff.

(c) Library space and holdings are sufficient in number and kind for the program and readily accessible to students.

(d) Services used for clinical experiences are adequate in number and type to meet program objectives.

(e) Financial support is adequate to provide for faculty, other personnel, equipment, supplies and other needs.

(f) Supportive personnel is sufficient to meet administrative, faculty, and student needs.

5.7 Students

(a) Each re-entry program shall admit students without discrimination as to age, race, religion, sex, sexual preference, national or ethnic origin and marital status.

(b) Each student admitted to the program shall be eligible for licensure at the appropriate level of their practice in accordance with requirements of these rules.

(c) Each re-entry and refresher program shall have written and available to students:(1) policies for admission, progression, course completion, and dismissal;

(2) policies for providing academic advisement regarding the educational experience;

(3) policies regarding student rights; and

(4) a fee schedule for the program.

5.8 Curriculum The administrator and faculty, as appropriate, shall develop, organize, implement, evaluate, and otherwise control the curriculum within the purpose, and objectives of the program and the policies of the nursing education or nursing service department in which it is located.

5.9 Program Goal Each re-entry and refresher program shall be designed to prepare nurses to regain eligibility for licensure.

(a) Re-entry program curriculum shall include:

(1) nursing theory based on the nursing process;

(2) ethical and legal issues of practice;

(3) clinical laboratory content related to theory;

(4) a review and update of nursing knowledge across the life span is necessary for assisting clients with physical and mental health; and

(5) nursing skills.

(b) Refresher program curriculum shall include a review and update of:

(1) advanced pharmacotherapeutics;

(2) advanced assessment;

(3) role and population specific theory and practice standards;

(4) role and population specific clinical practicum; and

(5) advanced practice nursing skills.

5.10 Evaluation Evaluation shall include:

- (a) a written plan for the systematic evaluation of the program and each of its components;
- (b) documentation of each student's progress and final evaluation; and
- (c) documentation of an evaluation of the program by each student.

5.11 Records

- (a) all student records shall be current and include student admission and termination data, written evaluations and notices of temporary licensure permits for each individual in the program;
- (b) files for the administrator, each faculty member, and each clinical preceptor shall be current and include proof of current Vermont licensure, employment terms, curriculum vitae, and performance evaluations; and
- (c) administrative files shall contain all operational policies, minutes of program meetings, and fiscal accounting records.

5.12 Reports to the Board On or before October 1 of each year, each approved re-entry and refresher program shall submit an annual report. The report shall cover the one year period between August 1 of the preceding year and July 31 of the year the report is submitted.

5.13 Program information Program information shall describe the course, its length, dates of offerings, and eligibility qualifications.

5.14 Closure of the Program The institution shall advise the Board when the decision to temporarily suspend the program has been reached and shall submit a written plan for orderly discontinuation.

- (a) Closure or temporary suspension shall be accomplished by transferring students to other approved re-entry and refresher programs or closing when the last student has completed the program; and
 - (b) All requirements of Board approval shall be maintained until the last student has completed the program.
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Part 6 Approval Guidelines for Advanced Practice Registered Nurse Educational Programs

6.1 Approval Criteria Approval of Advanced Practice Registered Nurse Education programs is based on the ability of the program to meet the requirements set by Rules 6.2 through 6.7 herein and those in Part 4 of these rules.

6.2 Eligible Colleges or Universities An educational program for Advanced Practice Registered Nurses must be offered by an accredited college or university which confers a graduate degree with a major in nursing or a graduate degree that prepares nurses to practice advanced practice nursing as nurse practitioners, certified nurse midwives, certified nurse anesthetists, or clinical nurse specialists in psychiatric/mental health nursing. The educational program must meet the educational standards set by the national accrediting body and the national certifying boards for advanced practice nursing.

6.3 Relationship with Other Programs The relationship of the educational program to other units within the governing organization shall be clearly defined as to authority, responses and channels of communication.

6.4 Mission Statement There shall be clearly written statements of mission/philosophy, purpose and outcomes for the program that shall include a description of the role and population focus of the advanced practice registered nurse being prepared.

6.5 Faculty Faculty shall include master's prepared advanced practice registered nurses

- (a) currently certified and licensed in the State of Vermont and in the role and population focus being taught and who meet criteria identified in these rules, and
- (b) other credentialed providers who provide content relevant to the advanced practice registered nurse being prepared.

6.6 Curriculum, Faculty Role Faculty shall develop, organize, implement, evaluate and otherwise control the curriculum within the framework of the philosophy, purpose and outcomes of the program and policies of the controlling institution.

6.7 Curriculum Contents Course descriptions and objectives shall be available in writing. The curriculum shall include but is not limited to content in:

- (a) biological, behavioral, social sciences and medicine and pharmacotherapeutics relevant to practice as an advanced practice registered nurse and prescriptive authority in the role and population focus;

(b) legal, ethical and professional responsibilities of advanced practice registered nurses, and;

(c) supervised clinical practice relevant to the role and population focus of advanced practice registered nurse.

6.8 Periodic Review Each program shall be subject to periodic review by the Board to determine whether criteria for approval are being maintained.

Part 7 Nursing Licensure

7.1 Registration and Licensure

(a) Registration and licensure as a registered nurse or licensed practical nurse shall be issued only to an applicant who qualifies by examination in accordance with 26 V.S.A. § 1576 and with these rules or to an applicant for licensure by endorsement who is registered or licensed in another state or country having requirements for registration or licensing equal to or exceeding those in Vermont if the applicant has passed an examination for such registration, and if all other requirements set forth in 26 V.S.A. Chapter 28 and these rules are met.

(b) The Board may issue a temporary license not to exceed 90 days to permit the practice of nursing by a registered or licensed practical nurse currently licensed in another jurisdiction of the United States and who has applied for licensure by endorsement in accord with 26 V.S.A. Chapter 28, subchapter 1 and these rules.

7.2 Temporary Permit The Board may issue a temporary permit for the period of a re-entry educational program.

7.3 Registration A registration number designating the date of issuance and the authorized level of practice shall be recorded in the permanent records of the Board and a license to practice shall be issued, valid from the date of issue until the stated date of expiration, except that licenses to practice issued in the renewal application period shall be valid for the ensuing two-year renewal period.

7.4 Exemption Any person registered and licensed in another United States jurisdiction may practice nursing under supervision of a Vermont licensed RN, as a part of an educational offering. This practice shall not exceed a period of 30 days.

7.5 Qualifications

(a) The Board may require any applicant for registration and licensure or relicensure to authorize, secure, and provide to the Board an assessment from

an appropriately qualified professional person or previous employer of current mental, physical, and professional ability to perform safely the duties of a licensed practical nurse or registered nurse.

(b) An applicant for licensure to practice as a registered nurse shall be a graduate of an approved educational program preparing persons for entry into the practice of registered nursing.

(c) An applicant for licensure to practice as a practical nurse shall be a graduate of an approved educational program preparing persons for entry into practice of practical nursing.

(d) An applicant for licensure by endorsement to practice as a practical nurse, including an applicant who was formerly with the armed services, who has not graduated from an approved educational program as described in these rules, but who does hold a current license and has practiced practical nursing in another state or Canadian province during the past five years, may be licensed in Vermont if: the original license was granted by the state Board based on passing the State Board Test Pool Exam (SBTPE) or the National Council Licensure Examination (NCLEX).

7.6 Endorsement

(a) In accordance with 26 V.S.A. § 1576(c) and these rules, an applicant who is registered or licensed in another state or foreign country shall be registered and licensed at the same level of practice in Vermont by endorsement of the other state or country if all other qualifications and requirements are met and provided that they have successfully completed the State Board Test Pool Examination (SBTPE) or the National Council Licensure Examination (NCLEX).

(b) An applicant seeking licensure through endorsement shall have practiced nursing for at least 120 days (960 hours) in the previous 5 years or 50 days (400 hours) in the previous 2 years.

7.7 Applicants with International Education An applicant whose nursing education and initial license to practice was in a country other than the United States, who does not at the time of application hold a current license and is not currently practicing in one of the jurisdictions of the United States, shall not be enrolled in a licensing examination until the following certified information and evidence translated into English is on file in the office of the Board:

(a) a completed application for licensure by endorsement and examination;

(b) completion of secondary school or its equivalent as determined by a state department of education, except that before June 28, 1961, applicants for practical nurse licensure may have completed only two years of secondary education;

- (c) graduation from an education program whose program meets the criteria defined in these rules;
- (d) licensure in the country of graduation or proof of eligibility for such licensure;
- (e) a credentials review by an external agency that specializes in international academic credentials review and can verify the comparability of the international nursing education program; and
- (f) evidence of oral and written English proficiency if the nursing education program was not conducted in English.

7.8 International Education, Applicants Licensed in NCSBN Jurisdiction

An applicant whose nursing education and initial licensure for practice was in a country other than the United States, who holds at the time of application a current license from an NCSBN jurisdiction, initially granted by examination, and who is currently practicing in one of the NCSBN jurisdictions may request the state of original licensure to provide the Board with certified copies of documents showing evidence of completion of the required secondary and nursing education, examination, and licensure in the other country. The Board at its discretion may accept these certified copies in lieu of the evidence required from the country of origin.

Part 8 License Renewal

8.1 Renewal Schedule Licenses are renewed on a fixed biennial schedule: March 31 of the odd years for RN's and APRN's and January 31st of the even years for LPN's. A licensee shall renew by the expiration date printed on his or her license. Before the license expiration date, the office will mail a notice of renewal to the last known address. A license will expire automatically if the renewal application and fee are not returned to the office by the expiration date.

8.2 Change of Address A licensee is responsible for notifying the office within 30 days of a change in name or mailing address.

8.3 Renewal Denied No person shall be granted relicensure if renewal requirements are not met, or if the license has been revoked or suspended by the Board.

8.4 Inactive Status A licensee who is not practicing and does not plan to practice nursing may request in writing that the current license be placed on inactive status from the date of its expiration. No fee shall be required for this

service. The license may be reactivated upon application and remittance of the current biennial renewal fee and in compliance with 26 V.S.A. § 1579 and with these rules.

8.5 Compliance with 26 V.S.A. § 1579 All applicants for renewal of a lapsed or inactive license shall comply with the requirements of 26 V.S.A. § 1579(c) and these rules.

8.6 Late Renewals Renewals received after the expiration date will incur a late renewal penalty and may be subject to discipline. The Board may waive the penalty in case of hardship.

8.7 Practice Requirement and Re-Entry for RN's and LPN's A registrant making application for reinstatement of a lapsed or inactive status license or an applicant for registration and licensure by endorsement who has not practiced nursing for at least 120 days (960 hours) in the previous five years or 50 days (400 hours) in the previous 2 years, and who otherwise is in compliance with 26 V.S.A. § 1576 and with these rules, shall be issued a temporary permit for the established fee and for a stated period of time that may be extended not to exceed one year and for the purpose of permitting limited practice in a clinical setting under the following conditions:

(a) The registrant is enrolled in a Board approved re-entry program or submits a written plan designed by the applicant and the administrator of a nursing education program or the administrator of nursing educational services in a clinical setting. The plan shall be in accordance with guidelines for re-entry programs established by the Board. The plan shall provide for review and updating of knowledge, skills, and abilities at the level of current RN or LPN preparations. It shall be based on assessment of the applicant's current needs and include an estimated time period for completion. The plan shall be approved by the Board.

(b) All contacts of the applicant with clients shall be directly supervised by a registered nurse.

(c) Upon completion of the program the administrator of the educational program or nursing services shall submit to the Board an assessment of the applicant's ability to practice.

(d) After successful completion of the re-entry program, and completion of an application for licensure, the applicant shall be issued a current license to practice.

8.8 APRN Practice and Refresher Requirements APRN practice and refresher requirements are addressed in Part 15 of these rules.

Part 9 Education and Practice Requirements

9.1 Education or Practice Requirement for RN's and LPN's An applicant for registration and initial licensure by examination or endorsement, or for renewal of a current license to practice, or for reinstatement of an inactive or lapsed license shall show evidence of completion of a nursing education program as defined in these rules within the past five years, or the of practice of nursing as defined below within the past five years.

(a) Completion of a nursing education program means completion of a state Board-approved program preparing for entry or re-entry into nursing practice or preparation in compliance with these rules.

(b) Practice of nursing refers to a full-time or part-time position either for hire or as a volunteer, where the qualifications for the position requires a registered or licensed practical nurse in the job description and meets the requirements for the registered or practical nurse as defined in 26 V.S.A. § 1572, definitions.

(c) Practice of nursing at the level of licensure within the past five years means practice as described in (b) above for at least 120 days, 960 hours, in the five years prior to the expiration date or 50 days, 400 hours, within the two years prior to the expiration date. Eight hours are equivalent to one day of nursing practice.

(d) If there is a question about the applicant's education or practice of nursing, the board may require the applicant to provide a job description or other evidence of the required qualifications and expected job responsibilities. The job description shall be certified as true by employers or other appropriate persons.

9.2 Education or Practice Requirement for APRN's are addressed in Part 15 of these rules.

9.3 Renewal, Failure to Meet Requirements Applicants for renewal of a current license to practice who do not meet the requirements for renewal will be placed on the Board's list of inactive registrants to await future application by the registrant for reinstatement.

9.4 Permanent Records Registration of nurses is permanent and continues in effect in the permanent records and files of the office of the Board. This rule refers only to a current license to practice nursing in Vermont.

9.5 Lost, Stolen, Destroyed Credentials Upon request a registrant whose certificate of registration or current license to practice is lost, stolen or destroyed may be issued a replacement license, for a fee.

9.6 Change of Name or Address

(a) A licensee whose name is legally changed shall be issued a replacement license card indicating this change following submission of:

- (1) the name change on a form provided by the Board and legal documentation of name change;
- (2) the current original license card; and
- (3) the required fee.

(b) A licensee whose address changes from the address appearing on the current license card shall notify the Board of this change.

9.7 Applications

(a) All applications for registration and licensure, relicensure, reinstatement of licensure, and temporary permits shall be made on forms provided by the Board.

(b) Applications shall include all information requested, and shall be accompanied by the appropriate fee.

(c) Requirements for application must be completed within one year.

9.8 Employment

(a) Applicants for registration and licensure by endorsement who hold a current license to practice in another jurisdiction of the United States may begin and continue for 90 days the practice of nursing in Vermont. A temporary license is issued acknowledging that proper application has been filed in the Office of the Board to include:

- (1) Completion of application document;
- (2) Provision of evidence of current licensure in a National Council State Board of Nursing jurisdiction, and;
- (3) Documentation of practice requirements.

(b) The Board shall process and act on the application for licensure and respond to the applicant within this 90 day period. References and verifications of licensure from the NCSBN jurisdiction and other requested materials shall be submitted to the Board during the 90 day period. Temporary licenses are not extended beyond the statutory period.

Part 10 Examination

10.1 Administration

(a) The Board shall authorize the administration of the examination to applicants for licensure as Registered Nurses or Licensed Practical Nurses.

(b) The Board may contract and cooperate with any organization in the preparation and assessment of an appropriate nationally uniform examination, but shall retain sole discretion and responsibility for determining the standard of successful completion of such an examination. When such a national examination is utilized, access to questions and answers shall be restricted by the Board.

10.2 Examination Process The Board of Nursing shall:

(a) notify and update all nursing education programs of the application process, location and frequency of the NCLEX exam;

(b) upon acceptable application for licensure in Vermont by examination, the Board will confirm the candidates eligibility for examination, verify authorization and date for testing:

(1) graduates of nursing education programs approved by appropriate statutory agencies in Vermont and in other jurisdictions, or;

(2) graduates of nursing education programs from foreign countries who have met the criteria of these rules.

(c) release results to the examinee;

(d) provide data on examination results to nursing educational programs; and

(e) upon reapplication, reinstate the procedure identified herein and in accordance with National Council State Boards of Nursing guidelines.

10.3 License Verification The Board shall verify licensure status of any examinee to anyone who so requests after the results have been released.

10.4 Duty to Report Failure An examinee shall report a failure of NCLEX examination to an employer immediately on receiving notice thereof and shall cease employment as an RN or LPN applicant for licensure.

10.5 Challenging Results An examinee may challenge the results of an examination by filing a complaint in writing with the NCSBN within thirty days (30) of receipt of the test results. Review of the exam may be done via the procedures set by NCSBN with all costs borne by the examinee.

10.6 Examination Security The Board may monitor the examination process and ensure implementation of security measures which are approved by the NCSBN.

10.7 Timing of Examination The NCLEX examination must be successfully completed within five years of graduating from a nursing education program.

10.8 Application

(a) An applicant shall submit a fully completed application, including for out of state applicants an official transcript with all supporting documentation requested and the fee to the office.

(b) An applicant issued an initial license within 90 days of the renewal date will not be required to renew or pay the renewal fee. The license will be issued through the next full licensure period.

(c) An applicant issued an initial license more than 90 days prior to the renewal expiration date will be required to renew and pay the renewal fee.

(d) The applicant must submit an application to the testing service.

(e) The application shall include certification by the administrator of the candidate's nursing education program that the applicant has completed educational requirements and is eligible for graduation.

(f) Prior to Board approval for testing, the Administrator of the applicant's nursing education program must validate that the applicant has successfully completed all educational requirements necessary for graduation.

10.9 Disabilities

(a) A candidate for examination who has a disability, but is otherwise qualified, shall not be deprived of the opportunity to take the licensing examination solely by reason of that disability.

(b) Special accommodations may be provided to disabled candidates when the following materials have been reviewed and approved by the Board:

(1) a letter of request from the student;

(2) a letter from the administrator of the candidate's nursing education program. This letter should describe accommodations and modifications which have been made for the candidate during their education program; and

(3) documentation of the disability by an appropriate specialist with detailed information of special accommodations needed. In the case of a learning disability, the report must be submitted by a person educated in the area of learning disabilities.

10.10 Retaking Examinations

(a) In order to retake the exam, the candidate must complete the application process as described in these rules.

- (b) Candidates may retake the exam after a 45 day interim period.
- (c) Candidates who fail the examination two times shall, before being accepted for a third examination, complete a formal review. The candidate shall provide the Board with documentation of review course completion and results.
- (d) Candidates who fail three or more times must petition the Board or its designee for permission to retake the examination.
- (e) Candidates who do not retake the examination within two years of the initial examination may retake the examination only after a comprehensive review course.
- (f) **Domestic Applicants** An applicant must successfully complete the licensing examination within five years graduation. If not successful in that time, the applicant must successfully complete an entire approved nursing education program before another retake will be permitted.
- (g) **International Applicants** An applicant who is unsuccessful will be permitted to retake the licensing examination. A candidate who does not pass the licensing examination within five years of the initial examination must successfully complete an entire approved nursing education program before another retake will be permitted.
- (h) Candidates duly enrolled for an examination but who are unable to take the exam shall notify the Board, in writing, and submit a new application for examination together with the appropriate fee.

10.11 Employment

- (a) Candidates for registration and licensure by examination who are newly graduated from approved schools of nursing in NCSBN jurisdictions may practice nursing at the level of their preparation pending the results of the examination, provided:
- (1) a completed and acceptable application to take the NCLEX examination is received by the Board within 30 days of program completion;
 - (2) the Board issues a permit valid until receipt of examination results or 90 days, whichever occurs first;
 - (3) the practice is supervised by a currently licensed registered nurse who is on the premises of the employing institution and is specifically assigned the responsibility of supervising the performance of the registered nurse or practical nurse applicant;
 - (4) the graduate is identified by and as RN Applicant or RN App., or by and as LPN Applicant or LPN App.

(b) Candidates for registration and licensure by examination who are not newly graduated from approved schools of nursing in the United States and its jurisdictions shall not practice nursing in Vermont until examined, registered and licensed.

10.12 Fees

(a) The fees for examination, registration, and the first current license must accompany the application.

(b) Fees are not refunded.

(c) Fee schedules for examination are available from the Board of Nursing office upon request.

Part 11 Discipline

11.1 Disciplinary Actions

Pursuant to 26 V.S.A. §§ 1582, 1615, 3 VSA § 129a, and these rules, and in accordance with 3 V.S.A. Chapter 25 the Board may warn, reprimand, condition, suspend or revoke any license to practice advanced practice nursing, registered nursing, or practical nursing in Vermont, or otherwise discipline a licensee upon proof that the licensee has committed unprofessional conduct as defined by law.

11.2 Definitions For purposes of proceedings under 26 VSA, § 1582 the following definitions apply to matters of discipline:

(a) A false, fraudulent or forged statement or representation includes procuring or attempting to procure a license to practice nursing by filing false credentials, falsifying or misrepresenting facts on any application for registration, examination, licensure, relicensure, or reactivation of licensure; disclosing the contents of licensure examination to anyone, or soliciting, accepting, or compiling information about the contents of the examination either before, during, or after its administration.

(b) “Inability to practice nursing competently” includes:

- (1) performance of unsafe or unacceptable patient care;
- (2) failure to conform to the essential standards of acceptable and prevailing nursing practice.

(c) “Any cause” includes, but is not limited to, reasons of physical or mental disability or use of drugs, narcotics, chemicals or any other type of materials.

(d) "Conduct likely to deceive, defraud, or harm the public" means any instance of unprofessional conduct, including:

- (1) performing acts beyond the limits of the statutory definitions of the practice of nursing in 26 V.S.A. §1572 (2), (3) and (4);
- (2) performing duties and assuming responsibilities within the scope of the definitions of nursing practice, 26 V.S.A. § 1572(2) and (3), when competence has not been achieved or maintained;
- (3) falsifying or altering clinical records or making inaccurate or misleading entries;
- (4) diverting supplies, equipment, or drugs for personal or other unauthorized use;
- (5) failing to take appropriate action to safeguard a patient from incompetent health care;
- (6) leaving a nursing assignment without properly advising appropriate personnel;
- (7) violating confidentiality by inappropriately revealing information or knowledge about a patient or client;
- (8) assigning functions of nursing practice beyond the scope of competence of the individual to whom they are assigned;
- (9) practicing professional or practical nursing in Vermont without a current Vermont license to practice, unless the practice is specifically excepted by 26 V.S.A. § 1583 or § 1601; or
- (10) aiding, abetting or assisting any person in any act in violation of this chapter or acts against the best interest of the public.

11.3 Disciplinary Proceedings The Office of Professional Regulation maintains a compilation of procedures which affect the public. The Board follows that compilation which details the disciplinary process including filing complaints; methods of disposition of complaints; hearing and hearing notices; findings, conclusions and orders in accord with 26 V.S.A. Chapter 28 and 3 V.S.A. Chapter 5.

11.4 Reinstatement of a License and Removal of Conditions from a License

(a) Reinstatement following suspension for time certain: When a suspension is for a specific period of time, and no other conditions are imposed, the Board's executive director reinstates the license upon expiration of the suspension period and payment of the reinstatement fee, and any other renewal requirements.

(b) Reinstatement following suspension until conditions are met: When a suspension order sets conditions or requirements to be met before reinstatement, the respondent must first meet the conditions and then request reinstatement in writing. The request is referred to an investigating team for review. Following its review, which may include additional investigation, the investigating team may: consent to, or not oppose, reinstatement; negotiate a stipulation for reinstatement; or file an opposition to reinstatement.

(c) Once the investigating team has notified the Board, in writing, of its action, the Board holds a hearing. The team's written opposition will contain a short and plain statement of the matters at issue, as required by 3 V.S.A. § 809. Denials of reinstatement must be based on the original order. Any new misconduct found by the investigating team should be the subject of new charges. If the Board orders reinstatement, the executive director reinstates the license upon payment of the reinstatement fee, and any other renewal requirements.

(d) Reinstatement following revocation: A respondent whose license has been revoked may nonetheless petition for reinstatement following rehabilitation. The petition must show:

- (1) present possession of entry level qualifications;
- (2) specific rehabilitation;
- (3) methods of assuring public safety; and
- (4) that reinstatement will not be detrimental to the integrity of the profession or subversive of the public interest.

(e) The petition is referred to an investigating team for review. The Board will provide specific examples, upon the petitioner's request, of the types of evidence which would be helpful in showing the factors above.

11.5 Removal of Conditions for a Time Certain When a condition is imposed for a specific period of time, and no other conditions are imposed, the Board's executive director removes the restriction or condition upon expiration of the period of time.

11.6 Removal of Restrictions Imposed until Conditions Are Met When an order restricts a respondent's practice until the respondent meets specified conditions, the request is referred to an investigating team, and the Board acts after receipt of the team's recommendation.

Part 12 Appeals

12.1 Preliminary License Denial If the Board intends to deny an application for a license, the Board shall send the applicant written notice of the decision by certified mail. The notice shall include a statement of the reasons for the action and shall advise the applicant that the applicant may file a petition with the Board for review of its preliminary decision within 30 days of the date on which the notice is mailed. After the hearing, the Board shall affirm or reverse the preliminary denial, explaining the reason therefor in writing.

12.2 Appeal of Final Denial of License A party aggrieved by a final decision of the Board may appeal that decision by filing a notice of appeal with the Director who shall assign the case to an appellate officer. The review shall be conducted on the basis of the record created before the Board. Persons wishing to appeal shall give written notice of their decision to appeal within 30 days of receipt of the Board's final decision to:

Director, Office of Professional Regulation
Office of the Secretary of State
National Life Bldg., North, FL2
Montpelier, VT 05620-3402

12.3 Appeal from Appellate Officer Decision The appellate officer's decision may be appealed to Washington Superior Court.

Part 13 Responsibilities of Employers

13.1 Illegal Employment In accordance with 26 V.S.A. § 1584(a)7, it is unlawful for any person or agency or institution to employ a person to function as a professional or practical nurse in any position in Vermont unless this person is duly registered and currently licensed to so practice in Vermont.

13.2 Duty to Report Employment Discipline Employers must comply with reporting requirements for disciplinary action as cited in 3 V.S.A. §128.

Part 14 Competence

14.1 Continuing Education The Board expects each licensee to assume individual responsibility for maintaining and improving competencies in current knowledge, skills, and abilities relevant to the individual's area of practice.

14.2 Practice Requirements Practice of nursing at the level of licensure as stated in these rules.

Part 15 Advanced Nursing Practice

15.1 Definitions

(a) Advanced Practice Registered Nurse (“APRN”): means a Vermont registered nurse licensed and in good standing who, because of advanced specialized education and experience, is licensed as an APRN to diagnose and to prescribe therapeutic or corrective measures within the scope of practice governed by administrative rules adopted by the Board. 26 V.S.A. § 1572(4) (2009).

(b) Collaborating Provider: An experienced professional in a formal relationship with an APRN to provide consultation and collaborative assistance or guidance. For purposes of these rules, a collaborating provider shall be a Vermont licensed APRN or licensed physician. More than one person may serve in a collaborating provider role for a licensee.

(c) Good Standing: A license is in “good standing” for purposes of these rules if it is active and unencumbered.

(d) On-site supervision: Direction given by an APRN or physician physically present on the premises.

(e) Physician: For purposes of these rules, a physician is someone with an M.D. or D.O. degree licensed to practice medicine under Chapter 23 or Chapter 33 of Title 26 of the Vermont Statutes Annotated.

(f) Refresher Course: combined clinical and classroom program to provide updated information and practice experience, as well as competency evaluation, to registered nurses who are otherwise eligible for APRN licensure but who do not meet the minimum practice requirement for APRN license renewal.

(g) Solo Practice: means a single licensee offering advanced practice nursing service to clients in an individual practice or individual business that does not include additional APRNs or licensed physicians.

15.2 General Provisions This section regulates the issuance of an APRN license and is promulgated pursuant to 26 V.S.A. §1574.

(a) Title 26 V.S.A. §1574 requires the Board of Nursing to “establish licensing standards and administer the regulations governing advanced practice nurses.”

(b) Board recognized APRNs are certified nurse practitioners, certified nurse anesthetists, certified nurse midwives and clinical nurse specialists

certified in psychiatric/mental health. Advanced practice registered nursing is based on knowledge and skills acquired through basic nursing education; licensure as a registered nurse; completion of a graduate level APRN program accredited by a national accrediting body and a current certification by a national certifying body in the appropriate APRN role and at least one population focus.

(c) Roles: The Board shall license an individual to practice as an APRN in one of the following roles:

- (1) Nurse Practitioner;
- (2) Certified Nurse Midwife;
- (3) Certified Registered Nurse Anesthetist; and
- (4) Clinical Nurse Specialist in Psychiatric and Mental Health Nursing.

(d) Population Focus: The Board shall license an individual to practice as an APRN within one or more of the following population focus areas:

- (1) Family/Individual across the life span;
- (2) Adult;
- (3) Neonatal;
- (4) Pediatrics;
- (5) Woman's Health/Gender Related; and
- (7) Psychiatric/Mental Health.

(e) An APRN practices an expanded scope of nursing, which includes the registered nurse scope of practice. The scope of an APRN includes assessing at an advanced level, diagnosing, prescribing, giving medical and nursing orders, and evaluating care.

(f) APRNs may serve as primary care providers of record.

(g) APRNs may prescribe medications consistent with their scope of practice and in compliance with all applicable statutes and regulations.

(h) APRNs may initiate written or oral orders to other health care providers.

(i) APRNs retain professional accountability for advanced practice nursing care when delegating interventions.

(j) These Rules do not limit APRNs from practicing as registered nurses under Title 26, Chapter 28.

(k) APRNs shall use, at a minimum, the license designation "APRN" for purposes of identification and documentation.

(l) APRNs may hold specialty certification(s) as long as the APRN maintains a primary certification in a role and population focus area as defined in these rules. Examples of specialties may include, but are not limited to, oncology, diabetes, school-nurse, and other areas consistent with the evolution of APRN practice.

(m) Upon determining that an APRN applicant meets the licensure requirements of these rules, the Board will issue a license to practice in the appropriate role and population focus.

15.3 APRN Professional Standards

(a) APRNs shall comply with the standards for registered nurses as specified in these rules, as required by 26 V.S.A. §1572(2) and (4) and with the standards of national professional nursing associations approved by the Board. Among the standards recognized by the Board are the American Nurses Association's *Scope & Standards of Practice and Code of Ethics for Nurses*. APRNs shall adhere to professional standards relevant to their advanced nursing practice role, population focus and specialty.

(b) APRNs are licensed independent health care professionals who practice within standards that are established or recognized by the Board. Specific standards of APRN practice take precedence if there is a conflict with standards for registered nurses. Each APRN is accountable to patients, the nursing profession and the Board for complying with the requirements of these administrative rules and the statutes governing the practice of the profession (26 V.S.A., Chapter 28). Each APRN is responsible for the quality of nursing care rendered; for recognizing limits of knowledge and experience, planning for the management of situations beyond the APRN's expertise; and for consulting with or referring patients to other health care providers when appropriate.

(c) APRNs shall maintain current certification in their licensed role and population focus area.

(d) APRNs performing direct patient care shall maintain a method of quality assurance for evaluation of the APRN's practice.

(e) APRNs have a duty to maintain a provider/patient relationship within the reasonable expectations of continuing care or referral.

(f) APRNs may only prescribe treatments and provide services for legitimate therapeutic purposes.

(g) An APRN may not administer or promote the sale of medication, devices, appliances, or other patient goods and services in a manner that exploits the patient.

(h) APRNs may not receive or otherwise accept a portion of a fee paid by a patient for professional services received by another provider or another type of professional service in consideration for patient referral.

(i) APRNs must engage in practice that is consistent with approved practice guidelines.

15.4 APRN License Requirements The Board shall issue an APRN license to practice in a designated role and population focus to a person who holds an unencumbered registered nursing license, has fulfilled the education requirements, possesses current advanced nursing practice certification and meets the practice requirements.

15.5 State Licensure To be eligible for an APRN license, an applicant must be a licensed registered nurse holding an active Vermont registered nursing license in good standing.

15.6 Education To be eligible for an APRN license, an applicant shall:

- (a) have a degree or certificate from a Vermont graduate nursing program approved by the Board or a graduate program approved by a state or a national accrediting agency that includes a curriculum substantially equivalent to programs approved by the Board. The educational program shall meet the educational standards set by the national accrediting board and the national certifying board. Programs shall include a supervised clinical component in the role and population focus of the APRN's certification. The program shall prepare nurses to practice advanced nursing as a nurse practitioner, certified nurse midwife, certified nurse anesthetist or clinical nurse specialist in psychiatric/mental health nursing and shall include, at a minimum, graduate level courses in:
 - (1) advanced pharmacotherapeutics;
 - (2) advanced patient assessment; and
 - (3) advanced pathophysiology.
- (b) hold a degree or certificate from an accredited graduate-level educational program preparing the APRN for one of the four recognized APRN roles and have educational preparation consistent with the APRN's certification, role, population focus, and specialty practice.

15.7 Certification To be eligible for an APRN license, the applicant must hold current, advanced nursing certification in a role and population focus granted by

a national certifying organization recognized by the Board. To be recognized by the Board, certifying organizations and certification programs shall:

- (a) follow established certification testing and psychometrically sound, legally defensible standards for APRN certification exams;
- (b) assess APRN core and role competencies across a minimum of one population focus of practice;
- (c) assess specialty competencies, if applicable, separately from the APRN core role and population-focused competencies;
- (d) be accredited by a national certification accreditation body;
- (e) enforce role and population focus congruence between the education program and the type of certification examination;
- (f) provide a mechanism to ensure ongoing competence and maintenance of certification;
- (g) maintain transparency in Board of Nursing relationships; and
- (h) assure communication with boards of nursing and schools of nursing.

15.8 Practice Requirement To be licensed or to have an APRN license renewed, an APRN applicant must have:

- (a) graduated from a Board approved graduate nursing program within two (2) years of making the application; or
- (b) practiced as an APRN for 960 hours in the last five (5) years or 400 hours in the last two (2) years; or
- (c) completed a Board approved APRN Refresher Course within two (2) years of making the application.

15.9 Practice Guidelines Licensees shall submit for review individual practice guidelines and receive Board approval of the practice guidelines:

- (a) prior to initial employment;
- (b) upon application for renewal of an APRN's registered nurse's license; and
- (c) prior to a change in the APRN's employment or clinical role, population focus or specialty.

15.10 Change in Practice Thirty days prior to any material change to the APRN's practice, including a change of practice site or population served, APRNs shall provide the Board new practice guidelines for review and approval.

15.11 Practice Guidelines: Availability APRNs shall keep a current copy of their individual practice guidelines on file at their place of work and will provide a copy to clients upon request.

15.12 Practice Guidelines: Contents Practice guidelines must reflect current standards of advanced nursing practice specific to the APRN's role, population focus and specialty and shall include:

- (a) a description of clinical practice, including practice site(s), role, population focus and general description of clients served;
- (b) identification of the specialty standards of practice the APRN will use;
- (c) citations of the most frequently used and currently applicable resources and authorities providing guidelines for the APRN's specialty practice;
- (d) criteria for professional consultation and referral, including emergency referral; and
- (e) a description of a current quality assurance plan specific to the APRN role, population focus and specialty practice area.

15.13 Quality Assurance Plan The quality assurance plan includes at a minimum:

- (a) two or more measurable quality goals/outcomes;
- (b) quality indicators and benchmarks;
- (c) methods of quality monitoring;
- (d) frequency of evaluation (at least quarterly);
- (e) peer review involving at least one other APRN or physician in the evaluation of quality assurance findings;
- (f) description of document retention procedures and policies; and
- (g) plan for improvement or corrective action if indicated.

15.14 Transition to Practice: Collaborative Provider Agreement

(a) Graduates with fewer than 24 months and 2,400 hours of licensed active advanced nursing practice in an initial role and population focus shall

have a formal agreement with a collaborating provider.

(b) APRNs who obtain a subsequent certification in an additional role and population focus shall have a formal agreement with a collaborating provider for no fewer than 12 months and 1,600 hours.

(c) APRNs shall have and maintain signed and dated copies of all required collaborative provider agreements as part of the practice guidelines. An APRN required to practice with a collaborative provider agreement may not engage in solo practice, except with regard to a role and population focus in which the APRN has met the requirements of this subsection.

(d) An APRN group practice must include one or more APRNs who have more than 2 years and 2,400 hours of practice. This group practice requirement does not eliminate the collaborative provider requirement for APRNs with less than 2 years and 2,400 hours practice.

(e) An APRN who satisfies the requirements to engage in solo practice pursuant to subsections (a) and (b) of this rule shall notify the board that these requirements have been met.

15.15 Audits The Board, in its discretion, may audit an APRN's certification and the practice and quality assurance activities, including outcomes, to verify compliance.

15.16 Collaborating Provider Graduates with fewer than 24 months and 2,400 hours of licensed active advanced nursing practice shall have a formal agreement with a collaborating provider as set forth below.

15.17 Collaborating Providers

(a) A collaborating provider is:

- (1) an APRN or
- (2) a physician licensed to practice medicine under Title 26, Chapter 23, or
- (3) an osteopathic physician licensed to practice under Title 26, Chapter 33.

(b) The collaborating provider's license must be in good standing, and the collaborating provider shall practice in the same role and population focus or specialty as the new graduate APRN's area of certification.

(c) An APRN collaborating provider shall have practiced in the same specialty for a minimum of four years. The Board may, in its discretion, waive the requirement that a collaborating provider be licensed in Vermont upon a showing of necessity

by the APRN. Any waiver granted under this section will only apply to providers currently licensed in the United States.

15.18 Collaboration Agreement A collaborating provider agreement shall reflect the agreement between the APRN and the collaborating provider to advise, mentor and consult. The agreement shall be renewed with change of employment, change of collaborating relationship and upon renewal of APRN licensure.

15.19 Collaboration Agreement Contents A collaborating provider agreement shall reflect an understanding that the collaborating provider

- (a) agrees to serve as an advisor, mentor and consultant to the APRN;
- (b) has reviewed the APRN's practice guidelines;
- (c) will participate in quality assurance activities.

15.20 Collaboration Agreement and Board Approval Prior to starting active practice as an APRN, an APRN with fewer than 24 months and 2,400 hours of licensed advanced nursing practice shall enter into a collaborating provider agreement and receive Board approval for the agreement.

15.21 Practice Limitation APRNs practicing with a collaborating provider agreement may not engage in solo practice.

15.22 Completion Reports APRNs will submit evidence of completion of clinical practice with a collaborating provider at the conclusion of the transition to practice period and at the request of the Board.

15.23 Applicants from Other Jurisdictions

(a) Individuals applying for APRN licensure from another jurisdiction are subject to the transition to practice requirements of Rule 15.14.

(b) The Board, in its discretion, may prorate or modify the total clinical practice hour requirement with a collaborating provider based on the level of licensed APRN practice experience obtained in the jurisdiction of original licensure.

15.24 Change in Specialty A change in specialty, so long as there is no change in role or population focus, shall not require a collaborating provider agreement.

15.25 Pro Bono License This section is applicable to APRNs who practice without compensation exclusively at a free or reduced fee Vermont health clinic.

- (a) A nurse meeting Vermont's APRN licensure requirements and who certifies that he or she will practice exclusively and without compensation

at a free or reduced fee Vermont clinic, shall be eligible to receive a Vermont APRN license without paying licensing fees to the Board of Nursing.

(b) The clinic or organization may be required to certify that the applicant will be working at a free or reduced fee clinic and without compensation.

(c) The APRN shall file, on forms provided by the Board, all information otherwise applicable and required of an APRN applicant for licensure.

(d) A license granted pursuant to this subsection shall authorize a practice limited to the site or for the organization specified on the application and in the practice guidelines.

15.26 APRN License Application This section is applicable to all applicants for an APRN license.

(a) APRN applications shall be on Board approved forms and shall require the fee set forth in statute.

(b) Upon Board determination that an applicant meets all APRN qualifications set forth in these rules, the Board will authorize practice as an APRN in the appropriate role and population focus.

(c) An APRN application shall include:

(1) Evidence of an active and unencumbered Vermont registered nurse license;

(2) The official transcript(s) from the applicant's graduate nursing program;

(3) Evidence of current certification by a national certifying organization approved by the Board (or application to take a Board approved national certification exam in the case of a new graduate);

(4) Documentation of APRN practice history

15.27 Psychiatric/Mental Health Clinical Nurse Specialist Exception The Board, in its discretion and based on a review of the applicant's transcript, may grant an APRN license without prescriptive authority to an applicant who will practice as a psychiatric/mental health clinical nurse specialist.

15.28 APRN Role and Population Focus The license issued to an APRN shall identify the specific role and population focus in which the licensee is certified.

15.29 Renewal Registration and licensure as an APRN shall be renewed during the same period as the nurse's license to practice as a registered nurse in Vermont.

15.30 Renewal Application Requirements An APRN license renewal application shall include:

- (a) documentation of completion of the APRN practice requirement;
- (b) current certification by a national APRN specialty certifying organization;
- (c) current practice guidelines (if employed); and,
- (d) current collaborating provider agreement (if required as set forth in these rules).

15.31 Renewal Practice Requirement

(a) Applicants for license renewal shall, at a minimum, have practiced as APRNs for at least

- (1) 960 hours during the previous five years, or
- (2) 400 hours in the previous 2 years prior to submitting a renewal application; or

(b) have graduated from an approved program within the past 2 years.

(c) This provision shall take effect following the completion of one full renewal cycle after the effective date of these rules. The number of hours practiced as an RN or APRN prior to June 23, 2011 may satisfy the practice requirement.

15.32 Renewal Requirements Met The Board will renew an APRN license if the Board finds that the applicant meets the requirements set forth in these rules.

15.33 Renewal of Lapsed APRN License Applicants seeking renewal of a lapsed license shall meet all requirements outlined in these rules. For purposes of these rules, successful completion of a Board approved APRN refresher course satisfies the practice requirement for licensure.

15.34 Refresher Course Individuals who do not meet the practice requirement for initial licensure or renewal of an APRN license or APRN pro-bono license must take a refresher course.

15.35 Refresher Course Approval To receive Board approval, a refresher course must provide

- (a) a minimum of 150 theory hours and
- (b) 250 hours of clinical practice

(c) on-site supervision by an APRN or a physician collaborating provider with a license in good standing and practicing in the same specialty area.

15.36 Refresher Course Application/Permit Prior to taking the clinical component of a Vermont refresher course, an applicant shall apply for an APRN refresher permit.

- (a) The permit will be valid for no longer than six (6) months.
- (b) The designation “APRN Applicant” must appear on employment identification and must be used when signing medical records or authorizing other medical or professional documents.

15.37 Completion of Refresher Course, Remaining Requirements To qualify for an APRN license based on successfully completing a Board approved refresher course, the APRN must meet all other requirements for APRN licensure.

15.38 Current Vermont APRN Endorsement

(a) Those holding an active APRN endorsement as of June 23, 2011 shall be considered as having met all requirements for an APRN license under these rules.

(b) Those who have practiced for fewer than 24 months and 2,400 hours as an APRN are required to have a collaborative practice agreement. They must comply with all collaborative practice requirements for the remainder of their first 24 months and 2,400 hours of APRN practice.

15.39 Former Vermont APRN Endorsement

(a) APRN applicants with a inactive Vermont APRN endorsement/license and who continue to hold an active Vermont RN license, shall be eligible to renew their APRN license if they otherwise meet all requirements of these rules including certification and practice requirements.

(b) The educational requirements shall not apply to an application by a licensee who held a Vermont APRN endorsement prior to June 23, 2011.

15.40 APRN Applicants from Other Jurisdictions

(a) Applicants with an active unencumbered APRN license in good standing in another U.S. jurisdiction may be issued a Vermont APRN license provided:

- (1) they are certified as outlined in these rules;
- (2) they meet the practice requirement; and
- (3) they have successfully completed the courses listed in section (b) of this rule.

(b) Applicants from another jurisdiction must have the following graduate level courses before they will be eligible for an APRN license

- (1) advanced pharmacotherapeutics;
- (2) advanced patient assessment; and
- (3) advanced pathophysiology.

(c) Applicants shall comply with the requirements of Rule 15.14 regarding transition to practice and collaborative provider agreements.

15.41 Board Regulation of APRN Practice

(a) APRN Subcommittee: The Board of Nursing shall appoint a subcommittee to study and report to the Board on matters relating to advanced practice registered nurse practice.

(b) The Board will investigate complaints of APRN unprofessional conduct with the assistance of the Office of Professional Regulation and, at a minimum, one APRN with relevant specialty expertise for APRN practice related complaints. If no Board member is available, the Board shall obtain a qualified APRN appointment pursuant to 3 V.S.A. §129(c).

(c) 26 V.S.A. § 1615 defines unprofessional conduct for APRNs.

Part 16 Nursing Assistants

16.1 Definitions The following definitions apply to these rules.

(a) Supervision - oversight provided by a licensed nurse employed by a health care organization or agency.

(b) Competency evaluation -a standardized written or oral didactic and clinical skill examination administered by a testing service approved by the Board. The term “examination” is used interchangeable with competency evaluation and competency evaluation program.

16.2 Nursing Assistant Education Approval

(a) Approval of nursing assistant education programs is based on compliance with 26 V.S.A. § 1596 and these rules and the ability of these programs to produce nursing assistants capable of functioning safely within the minimum competencies of the standards of nursing assistant practice. The faculty and curriculum will be examined to ensure the ability of graduate nursing assistants to meet this goal.

(b) Conditional approval is granted to a program when there is evidence of a degree of non-compliance with these rules. The conditional approval remains in effect until compliance has been demonstrated, except it shall be no longer than

twelve months following written notice to the governing organization, at which time Board approval will be withdrawn by written notice to the governing organization.

(c) Program approval is not transferable. If the governing organization of an approved program changes ownership, the program shall be removed from the Board's list of approved programs until such time as the new governing body gives the Board written assurance that all requirements of approval will be maintained.

16.3 Standards of Education, Purpose of Standards

(a) To promote the safe and effective practice of nursing assistants who have completed a nursing assistant education program.

(b) To serve as a guide for the development of new nursing assistant education programs.

(c) To foster the continued improvement of established nursing assistant education programs.

(d) To provide criteria for the evaluation of new and established nursing assistant education programs.

16.4 Approval Process, New Program Application Process

(a) A state approved educational institution or health care agency or a private agency affiliated with a health care agency shall be eligible for approval and shall submit an application in writing to the Board.

(b) The application shall be submitted at least three months prior to the anticipated date of operation.

(c) The application shall include the following information:

- (1) Philosophy and purpose of the program;
- (2) Organizational and administrative relationships of the governing organization and the program;
- (3) Curriculum vitae for instructors;
- (4) Availability of adequate classroom and clinical facilities for the program;
- (5) Projected number of students per class; and
- (6) Schedule(s) for planning and initiating the program.

(d) A program shall not enroll students prior to receiving program approval.

16.5 New Program Application Review Process The Board shall review the application and:

(a) May request submission of additional information. Application does not ensure that approval will be granted.

(b) After acceptance of application materials a site visit of proposed program and facilities may be conducted.

16.6 Existing Program Approval

(a) To ensure continuing compliance with the standards for nursing assistant education, all programs shall be surveyed and reevaluated for continuing approval one year post initial approval and every two years thereafter.

(b) The survey visit shall be conducted by a representative of the Board.

(c) Nursing assistant education and competency evaluation program representatives will be asked to assist in survey visit activities.

(d) A copy of the survey visit report shall be made available to the nursing assistant education program administrator for review and response to recommendations, if appropriate.

(e) The Board shall advise the governing organization in writing, with a copy to the administrator of the nursing program, of its decision regarding approval, together with its recommendations.

(f) Interim visits may be made to the nursing assistant education program by Board representatives at any time.

(g) The Board will grant approval of a nursing assistant education program for a period of two years.

(h) A program shall notify the Board when there are changes in philosophy, curriculum, outcomes, text, instructor and number of hours in classroom and/or clinical settings. The Board shall review the program within the two year period.

16.7 Withdrawals and Reinstatements

(a) The Board may withdraw approval when it determines that a nursing assistant education program has not provided sufficient evidence that the standards for nursing assistant education programs are being met.

(b) Approval may be withdrawn if the program does not permit unannounced survey visits or if the educational institution loses state approval or the health care agency loses state licensure or is found to have substandard quality of care.

(c) No withdrawal of approval shall take effect until the Board has sent the nursing assistant education program a written statement specifying

- (1) the deficiencies which would warrant withdrawal of approval,
- (2) the program has been given 30 days after notice to request a hearing before the Board, and, if requested,
- (3) the Board has held a hearing and issued findings of fact sufficient to support withdrawal of approval.

(d) The Board of Nursing may consider reinstatement of approval of a nursing assistant education program upon submission of satisfactory evidence that the program meets the standards for nursing assistant education programs.

16.8 Closing of an Approved Program, Voluntary Closing When the educational institution or health care agency or private agency considers the closing of a nursing assistant education program, it shall:

- (a) notify the Board in writing, stating the reason, plan and date of intended closing at least two weeks prior to the final closing date;
- (b) continue the program until the committed class schedule for currently enrolled studentship completed;
- (c) assume the responsibility for the records of the students and the graduates; and
- (d) advise the Board of the arrangements made to safeguard the records.

16.9 Closing of an Approved Program, Other Closings When the Board denies or withdraws approval of a nursing assistant education program, the educational institution or health care agency or private agency shall:

- (a) close the program after assisting in the transfer of students to other approved nursing assistant education programs;
- (b) submit to the Board of Nursing a list of the names of students who have transferred to approved programs, including the date on which the last student was transferred;
- (c) consider the date on which the last student was transferred as the closing date of the program; and
- (d) notify the Board that the requirements have been fulfilled and give notice of final closing.

16.10 Inactive Programs

- (a) A program shall be deemed to be inactive when no students have been admitted for a period of 24 months.
- (b) The program administrator shall notify the Board of this change in status.

16.11 Reactivation In order to reactivate a program's approval, it will be necessary for the program administrator to submit an application for reactivation. Such application on forms available from the Board, shall include:

- (a) names and qualifications of instructors if changed since the program became inactive;
- (b) curriculum changes to be implemented, if any;
- (c) clinical resources to be utilized; and
- (d) date of student admission.

16.12 Standards for Program Approval

(a) Philosophy and Objectives:

- (1) The nursing assistant education program shall have statements of purpose and philosophy which are consistent with those of the governing organization and with the nursing law and rules.
- (2) The program shall have current and clearly stated program objectives that shall describe the competencies of the nursing assistant.
- (3) The instructors shall use the philosophy and objectives to develop, plan, implement, and evaluate the total program.

(b) Organization and Administration:

- (1) The relationship of the nursing assistant education program to other units within the governing organization shall be clearly defined as to authority, responsibility and channels of communication.
- (2) All nursing assistant education programs shall include clinical experience in health care facilities or agencies licensed by a state's regulatory body.
- (3) Nursing assistant education programs shall have a written and current contract with any cooperating agency used by the program as a clinical laboratory for its students.

(c) Instructors

- (1) There shall be a sufficient number of qualified instructors to meet the purposes and outcomes of the nursing assistant education and competency evaluation program.

(2) The instructors shall provide documented evidence of preparation for teaching adults.

(3) Instructors shall be recruited, appointed and promoted without discrimination as to age, race, religion, sex, sexual preference, disability, national origin or marital status.

(4) Qualifications, job description and evaluations of instructors shall be available in writing.

(5) The administrator of a nursing assistant education program shall:

- (A) have overall responsibility for the program
- (B) hold a current, unencumbered license as a registered nurse;
- (C) have at least two years experience as a registered nurse in a health care agency; and
- (D) have at least one year of clinical experience relevant to area(s) of responsibility.

(6) Individuals who provide classroom and clinical instruction shall:

- (A) hold a current, unencumbered license as a nurse;
- (B) have at least two years experience as a nurse in a health care agency; and
- (C) have at least one year of clinical experience relevant to area(s) of responsibility.

(7) All instructors shall continue to improve expertise in nursing and teaching through one or more of the following:

- (A) academic study;
- (B) clinical practice;
- (C) workshops, conferences; or
- (D) other appropriate activities.

(d) **Facilities and Other Resources** Each nursing assistant education program shall have facilities and other resources compatible with the objectives, of the program and its governing organization. These include, but are not limited to:

(1) classrooms, laboratories and offices equipment and supplies available to meet the purpose(s) of the nursing assistant program and the needs of the students, instructors, administration and staff;

(2) agencies and services utilized for learning experiences adequate in number and kinds to meet curriculum objectives.

(e) Students:

- (1) Nursing assistant education programs shall admit students without discrimination as to age, race, religion, sex, sexual preference, national origin and marital status.
- (2) Admission progression, completion and dismissal procedures shall be available to the students in written form.
- (3) Each student shall be under the supervision of a licensed nurse at all times when providing client care as part of the student's clinical experience.
- (4) Students rights and responsibilities shall be available in written form.

(f) Curriculum The curriculum shall reflect the philosophy, purpose and outcomes of the nursing assistant education program, and shall be consistent with the law governing the practice of nursing and the delegation of care to the nursing assistant.

- (1) The curriculum shall identify student outcomes.
- (2) The curriculum shall be implemented by:
 - (A) developing outlines that identify all aspects of the course;
 - (B) utilizing a variety of teaching methods; and
 - (C) providing for individual differences among students.
- (3) Learning experiences and methods of instruction shall be selected to fulfill curriculum objectives.
- (4) Curriculum shall be evaluated by the instructor with provisions for student participation.
- (5) Curriculum for programs shall include a minimum of 80 hours of education with at least 30 hours of clinical practice in a health care facility in:
 - (A) Basic Nursing Skills;
 - (B) Personal Care Skills;
 - (C) Basic Restorative Skills;
 - (D) Mental Health, Social Services, and Psychosocial Skills;
 - (E) Care of the Cognitively Impaired;
 - (F) Communication Skills; and
 - (G) Nursing Team Member Skills.

(g) **Evaluation** Instructors shall engage in both continuing overall evaluation of the program relate to its objectives and planned periodic evaluation of all its various components. There shall be:

(1) documentation of periodic evaluations of each student's achievement at planned intervals and evidence that the student participated in the process; and

(2) a written plan for systematically evaluating the program related to its purpose or objective, and documented evidence that the plan is implemented.

(h) **Records**

(1) Student files shall be current and include admission data, written periodic evaluations, standards skills list and transfer records as appropriate. The permanent file shall include a final evaluation.

(2) Instructor file records shall be current with proof of licensure, curriculum vitae, terms of employment and evidence of participation in academic study, clinical practice, workshops, conferences or other appropriate activities.

16.13 Annual Report The program administrator shall submit an annual report, on forms provided by the Board, by April 1st regarding the program's compliance with these rules.

16.14 Consultations The Board shall provide consultation upon request of a controlling institution or program for assistance with matters related to approval. The Board may require reimbursement to the consultant by the governing organization or the program for actual and necessary personal expenses incurred for meals, lodging and travel in the State of Vermont.

Part 17 Nursing Assistants: Licensing and Discipline

17.1 Licensure

(a) The Board shall issue a license carrying a permanent license number, designating the date of issuance and the authorized level of practice, to all applicants who qualify for initial licensure.

(b) The license shall be recorded in the permanent records of the Board and a license to practice shall be issued, valid from the date of issue until the stated date of expiration.

(c) Any person who is practicing as a nursing assistant may be requested and shall then produce the license as evidence of authorization to practice in Vermont during the time period designated on the license.

(d) The Board may issue a temporary license, not to exceed 90 days, to permit the practice of nursing by a nursing assistant currently licensed or certified in another jurisdiction of the United States and who has applied for licensure by endorsement.

(e) The Board may issue a temporary permit not to exceed 90 days or until results of the exam, to permit the practice of nursing by a nursing assistant who within 30 days preceding the application has successfully completed a State approved nursing assistant training program or a RN or LPN nursing student who has been approved by the Board and is awaiting competency evaluation testing.

17.2 Qualifications

(a) Licensure as a nursing assistant shall be issued only to a qualified applicant in accordance with 26 V.S.A. § 1593 and with these rules or to an applicant for licensure who is licensed in another state having requirements for licensure equal to or exceeding those in Vermont and if all other requirements set forth in 26 V.S.A., Chapter 28 and these rules are met.

(b) The Board may require any applicant for licensure or relicensure to authorize, secure, and provide to the Board an assessment from an appropriately qualified professional person or previous employer of current mental and physical ability to perform safely the duties of a nursing assistant.

(c) The candidate, for initial licensure, must provide evidence of completion of a state approved nursing assistant education program preparing for entry into nursing assistant practice. The program must have been completed during the previous two years.

(d) Successful completion from an approved nursing assistant educational program does not imply state licensure. A person completing the program may be identified as a nursing assistant only upon:

- (1) successful completion of the Board approved competency evaluation;
 - (2) submission of an application request and designated fee to the Board;
- and
- (3) entry in the nursing assistant registry and receipt of confirmation of licensure from the Board.

(e) Students enrolled in RN or LPN programs prior to employment as nursing assistants, must demonstrate to the satisfaction of the Board, that they have

- (1) successfully completed a course of study equivalent to that required for nursing assistants; and

(2) successfully complete the competency evaluation.

17.3 Endorsement

(a) In accordance with 26 V.S.A. § 1593 and these rules, an applicant who is licensed or certified in another state shall be licensed at the same level of practice in Vermont by endorsement from the other state if all other qualifications and requirements are met.

(b) An applicant for endorsement shall submit to the Board of Nursing:

- (1) a completed application;
- (2) written documentation indicating successful completion of a state approved nursing assistant competency evaluation program;
- (3) verification of initial placement on a nursing assistant registry;
- (4) verification of placement on a nursing assistant registry from jurisdiction of most recent employment;
- (5) the required fee; and
- (6) evidence of having practiced a minimum of 50 days (400 hours) in the last 2 years for paid compensation. Eight hours are equivalent to one day of nursing practice.

(c) Health care professionals from outside of the United States shall be eligible to take the competency examination in English if they produce evidence of education equal in content to the basic nursing assistant education program.

17.4 License Renewal Licensees are renewed on a fixed biennial schedule.

(a) Licenses must be renewed before they expire. The expiration date is stated on the license.

(b) A licensee shall renew by the expiration date printed on his or her license.

(c) Before the license expiration date, the office will mail a notice of renewal to the last known address.

(d) A license will expire automatically if the renewal application and fee are not returned to the office by the expiration date.

17.5 Change of Name or Address A licensee is responsible for notifying the office promptly of a change in name or mailing address.

17.6 Reinstatement of Lapsed License All applicants for renewal of a lapsed license shall comply with the requirements of 26 V.S.A. § 1594 and these rules. Renewals received after the expiration date will incur a late renewal penalty and may be subject to discipline. The Board may waive the penalty in case of hardship.

17.7 Renewal Process

(a) The Office of Professional Regulation shall mail to every nursing assistant, to the last-known address, a notification for renewal of license to practice as a nursing assistant at least 60 days prior to the expiration date. An individual licensed in the renewal application period shall be licensed through the next two year renewal period.

(b) **Information and Fee** The nursing assistant shall complete the application by providing all information requested, and returning it to the Board. A biennial fee is required. Supporting documentation must be included if applicable.

(c) **Failure to Meet Renewal Requirements** No person shall be granted relicensure if renewal requirements are not met or if the license has been revoked or suspended by the Board.

17.8 Active Practice Requirement

(a) The nursing assistant shall provide evidence of having practiced a minimum of 50 days (400 hours) in the last two years for paid compensation. Eight hours are equivalent to one day of nursing practice. "Nursing assistant" means an individual, regardless of title, who performs nursing or nursing related functions under the supervision of a licensed nurse.

(b) A licensee who does not meet the renewal requirement may be required to repeat the nursing assistant education program and/or competence evaluation.

(c) If there is a question about the applicant's education or practice as a nursing assistant, the Board may require the applicant to provide a job description or other evidence of the required qualifications and expected job responsibilities. The job description shall be certified as true by employers or other appropriate persons.

17.9 Lost, Stolen, Destroyed Credentials Upon request, a nursing assistant whose license to practice is lost, stolen or destroyed may be issued a replacement license for a fee.

17.10 Change of Name or Address

(a) A nursing assistant whose name is legally changed shall be issued a replacement indicating this change following submission of:

- (1) the name change on a form provided by the Board and
- (2) legal documentation of name change; and
- (3) the required fee.

(b) A nursing assistant whose address changes from the address appearing on the current license shall notify the Board in writing of this change. The Board

does not issue a new license but makes such changes in the registry and mailing files.

17.11 Applications

(a) All applications for licensure, relicensure, and replacement licenses shall be made on forms available from the Board.

(b) Applications shall include all information requested, and shall be accompanied by the appropriate fee.

(c) Supporting documents must be submitted within six months from filing the application form.

17.12 Examinations

(a) The Board shall approve and oversee the administration, scoring and reporting of exams by an approved testing agency.

(b) The Board shall verify licensure status of any examinee to anyone who so requests after the results have been released.

(c) An examinee shall report a failure of examination to an employer immediately on receiving notice thereof and shall cease employment as an LNA applicant.

(d) The term "examination" is used interchangeably with competency evaluation and competency evaluation program.

17.13 Application

(a) An applicant shall submit a fully completed application form with all supporting documentation requested and the fee to the office.

(b) An applicant issued an initial license within 90 days of the renewal date will not be required to renew or pay the renewal fee. The license will be issued through the next full licensure period.

(c) An applicant issued an initial license more than 90 days prior to the renewal expiration date will be required to renew and pay the renewal fee.

(d) The applicant must submit an application to the testing service.

(e) The applications will include certification by the primary instructor of the candidate's nursing assistant education program that the applicant has successfully completed, at a minimum, 80 hours and is eligible for graduation prior to the scheduled examination. The Board or the Executive Director may request additional information from an applicant or an interview with the applicant.

17.14 Disabilities

(a) A candidate for examination who has a disability, but is otherwise qualified, shall not be deprived of the opportunity to take the licensing examination solely by reason of that disability.

(b) Special accommodations may be provided to disabled candidates when the following materials have been reviewed and approved by the Board:

- (1) a letter of request from the student;
- (2) a letter from the program administrator of the candidate's nursing assistant education program. This letter should describe accommodations and modifications which have been made for the candidate during their education program; and
- (3) documentation of the disability by an appropriate specialist with detailed information of special accommodations needed.

17.15 Retaking Examinations

(a) Candidates who fail to achieve the passing standard score on the initial examination may take the examination an additional two times.

(b) Nursing assistant candidates who fail the examination three times shall, before being accepted for another examination, complete another state approved nursing assistant education program.

17.16 Fees

(a) Fees are not refunded.

(b) Fee schedules for examination are available from the Board of Nursing office upon request.

17.17 Disciplinary Actions Pursuant to 26 V.S.A. § 1595 and these rules and in accordance with 3 V.S.A., Chapter 25 the Board may warn, reprimand, condition, suspend, or revoke any license to practice as a nursing assistant in Vermont, or otherwise discipline a licensee upon proof that the licensee has committed unprofessional conduct as defined by law.

17.18 Definitions For purposes of proceedings under 26 V.S.A., § 1595(5) the following definition applies: Being "unfit or incompetent to function as a nursing assistant by reason of any cause" includes, but is not limited to:

- (a) performing unsafe or unacceptable patient care;
- (b) failing to conform to the essential standards of acceptable and prevailing nursing assistant practice;
- (c) engaging in conduct of a character likely to deceive, defraud, or harm the public;

- (d) falsifying or altering clinical records or making inaccurate or misleading entries;
- (e) failing to take appropriate action to safeguard a client from incompetent health care;
- (f) leaving a nursing assistant assignment without properly advising appropriate personnel;
- (g) violating confidentiality by inappropriately revealing information or knowledge about a client; and
- (h) practicing as a nursing assistant in Vermont without a current Vermont license to practice.

17.19 Disciplinary Proceedings The Office of Professional Regulation maintains a compilation of procedures which affect the public. The Board follows that compilation which details the disciplinary process including filing complaints; methods of disposition of complaints; hearing and hearing notices; findings, conclusions and orders in accord with 26 V.S.A., Chapter 28 and 3 V.S.A., Chapter 5.

17.20 Reinstatement of a License and Removal of Conditions from a License

Reinstatement following suspension for time certain: When a suspension is for a specific period of time, and no other conditions are imposed, the Board's executive director reinstates the license upon expiration of the suspension period and payment of the reinstatement fee, and any other renewal requirements.

17.21 Reinstatement Following Suspension Until Conditions are Met

(a) When a suspension order sets conditions or requirements to be met before reinstatement, the respondent must first meet the conditions and then request reinstatement in writing. The request is referred to an investigating team for review.

(b) Following its review, which may include additional investigation, the investigating team may: consent to, or not oppose, reinstatement; negotiate a stipulation for reinstatement; or file an opposition to reinstatement.

(c) Once the investigating team has notified the Board, in writing, of its action, the Board holds a hearing. The team's written opposition will contain a short and plain statement of the matters at issue, as required by 3 VSA, § 809. Denials of reinstatement must be based on the original order. Any new misconduct found by the investigating team should be the subject of new charges.

(d) If the Board orders reinstatement, the executive director reinstates the license upon payment of the reinstatement fee, and any other renewal requirements.

17.22 Reinstatement Following Revocation, Evidence Required A

respondent whose license has been revoked may nonetheless petition for reinstatement following rehabilitation. The petition must show:

- (a) present possession of entry level qualifications;
- (b) specific rehabilitation;
- (c) methods of assuring public safety; and
- (d) that reinstatement will not be detrimental to the integrity of the profession or subversive of the public interest.

17.23 Reinstatement Following Revocation, Procedure

(a) The petition is referred to an investigating team for review. The Board will provide specific examples, upon the petitioner's request, of the types of evidence which would be helpful in showing the factors above.

(b) Following its review, which may include additional investigation, the investigating team may:

- (1) consent to, or not oppose, reinstatement;
- (2) negotiate a stipulation for reinstatement; or
- (3) file an opposition to reinstatement.

(c) Once the investigating team has notified the Board, in writing, of its action, the Board holds a hearing. The team's written opposition will contain a short and plain statement of the matters at issue, as required by 3 VSA, § 809. The burden is on the respondent on all issues. Denial may be based on a failure to satisfactorily establish any element.

(d) If the Board orders reinstatement, the executive director reinstates the license upon payment of the reinstatement fee, and any other renewal requirements.

17.24 Removal of a Restriction for a Time Certain When a restriction or condition is imposed for a specific period of time, and no other conditions are imposed, the Board's executive director removes the restriction or condition upon expiration of the period of time.

17.25 Removal of Restrictions Imposed Until Conditions are Met When an order restricts a respondent's practice until the respondent meets specified conditions, the request is referred to an investigating team, and the Board acts after receiving the team's recommendation.

17.26 Preliminary Denial of Application If the Board intends to deny an application for a license, the Board shall send the applicant written notice of the decision by certified mail. The notice shall include a statement of the reasons for the action and shall advise the applicant that the applicant may file a petition with the Board for review of its preliminary decision within 30 days of the date on

which the notice is mailed. After the hearing, the Board shall affirm or reverse the preliminary denial, explaining the reason therefor in writing.

17.27 Appeal of Final Denial of Licensure

(a) A party aggrieved by a final decision of the Board may appeal that decision by filing a notice of appeal with the Director who shall assign the case to an appellate officer. The review shall be conducted on the basis of the record created before the Board. Persons wishing to appeal shall give written notice of their decision to appeal within 30 days of receipt of the Board's final decision to:

Director, Office of Professional Regulation Office of the Secretary of State
National Life Bldg., North, FL2
Montpelier, VT 05620-3402

(b) The appellate officer's decision may be appealed to Washington Superior Court.

17.28 Illegal Employment In Accordance with 26 V.S.A. § 1584(a)(7), it is unlawful for any person or agency or institution to employ a person to function as nursing assistant in Vermont unless this person is duly registered and currently licensed to so practice in Vermont.

17.29 Duty to Report Employee Discipline Employers must comply with reporting requirements for disciplinary action as cited in 3 V.S.A. § 128.

17.30 Continuing Education

(a) The Board expects each nursing assistant to assume individual responsibility for maintaining and improving competencies in current knowledge, skills, and abilities relevant to the individual's area of practice.

(b) Practice Requirements: Practice of nursing at the level of licensure as stated in these rules.

Part 18 Alternative Program for Nurses and Nursing Assistants

18.1 Alternative Program

(a) The Board of Nursing may provide for an alternative to the disciplinary process for nurses and nursing assistants with chemical dependencies or other professional practice issues as designated by the Board, provided, that the licensee agrees to voluntarily participate in the specified program.

(b) All records pertaining to a licensee's participation in the nondisciplinary program are confidential and not subject to discovery, subpoena or public disclosure. That information related to the nondisciplinary program is provided to the licensee's employer and/or treating professional(s) to ensure adequate monitoring and compliance.

(c) The Board may adopt protocols for use as the program expands its scope.

18.2 Definitions

(a) Chemical Dependency - physical or psychological reliance upon one or more substances including drugs or alcohol.

(b) Alternative Committee - committee appointed by the Board to administer the Alternative Program. The committee shall review applications, pertinent reports and information, and shall impose and monitor conditions as appropriate.

18.3 Criteria for Eligibility In order to be eligible for this program, an individual must:

(a) hold a license or be eligible for licensure in Vermont;

(b) voluntarily request admission to the program;

(c) agree to undergo a comprehensive assessment, at the licensee's expense, from an approved alcohol and drug abuse counselor and/or other treatment provider based on criteria established by the committee; and

(d) agree in writing to comply with the contract prepared by the committee.

18.4 Criteria Which Disqualify a Licensee from Eligibility The Board reserves the right to discipline any chemically dependent licensee subject to its jurisdiction. Factors which may disqualify a licensee from participation in the Alternative Program include:

(a) conviction of a felony or pending felony charges related to chemical dependency;

(b) having a restricted license in the last five years by a licensing Board or commission for an offense that would constitute unprofessional conduct in this state;

(c) diversion of controlled substances;

(d) having caused actual or potential risk of patient harm;

(e) imminent danger to the public;

(f) recent history of chemical dependency and failed treatment;

(g) having been determined not fit for this program by the independent comprehensive assessment required for entry into the program.

18.5 Agreement Between the Licensee and the Alternative Committee

Each candidate for the alternative program shall enter into a written contract with the Board. Under the terms of the contract, the licensee's participation in the program shall remain confidential and disciplinary action will not be initiated as long as the licensee complies with the terms of the contract. The licensee must agree to the conditions, costs, and restrictions the committee have deemed appropriate for the circumstances.

18.6 Causes for Termination from the Program

(a) Satisfactory completion of the program as designated by the Committee.

(b) Failure to comply with the conditions designated by the Committee.

(c) Disciplinary action. Termination from the program for failing to comply with its terms will subject the licensee to the traditional disciplinary proceedings, including referral to an investigative team, the filing of charges, a hearing, and discipline by the Board.

Part 19 Applicability of Rules

19.1 Severability If any of these rules, or the application of any rule to any person or circumstance, shall be held invalid, the remainder of these rules and the application of that rule to persons or circumstances other than those as to which it is held invalid, shall not be affected thereby.

effective date: June 23, 2011