

*STATUTES OF THE
STATE BOARD OF NURSING*

*ISSUED BY
ARIZONA STATE BOARD OF NURSING
PHOENIX, ARIZONA*

Revised July 20, 2011

CHAPTER 15
NURSING

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ARTICLE 1. BOARD OF NURSING

§32-1601. Definitions

In this chapter, unless the context otherwise requires:

1. "Absolute discharge from the sentence" means completion of any sentence, including imprisonment, probation, parole, community supervision or any form of court supervision.
2. "Approval" means that a regulated training or educational program to prepare persons for licensure or certification has met standards established by the board.
3. "Board" means the Arizona state board of nursing.
4. "Certified registered nurse" means a registered nurse who has been certified by a national nursing credentialing agency recognized by the board.
5. "Clinical nurse specialist" means a registered nurse who:
 - (a) Is certified by the board as a clinical nurse specialist.
 - (b) Holds a graduate degree with a major in nursing and completes educational requirements as prescribed by the board by rule.
 - (c) Is nationally certified as a clinical nurse specialist or, if certification is not available, provides proof of competence to the board.
 - (d) Has an expanded scope of practice based on advanced education in a clinical nursing specialty that includes:
 - (i) Assessing clients, synthesizing and analyzing data and understanding and applying nursing principles at an advanced level.
 - (ii) Managing directly and indirectly a client's physical and psychosocial health status.
 - (iii) Analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem and selecting appropriate nursing interventions.
 - (iv) Developing, planning and guiding programs of care for populations of patients.
 - (v) Making independent nursing decisions to solve complex client care problems.
 - (vi) Using research skills and acquiring and applying critical new knowledge and technologies to nursing practice.
 - (vii) Prescribing and dispensing durable medical equipment.
 - (viii) Consulting with or referring a client to other health care providers based on assessment of the client's health status and needs.
 - (ix) Facilitating collaboration with other disciplines to attain the desired client outcome across the continuum of care.
 - (x) Performing additional acts that require education and training as prescribed by the board and that are recognized by the nursing profession as proper to be

performed by a clinical nurse specialist.

6. “Conditional license” or “conditional approval” means a license or approval that specifies the conditions under which the regulated party is allowed to practice or to operate and that is prescribed by the board pursuant to section 32-1644 or 32-1663.
7. “Delegation” means transferring to a competent individual the authority to perform a selected nursing task in a designated situation in which the nurse making the delegation retains accountability for the delegation.
8. "Disciplinary Action" means a regulatory sanction of a license, certificate or approval pursuant to this chapter in any combination of the following:
 - (a) A civil penalty for each violation of this chapter, not to exceed one thousand dollars for each violation.
 - (b) Restitution made to an aggrieved party.
 - (c) A decree of censure.
 - (d) A conditional license or a conditional approval that fixed a period and terms of probation.
 - (e) Limited licensure.
 - (f) Suspension of a license, a certificate or an approval.
 - (g) Voluntary surrender of a license, a certificate or an approval.
 - (h) Revocation of a license, a certificate or an approval.
9. "Licensee" means a person who is licensed pursuant to this chapter or in a party state as defined in section 32-1668.
10. “Limited License” means a license that restricts the scope or setting of a licensee’s practice.
11. “Nursing assistant” means a person who is certified pursuant to this chapter to provide or assist in the delivery of nursing or nursing-related services under the supervision and direction of a licensed nursing staff member. Nursing assistant does not include a person who:
 - (a) Is a licensed health care professional.
 - (b) Volunteers to provide nursing assistant services without monetary compensation.
12. “Practical nurse” means a person who holds a practical nurse license issued pursuant to this chapter or pursuant to a multistate compact privilege and who practices practical nursing as defined in this section.
13. "Practical nursing" includes the following activities that are performed under the supervision of a physician or a registered nurse:
 - (a) Contributing to the assessment of the health status of individuals and groups.
 - (b) Participating in the development and modification of the strategy of care.
 - (c) Implementing aspects of the strategy of care within the nurse's scope of practice.
 - (d) Maintaining safe and effective nursing care that is rendered directly or indirectly.
 - (e) Participating in the evaluation of responses to interventions.

- (f) Delegating nursing activities within the scope of practice of a practical nurse.
 - (g) Performing additional acts that require education and training as prescribed by the Board and that are recognized by the nursing profession as proper to be performed by a practical nurse.
14. “Registered nurse” or “professional nurse” means a person who practices registered nursing and who holds a registered nurse license issued pursuant to this chapter or pursuant to a multistate compact privilege.
15. “Registered nurse practitioner” means a registered nurse who:
- (a) Is certified by the board.
 - (b) has completed a nurse practitioner education program approved or recognized by the board and educational requirements prescribed by the board by rule.
 - (c) If applying for certification after July 1, 2004, holds national certification as a nurse practitioner from a national certifying body recognized by the board.
 - (d) Has an expanded scope of practice within a specialty area that includes:
 - (i) Assessing clients, synthesizing and analyzing data and understanding and applying principles of health care at an advanced level.
 - (ii) Managing the physical and psychosocial health status of clients.
 - (iii) Analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem and selecting, implementing and evaluating appropriate treatment.
 - (iv) Making independent decisions in solving complex client care problems.
 - (v) Diagnosing, performing diagnostic and therapeutic procedures, and prescribing, administering and dispensing therapeutic measures, including legend drugs, medical devices and controlled substances within the scope of registered nurse practitioner practice on meeting the requirements established by the board.
 - (vi) Recognizing the limits of the nurse's knowledge and experience and planning for situations beyond the nurse's knowledge, educational preparation and expertise by consulting with or referring clients to other health care providers when appropriate.
 - (vii) Delegating to a medical assistant pursuant to section 32-1456.
 - (viii) Performing additional acts that require education and training as prescribed by the Board and that are recognized by the nursing profession as proper to be performed by a nurse practitioner.
16. “Registered nursing” includes the following:
- (a) Diagnosing and treating human responses to actual or potential health problems.

- (b) Assisting individuals and groups to maintain or attain optimal health by implementing a strategy of care to accomplish defined goals and evaluating responses to care and treatment.
- (c) Assessing the health status of individuals and groups.
- (d) Establishing a nursing diagnosis.
- (e) Establishing goals to meet identified health care needs.
- (f) Prescribing nursing interventions to implement a strategy of care.
- (g) Delegating nursing interventions to others who are qualified to do so.
- (h) Providing for the maintenance of safe and effective nursing care that is rendered directly or indirectly.
- (i) Evaluating responses to interventions.
- (j) Teaching nursing knowledge and skills.
- (k) Managing and supervising the practice of nursing.
- (l) Consulting and coordinating with other health care professionals in the management of health care.
- (m) Performing additional acts that require education and training as prescribed by the board and that are recognized by the nursing profession as proper to be performed by a registered nurse.

17. "Regulated party" means any person or entity that is licensed, certified, recognized or approved pursuant to this chapter.

18. "Unprofessional conduct" includes the following whether occurring in this state or elsewhere:

- (a) Committing fraud or deceit in obtaining, attempting to obtain or renewing a license or a certificate issued pursuant to this chapter.
- (b) Committing a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case, conviction by a court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission.
- (c) Aiding or abetting in a criminal abortion or attempting, agreeing or offering to procure or assist in a criminal abortion.
- (d) Any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public.
- (e) Being mentally incompetent or physically unsafe to a degree that is or might be harmful or dangerous to the health of a patient or the public.
- (f) Having a license, certificate, permit or registration to practice a health care profession denied, suspended, conditioned, limited or revoked in another jurisdiction and not reinstated by that jurisdiction.
- (g) Willfully or repeatedly violating a provision of this chapter or a rule adopted pursuant to this chapter.
- (h) Committing an act that deceives, defrauds or harms the public.
- (i) Failing to comply with a stipulated agreement, consent agreement or board order.
- (j) Violating this chapter or a rule that is adopted by the board pursuant to this chapter.

- (k) Failing to report to the board any evidence that a registered or practical nurse or a nursing assistant is or may be:
 - (i) Incompetent to practice.
 - (ii) Guilty of unprofessional conduct.
 - (iii) Mentally or physically unable to safely practice nursing or to perform nursing related duties. A nurse who is providing therapeutic counseling for a nurse who is in a drug rehabilitation program is required to report that nurse only if the nurse providing therapeutic counseling has personal knowledge that patient safety is being jeopardized.
- (l) Failing to self-report a conviction for a felony or undesignated offense within ten days after the conviction.
- (m) Cheating or assisting another to cheat on a licensure or certification examination.

Amended by Laws 1964, Ch. 99, §1, Laws 1972, Ch. 91, § 1, eff. May 4, 1972; 1973, Ch. 157, §36; 1974, Ch. 204 § 1, eff. May 22, 1974; 1978, Ch. 41, §2; Laws 1981, Ch. 1, §7; Laws 1982, Ch. 174, §1; Laws 1982, Ch. 190, §2; Laws 1983, Ch. 105, §1; Laws 1984, Ch. 245, §1; Laws 1985, Ch. 163, §2; Laws 1990, Ch. 55, §1, eff. April 12, 1990; Laws 1991, Ch. 43, §1; Laws 1992, Ch. 308, §1; Laws 1993, Ch. 73, §1; Laws 1995, Ch. 255, §1; 1996, Ch 228 § 2, Laws 1997 Ch. 140, § 1; Laws 1998, Ch. 84 § 1, Laws 2002, Ch 203, § 1, eff. May 9, 2002; Laws 2002, Ch. 254 § 15.; Ch.. 150, § 1, effective September 30, 2009; Laws 2010 Ch 90 § 1, effective July 29, 2010.

Notes of Decisions

1. In general

Overlapping of areas of licensed activities exists between nurses and physiotherapists in regard to the giving of an authoritatively prescribed therapeutic treatment, and fact that the registered nurse renders the diathermy in a doctor's office goes to assure that she is authorized to give the service. Op.Atty.Gen. No. 66-19-L.

The ability to administer medications and treatment as authorized pursuant to this section is not sufficient authorization to order and interpret radiographs. Op.Atty.Gen. No. 182-034.

Licensed physicians' assistants are authorized under A.C.R.R. R4-17-15 to order routine x-rays; however, no authority exists to allow physicians' assistants to interpret the results of radiography examinations. Id.

A nurse may administer no more drugs and treatment than that which the directing physicians' assistant is authorized to prescribe. Op.Atty.Gen. No. 179-195.

Only licensed personnel may administer medications in a health care institution, and if the medication is a narcotic drug, only a physician, nurse, or intern may administer the medication; self-administration of medication does not require licensure of the person taking the medication, but, in an institutional setting where someone other than the person taking the medication either stores the medication, interprets or implements the physician's instructions as the form and frequency of use, or directly causes the medication to come into the patient's system, self-administration is not occurring and intervenor must be licensed or otherwise exempt from licensure. Op.Atty.Gen. No. 77-4, p. 147, 1976-77.

§32-1602. Board of nursing; member terms; immunity

A. The state board of nursing is established consisting of eleven members who are appointed by the governor. Six members shall be registered nurses, including at least one registered nurse practitioner clinical nurse specialist or Certified Registered Nurse Anesthetist. One member shall be a nursing

assistant or a nursing assistant educator. Two members shall represent the public and two members shall be licensed practical nurses. Members shall be appointed for a term of five years, to begin and end on June 30.

B. On or before May 1 each year and at any other time a vacancy on the board occurs, the governor shall make an appointment or appointments to the board. Appointment to fill a vacancy other than by expiration shall be for the unexpired term. A person shall not serve more than two consecutive terms as a member of the board.

C. The governor may remove any person from the board for neglect of any duty imposed by law or for incompetency or unprofessional or dishonorable conduct.

D. A board member's term automatically ends:

1. On the death of the member.
2. On the member's written resignation submitted to the board president or to the governor.
3. On the member's failure to attend three consecutive board meetings.

E. A board member who acts within the scope of board duties, without malice and in the reasonable belief that the member's action is warranted by law is not subject to civil liability.

Sec. 2. Retention of members – effective April 25, 2011

Notwithstanding section 32-1602, Arizona Revised Statutes, as amended by this act, all persons serving as members of the Arizona state board of nursing on the effective date of this act may continue to serve until the expiration of their normal terms. The governor shall make all subsequent appointments as prescribed by statute.

Sec. 3. Emergency – effective April 25, 2011

This act is an emergency measure that is necessary to preserve the public peace, health or safety and is operative immediately as provided by law.

Amended by Laws 1964, Ch 99 § 2; Laws 1973, Ch. 145 § 1, eff. May 14, 1973; 1977, Ch. 170, §3; Laws 1982, Ch. 190, §3 iff. July 24, 1982, retroactively effective to July 1, 1982; Laws 2009, Ch. 150, § 2, effective September 30, 2009 Laws 2011, Ch 242, § 1, effective April 25, 2011.

Cross Reference

Appointed officers, service at the pleasure of the governor, see §38-213.

§32-1603. Qualifications of board members

A. Each registered nurse member of the board shall:

1. Be a resident of this state.
2. Be a graduate of an approved registered nursing program.
3. Be licensed as a registered nurse in this state.
4. Have had a least five years' experience in nursing following graduation, including executive, supervisory or teaching experience in nursing education or nursing service.
5. Have been actively engaged in the practice of nursing or nursing activities for at least three years preceding the appointment.

- B. Each licensed practical nurse member of the board shall:
1. Be a resident of this state.
 2. Be a graduate of an approved practical nursing program.
 3. Be licensed as a licensed practical nurse in this state.
 4. Have at least five years' experience in practical nursing following graduation.
 5. Have been actively engaged in the practice of nursing for at least three years preceding the appointment.
- C. Each public member of the board shall be a person who:
1. Is not licensed pursuant to chapter 7, 8, 11, 13, 14, 15.1, 16, 17, 18, 19, 19.1, 21, 25, or 29 of this title or this chapter as an individual health care provider.
 2. Is not an employee of any health care institution licensed pursuant to title 36, chapter 4 or any authorized insurer providing disability insurance coverage in this state.
 3. Does not have a financial interest as a provider in the delivery of health care services.
- D. Each nursing assistant member of the board shall either:
1. Be certified as a nursing assistant pursuant to this chapter and currently practice or have practiced within three years of initial appointment to the board.
 2. Within one year of appointment to the board, have been employed as an instructor or coordinator in an approved nursing assistant training program.
- E. For at least three years preceding appointment to the board, each registered nurse practitioner or clinical nurse specialist member shall be certified pursuant to this chapter and actively practicing as a registered nurse practitioner, actively engaged in a clinical nurse specialist practice or teaching.
- F. Each member of the board shall take and subscribe to the oath prescribed by law for state officers, which shall be filed with the secretary of state.

Amended by Laws, 1964, Ch 99 § 3; 1977, Ch. 170, §4; Laws 1982, Ch. 190, §4; Laws 1983, Ch. 105, §2; Laws 1984, Ch. 245, §2; Laws 1995, Ch. 255, §2; Ch. 150 § 3, effective September 30, 2009

§32-1604. Compensation

Members of the board are eligible to receive compensation not to exceed two hundred dollars per day for each day spent in the discharge of their duties and all expenses necessarily and properly incurred in attending meetings.

Amended by Laws 1962, Ch 98 § 45; Laws 1970, ch 204 § 111; 1985, Ch. 163, § 3; Laws 1993, Ch. 73, § 2; Laws 2002, Ch. 203 § 2, eff. May 9, 2002.

§32-1605. Organization; meetings

A. The board shall annually elect from its membership a president, vice-president and secretary who assume office the following January and serve a term of one year. Officers may be elected for and serve more than one term. The board shall also appoint and employ an executive director, who is not a member of the board, and other employees necessary to carry on the work of the board.

B. The board shall hold meetings it deems necessary to transact its business. A majority of the board, including one officer, constitutes a quorum.

Amended by Laws 1971, Ch 125, § 43; Laws 1984, Ch. 245, § 3; Laws 2009, Ch. 150 § 4, effective September 30, 2009

§32-1605.01. Executive director; compensation; powers; duties

A. The board shall appoint an executive director who is not a member of the board. The executive director is eligible to receive compensation set by the board within the range determined under section 38-611.

B. The executive director or the executive director's designee shall:

1. Perform the administrative duties of the board.
2. Employ personnel needed to carry out the functions of the board.
3. Issue and renew temporary and permanent licenses, certificates and prescribing or dispensing authority.
4. Issue single state and multistate licenses pursuant to this chapter and nursing assistant certificates to applicants who are not under investigation and who meet the qualifications for licensure or nursing assistant certification prescribed in this chapter.
5. Perform other duties as directed by the board.
6. On behalf of the board, enter into stipulated agreements with a licensee for the confidential treatment, rehabilitation and monitoring of chemical dependency. A licensee who materially fails to comply with a program requirement shall be reported to the board and terminated from the confidential program. Any records of a licensee who is terminated from a confidential program are no longer confidential or exempt from the public records law. Notwithstanding any law to the contrary, stipulated agreements are not public records if the following conditions are met:
 - (a) The licensee voluntarily agrees to participate in the confidential program.
 - (b) The licensee complies with all treatment requirements or recommendations, including participation in alcoholics anonymous or an equivalent twelve step program and nurse support group.
 - (c) The licensee refrains from the practice of nursing until the return to nursing has been approved by the treatment program and the executive director or the executive director's designee.

- (d) The licensee complies with all monitoring requirements of the stipulated agreement including random bodily fluid testing.
 - (e) The licensee's nursing employer is notified of the licensee's chemical dependency and participation in the confidential program and is provided a copy of the stipulated agreement.
7. Approve nursing assistant training programs that meet the requirements of this chapter.
- C. If the board adopts a substantive policy statement pursuant to section 41-1091 and the executive director or designee reports all actions taken pursuant to this subsection to the board at the next regular board meeting, the executive director or designee may:
- 1. Dismiss a complaint pursuant to section 32-1664 if the complainant does not wish to address the board and either there is no evidence substantiating the complaint or, after conducting an investigation, there is insufficient evidence that the regulated party violated this chapter or a rule adopted pursuant to this chapter.
 - 2. Enter into a stipulated agreement with the licensee or certificate holder for the treatment, rehabilitation and monitoring of the licensee's or certificate holder's abuse or misuse of a chemical substance.
 - 3. Close complaints resolved through settlement.
 - 4. Issue letters of concern.
 - 5. In lieu of a summary suspension hearing, enter into a consent agreement if there is sufficient evidence that the public health, safety or welfare imperatively requires emergency action.
- D. The executive director may accept the voluntary surrender of a license, certificate or approval to resolve a pending complaint that is subject to disciplinary action. The voluntary surrender or revocation of a license, certificate or approval is a disciplinary action, and the board shall report this action if required by federal law.

Added by Laws 1990, Ch. 55, § 2; eff. April 12, 1990. Amended by Laws 1991, Ch. 43, § 2; Laws 1995, Ch. 255, § 3; 1997, Ch. 140 § 2; 1999 Ch 229 § 1; 2002 Ch 203 § 3, eff May 9, 2002; Laws 2009, Ch. 150 § 5, effective September 30, 2009

§32-1606. Powers and duties of board

- A. The board may:
- 1. Adopt and revise rules necessary to carry into effect the provisions of this chapter.
 - 2. Publish advisory opinions regarding registered and practical nursing practice and nursing education.
 - 3. Issue limited licenses or certificates if it determines that an applicant or licensee cannot function safely in a specific setting or within the full scope of practice.
 - 4. Refer criminal violations of this chapter to the appropriate law enforcement agency.

5. Establish a confidential program for the monitoring of licensees who are chemically dependent and who enroll in rehabilitation programs that meet the criteria established by the board. The board may take further action if the licensee refuses to enter into a stipulated agreement or fails to comply with its terms. In order to protect the public health and safety, the confidentiality requirements of this paragraph do not apply if the licensee does not comply with the stipulated agreement.
6. On the applicant's or regulated party's request, establish a payment schedule with the applicant or regulated party.
7. Provide education regarding board functions.
8. Collect or assist in the collection of workforce data.
9. Adopt rules for conducting pilot programs consistent with public safety for innovative applications in nursing practice, education and regulation.
10. Grant retirement status on request to retired nurses who are or were licensed under this chapter, who have no open complaint or investigation pending against them and who are not subject to discipline.
11. Accept and spend federal monies and private grants, gifts, contributions and devises to assist in carrying out the purposes of this chapter. These monies do not revert to the state general fund at the end of the fiscal year.

B. The board shall:

1. Approve regulated training and educational programs that meet the requirements of this chapter and rules adopted by the board.
2. By rule, establish approval and reapproval processes for nursing and nursing assistant training programs that meet the requirements of this chapter and board rules.
3. Prepare and maintain a list of approved nursing programs for the preparation of registered and practical nurses whose graduates are eligible for licensing under this chapter as registered nurses or as practical nurses if they satisfy the other requirements of this chapter and board rules.
4. Examine qualified registered and practical nurse applicants.
5. License and renew the licenses of qualified registered and practical nurse applicants who are not qualified to be licensed by the executive director.
6. Adopt a seal, which the executive director shall keep.
7. Keep a record of all proceedings.
8. For proper cause, deny or rescind approval of a regulated training or educational program for failure to comply with this chapter or the rules of the board.
9. Adopt rules for the approval of credential evaluation services that evaluate the qualifications of applicants who graduated from an international nursing program.

10. Determine and administer appropriate disciplinary action against all regulated parties who are found guilty of violating this chapter or rules adopted by the board.
11. Perform functions necessary to carry out the requirements of the nursing assistant training and competency evaluation program as set forth in the omnibus budget reconciliation act of 1987 (P.L. 100-203; 101 Stat. 1330), as amended by the medicare catastrophic coverage act of 1988 (P.L. 100-360; 102 Stat. 683). These functions shall include:
 - (a) Testing and certification of nursing assistants.
 - (b) Maintaining a list of board approved training programs.
 - (c) Recertifying nursing assistants.
 - (d) Maintaining a registry of all certified nursing assistants.
 - (e) Assessing fees.
12. Adopt rules establishing those acts that may be performed by a registered nurse practitioner in collaboration with a licensed physician, except that the board does not have authority to decide scope of practice relating to abortion as defined in section 36-2151.
13. Adopt rules establishing educational requirements for the certification of school nurses.
14. Publish copies of board rules and distribute these copies on request.
15. Require each applicant for initial licensure to submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check pursuant to section 41-1750 and Public Law 92-544. The department of public safety may exchange this fingerprint data with the federal bureau of investigation.
16. Require each applicant for initial nursing assistant certification, subject to appropriations from the state general fund by the legislature to the Arizona state board of nursing for fingerprinting, to submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check pursuant to section 41-1750 and Public Law 92-544. The department of public safety may exchange this fingerprint data with the federal bureau of investigation.
17. Revoke a license of a person, revoke the multistate licensure privilege of a person pursuant to section 32-1669 or not issue a license or renewal to an applicant who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions five or more years before the date of filing an application pursuant to this chapter.
18. Establish standards for approving and reapproving nurse practitioner and clinical nurse specialist programs and provide for surveys of nurse practitioner and clinical nurse specialist programs as it deems necessary.
19. Provide the licensing authorities of health care institutions, facilities and homes any

information the board receives regarding practices that place a patient's health at risk.

20. Limit the multistate licensure privilege of any person who holds or applies for a license in this state pursuant to section 32-1668.
 21. Adopt rules to establish competency standards for obtaining and maintaining a license.
 22. Adopt rules for the qualification and certification of clinical nurse specialists.
 23. Adopt rules for approval and reapproval of refresher courses for nurses who are not currently practicing.
 24. Maintain a list of approved medication assistant training programs.
 25. Test and certify medication assistants.
 26. Maintain a registry and disciplinary record of medication assistants who are certified pursuant to this chapter.
- C. The board may conduct an investigation on receipt of information that indicates that a person or regulated party may have violated this chapter or a rule adopted pursuant to this chapter. Following the investigation, the board may take disciplinary action pursuant to this chapter.
- D. The board may limit, revoke or suspend the privilege of a nurse to practice in this state granted pursuant section 32-1668.
- E. Failure to comply with any final order of the board, including an order of censure or probation, is cause for suspension or revocation of a license or a certificate.
- F. The president or a member of the board designated by the president may administer oaths in transacting the business of the board.

Sec. 2. Authority of the board

The authority of the state board of nursing to make scope of practice determinations is and always has been limited to authority delegated to the board by the legislature. Where the board's scope of practice determination is inconsistent with the authority of the legislature to set policy, it is void. Any rule, advisory opinion or other action taken relating to abortion and the scope of practice of nurses licensed pursuant to title 32, chapter 15, Arizona Revised Statutes, is rescinded and is not valid for any purpose.

Amended by Laws 1982, Ch. 190, § 5; Laws 1983, Ch. 105, § 3; Laws 1984, Ch. 245, § 4; Laws 1985, Ch. 163, § 4; Laws 1989, Ch. 293, §4; Laws 1991, Ch. 43, § 3; Laws 1992, Ch. 308, § 2; 1992, Ch. 314, §5; Laws 1993, Ch. 73, §3; Laws 1995, Ch. 255, §4;Laws 1996, Ch 284 § 71; Laws 1997 Ch 104 § 3, Ch 231 § 30; Laws 1998, Ch. 84 §2; Laws 1999, Ch 229, § 2; Ch 276 § 1; Laws 2002, Ch 203 § 4, eff May 9, 2002; Laws 2009, Ch. 150 § 6; Laws 2009, 3rd S.S., Ch. 7, § 14 effective September 30, 2009; Laws 2010, Ch 90 § 2, effective July 29,2010. Laws 2011 effective July 20, 2011.

Notes of Decisions

1. Discipline

Arizona State Board of Nursing has jurisdiction over Arizona-licensed nurses; thus, all nurses licensed by the Board must practice in conformity with Arizona's Nurse Practice Act, A.R.S. §§32-1601 to 32-1667.

Op. Atty. Gen. No. 189-090.

2. Midwives

State Board of Nursing has disciplinary authority over an individual who is licensed by the Board to practice as a practical or professional nurse, or nurse practitioner, and who is also licensed by the Department of Health Services as a midwife; the Board possesses disciplinary authority over such individual for unprofessional nursing conduct, whether the conduct occurs in the course of nursing or midwife activities. Op.Atty.Gen. No. 190-008.

3. Schools

Arizona State Board of Nursing has authority, as provided by A.R.S.§§32-1644 and 32-1606(B), over nursing schools which have been accredited by a national nursing accrediting agency. Op.Atty.Gen. No. 190-061.

§32-1607. Repealed by Laws, 1982, Ch. 190, §6; eff. July 24, 1982, retroactively effective to July 1, 1982.

Historical and Statutory Note

The repealed section, enacted as part of the 1995 revision, amended by Laws 1962, Ch. 98, §46 and Laws 1970, Ch. 204, §112, and derived from Laws 1952, Ch. 39, §2 and Code 1939, Supp. 1952, §67-1310, created a practical nurse committee, determined the membership, and provided for the compensation and duties of the members.

§32-1608. Examinations; notice

The board shall contract with a private entity to conduct licensure and nursing assistant certification examinations. The board shall require as part of this contract that the entity provide notice of the examination procedure to applicants.

Amended by Laws 1983, Ch. 105, § 4; Laws 1993, Ch. 73, § 4; Laws 1995, Ch. 255, § 5; Laws 1997, Ch 140 § 4; Laws 2009, Ch. 150, § 7, effective September 30, 2009

§32-1609. Register of licenses and certificates; change of address

- A. The executive director shall keep a register of licenses and certificates for each person who holds an Arizona nursing license or nursing assistant certificate that includes the following:
1. Each licensee's and certificate holder's current address.
 2. Licenses and certificates granted or revoked.
- B. The register shall be open during office hours to public inspection.
- C. Each person who holds an Arizona nursing license or nursing assistant certificate shall notify the board in writing within thirty days of each change in the licensee's or certificate holder's address.

Amended by Laws 1984, Ch. 245, § 5; Laws 1993, Ch. 73, § 5; Laws 2002, Ch 203, § 6, eff May 9, 2002; Laws 2009, Ch. 150, § 8, effective September 30, 2009

§32-1610. Repealed by Laws 1992, Ch. 308, §3.

Historical and Statutory Notes

The repealed section related to the appointment of representative to attend official meetings.

§32-1611. Board of Nursing Fund

A. Before the end of each month, pursuant to sections 35-146 and 35-147, the board shall deposit ten per cent of all monies received by the board from fees pursuant to section 32-1643 in the state general fund and deposit the remaining ninety per cent in the board of nursing fund.

B. Monies deposited in the board of nursing fund are subject to section 35-143.01.

C. Monies from civil penalties received pursuant to section 32-1606 shall be deposited, pursuant to sections 35-146 and 35-147, in the state general fund.

Amended by Laws 1960 Ch. 71 § 1; Laws 1970 Ch. 190 § 43; Laws 1973 Ch 145 § 2; 1977, Ch. 82, § 17; Laws 1984, Ch. 245, § 6;Laws 1996, Ch 102 § 29; Laws 2000 Ch 193 § 290; Laws 2009, Ch. 150, § 9, effective September 30, 2009

ARTICLE 2. LICENSING AND CERTIFICATION

The heading of this article was changed from "Licensing" to "Licensing and Certification" by Laws 1992, Ch. 308, §7, effective September 30, 1992.

§32-1631. Acts and persons not affected by chapter

This chapter does not prohibit:

1. Auxiliary or supportive services by maids, porters, messengers, bus boys, nurses aides or attendants working under competent supervision in a licensed hospital, or gratuitous care by friends or members of the family who is employed by the government of the United States or any bureau, division or agency of the United States government of a sick or infirm person or incidental care of the sick by a domestic servant or person employed primarily as a housekeeper, as long as these persons do not practice registered nursing or claim to be licensed practical nurses.
2. Nursing assistance in cases of emergency.
3. Nursing by duly enrolled pre-licensure students under competent supervision in approved nursing programs.
4. The practice of nursing in this state by any legally qualified nurse of another state whose engagement requires the nurse to accompany and care for a patient temporarily residing in this state during one such engagement not to exceed six months, if the nurse does not claim to be a nurse licensed to practice in this state.
5. Nursing by any legally qualified nurse of another state who is employed by the government of the United States or any bureau, division or agency of the United States government in the discharge of that person's official duties.
6. Caring for the sick in connection with the practice of religion or treatment by prayer.
7. Registered nurse practitioner or clinical nurse specialist practice by duly enrolled students under competent supervision as part of a registered nurse practitioner or clinical nurse specialist program if the program is approved by a United States nursing regulatory agency in the state of the parent institution and the student is authorized to practice registered nursing in this state.
8. Nursing education provided to students in this state that is provided electronically or in person by a person who resides in another state and who is licensed to practice registered nursing in that state if the provision of education does not exceed six consecutive months in any calendar year and does not include supervising or providing clinical care.
9. Consulting services that are provided to persons in this state electronically or in person by a person who resides in another state and who is licensed to practice registered nursing in

that state if the provision of services does not exceed six consecutive months in any calendar year and does not include direct patient care.

Amended by Laws 1983, Ch. 105, § 6; Laws 1985, Ch. 163, § 5; Laws 1995, Ch. 255, § 6; Laws 2002, Ch 203 § 7 eff May 9, 2002; Laws 2009, Ch. 150, § 10 effective September 30, 2009.

Historical and Statutory Notes

Laws 1995, Ch. 255, §§22, 23, and 25, provide:

“Sec. 22. Administration of medication; delegation

“A nurse licensed pursuant to title 32, chapter 15, article 2, Arizona Revised Statutes, shall not delegate the ability to administer medication to nonlicensed personnel.”

“Sec. 23. Study committee on the administration of medications by nurses; membership; duties

“A. The study committee on the administration of medications by nurses is established consisting of the house of representatives health committee of reference members and the senate health committee of reference members.

“B. The committee shall:

“1. Evaluate the effects of allowing licensed nurses to delegate the ability to administer certain medications to nonlicensed personnel as part of their work in various health care delivery settings. “2. Review the impacts of allowing nonlicensed personnel under the direction of a licensed nurse to administer medications to patients with various levels of acuity. “3. Submit a report of its findings and recommendations to the governor, the president of the senate and the speaker of the house of representatives on or before December 31, 1995.”

“Sec. 25. Delayed repeal

“A. Section 22 of this act is repealed from and after December 31, 1996.

“B. Section 23 of this act is repealed from and after December 31, 1995.

§32-1632. Qualifications of registered nurse; application for license

An applicant for a license to practice as a registered nurse shall file with the board a verified written application accompanied by the prescribed fee and shall submit satisfactory proof that the applicant:

1. Has completed satisfactorily the basic curriculum in an approved registered nursing program and holds a diploma or degree from that program.
2. If convicted of one or more felonies, has received an absolute discharge from the sentences for all felony convictions five or more years before the date of filing an application pursuant to this chapter.

Amended by Laws 1962 Ch 93 § 1; Laws 1973 Ch. 145 § 3; Laws 1983, Ch. 105, § 7; Laws 1984, Ch. 245, §7; Laws 1993, Ch. 73, § 6; Laws 1995, Ch. 255, § 7; Laws 1998, Ch. 84, § 3; Laws 2002, Ch 203, § 8, eff May 9, 2002; Laws 2009, Ch. 150, § 11 effective September 30, 2009

§32-1633. Examination of registered nurses

- A. An applicant shall pass an examination in subjects relating to the duties and services of a registered nurse taught in an approved registered nursing program as the board determines.
- B. If an applicant successfully passes the examination and meets the other requirements established pursuant to this chapter, the board shall issue a license to practice registered nursing to the applicant.
- C. If an applicant fails to pass the examination prescribed in subsection A within two years after completing the nursing program, the board may require the applicant to complete additional educational requirements as prescribed by the board by rule.
- D. If on review of credible evidence the board believes that the security of a licensure examination has been compromised and that the credibility of examination results is in question, the board may require retesting of applicants.

Amended by Laws 1982, Ch. 190, § 7 provides: "Any license issued by the board of nursing prior to July 1, 1982 which was issued on the basis of a score of less than seventy per cent of a written examination administered by the board is declared to be a valid license and may be renewed by the board upon compliance with the requirement for renewal of a license. Amended Laws 1983, Ch. 105, § 8; Laws 1984, Ch. 245, § 8; Laws 1993, Ch. 73, § 7; Laws 1995, Ch. 255, § 8; Laws 2009, Ch. 150, § 12 effective September 30, 2009.

§32-1634. Licensing out-of-state registered nurses

- A. The board may issue a license to practice registered nursing to an applicant who has been duly licensed or registered as a registered nurse in another state or a territory of the United States if in the opinion of the Board the applicant meets the qualifications required of a registered nurse in this state pursuant to sections 32-1632 and 32-1633.
- B. The board shall not issue a license to an applicant who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions five or more years before the date of filing the application.

Amended by Laws 1964, Ch 99 § 5; Laws 1973, Ch 145 § 4, eff May 14, 1973, Laws 1993, Ch 73 § 8; Laws 1998, Ch 84 § 4; Laws 1999, Ch 229 § 3; Laws 2002, Ch 203 § 9, eff May 9, 2002; Laws 2009, Ch. 150, § 13 effective September 30, 2009.

§32-1634.01. Qualification of international registered nurses; application for license; examination

- A. An applicant for a license to practice as a registered nurse who is a graduate of an international nursing program, who is not licensed in another state or territory of the United States and who does not

meet the requirements of section 32-1633, subsection A shall satisfy the following requirements:

1. Submit a report from a credential evaluation agency approved by the board that provides information that the applicant's nursing program is equivalent to an approved program or if the applicant graduated from a Canadian nursing program, submit a passing score on the English language version of the Canadian nurses association testing service examination or an equivalent Canadian nurse licensure examination as determined by the board.
2. Meets English language proficiency requirements prescribed by the board by rule.
3. Submit a report from an agency recognized by the board verifying that any license held in an international jurisdiction is in good standing and is of equivalent status to a license issued in the United States.
4. Pass an examination as provided in section 32-1633, subsection A.
5. Submit a verified statement that indicates whether the applicant has been convicted of a felony and, if convicted of one or more felonies, that indicates the date of absolute discharge from the sentences for all felony convictions.

B. If the applicant satisfies the requirements of subsection A of this section and meets the other requirements established pursuant to this chapter and board rules, except those requiring graduation from a board approved program, the board shall issue a license to practice as a registered nurse to the applicant.

C. On review of credible evidence, the board may require retesting of an applicant if the board believes that the security of an international licensure examination has been compromised and that the credibility of the examination results is in question.

Added by Laws 1984, Ch. 245, § 9. Amended by Laws 1985, Ch. 163, § 6; Laws 1993, Ch. 73, § 9; Laws 1995, Ch. 255, § 9; Laws 1998, Ch. 84, § 5; Laws 1999, Ch 229 § 4; Laws 2002 Ch 203 § 10, eff May 9, 2002; Laws 2009, Ch. 150, § 14 effective September 30, 2009

§32-1634.02. Qualifications of international registered nurses; applicants for licensure; endorsement

A. An applicant for a license to practice as a registered nurse who is a graduate of an international nursing program and who is licensed in another state or territory of the United States or, if not licensed, has met the requirements prescribed in section 32-1633, subsection A shall satisfy the following requirements:

1. Submit a report from a credential evaluation agency approved by the board that provides information indicating that the applicant's nursing program is equivalent to an approved registered nursing program or, if the applicant graduated from a Canadian nursing program, submit a passing score on the English language version of the Canadian Nurses

Association Testing Service Examination or an equivalent Canadian nurse licensure examination as determined by the board.

2. Submit a report from an agency recognized by the board verifying the status of any nursing license held by the applicant.
3. Pass an examination as prescribed in section 32-1633, subsection A and satisfy English language proficiency requirements as prescribed by the board by rule.
4. Submit a verified statement that indicates whether the applicant has been convicted of a felony and, if convicted of one or more felonies, that indicates the date of absolute discharge from the sentences for all felony convictions.

B. If the applicant satisfies the requirements of subsection A of this section and meets the other requirements prescribed in this chapter and pursuant to board rule, except those requiring graduation from a board approved program pursuant to section 32-1632, paragraph 1, the board shall issue a license to practice as a registered nurse to the applicant.

Added by Laws 2002, Ch 203 § 11, eff. May 9, 2002; Amended by Laws 2009, Ch. 150, § 15 effective September 30, 2009.

§32-1635. Temporary license to practice registered nursing

A. The board may issue a temporary license to practice registered nursing to an applicant for a license who meets the qualifications for licensing specified in sections 32-1632 and 32-1633 and board rules.

B. Temporary licenses expire on the date specified in the license and may be renewed at the discretion of the Executive Director.

Amended by Laws 1964, Ch. 99 § 6, Laws 1973, Ch. 145 § 5, eff. May 14, 1973; Laws 1982, Ch. 190, § 8 eff. July 24, 1982, retroactively effective to July 1, 1982; Laws 1985, Ch. 163, § 7; Laws 1993, Ch. 73, § 10; Laws 1995, Ch. 255, § 10; Laws 1998, Ch. 84, § 6; Laws 2002, Ch 203 § 12, eff. May 9, 2002; Amended by Laws 2009, Ch. 150, § 17 effective September 30, 2009

§32-1635.01. Temporary nurse practitioner and clinical nurse specialist certifications

A. The board may issue a temporary nurse practitioner certificate, including prescribing and dispensing authority, or a temporary clinical nurse specialist certificate to a registered nurse who holds an unencumbered temporary or permanent license and who meets the requirements for certification and prescribing and dispensing authority as prescribed by board rules.

B. A temporary certificate expires on the date specified in the certificate and may be renewed at the discretion of the Executive Director.

Added by Laws 2002, Ch 203 § 13, eff. May 9, 2002; Amended by Laws 2009, Ch. 150, § 17 effective September 30, 2009

§32-1636. Use of titles or abbreviations

A. Only a person who holds a valid and current license to practice registered nursing in this state or

in a party state pursuant to section 32-1668 may use the title “nurse”, “registered nurse”, “graduate nurse” or “professional nurse” or the abbreviation “R.N.”

B. Only a person who holds a valid and current license to practice practical nursing in this state or in a party state as defined in section 32-1668 may use the title “nurse”, “licensed practical nurse” or “practical nurse” or the abbreviation L.P.N.”.

C. Only a person who holds a valid and current certificate issued pursuant to this chapter to practice as a registered nurse practitioner in this state may use the title “nurse practitioner”, “registered nurse practitioner” or “nurse midwife”, if applicable, or use any words or letters to indicate the person is a registered nurse practitioner. A person who is certified as a registered nurse practitioner shall indicate by title or initials the specialty area of certification.

D. Only a person who holds a valid and current certificate issued pursuant to this chapter to practice as a clinical nurse specialist may use the title “clinical nurse specialist” or use any words or letters to indicate the person is a clinical nurse specialist. A person who is certified as a clinical nurse specialist shall indicate by title or initials the specialty area of certification.

E. A nurse who is granted retirement status shall not practice nursing but may use the title "registered nurse-retired" or “RN-retired” or “licensed practical nurse-retired” or “LPN-retired”, as applicable.

Amended by Laws 1997, Ch 140 § 5; Laws 2002, Ch 203 § 14, eff. May 9, 2002; Laws 2009, Ch. 150, § 18 effective September 30, 2009.

Historical and Statutory Notes Source: Laws 1952, Ch. 39, §4. Code 1939, Supp. 1952, §67-1312.

§32-1637. Qualifications of practical nurse; application for license

An applicant for a license to practice as and assume the title of a licensed practical nurse shall file with the board a verified written application accompanied by the prescribed fee and shall submit satisfactory proof that the applicant:

1. Has satisfactorily completed the basic curriculum in an approved practical or professional nursing program and holds a diploma, certificate or degree from that program.
2. If convicted of one or more felonies, has received an absolute discharge from the sentences for all felony convictions five or more years before the date of filing the application.

Amended by Laws 1973, Ch. 145 § 6, eff. May 14, 1973; Laws 1983, Ch. 105, § 9; Laws 1984, Ch. 245, § 10; Laws 1991, Ch. 43, § 4; Laws 1995, Ch. 255, § 11; Laws 1998, Ch. 84, § 7; Laws 2002, Ch 203 § 15, eff. May 9, 2002.

§32-1638. Examination of practical nurses

A. An applicant shall pass an examination in subjects relating to the duties and services of a practical nurse taught in an approved practical nursing program as the board determines.

B. If an applicant successfully passes the examination and meets the other requirements established pursuant to this chapter, the board shall issue a license to practice as a licensed practical nurse to the applicant.

C. If an applicant fails to pass the examination prescribed in subsection A within two years after completing the nursing program, the board may require the applicant to complete additional educational requirements as prescribed by the board by rule.

D. On review of credible evidence, the board may require retesting of applicants if the board believes that the security of a licensure examination has been compromised and that the credibility of examination results is in question.

Amended by Laws 1982, Ch. 190, § 9, eff. July 24, 1982, retroactively effective to July 1, 1982; Laws 1983, Ch. 105, § 10; Laws 1984, Ch. 245, § 11; Laws 1992, Ch. 308, § 4; Laws 1993, Ch. 73, § 11; Laws 1995, Ch. 255, § 12; Laws 2002, Ch. 203 § 16, eff. May 9, 2002; Laws 2009, Ch. 150, § 19 effective September 30, 2009.

§32-1639. Licensing out-of-state practical nurses

A. The board may issue a license to practice as a practical nurse to an applicant who has been duly licensed as a practical nurse, or licensed to perform similar services and duties under a different title, in another state or territory of the United States, if in the opinion of the board the applicant meets qualifications required of a licensed practical nurse in this state.

B. The board shall not issue a license to practice practical nursing to an applicant who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions five or more years before the date of filing an application.

Amended by Laws 1964, Ch. 99 § 7; Laws 1973, Ch. 145 § 7, eff. May 14, 1973; Laws 1993, Ch. 73 § 12; Laws 1998, Ch. 84 § 8; Laws 2002, Ch. 203 § 17, eff. May 9, 2002.

§32-1639.01. Qualifications of international graduate practical nurses; application for license; examination

A. An applicant for a license to practice as a practical nurse who is a graduate of an international nursing program, who is not licensed in another state or territory of the United States and who does not meet the requirements of section 32-1638, subsection A must satisfy the following requirements:

1. Submit a report from a credential evaluation agency approved by the board that provides information that the applicant's nursing program is equivalent to an approved practical or registered nursing program, or if the applicant graduated from a Canadian nursing program, submit a passing score on the English language version of the Canadian Nurses Association Testing Service Examination or an equivalent Canadian nurse licensure examination as determined by the board.

2. Meets English language proficiency requirements prescribed by the board by rule.
3. Submit a report from an agency recognized by the board verifying that any license held in an international jurisdiction is in good standing and is of equivalent status to a license issued in the United States.
4. Pass an examination as prescribed in section 32-1638.
5. Submit a verified statement that indicates if the applicant has been convicted of a felony and, if convicted of one or more felonies, that indicates the date of absolute discharge from the sentences for all felony convictions.

B. The board shall issue a license to practice as a practical nurse to an applicant who does not meet the requirements of section 32-1637, paragraph 1, relating to graduation from a board approved program, if the applicant otherwise meets the requirements of subsection A of this section and the other requirements established pursuant to this chapter.

C. On review of credible evidence, the board may require retesting of an applicant if the board believes that the security of an international licensure examination has been compromised and that the credibility of the examination results is in question.

Added by Laws 2002, Ch. 203, § 18, eff. May 9, 2002; Laws 2009 Ch 150 § 20, effective September 30, 2009.

§32-1639.02. Qualifications of international graduate practical nurses; application for license; endorsement

A. An applicant for a license to practice as a practical nurse who is a graduate of an international nursing program and who is licensed in another state or territory of the United States shall satisfy the following requirements:

1. Submit a report from a credential evaluation agency approved by the board that provides information that the applicant's nursing program is equivalent to an approved practical or registered nursing program or, if the applicant graduated from a Canadian nursing program, submit a passing score on the English language version of the Canadian nurses association testing service examination or an equivalent Canadian nurse licensure examination as determined by the board.
2. Submit a report from an agency recognized by the board verifying the status of any nursing license held by the applicant.
3. Pass an examination as prescribed in section 32-1638 and satisfy English language proficiency requirements as prescribed by the board by rule.
4. Submit a verified statement that indicates if the applicant has been convicted of a felony and, if convicted of one or more felonies, that indicates the date of absolute discharge from the sentences for all felony convictions.

B. Except for the requirement relating to graduation from a board approved program as prescribed pursuant to section 32-1637, paragraph 1, if the applicant satisfies the requirement of subsection A of this section and meets the other requirements established pursuant to this chapter, the board shall issue a license to practice as a practical nurse.

Added by Laws 2002, Ch. 203 § 18, eff. May 9, 2002; Amended by Laws 2009, Ch. 150, § 21 effective September 30, 2009

§32-1640. Temporary license to practice as a licensed practical nurse

A. The board may issue a temporary license to practice as a licensed practical nurse to an applicant for a license who meets the qualifications for licensing specified in section 32-1637 and as prescribed by the board by rule.

B. Temporary licenses expire on the date specified in the license and may be renewed at the discretion of the Executive Director.

Amended by Laws 1964, Ch. 99 § 8; Laws 1973, Ch. 145 § 8, eff. May 14, 1973; Laws 1982, Ch. 190, § 10, eff. July 24, 1982, retroactively effective to July, 1982; Laws 1985, Ch. 163, § 8; Laws 1993, Ch. 73, § 13; Laws 1995, Ch. 255, §13; Laws 1998, Ch. 84, § 9; Laws 2002, Ch. 203, § 19, eff. May 9, 2002; Laws 2009, Ch. 150, § 22, effective September 30, 2009

Sec. 23. Repeal

§32-1641, Arizona Revised Statutes, is repealed.

§32-1642. Renewal of license; failure to renew;

A. Except as provided in section 32-4301, a registered and practical nurse licensee shall renew the license every four years on or before April 1. If a licensee does not renew the license on or before May 1, the licensee shall pay an additional fee for late renewal as prescribed in section 32-1643. If a licensee does not renew the license on or before August 1, the license expires. It is a violation of this chapter for a person to practice nursing with an expired license.

B. An applicant for renewal of a registered or practical nursing license shall submit a verified statement that indicates whether the applicant has been convicted of a felony and, if convicted of one or more felonies, indicates the date of absolute discharge from the sentences for all felony convictions.

C. On receipt of the application and fee, the board shall verify the accuracy of the application and issue to the applicant an active renewal license, which shall be effective for the following four calendar years. The renewal license shall render the holder a legal practitioner of nursing, as specified in the license, during the period stated on the certificate of renewal. A licensee who fails to secure a renewal license within the time specified may secure a renewal license by making verified application as the board

prescribes by furnishing proof of being qualified and competent to act as a registered or practical nurse, and additional information and material as required by the board, and by payment of the prescribed fee.

D. Except as provided in section 32-4301, a nursing assistant shall renew the certification every two years on the last day of the birth month of the nursing assistant. An applicant for renewal shall submit a verified statement that indicates whether the applicant has been convicted of a felony and, if convicted of one or more felonies, indicates the date of absolute discharge from the sentences for all felony convictions. On receipt of the application and fee, the board shall recertify qualified applicants.

E. On written request to the board, the name and license of a licensee in good standing may be transferred to an inactive list. The licensee shall not practice during the time the license is inactive, and renewal fees do not accrue. If an inactive licensee wishes to resume the practice of nursing, the board shall renew the license on satisfactory showing that the licensee is then qualified and competent to practice and on payment of the current renewal fee. The licensee shall also file with the board a verified statement that indicates whether the applicant has been convicted of a felony and, if convicted of one or more felonies, that indicates the date of absolute discharge from the sentences for all felony convictions.

Amended by Laws 1964, Ch. 99 § 9; Laws 1970, Ch. 51 § 2; Laws 1984, Ch. 245, § 12; Laws 1985, Ch. 163, § 9; Laws 1990, Ch. 55, § 3; eff. April 12, 1990; Laws 1992, Ch. 308, § 5; Laws 1998, Ch. 84, § 10; Laws 1999, Ch. 221, § 1, eff. May 12, 1999; Laws 2008, Ch. 183, § 26; Laws 2009, Ch. 150, § 24 effective September 30, 2009

§32-1643. Fees; penalties

A. The board by formal vote at its annual meeting shall establish fees not to exceed the following amounts:

1. Initial application for certification for registered nurse practitioner and clinical nurse specialist in specialty areas, one hundred fifty dollars.
2. Initial application for school nurse certification, seventy-five dollars.
3. Initial application for license as a registered nurse, one hundred fifty dollars.
4. Initial application for license as a practical nurse, one hundred fifty dollars.
5. Application for reissuance of a registered or practical nursing license, one hundred fifty dollars.
6. Application for renewal of a registered nurse or a practical nurse license before expiration, one hundred sixty dollars.
7. Application for renewal of license after expiration, one hundred sixty dollars, plus a late fee of fifty dollars for each month a license is lapsed, but not to exceed a total of two hundred dollars.
8. Application for renewal of a school nurse certificate, fifty dollars.

9. Application for temporary license or temporary nursing assistant certificate, fifty dollars.
10. Retaking the registered nurse or practical nurse examination, one hundred dollars.
11. Issuing a certification card to an applicant for nursing assistant certification, fifty dollars.
12. Issuing a certification card to a certified nursing assistant applicant for renewal, fifty dollars.
13. Application for renewal of a nursing assistant certificate after its expiration, twenty-five dollars for each year it is expired, not to exceed a total of one hundred dollars.
14. Issuing a duplicate license or certificate, twenty-five dollars.
15. Copying a nursing program transcript, twenty-five dollars.
16. Verification to another state or country of licensure for endorsement, certification for advanced practice or nursing assistant certification, fifty dollars.
17. Providing verification to an applicant for licensure or for nursing assistant certification by endorsement, fifty dollars.
18. Application to prescribe and dispense medication and application to prescribe medication, one hundred fifty dollars.
19. Application for renewal of prescribing and dispensing medication privileges before expiration and application for renewal of prescribing medication privileges before expiration, twenty dollars.
20. Application for renewal of prescribing and dispensing medication privileges after expiration and application for renewal of prescribing medication privileges after expiration, thirty-five dollars.
21. Issuing an inactive license, fifty dollars.
22. Writing the national council licensing examination for the first time, one hundred fifty dollars.
23. Sale of publications prepared by the board, fifty dollars.
24. Providing notary services, two dollars, or as allowed under section 41-316.
25. Copying records, documents, letters, minutes, applications and files, fifty cents a page.
26. Processing fingerprint cards, fifty dollars.
27. Registration for board seminars, one hundred dollars.
28. Failing to notify the board of a change of address pursuant to section 32-1609, twenty-five dollars.

B. The board may collect from the drawer of a dishonored check, draft order or note an amount allowed pursuant to section 44-6852.

Amended by Laws 1964, Ch. 99 § 10; Laws 1973, Ch. 145 § 9, eff. May 14, 1973; Laws 1974, Ch. 204 §2, eff. May 22, 1974; Laws 1984, Ch. 245, § 13; Laws 1985, Ch. 163, § 10; Laws 1989, Ch. 296, § 2; Laws 1990, Ch. 55, § 4, eff. April 12, 1990; Laws 1991, Ch. 43, § 5; Laws 1992, Ch. 308, § 6; Laws 1993, Ch. 73, § 14; Laws 1995, Ch. 255, § 14; Laws 1999, Ch. 221 § 2 eff. May 12, 1999; Laws 2002, Ch 203 § 21, eff. May 9 2002; Laws 2009, Ch. 150, § 25 effective September 30, 2009.

§32-1644. Approval of nursing schools and nursing programs; application; maintenance of standards

A. The board shall approve all new prelicensure nursing, nurse practitioner and clinical nurse specialist programs pursuant to this section. A postsecondary educational institution or school in this state that is accredited by an accrediting agency recognized by the United States department of education desiring to conduct a registered nursing, practical nursing, nurse practitioner or clinical nurse specialist program shall apply to the board for approval and submit satisfactory proof that it is prepared to meet and maintain the minimum standards prescribed by this chapter and board rules.

B. The board or its authorized agent shall conduct a survey of the institution or program applying for approval and shall submit a written report of its findings to the board. If the board determines that the program meets the requirements prescribed in its rules, it shall approve the applicant as either a registered nursing program, practical nursing program, nurse practitioner program or clinical nurse specialist program in a specialty area.

C. A nursing program approved by the board may also be accredited by a national nursing accrediting agency recognized by the board. If a prelicensure nursing program is accredited by a national nursing accrediting agency recognized by the board, the board does not have authority over it unless any of the following occurs:

1. The board receives a complaint about the program relating to patient safety.
2. The program falls below the standards prescribed by the board in its rules.
3. The program loses its accreditation by a national nursing accrediting agency recognized by the board.
4. The program allows its accreditation by a national nursing accrediting agency recognized by the board to lapse.

D. From time to time the board, through its authorized employees or representatives, may resurvey all approved programs in the state and shall file written reports of these resurveys with the board. If the board determines that an approved nursing program is not maintaining the required standards, it shall immediately give written notice to the program specifying the defects. If the defects are not corrected within a reasonable time as determined by the board, the board may take either of the following actions:

1. Approve the program but restrict the program's ability to admit new students until the program complies with board standards.
2. Remove the program from the list of approved nursing programs until the program complies with board standards.

E. All approved nursing programs shall maintain accurate and current records showing in full the theoretical and practical courses given to each student.

F. The board does not have regulatory authority over the following approved nurse practitioner or clinical nurse specialist programs unless the conditions prescribed in subsection C are met:

1. A nurse practitioner or clinical nurse specialist program that is part of a graduate program in nursing accredited by an agency recognized by the board if the program was surveyed as part of the graduate program accreditation.
2. A nurse practitioner or clinical nurse specialist program that is accredited by an agency recognized by the board.

Added by Laws 1983, Ch. 105, § 15. Amended by Laws 1984, Ch. 245, § 14; Laws 1995, Ch. 255, § 15; Laws 1996, Ch. 351, § 16; Laws 2002, Ch. 203, § 22 eff. May 9, 2002; Laws 2004, Ch. 104 § 1; Laws 2009, Ch. 150. § 26 effective September 30, 2009.

§32-1645. Nursing assistant; certification; qualifications

A person who wishes to practice as a nursing assistant shall file a written verified application on a form prescribed by the board and accompanied by the fee required pursuant to §32-1643. The applicant shall also submit a verified statement that indicates whether the applicant has been convicted of a felony and, if convicted of one or more felonies, indicates the date of absolute discharge from the sentences for all felony convictions. The applicant shall also submit proof satisfactory to the board that the applicant has:

1. Satisfactorily completed the basic curriculum of a program approved by the board.
2. Received a valid certificate from a training program approved by the board.
3. Satisfactorily completed a competency examination pursuant to §32-1647.

Added by Laws 1992, Ch. 308, § 9. Amended by Laws 1998, Ch. 84, § 11.

Historical and Statutory Notes

Former §32-1645, as added by Laws 1990, Ch. 55, §5, which related to qualifications of nurses aides without testing, was repealed by Laws 1992, Ch. 308, §8.

§32-1646. Nursing assistants; board powers

- A. In the regulation of nursing assistants the board may:
1. Refer criminal violations of this article to the appropriate law enforcement agency.
 2. File a letter of concern if the board believes there is insufficient evidence to support direct action against the nursing assistant's certificate but sufficient evidence for the board to notify the nursing assistant of its concern.
 3. Pursuant to the omnibus budget reconciliation act of 1987 (P.L. 100-203; 101 Stat. 1330), as amended by the medicare catastrophic coverage act of 1988 (P.L. 100-360; 102 Stat. 683), indicate on the certificate the existence of any substantiated complaints against the certificate holder.

4. Deny certification or recertification or take disciplinary action if a nursing assistant commits an act of unprofessional conduct. Disciplinary action against nursing assistant certificates is limited to revocation, suspension, a decree of censure, imposing a civil penalty and ordering restitution.
5. Issue a temporary nursing assistant certificate to an applicant who meets the qualifications for certification specified in section 32-1645. The certificate expires six months after the date of issuance and may be renewed at the discretion of the board.
6. In addition to any other disciplinary action it may take, impose a civil penalty of not more than one thousand dollars for each violation of this chapter.

B. The board shall revoke a certificate of a person or not issue a certificate or recertification to an applicant who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application pursuant to this chapter.

Added by Laws 1997, Ch. 140 § 8. Amended by Laws 1998, Ch. 84 § 12; Laws 1999, Ch. 229 § 5; Laws 2009, Ch. 150, § 27 effective September 30, 2009

Historical and Statutory Notes

The 1995 amendment by Ch. 255 designated the existing section as subsec. A; and added subsec. B.

§32-1647. Examination of nursing assistants

- A. An applicant for certification as a nursing assistant shall pass a written and manual skills examination on subjects contained in a nursing assistant training program approved by the board.
- B. The board shall issue a certificate to a person who successfully passes both examinations and meets all other requirements as prescribed in this article.
- C. If an applicant fails to pass either the written or the manual skills examination within two years after completing an educational program, the applicant shall complete to the board's satisfaction an approved nursing assistant training program before the applicant may take that examination again.

Added by Laws 1992, Ch. 308, § 10. Amended by Laws 2009, Ch. 150, § 28 effective September 30, 2009.

§32-1648. Nursing assistants; acceptance of out of state certificates

- A. The board may issue a certificate to a nursing assistant who has a current certificate or an equivalent document issued by another state if the board receives an applicant pursuant to section 32-1645 and determines that the applicant meets the qualifications of this article.
- B. The board shall not issue a certificate to an applicant who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions five or more

years prior to the date of filing the application.

Added by Laws 1992, Ch. 308, § 10. Amended by Laws 1998, Ch. 84, §13.

“Sec. 14. Criminal history: issuance or revocation of license: exemption

“The requirements of section 32-1606, subsection A, paragraph 15, Arizona Revised Statutes, section 321632, paragraph 3, Arizona Revised Statutes, section 32-1634, subsection B, Arizona Revised Statutes, section 32-1637, paragraph 3, Arizona Revised Statutes, and section 32-1639, subsection B, Arizona Revised Statutes, do not apply to a person enrolled in an approved professional or practical nursing program on or before July 1, 1998.

§32-1649. Use of title or abbreviations by a nursing assistant

Only a person who is currently certified by the board to practice as a nursing assistant shall use the title “certified nursing assistant” and the abbreviation “CNA”.

Added by Laws 1992, Ch. 308, § 10.

32-1650. Certified medication assistants; medication administration; delegation

A. A nurse who is licensed pursuant to this chapter may delegate medication administration to a nursing assistant who is certified by the board as a medication assistant or to a student in an approved medication assistant program under the following conditions:

1. The recipient of the medication is a resident of a licensed nursing care institution as defined in section 36-401.
2. Delegated medications are limited to:
 - (a) Regularly scheduled medications, including controlled substances by oral, topical, nasal, otic, optic and rectal routes.
 - (b) Following the nurse's assessment of the resident's need for the medication and at the direction of the nurse, as-needed medications for bowel care or over-the-counter analgesics. The nurse shall evaluate the effect of the medication and document findings in the resident's record.
3. The delegating nurse maintains accountability for the delegation and management of the resident's medications.

B. A nurse may not delegate to a medication assistant:

1. If, in the professional judgment of the nurse after evaluating the condition of and the level of services required for the resident and the conduct and skills of the certified medication assistant or medication assistant student, the delegation would pose an unacceptable risk

- of harm or jeopardize the health or welfare of the resident or if safe delegation cannot be accomplished.
2. The first dose of a new medication or of a previously prescribed medication if the dosage is changed.
 3. Any new medication that arrives from the pharmacy without ensuring that it reflects the original prescription.
 4. As-needed medications except as provided in this section.
 5. The counting of controlled substances at the beginning and end of a shift and any act associated with obtaining multiple doses of controlled substances.
 6. Any medication delivered by a needle or by intradermal, subcutaneous, intramuscular, intravenous, intrathecal and intraosseous routes.
 7. The administration of any medication that must be inserted into a nasogastric tube or gastric tube.
 8. Changing oxygen settings or turning oxygen on or off.
 9. The administration of inhalant medications.
 10. The regulation of intravenous fluids or the programming of insulin pumps.
 11. The administration of topical patches or topical medications that require a sterile dressing or assessment of skin condition.
 12. The administration of sublingual medications.
 13. The administration of any medication that requires a mathematical conversion between units of measurement to determine the correct dose.

32-1650.01. Medication assistant training programs; requirements

- A. The board shall approve medication assistant training programs pursuant to this section and rules adopted by the board. An entity that applies for approval of a medication assistant training program must be either:
1. A postsecondary education institution in this state that is accredited by an accrediting agency recognized by the United States department of education.
 2. A postsecondary school that is licensed by the state board of private postsecondary education.
 3. A long-term care facility that is licensed by the department of health services.
- B. An applicant for a medication assistant training program must:
1. Submit an application on a form and in a manner prescribed by the board that shows compliance with this chapter and board rules and that is accompanied by a fee prescribed by the board by rule.

2. Implement a minimum one hundred hour curriculum that is consistent with the curriculum requirements of a board pilot program that allows certified nursing assistants to administer medication or that is specified by the board by rule.
3. Schedule classroom instruction so that there are not more than four hours of classroom instruction in any one day.
4. Implement admission criteria that are consistent with the requirements of section 32-1650.02.
5. Screen potential students for mathematics and reading comprehension skills that are necessary to understand written material and to safely administer medications.
6. Administer at least three separate unit examinations and a comprehensive final examination that students must pass to progress in the program.
7. Provide course policies regarding attendance, clinical supervision, course completion requirements, passing examination scores and makeup examinations.
8. Ensure that a course instructor has an unrestricted registered nursing license or multistate privilege and at least forty hours of experience administering medications in a licensed long-term care facility.
9. Meet other requirements as specified by the board by rule.

C. The board or its authorized agent shall review the application and provide a written analysis of the applicant's compliance with the requirements in this section and board rules. The board shall notify the applicant of any deficiencies in the application. If the board determines that the program meets the requirements prescribed in this chapter and board rules and that approval is in the best interest of the public, the board shall approve the program for a period of not more than four years.

D. The board's authorized employees or representatives periodically may review and conduct a site visit of all approved medication assistant training programs in this state and file written reports of these reviews or site visits with the board. If the board determines that an approved medication assistant training program is not maintaining the required standards, it shall immediately give written notice to the program specifying the defects. If the defects are not corrected within a reasonable time as determined by the board, the board may take either of the following actions:

1. Restrict the program's ability to admit new students until the program complies with board standards.
2. Revoke the approval of the program for a period of two years.

E. An approved medication assistant training program must maintain accurate and current records for at least five years, including the full theoretical and practical curriculum provided to each student.

F. The training program must furnish a copy of a student's certificate of completion to the board within ten days after each student successfully completes a medication assistant training program.

32-1650.02. Certified medication assistants; qualifications

A. A person who wishes to practice as a medication assistant must:

1. File an application on a form prescribed by the board accompanied by a fee prescribed by the board by rule.
2. Submit a statement that indicates whether the applicant has been convicted of a felony and, if convicted of one or more felonies, that indicates the date of absolute discharge from the sentences for all felony convictions.
3. Have been certified and worked as a nursing assistant for at least six months before the start of the medication assistant training program and have no outstanding complaints or restrictions on the nursing assistant certification.
4. Hold one of the following:
 - (a) A diploma issued by a high school that is located in the United States.
 - (b) A general equivalency diploma issued in the United States.
 - (c) A transcript from a nationally or regionally accredited postsecondary school located in the United States or from the United States military that documents successful completion of college-level coursework.
 - (d) Evidence of completing at least twelve years of education in a foreign country and, if the language of that country was other than English, a passing score on an English language proficiency examination as determined by the board.
5. Be at least eighteen years of age.
6. Provide documentation directly from the program of successfully completing an approved medication assistant training program or a portion of an approved nursing education program equivalent to the medication assistant training course.
7. Have passed a competency examination pursuant to section 32-1650.03.
8. Submit a full set of fingerprints under section 32-1606, subsection B, paragraph 15.

B. The board shall certify a person as a medication assistant who meets the qualifications of this section for a period of not more than two years. The person's medication assistant certification expires at the same time the person's nursing assistant certification expires.

32-1650.03. Certified medication assistants; examination requirements

- A. An applicant for certification as a medication assistant must pass a written and manual skills competency examination on subjects contained in a medication assistant training program approved by the board.
- B. The board may contract with a private entity to conduct the medication assistant competency examination. The board shall require as part of this contract that the entity provide notice of the examination procedure to applicants.
- C. If an applicant fails to pass a competency examination within one year after completing a medication assistant training program, the applicant must complete to the board's satisfaction an approved medication assistant training program before the applicant may take the examination again.

32-1650.04. Certified medication assistants; reciprocity

A nursing assistant who is certified as a medication assistant by another state qualifies for certification as a certified medication assistant in this state if the applicant:

1. Completes an application on a board prescribed form and submits the fee prescribed by the board by rule.
2. Submits evidence of completion of at least a one hundred hour curriculum in a medication assistant training program.
3. Successfully passes the board approved competency examination pursuant to section 32-1650.03.
4. Has practiced as a medication assistant for at least one hundred sixty hours in the past two years or has completed the training program in the past year.
5. Meets all other requirements of this chapter and board rules.

32-1650.05. Certified medication assistants; recertification; unprofessional conduct

A. A medication assistant who is certified pursuant to 32-1650.02 may apply for recertification before expiration of the certificate if that person:

1. Submits an application on a board prescribed form accompanied by a fee prescribed by the board by rule before the expiration date on the certificate.
2. Submits an affidavit with the application that the applicant has practiced as a medication assistant for at least one hundred sixty hours in the past two years.
3. Submits an affidavit with the application that indicates whether the applicant has been convicted of a felony, and if convicted of one or more felonies, indicates the date of absolute discharge from the sentences for all felony convictions.

4. Submits a current application to renew the person's nursing assistant certificate or holds a current nursing assistant certificate.

B. If the current medication assistant certificate has expired, the board may assess a late fee as prescribed by the board by rule. A medication assistant who practices with an expired certificate commits an act of unprofessional conduct and is subject to disciplinary action pursuant to this chapter.

32-1650.06. Certified medication assistants; disciplinary actions; civil penalties; revocation or denial of certificate

- A. In regulating medication assistants, the board may:
1. Refer criminal violations to the appropriate law enforcement agency.
 2. File a letter of concern if the board believes there is insufficient evidence to support direct action against a medication assistant's certificate but sufficient evidence for the board to notify a medication assistant of its concern.
 3. Issue a decree of censure for a violation of this chapter or board rules.
 4. Deny certification or recertification or take disciplinary action if a medication assistant commits an act of unprofessional conduct.
 5. In addition to any other disciplinary action it may take, impose a civil penalty of not more than one thousand dollars.
- B. The board shall revoke a certificate or deny an application for certification or recertification of a person who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions five or more years before the date of filing an application pursuant to this chapter.

32-1650.07. Certified medication assistants; use of title

Only a person who is certified as a medication assistant by the board may:

1. Use the title "certified medication assistant" or "medication assistant-certified".
2. Use the initials "C.M.A.".
3. Claim to be certified as a medication assistant.

Sec. 3. Title 32, chapter 15, article 2, Arizona Revised Statutes, is amended by adding sections 32-1650, 32-1650.01, 32-1650.02, 32-1650.03, 32-1650.04, 32-1650.05, 32-1650.06 and 32-1650.07, effective July 29, 2010

ARTICLE 3. REGULATION

§32-1661. Administration of anesthetics by registered nurse; definition

A. A licensed registered nurse may administer anesthetics under the direction of and in the presence of a licensed physician or surgeon if the nurse has completed a nationally accredited program in the science of anesthesia.

B. As used in subsection A, “presence” means within the same room or an adjoining room or within the same surgical or obstetrical suite.

Amended by Laws 1970, Ch. 42 § 1; Laws 1985, Ch. 163, § 11.

Historical and Statutory Notes Source:

Laws 1923, Ch. 52, §1.

Sec. 29. Repeal

§32-1662, Repealed by Laws 2009, Ch. 150, § 29 effective September 30, 2009.

Notes and Decisions

1. Construction and application

This section does not require, that a licensed practical nurse perform nursing duties only with a registered nurse “on-site”; however, LPN’s cannot function independently, and there must be timely and significant participation and direction of an RN- whether this requirement has or can be met without an RN being “on-site” is a question of fact for the Arizona State Nursing Board to determine on a case-by-case basis.

Op.Atty.Gen. No. 187-116.

§32-1663. Disciplinary action

A. If an applicant for licensure or certification commits an act of unprofessional conduct, the board, after an investigation, may deny the application or take other disciplinary action.

B. In its denial order, the board shall immediately invalidate any temporary license or certificate issued to the applicant.

C. Any person aggrieved by an order of the board issued under the authority granted by subsection A of this section may request an administrative hearing pursuant to title 41, chapter 6, article 10.

D. If the board finds, after affording an opportunity to request an administrative hearing pursuant to title 41, chapter 6, article 10, that a person who holds a license or certificate issued pursuant to this chapter has committed an act of unprofessional conduct, it may take disciplinary action.

E. If the board finds after giving the person an opportunity to request an administrative hearing pursuant to title 41, chapter 6, article 10, that a nurse who practices in this state and is licensed by another

jurisdiction pursuant to section 32-1668 committed an act of unprofessional conduct, the board may limit, suspend or revoke the privilege of that nurse to practice in this state.

F. If the board determines pursuant to an investigation that reasonable grounds exist to discipline a person pursuant to subsection D or E of this section, the board may serve on the licensee or certificate holder a written notice that states:

1. That the board has sufficient evidence that, if not rebutted or explained, will justify the board in taking disciplinary actions allowed by this chapter.
2. The nature of the allegations asserted and that cites the specific statutes or rules violated.
3. That unless the licensee or certificate holder submits a written request for a hearing within thirty days after service of the notice by certified mail, the board may consider the allegations admitted and may take any disciplinary action allowed pursuant to this chapter without conducting a hearing.

G. If the state board of nursing acts to modify any registered nurse practitioner's prescription writing privileges, it shall immediately notify the state board of pharmacy of the modification.

Amended by Laws 1962, Ch. 93 § 2; Laws 1982, Ch. 190, § 11 eff. July 24, 1982, retroactively effective to July 1, 1982; Laws 1984, Ch. 60, § 4; Laws 1984, Ch. 245, § 16; Laws 1985, Ch. 163, § 12; Laws 1993, Ch. 73, § 15; Laws 1997, Ch 140 § 9; Laws 1999, Ch 229 § 6; Laws 2000, Ch 113, § 99; Laws 2002, Ch 203 § 23, eff. May 9, 2002; Laws 2009, Ch. 150, § 30 effective September 30, 2009.

Historical and Statutory Notes

The 1993 amendment rewrote the section. 1993 Reviser's Note: Pursuant to authority of §41-1304.02, in the section heading "Grounds for" was deleted.

§32-1663.01. Administrative violations; administrative penalty

A. The board may sanction any of the following as an administrative violation rather than as unprofessional conduct and may impose an administrative penalty of not more than one thousand dollars for any of the following:

1. Failing to timely renew a nursing license or nurse assistant certificate while continuing to practice nursing or engage in activities or duties related to nursing.
2. Failing to notify the board in writing within thirty days after a change in address.
3. Failing to renew nursing or nursing assistant program approval and continuing to operate the program.
4. If the board adopts a substantive policy statement pursuant to section 41-1091, practicing nursing without a license.

B. A regulated party who fails to pay an administrative penalty as prescribed by this section or to establish a schedule for payment as prescribed pursuant to section 32-1606, subsection A, paragraph 6

within thirty days after notification commits an act of unprofessional conduct and is subject to disciplinary action.

C. The board shall deposit, pursuant to sections 35-146 and 35-147, all monies collected under this section in the state general fund.

Added by Laws 2002, Ch 203 § 24, eff. May 9, 2002; Amended by Laws 2009, Ch. 150, § 31 effective September 30, 2009.

§32-1664. Investigation; hearing; notice

A. In connection with an investigation, the board or its duly authorized agents or employees may obtain any documents, reports, records, papers, books and materials, including hospital records, medical staff records and medical staff review committee records, or any other physical evidence that indicates that a person or regulated party may have violated this chapter or a rule adopted pursuant to this chapter:

1. By entering the premises, at any reasonable time, and inspecting and copying materials in the possession of a regulated party and that relates to nursing competence, unprofessional conduct or mental or physical ability of a licensee to safely practice nursing.
2. By issuing a subpoena under the board's seal to require the attendance and testimony of witnesses or to demand the production for examination or copying of documents or any other physical evidence. Within five days after a person is served with a subpoena that person may petition the board to revoke, limit or modify the subpoena. The board shall do so if in its opinion the evidence required does not relate to unlawful practices covered by this chapter, is not relevant to the charge that is the subject matter of the hearing or investigation or does not describe with sufficient particularity the physical evidence whose production is required.
3. By submitting a written request for the information.
4. In the case of an applicant's or a regulated party's personal medical records, as defined in section 12-2291, by any means permitted by this section if the board either:
 - (a) Obtains from the applicant or regulated party, or the health care decision maker of the applicant or regulated party, a written authorization that satisfies the requirements of title 12, chapter 13, article 7.1.
 - (b) Reasonably believes that the records relate to information already in the board's possession regarding the competence, unprofessional conduct or mental or physical ability of the applicant or regulated party as it pertains to safe practice. If the board adopts a substantive policy statement pursuant to section 41-1091, it may authorize the executive director, or a designee in the absence of the executive director, to make the determination of reasonable belief.

B. A regulated party and a health care institution as defined in section 36-401 shall, and any other person may, report to the board any information the licensee, certificate holder, health care institution or

individual may have that appears to show that a regulated party or applicant is, was or may be a threat to the public health or safety.

C. The board retains jurisdiction to proceed with an investigation or a disciplinary proceeding against a regulated party whose license or certificate expired not more than five years before the board initiates the investigation.

D. Any regulated party, health care institution or other person that reports or provides information to the board in good faith is not subject to civil liability. If requested the board shall not disclose the name of the reporter unless the information is essential to proceedings conducted pursuant to this section.

E. Any regulated party or person who is subject to an investigation may obtain representation by counsel.

F. On determination of reasonable cause the board may require a licensee or certificate holder to undergo any combination of mental, physical or psychological examinations or skills evaluations necessary to determine the person's competence or ability to practice safely. These examinations may include bodily fluid testing.

G. If after completing its investigation the board finds that the information provided pursuant to this section is not of sufficient seriousness to merit disciplinary action against the regulated party or applicant, it may take either of the following actions:

1. Dismiss if in the opinion of the board the information is without merit.
2. File a letter of concern if in the opinion of the board there is insufficient evidence to support disciplinary action against the regulated party or applicant but sufficient evidence for the board to notify the regulated party or applicant of its concern.

H. Except as provided pursuant to section 32-1663, subsection F and subsection I of this section, if the investigation in the opinion of the board reveals reasonable grounds to support the charge, the regulated party is entitled to an administrative hearing pursuant to title 41, chapter 6, article 10. If notice of the hearing is served by certified mail, service is complete on the date the notice is placed in the mail.

I. A regulated party shall respond in writing to the board within thirty days after notice of the hearing is served as prescribed in subsection H of this section. The board may consider a regulated party's failure to respond within this time as an admission by default to the allegations stated in the complaint. The board may then take disciplinary actions allowed by this chapter without conducting a hearing.

J. An administrative law judge or a panel of board members may conduct hearings pursuant to this section.

K. In any matters pending before it, the board may issue subpoenas under its seal to compel the attendance of witnesses.

L. Patient records, including clinical records, medical reports, laboratory statements and reports, any file, film, other report or oral statement relating to diagnostic findings or treatment of patients, any

information from which a patient or a patient's family might be identified or information received and records kept by the board as a result of the investigation procedure outlined in this chapter are not available to the public and are not subject to discovery in civil or criminal proceedings.

M. Hospital records, medical staff records, medical staff review committee records, testimony concerning these records and proceedings related to the creation of these records shall not be available to the public. They shall be kept confidential by the board and shall be subject to the same provisions concerning discovery and use in legal actions as are the original records in the possession and control of hospitals, their medical staffs and their medical staff review committees. The board shall use these records and testimony during the course of investigations and proceedings pursuant to this chapter.

N. If the regulated party is found to have committed an act of unprofessional conduct or to have violated this chapter or a rule adopted pursuant to this chapter, the board may take disciplinary action.

O. The board may subsequently issue a denied license or certificate and may reissue a revoked or voluntarily surrendered license or certificate.

P. On application by the board to any superior court judge, a person who without just cause fails to comply with a subpoena issued pursuant to this section may be ordered by the judge to comply with the subpoena and punished by the court for failing to comply. Subpoenas shall be served by regular or certified mail or in the manner required by the Arizona rules of civil procedure.

Q. The board may share investigative information that is confidential under subsections L and M of this section with other state, federal and international health care agencies and with state, federal and international law enforcement authorities if the recipient is subject to confidentiality requirements similar to those established by this section. A disclosure made by the board pursuant to this subsection is not a waiver of the confidentiality requirements established by this section.

Amended by Laws 1962, Ch. 93 § 3; Laws 1984, Ch. 245, § 17; Laws 1985, Ch. 163, § 13; Laws 1990, Ch. 55, § 6, eff. April 12, 1990; Laws 1993, Ch. 73, § 16; Laws 1995, Ch. 255, § 17; Laws 1997, Ch 140 § 10; Laws 1999, Ch 220 § 7; Laws 2000, Ch 113 § 100; Laws 2002, Ch 203 § 25, eff. May 29, 2002; Laws 2009, Ch. 150, § 32 effective September 30, 2009.

Historical and Statutory Notes

The 1993 amendment, in subsec. F, in the first sentence, substituted “the licensee” for “he”, and inserted “the complaint and”, and inserted the second sentence relating to a licensee’s failure to respond; in subsec. O, substituted “written” for “sworn” and inserted “pursuant to the requirements of this section”; and made nonsubstantive changes throughout.

The 1995 amendment by Ch. 255 substituted references to the licensee for references to the accused throughout the section; in subsec. E, substituted “serve a notice of the hearing with a copy of the sworn complaint on the licensee” for “cause a notice thereof, together with a copy of the sworn complaint, to be served on the accused” in the first sentence, and substituted “publish a copy of the notice of hearing” for “cause a copy of the notice of hearing to be published” and “mail” for “cause” in the second sentence; in subsec. F, substituted “thirty days” for “ten days” in the first sentence, and added the second sentence; substituted “nursing program and the program” for “school of nursing and the school” in subsec. O; and made other nonsubstantive changes.

§32-1665. Rehearing; judicial review

A. Any person aggrieved by an order of the board denying a license, approval or certificate and any regulated party who is aggrieved by a disciplinary order of the board may file a motion for rehearing or review pursuant to title 41, chapter 6, article 10.

B. Except as provided in section 41-1092.08, subsection H, final decisions of the board are subject to judicial review pursuant to title 12, chapter 7, article 6.

Amended by Laws 1980, Ch. 231, § 49; Laws 1983, Ch. 105, § 11; Laws 1993, Ch. 73, § 17; Laws 1995, Ch. 255, § 18; Laws 1997, Ch 140 § 11; Laws 2000 Ch. 113 § 101; Laws 2009, Ch. 150, § 33 effective September 30, 2009

Historical and Statutory Notes

The 1993 amendment, in subsec. A, in the first sentence, substituted “at the next regularly scheduled board meeting” for “within ten days thereafter”, deleted the former second sentence, which read, “If no action is taken within such time the application for hearing or rehearing shall be deemed denied”, and in the second sentence, substituted “a reasonable time” for “thirty days after submission of such application”.

The 1995 amendment by Ch. 255 substituted “nursing program” for “school of nursing” in the first sentence of subsec. A.

§32-1666. Unlawful acts

A. It is unlawful for a person who is not licensed or certified under this chapter to:

1. Practice or offer to practice as a registered or practical nurse, registered nurse practitioner or clinical nurse specialist in this state.
2. Represent or use any title, abbreviation, letters, figures, sign, card or device to indicate that the person or any other person is a registered nurse, graduate nurse, professional nurse, nurse practitioner, clinical nurse specialist or practical nurse.
3. Represent or use any title, abbreviation, letters, sign, card or device to indicate that the person or any other person is certified pursuant to this chapter.

B. It is unlawful for a person to operate a training or educational program to prepare students for licensure or certification under this chapter unless it has been approved under this chapter.

Amended by Laws 1964, Ch. 99 § 11; Laws 1983, Ch. 105, § 12; Laws 1985, Ch. 163, § 14; Laws 1995, Ch. 255, § 19; Laws 1997, Ch 140 § 12; Laws 2009, Ch. 150, § 34 effective September 30, 2009; Laws 2010, Ch 90 §4, effective July 29, 2010

Historical and Statutory Notes:

The 1995 amendment by Ch. 255 substituted “license” for “permit” in the introduction to subsec. A; substituted “nursing program” for “school of nursing” and deleted “the provisions of” preceding “this chapter” in subsec. B; deleted “any provision of” preceding “this chapter” in subsec. C; and made other nonsubstantive changes.

§32-1666.01 Cease and desist orders; injunctive relief

A. In addition to all other remedies, when it appears to the board, either upon complaint or otherwise, that any person or nursing program has violated this chapter or any rule or order of the board, the board may do either of the following:

1. Serve by certified mail or personal service a cease and desist order.
2. Through the attorney general or the county attorney of the county in which the violation is alleged to have occurred, apply to the superior court in that county for an injunction.

B. The court shall issue a temporary restraining order, a preliminary injunction or a permanent injunction without bond.

C. Service of process may be in any county of this state where the violator is found or is operating.

Added by Laws 1970 Ch 51 § 3. Amended by Laws 1995, Ch. 255, § 20; Laws 2009, Ch 150 § 35, effective September 30, 2009.

Historical and Statutory Notes

The 1995 amendment by Ch. 255 rewrote this section, which had read: "In addition to all other remedies, when it appears to the board, either upon complaint or otherwise, that any person or school of or program in nursing has violated any provision of this chapter or any rule or regulation of the board, the board may through the attorney general or the county attorney of the county in which the violation is alleged to have occurred apply to the superior court of that county for an injunction restraining such person, school or program from engaging in such violation. A temporary restraining order, a preliminary injunction or a permanent injunction shall be granted without bond. Any process in such action may be served upon the defendant in any county of the state where he is found, or where the school of or program in nursing is operating."

§32-1667. Violations; classification

A person is guilty of a class 6 felony who:

1. Sells or fraudulently obtains or furnishes any nursing diploma, certificate, license, permit or record.
2. Engages in any conduct prohibited in section 32-1666.
3. Operates a training or educational program regulated pursuant to this chapter unless the program is a currently approved program.
4. Practices nursing or advanced practice nursing under cover of any diploma, license, permit or record illegally or fraudulently obtained, signed or issued unlawfully or because of fraudulent representation.

Sec. 6. Medication assistants; deemed status

Notwithstanding any other law, a medication assistant who has successfully participated in a pilot program that has been approved by the Arizona state board of nursing to allow nursing assistants to administer medication and who applies for certification as a medication assistant within one year after the effective date of this act is deemed to have met the education and examination requirements of sections 32-1650.02 and 32-1650.03, Arizona Revised Statutes, as added by this act.

Sec. 7. Exemption from rule making

The state board of nursing is exempt from the rule making requirements of title 41, chapter 6, Arizona Revised Statutes, to implement the provisions of this act for five years after the effective date of this act.

Amended by Laws 1964, Ch. 99 § 12; Laws 1978; Ch. 201 § 554 eff. Oct. 1, 1978; Laws 1983, Ch. 105 §13; Laws 1985, Ch. 163, § 15; Laws 1992, Ch. 308, § 11; Laws 1995, Ch. 255, § 21; Laws 1997, Ch. 104 § 13. Laws 2010, Ch 90 § 6 & 7, effective July 29, 2010

Sec. 38. Laws 2004, chapter 121, section 2 is amended to read:

Sec. 2. Delayed repeal

Laws 2004, chapter 121 is repealed from and after September 30, 2011.

Sec. 39. Retroactivity

Laws 2004, chapter 121, section 1, as amended by this act, applies retroactively to December 1, 2008.

Effective September 30, 2009

Historical and Statutory Notes

The 1992 amendment, in the introductory paragraph, substituted “6 felony” for “3 misdemeanor” following “class”; and deleted former par. 6.

The 1995 amendment by Ch. 255, substituted “without” for “unless he holds” in par. 2; substituted “if that person is not currently licensed under this chapter” for “unless duly licensed under this chapter and license is then in full force” in par. 3; made other nonsubstantive changes; and rewrote par. 4, which had read:

“4. Operates a school of nursing unless the school is approved and the approval is in force.”

§32-1668. Nurse licensure compact

This state enacts the nurse licensure compact dated November 6, 1998 as follows:

ARTICLE I Findings and Declaration of Purpose

A. The party states find that:

1. The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;
2. Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;
3. The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's healthcare delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;
4. New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;

5. The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states.
- B. The general purposes of this compact are to:
1. Facilitate the states' responsibility to protect the public's health and safety;
 2. Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;
 3. Facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions;
 4. Promote compliance with the laws governing the practice of nursing in each jurisdiction;
 5. Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.

ARTICLE II

Definitions As used in this compact:

- A. "Adverse action" means a home or remote state action.
- B. "Alternative program" means a voluntary, non-disciplinary monitoring program approved by a nurse licensing board.
- C. "Coordinated licensure information system" means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a non-profit organization composed of and controlled by state nurse licensing boards.
- D. "Current significant investigative information" means:
1. Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
 2. Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.
- E. "Home state" means the party state which is the nurse's primary state of residence.
- F. "Home state action" means any administrative, civil, equitable or criminal action permitted by the home state's laws which are imposed on a nurse by the home state's licensing board or other authority including actions against an individual's license such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.

- G. "Licensing board" means a party state's regulatory body responsible for issuing nurse licenses.
- H. "Multistate licensure privilege" means current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.
- I. "Nurse" means a registered nurse or licensed practical/vocational nurse, as those terms are defined by each party's state practice laws.
- J. "Party state" means any state that has adopted this compact.
- K. "Remote state" means a party state, other than the home state:
1. Where the patient is located at the time nursing care is provided, or,
 2. In the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located.
- L. "Remote state action" means:
1. Any administrative, civil, equitable or criminal action permitted by a remote state's laws which are imposed on a nurse by the remote state's licensing board or other authority including actions against an individual's multistate licensure privilege to practice in the remote state, and
 2. Cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof.
- M. "State" means a state, territory, or possession of the United States, the District of Columbia or the Commonwealth of Puerto Rico.
- N. "State practice laws" means those individual party's state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. "State practice laws" does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

ARTICLE III

General Provisions and Jurisdiction

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

as all other applicable state laws.

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

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

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

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

ARTICLE IV

Applications for Licensure in a Party State

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

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

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

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

1. Moving between two party states, and obtains a license from the new home state, the license from the former home state is no longer valid;
2. Moving from a non-party state to a party state, and obtains a license from the new home state, the individual state license issued by the non-party state is not affected and will remain in full force if so provided by the laws of the non-party state;
3. Moving from a party state to a non-party state, the license issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.

ARTICLE V

Adverse Actions

In addition to the general provisions described in Article III, the following provisions apply:

- A. The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions including the factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.
- B. The licensing board of a party state shall have the authority to complete any pending investigations for a nurse who changes primary state of residence during the course of such investigations. It shall also have the authority to take appropriate action(s), and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.
- C. A remote state may take adverse action affecting the multistate licensure privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the license issued by the home state.
- D. For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.
- E. The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action.
- F. Nothing in this compact shall override a party state's decision that participation in an alternative

program may be used in lieu of licensure action and that such participation shall remain non-public if required by the party state's laws. Party states must require nurses who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.

ARTICLE VI

Additional Authorities Invested in Party State Nurse Licensing Boards

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

- A. If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse;
- B. Issue subpoenas for both hearings and investigations which require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located.
- C. Issue cease and desist orders to limit or revoke a nurse's authority to practice in their state;
- D. Promulgate uniform rules and regulations as provided for in article VIII(c).

ARTICLE VII

Coordinated Licensure Information System

- A. All party states shall participate in a cooperative effort to create a coordinated database of all licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.
- B. Notwithstanding any other provision of law, all party states' licensing boards shall promptly report adverse actions, actions against multistate licensure privileges, any current significant investigative information yet to result in adverse action, denials of applications, and the reasons for such denials, to the coordinated licensure information system.
- C. Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.
- D. Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be

shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.

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

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

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

ARTICLE VIII

Compact Administration and Interchange of Information

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

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

C. Compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of this compact. These uniform rules shall be adopted by party states, under the authority invested under article VI (d).

ARTICLE IX

Immunity

No party state or the officers or employees or agents of a party state's nurse licensing board who acts in accordance with the provisions of this compact shall be liable on account of any act or omission in good faith while engaged in the performance of their duties under this compact. Good faith in this article shall not include willful misconduct, gross negligence, or recklessness.

ARTICLE X

Entry into Force, Withdrawal and Amendment

A. This compact shall enter into force and become effective as to any state when it has been enacted

into the laws of that state. Any party state may withdraw from this compact by enacting a statute repealing the same, but no such withdrawal shall take effect until six months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.

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

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

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

ARTICLE XI

Construction and Severability

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

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

1. The party states may submit the issues in dispute to an arbitration panel which will be comprised of an individual appointed by the compact administrator in the home state; an individual appointed by the compact administrator in the remote state(s) involved; and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute.
2. The decision of a majority of the arbitrators shall be final and binding.

Added by Laws 2001, Ch. 101 § 1, eff. July 1, 2002.

Historical Note

The repealed section, added by Laws 1985, Ch. 163, §16, related to malpractice claim reviews. See, now, §32-3203.

§32-1669. Nurse licensure compact; board jurisdiction; notification requirements; withdrawal from compact

A. A person who is extended the privilege to practice in this state pursuant to the compact adopted

pursuant to section 32-1668 is subject to the same disciplinary requirements prescribed in this chapter, and the board's investigative and disciplinary powers and procedures apply to a person who practices in this state pursuant to this compact.

B. A person who is extended the privilege to practice in this state pursuant to the compact adopted pursuant to section 32-1668 may use the title that is prescribed in section 32-1636 and that is appropriate to the person's qualifications.

C. A person who wishes to engage in the practice of nursing in this state pursuant to the compact adopted pursuant to section 32-1668 must notify the board if that person has had a license to practice a health care profession denied, suspended or revoked in another jurisdiction within the past five years or if that person has been convicted of a felony for which the person did not receive an absolute discharge from the sentences at least five years before the date on which the person applies to practice nursing in this state pursuant to the compact. A person who violates this subsection commits an act of unprofessional conduct.

D. The governor may withdraw this state from the compact adopted pursuant to section 32-1668 if the board notifies the governor that another state that is a party to the compact has changed its licensure requirements to make them substantially lower than the requirements of this state.

Added by Laws 2001, Ch. 101, § 1, eff. July 1, 2002. Amended by Laws 2009, Ch. 150, § 36 effective September 30, 2009.