

**NOTICE OF FINAL RULEMAKING**

**TITLE 4. PROFESSIONS AND OCCUPATIONS**

**CHAPTER 19. BOARD OF NURSING**

**PREAMBLE**

<b><u>1.</u></b>	<b><u>Sections Affected</u></b>	<b><u>Rulemaking Action</u></b>
	R4-19-101	Amend
	R4-19-102	Amend
	Table 1	Amend
	R4-19-401	Amend
	R4-19-402	Repeal
	R4-19-402	New Section
	R4-19-403	Amend
	R4-19-404	Amend
	R4-19-405	New Section
	R4-19-509	Amend
	R4-19-814	Amend

**2.** **The specific statutory authority for the rulemaking, including both the authorizing statutes (general) and the implementing statutes (specific):**

Authorizing statutes: A.R.S. §§ 32-1606 (A)(1), (A)(3) and (B)(12)

Implementing statutes: A.R.S. §§ 41-1073, 32-1401 (8), 32-1456, 32-1601(6), (7),(12),(13),(15) and (16)(d), 32-1605.01 (C), 32-1606 (A)(3) and (B)(21), 32-1646 (A)(4), 32-1662, 32-1663, 32-1664, and 32-1664

**3. The effective date of the rules:**

These rules will become effective sixty days after filing with the Secretary of State.

**4. A list of all previous notices appearing in the Register addressing the final rules:**

Notice of Rulemaking Docket Opening: 13 A.A.R. 2267, June 29, 2007

Notice of Proposed Rulemaking: 14 A.A.R. 2184, June 6, 2008

Notice of Rulemaking Termination R4-19-206: 14 A.A.R. 3293, August 22, 2008

**5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

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**6. An explanation of the rules, including the agency's reasons for initiating the rulemaking:**

The Arizona State Board of Nursing is amending rules in both Articles 1 and 4 as a result of two five year rule reviews, one approved in July 12, 2005 (Articles 1 and 8) and another approved December 5, 2006 (Articles 4, 6 and 7). In the five-year rule review report submitted in 2005 the Board intended to submit an amended Article 1 by June, 2006. In the five-year rule review report approved December 5, 2006, the Board planned to submit an amended Article 4 by December, 2007. Delays in submission occurred because of other rulemaking priorities, frequent stakeholder meetings to discuss the contents of these amendments and demands of the agency. The Board identified the reasons for amending these rules in each five year review report. Some additional definitions were proposed in the 2005 five-year review report that were not incorporated into this rulemaking package because they were deemed no longer necessary or pertinent. In addition to those changes identified as a result of a 5-year review report, a Section in Article 5 is amended to reflect renumbering of rules by the Arizona Medical Board referenced in the Section and definitions contained in R4-19-814 are deleted and moved to Article 1. An explanation of the changes to each rule is provided here.

**R4-19-101. Definitions**

Several definitions were amended to improve clarity and consistency. Definitions that might be confusing or are currently in statute were deleted. The following definitions were added: applicant, assign, client, clinical instruction, dual

relationship, episodic nursing care, failure to maintain professional boundaries, independent nursing activities, LPN, licensure by examination, nursing diagnosis, nursing program administrator, nursing program faculty member, patient, preceptor, proposal approval, provisional approval, resident, RN, standards related to scope of practice, traineeship, and unlicensed assistive personnel.

#### **R4-19-102. Time-frames for Licensure, Certification, or Approval**

The Board amended this Section to include the following definitions:

administrative completeness or administratively complete, comprehensive request for additional information, deficiency notice, overall time-frame, and substantive review time-frame. The definition of applicant was expanded and moved to R4-19-101. The Board's authority to deny an applicant's request to withdraw their application, if they are the subject of a current complaint, was clarified. The time frame table was amended to clarify the license types that are subject to licensing time-frame rules.

#### **R4-19-206. Curriculum**

Amendments in this Section, contained in the original Notice of Proposed Rulemaking (14 A.A.R. 2184, June 6, 2008), were opposed by University of Wisconsin-Oshkosh. Additionally, unrelated to this rule-making, one approved program in AZ requested permission to deliver clinical education using a model that would violate the provisions of the proposed amendments. After consideration of evidence and testimony presented during the official comment period, the Board published a Notice of Termination of Rulemaking on this Section in order to more carefully study the issue and include any amendments to

this Section in a future rulemaking package containing all of Article 2. The Board does not anticipate that this action will have a negative effect on any regulated entity.

#### **R4-19-401. Standards Related to Licensed Practical Nurse Scope of Practice**

The heading of this rule was changed to better describe the contents as they relate to the statutory definition of practical nursing (ARS § 32-1601(12)). The Section was then re-written using a nursing process framework to provide a logical means of comparing the differing standards for practical and registered nursing.

Subsections include standards for conduct, assessing, planning, implementing, evaluating, teaching, and delegating.

#### **R4-19-402. Standards Related to Registered Nurse Scope of Practice**

The heading of this rule was changed to better describe the contents as they relate to the statutory definition of professional nursing (A.R.S. § 32-1601(13)). The Section was then re-written using a nursing process framework to provide a logical means of comparing the differing standards for practical and registered nursing. Subsections include standards for conduct, assessing, planning, implementing, evaluating, teaching, and delegating.

#### **R4-19-403. Unprofessional Conduct**

The Board recently (2005) amended this Section and made no substantial changes. The definitions of “Failure to maintain professional boundaries” and “Dual relationship” are deleted and moved to R4-19-101.

#### **R4-19-404. Re-issuance or Subsequent Issuance of License**

The Board is amending this Section to clarify the requirements for reissuing a license that was revoked, voluntarily surrendered or suspended, and issuing a license that was previously denied. The Board prescribes the conditions for issuing or re-issuing a licensure under these circumstances in subsection (A) and details the process in subsection (C). The Board is amending subsection (B) to allow it to enter into a voluntary agreement with a nurse to allow for re-issuance in less than the five years if, in the opinion of the Board, the nurse has the potential to safely return to nursing practice in less than 5 years.

#### **R4-19-405. Board-ordered Evaluations**

After receiving a request from the public and consultation with the Governor's Regulatory Review Council (GRRC) former executive director, the Board is adding this rule for Board ordered evaluations to provide the public with the criteria and process for Board ordered evaluations. In this Section, the Board specifies the types of evaluations it may order, the criteria for ordering an evaluation, and the criteria used to determine if an evaluator is qualified.

#### **R4-19-509. Delegation to Medical Assistants**

This rule is being amended for the sole purpose of renumbering the referenced rules of the Arizona Medical Board so that they refer to the current medical board rules regarding medical assistants.

#### **R4-19-814. Standards of Conduct for Certified Nursing Assistants**

This Section of the rules for certified nursing assistants and R4-19-403, regarding nurses, were opened for the sole purpose of deleting the definitions of "failure to

maintain professional boundaries” and “dual relationship” because the definitions were consolidated and moved to R4-19-101. The Board last amended this section in 2005.

7. **A reference to any study relevant to the rules that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rules, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

The Board used *A National Survey on Elements of Nursing Education* by S. Li and K. Kenward, published by the National Council of State Boards of Nursing, July, 2006 which available from the Board upon request.

8. **A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

9. **The summary of the economic, small business, and consumer impact:**

The proposed rulemaking on Articles 1 and 4, R4-19-509 and R4-19-814 identified in item 6 is not expected to have a major economic impact on any regulated entity, the Board, or small businesses.

The Arizona State Board of Nursing licenses approximately 63,000 registered nurses and 11,000 practical nurses and certifies approximately 21,000 nursing assistants. Additionally the Board oversees 29 in-state nursing programs

and approximately 130 nursing assistant programs. The Board has granted approval for 4 out-of-state nursing programs to conduct clinical classes in Arizona. The Board also certifies Clinical Nurse Specialists and Registered Nurse Practitioners. Currently the Board certifies approximately 3000 nurse practitioners and 150 clinical nurse specialists.

The amendments to the definitions in R4-19-101 are not expected to have any direct economic impact on the Board, the regulated community, or the general public.

The amendments to R4-19-102 regarding time-frames are not expected to have a substantial economic impact on the regulated community or the general public.

Amendments to Article 4 are not expected to have any direct economic impact on the regulated community, the Board, or the general public. The detailed standards for the practice of nursing will benefit the regulated community and the general public by providing clear differentiation of RN and LPN roles and delineating standards expected of all licensed nurses. Nurses seeking re-issuance of a license will benefit from the increased specificity in R4-19-404. The regulated public will benefit from the Board establishing the conditions for ordering an evaluation and the qualifications of an evaluator in R4-19-405.

**10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable);**

The Board originally sought to limit preceptorships in pre-licensure nursing programs to the last semester of the program. In crafting the amendment, the Board relied on information from an Arizona nursing program with poor

outcomes using this model and a national study (NCSBN. *A National Survey on Elements of Nursing Education, July 2006*) suggesting that the availability of a clinical instructor during the nursing program was associated with less difficulty with clinical assignments in newly licensed nurses. Subsequently the Board considered information provided by University of Wisconsin-Oshkosh regarding their successful preceptorship-based nursing program and additional reports of innovative clinical education models using preceptors in other states.

Furthermore, during the comment period, another program approached Board staff with a draft proposal for innovative clinical instruction involving preceptors before the last semester of the program. After weighing all the testimony and information received, the Board agreed to terminate rulemaking on R4-19-206 in order to further study this issue and the impact of the proposed amendments contained in the Notice of Proposed Rulemaking in the context of amending all of Article 2.

The “Notice of Proposed Rulemaking” contained a definition of “reinstatement” that was deleted from the final rulemaking. After discussion with GRRC staff, it was decided that the both the definition and use of the term “reinstatement” was inconsistent with statutory language. The statute uses the word “re-issue” to describe restoring a license to a person after a revocation, suspension or voluntary surrender. All references to reinstatement were change to “re-issue” in the rulemaking package.

The Board clarified the temporary certification time-frames to include temporary C.N.S. and R.N.P. certificates.

Subsections R4-19-404 (A) and R4-19-102 (E)(5) were modified to include limited licensure in the options available to the Board when re-issuing or issuing a license. This is consistent with the Board's statutory authority to issue limited licenses under A.R.S. § 32-1606 (A)(3) and is not considered to be a substantial substantive change.

Section R4-19-404 was modified to delete subsections referring to reissuing a RNP or CNS certificate at the suggestion of GRRC staff. GRRC staff opined that the Board lacked sufficient statutory authority to take direct action to limit or condition a RNP or CNS certificate and suggested that such action limiting a certificate be reflected in action on the nursing license. This is consistent with current and intended Board practices as RNP and CNS certification is conditional on an RN license. The Board does not consider this a substantial substantive change. In addition, subsection (C)(5) was modified at the suggestion of GRRC staff to ensure consistency with subsection (C)(4) and simplify the subsection.

Section R4-19-509 was added to the rulemaking after the docket opening under the provision of the docket opening that "as part of this rulemaking the Board may add, delete, or modify additional sections as necessary". The Board addition of this Section is consistent with the subject matter of the rulemaking, "to improve regulatory effectiveness". It came to the Board's attention that R4-19-509 referred Sections of the Arizona Administrative Code that had been re-numbered by the Arizona Medical Board. The original rule is now ineffective and outdated because it does not refer to the correct section of the Arizona

Administrative Code. Without the amendments, the regulated public would have difficulty understanding and complying with this Section. In the same Section, at the suggestion of GRRC staff, “direct” supervision was substituted for “on-site” supervision to better reflect the statutory language of A.R.S. § 32-1456 and the definition of “direct” supervision in A.R.S. §32-1401. This is not considered a substantive change.

Other minor formatting, clarifying, and grammatical changes were made at the suggestion of GRRC staff.

**11. A summary of the comments made regarding the rules and the agency response to them:**

Stephanie Stewart from University of Wisconsin-Oskosh submitted comments on R4-19-206 on June 6, 2008 by e-mail opposing the proposed amendments limiting preceptorships to the last session of a nursing program. Stewart cited a 93% national licensure exam first time pass rate and positive outcomes from student and employer evaluations of the program. Stewart provided a PowerPoint presentation at the open public hearing on July 9, 2008 regarding the positive outcomes her program has achieved using a preceptorship model that would be prohibited with the proposed amendments.

Jane Werth Clinical Coordinator for Maricopa Community Colleges provided written comments on July 1, 2008. Werth was the original person who suggested limiting preceptorships to the last session of a nursing program. Werth has experience with clinical placements with the majority of programs in metropolitan Phoenix. Werth believes, based on the experiences in

Arizona, that the preceptorship model is not workable on a large scale however agrees that the proposed amendments to R4-19-206 need to be re-considered.

“Given my own reservations about use of this type of model on a widespread basis I am not sure I fully understand all the ramifications if precepted practice is only allowed in senior capstone experiences. I think there needs to be more community dialogue regarding where this practice has and is currently occurring, what are the successes and shortcomings of such practice in those areas. I think more information is needed to be sure we craft appropriate wording for this type of rule to support best practices outcomes in our clinical education”

The Arizona Nurses Association provided a letter in support of the proposed rulemaking in its entirety.

**Board Response to Comments:**

The Board carefully considered comments submitted by University of Wisconsin-Oskosh and the request of a current AZ approved program, whose representatives attended the open public hearing but did not offer comment, to utilize a preceptor model throughout the nursing program, and decided to terminate rulemaking on R4-19-206 at the present time. This rule will be re-considered by the Education Advisory Committee as they are preparing recommendations for amending all of Article 2. Recommendations regarding this rulemaking will be presented to the Board at a future Board meeting. As termination was considered, stakeholders included the Arizona Nurses Association and members of the Education Advisory Committee, the group that

originally advised that the Board adopt the proposed rulemaking, and all affected Arizona programs were contacted for input and all agreed that the amendments contained in the Notice of Proposed Rulemaking for R4-19-206 need to be reconsidered and re-crafted in a manner that does not prevent the implementation of innovative and effective nursing programs.

**12. Any other matters prescribed by statute that are applicable to the specific agency or any specific rule or class of rules:**

None

**13. Incorporations by reference and their location in the rules:**

None

**14. Were these rules previously made as an emergency rule?**

No

**15. The full text of the rules follows:**

**TITLE 4. PROFESSIONS AND OCCUPATIONS**

**CHAPTER 19. BOARD OF NURSING**

**ARTICLE 1. DEFINITIONS AND TIME-FRAMES**

R4-19-101. Definitions

R4-19-102. Time-frames for Licensure, Certification, or Approval

Table 1. Time-frames

**ARTICLE 4. REGULATION**

R4-19-401. ~~Scope of Practice for a Practical Nurse~~ Standards Related to Licensed Practical Nurse Scope of Practice

R4-19-402. ~~Scope of Practice for a Professional Nurse~~ Standards Related to Registered Nurse Scope of Practice

R4-19-403. Unprofessional Conduct

R4-19-404. ~~Reinstatement~~ Re-issuance or Subsequent Issuance of License

R4-19-405. ~~Repealed~~ Board-ordered Evaluations

**ARTICLE 5. ADVANCED AND EXTENDED PRACTICE NURSING**

R4-19-509. Delegation to Medical Assistants

**ARTICLE 8. CERTIFIED NURSING ASSISTANTS**

R4-19-814. Standards of Conduct for Certified Nursing Assistants

## ARTICLE 1. DEFINITIONS AND TIME-FRAMES

### R4-19-101. Definitions

In addition to the definitions in A.R.S. § 32-1601, in this Chapter:

“Abuse” means a misuse of power or betrayal of trust, respect, or intimacy by a nurse, ~~or~~ nursing assistant, or applicant that causes or is likely to cause physical, mental, emotional, or financial harm to a client.

“Administer” means the direct application of a medication to the body of a patient by a nurse, whether by injection, inhalation, ingestion, or any other means.

~~“Administrator” means a nurse educator with the administrative responsibility and authority for the direction of a nursing program.~~

“Applicant” means a person seeking licensure, certification, prescribing, or prescribing and dispensing privileges, or an entity seeking approval or re-approval, if applicable, of a:

CNS or RNP nursing program,

Credential evaluation service,

Nursing assistant training program,

Nursing program,

Nursing program change, or

Refresher program.

“Approved national nursing accrediting agency” means an organization recognized by the United States Department of Education as an accrediting agency for a nursing program.

“Assign” means a nurse designates nursing activities to be performed by another nurse that are consistent with the other nurse’s scope of practice.

“Certificate or diploma in practical nursing” means the document awarded to a graduate of an educational program in practical nursing.

“Client” means a recipient of care and may be an individual, family, group, or community.

“Clinical instruction” means the guidance and supervision provided by a nursing program faculty member or NATCEP instructor while a student is providing client care.

~~“Clinical nurse specialist” means a nurse who, through study, and supervised practice at the graduate level, and is expert in a selected clinical area of nursing.~~

“CNA” means a certified nursing assistant, as defined in A.R.S § 32-1601(10).

“CNS” means clinical nurse specialist, as defined in A.R.S. § 32-1601(5).

“Collaborate” means to establish a relationship for consultation or referral with one or more licensed physicians on an as-needed basis. ~~Direct or onsite supervision~~ Supervision of the activities of a registered nurse practitioner by the collaborating physician is not required.

“Contact hour” means a unit of organized learning, which may be either clinical or didactic and is 50 minutes of participation in a continuing education activity relating to nursing practice either 60 minutes in length or is otherwise defined by an accrediting agency recognized by the Board.

“Continuing education activity” means a course of study related to nursing practice that is awarded ~~credit~~ contact hours by an accrediting agency recognized by the Board, or academic credits ~~or units~~ in nursing or medicine by an ~~accredited organization~~ a regionally or nationally accredited college or university.

~~“CNA” means a certified nursing assistant.~~

“CRNA” means a certified registered nurse anesthetist who provides anesthesia services under A.R.S. § 32-1661.

“DEA” means the federal Drug Enforcement Administration.

“Dispense” means to ~~issue~~ package, label, and deliver one or more doses of a prescription-only medication in a suitable container for subsequent use by a patient.

“Dual relationship” means a nurse or CNA simultaneously engages in both a professional and nonprofessional relationship with a patient or resident that is avoidable, non-incident, and results in the patient being exploited financially, emotionally, or sexually.

“Endorsement” means the procedure for granting an Arizona nursing license to an applicant who is already licensed as a nurse in another state or territory of the United States ~~or foreign country~~ and has passed an exam as required by A.R.S. §§ 32-1633 or 32-1638 or an Arizona nursing assistant certificate to an applicant who is already listed on a nurse aide register in another state or territory of the United States.

“Episodic nursing care” means nursing care at nonspecific intervals that is focused on the current needs of the individual.

“Failure to maintain professional boundaries” means any conduct or behavior of a nurse or CNA that, regardless of the nurse’s or CNA’s intention, is likely to lessen the benefit of care to a patient or resident or a patient’s or resident’s family or places the patient, resident or the patient’s or resident’s family at risk of being exploited financially, emotionally, or sexually;

“Full approval” means the status granted ~~in writing~~ by the Board when a nursing program, ~~upon~~ after graduation of its first class, demonstrates the ability to provide and maintain a program in accordance with the standards provided by A.R.S. ~~§ 32-1601 et seq. and these rules~~ Title 32, Chapter 15 and this Chapter.

“Good standing” means the license of a nurse, ~~either practical or professional~~, or the certificate of a nursing assistant, is current, and the nurse or nursing assistant is not presently subject to any disciplinary action, consent order, or settlement agreement.

“Independent nursing activities” means nursing care within an RN’s scope of practice that does not require authorization from another health professional.

“Initial approval” means the permission, granted ~~in writing~~ by the Board, to an ~~institution~~ entity to establish a ~~nursing or~~ nursing assistant training program, after the Board determines that the program ~~proposal~~ meets the standards provided by ~~the law and these rules~~ A.R.S. Title 32, Chapter 15 and this Chapter.

~~“Licensed practical nurse” means a practical nurse licensed under this Chapter.~~

“Licensure by examination” means the granting of permission to practice nursing based on an individual’s passing of a prescribed examination and meeting all other licensure requirements.

“LPN” means licensed practical nurse.

“NATCEP” means Nurse Aide Training and Competency Evaluation Program and includes both the nursing assistant training program and the required certification exam.

“NCLEX” means the National Council Licensure Examination.

“Nurse” means a licensed practical or ~~professional~~ registered nurse.

“Nursing diagnosis” means a clinical judgment, based on analysis of comprehensive assessment data, about a client’s response to actual and potential health problems or life processes. Nursing diagnosis statements include the actual or potential problem, etiology or risk factors, and defining characteristics, if any.

“Nursing practice” means assisting individuals or groups to maintain or attain optimal health, implementing a strategy of care to accomplish defined health goals, and evaluating responses to care and treatment.

“Nursing process” means applying problem-solving techniques that require technical and scientific knowledge, good judgment, and decision-making skills to assess, plan, implement, and evaluate a plan of care.

“Nursing program” means a formal course of instruction designed to prepare its graduates for licensure as ~~professional~~ registered or practical nurses.

“Nursing program administrator” means a nurse educator who meets the requirements of A.R.S. Title 32, Chapter 15 and this Chapter and has the administrative responsibility and authority for the direction of a nursing program.

“Nursing program faculty member” means an individual working full or part time within a nursing program who is responsible for either developing, implementing, teaching, evaluating, or updating nursing knowledge, clinical skills, or curricula.

“Nursing-related activities or duties” means client care tasks for which education is provided by a basic NATCEP nursing assistant training program.

“P & D” means prescribing and dispensing.

“Parent institution” means the educational institution in which a nursing program or nursing assistant training program is conducted.

“Patient” means an individual recipient of care.

“Pharmacology” means the science that deals with the study of drugs.

“Physician” means a person licensed under A.R.S. Title 32, Chapters 7, 8, 11, 13, 14, 17, or 29, or by a state medical board in the United States.

“Preceptor” means a registered nurse or other health professional who meets the requirements of A.R.S. Title 32, Chapter 15 and this Chapter who instructs, supervises and evaluates a licensee, clinical nurse specialist, nurse practitioner or pre-licensure nursing student, for a defined period.

“Preceptorship” means a clinical learning experience by which a learner enrolled in a registered nursing program, nurse refresher program, clinical nurse specialist, or registered nurse practitioner program or as part of a Board order provides nursing care while assigned to a health professional who holds a license or certificate equivalent to or higher than the level of the learner’s program or in the case of a nurse under Board order, meets the qualifications in the Board order.

“Prescribe” means to order a medication, medical device, or appliance for use by a patient.

“~~P & D~~” means ~~prescribing and dispensing~~.

“~~Preceptorship~~” means a clinical learning experience by which a learner enrolled in a ~~NATCEP, nursing program, or nurse practitioner course of study provides nursing or~~

~~nurse assistant services while assigned to a health care worker who holds a license or certificate equivalent to or higher than the level of the learner's program~~

~~“PRN” means as needed.~~

“Proposal approval” means that an institution has met the standards provided by A.R.S. Title 32, Chapter 15 and this Chapter to proceed with an application for provisional approval to establish a pre-licensure nursing program in Arizona.

“Provisional approval” means that an institution has met the standards provided by A.R.S. Title 32, Chapter 15 and this Chapter to implement a pre-licensure nursing program in Arizona.

~~“Refresher program” means a formal course of instruction designed to provide a review and update of nursing theory and practice to professional or practical nurses preparing to re-enter nursing practice.~~

“Regionally accredited” means an educational institution is accredited by the New England Association of Schools and Colleges, Middle States Association of Colleges and Secondary Schools, North Central Association of Colleges and Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, or Western Association of Schools and Colleges.

“Register” means a listing of Arizona certified nursing assistants maintained by the Board that includes the following about each nursing assistant:

Identifying demographic information;

Date placed on the register;

Date of initial and most recent certification, if applicable; and

Status of the nursing assistant certificate, including findings of abuse, neglect, or misappropriation of property made by the Arizona Department of Health Services, sanctions imposed by the United States Department of Health and Human Services, and disciplinary actions by the Board.

“Resident” means a patient who receives care in a long term care facility or other residential setting.

“RN” means registered nurse.

“RNP” means a registered nurse practitioner as defined in A.R.S. §32-1601(15).

“SBTPE” means the State Board Test Pool Examination.

“Self-study” means a written self-evaluation conducted by a nursing program to assess the compliance of the program with the standards listed in R4-19-201 through R4-19-206.

“School nurse” means a ~~professional~~ registered nurse who is certified under ~~R4-19-308~~ R4-19-309.

“Standards related to scope of practice” means the expected actions of any nurse who holds the identified level of licensure.

“Supervision” means the direction and periodic consultation provided to an individual to whom a nursing task or patient care activity is delegated.

“Traineeship” means a clinical learning experience where a student enrolled in an approved nursing assistant training program provides care for residents in a long term care facility while working with a CNA employed by the facility under the supervision of an RN or LPN.

“Unlicensed assistive personnel” or “UAP” means a CNA or any other unlicensed person, regardless of title, to whom nursing tasks are delegated.

#### **R4-19-102. Time-frames for Licensure, Certification, or Approval**

**A.** In this Section:

1. “Administrative completeness” or “administratively complete” means Board receipt of all application components required by statute or rule and necessary to begin the substantive review time-frame.

~~1. “Applicant” means a person or entity seeking licensure, certification, approval to prescribe and dispense drugs or approval of a nursing assistant program, a nursing program, a refresher program, or a nurse practitioner course of study.~~

2. “Application packet” means a ~~Board-approved~~ an application form provided by the Board and the documentation necessary to establish an applicant’s qualifications for licensure, certification, or approval.

3. “Comprehensive written request for additional information” means written communication after the administrative completeness time frame by the Board to an applicant in person or at the mailing or electronic address identified on the application notifying the applicant that additional information, including missing documents is needed before the Board can grant the license. The written communication shall:

a. Contain a list of information required by statute or rule and necessary to complete the application or grant the license, and

b. Inform the applicant that the request suspends the running of days within the time-frame; and

c. Be effective on the date of issuance which is:

1. The date of its postmark, if mailed;

2. The date of delivery, if delivered in person by a Board employee or agent; or

3. The date of delivery to the electronic address if delivered electronically.

4. “Deficiency notice” means written communication by the Board to an applicant in person or at the mailing or electronic address identified on the application notifying the applicant that additional information, including missing documents, is needed to complete the application. The written communication shall:

a. Contain a list of information required by statute or rule and necessary to complete the application or grant the license;

b. Inform the applicant that the request suspends the running of days within the time-frame; and

c. Be effective on the date of issuance which is:

1. The date of its postmark, if mailed;

2. The date of delivery, if delivered in person by a Board employee or agent; or

3. The date of delivery to the electronic address if delivered electronically.

5. “Notice of administrative completeness” means written communication by the Board to an applicant in person or at the mailing or electronic address identified on the application notifying the applicant the application contains all information required by statute or rule to complete the application.

6. “Overall time-frame” has the same meaning as A.R.S. § 41-1072 (2)

7. “Substantive review time-frame” has the same meaning as A.R.S. § 41-1072 (3).

- B.** In computing the time-frames in this Section, the day of the act or event from which the designated period begins to run is not included. The last day of the period is included unless it is a Saturday, Sunday, or official state holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or official state holiday.
- C.** For each type of licensure, certification, or approval issued by the Board, the overall time-frame described in A.R.S. § 41-1072(2) is listed in Table 1. ~~The applicant and the Executive Director of the Board may agree in writing to extend the overall time-frames in Table 1. An applicant may submit a written request to the Board for an extension of time in which to provide a complete application. The request for an extension of time shall be submitted to the Board office before the deadline for submission of a complete application and shall state the reason that the applicant is unable to comply with the time-frame requirements in Table 1 and the amount of additional time requested. The Board may grant an extension of time based on whether the Executive Director of the Board finds that the applicant is unable to comply within the time-frame due to circumstances beyond the applicant’s control and that the additional information can reasonably be supplied during the extension of time. The overall time frame and the substantive review time frame described in A.R.S. § 41 1072(3) may not be extended by more than 25% of the overall time frame.~~

D. For each type of licensure, certification, or approval issued by the Board, the administrative completeness review time-frame described in A.R.S. § 41-1072(1) is listed in Table 1 and begins to run when the Board receives an application packet.

1. If the application packet is not administratively complete, the Board shall send a deficiency notice to the applicant. The time for the applicant to respond to a deficiency notice begins to run on the ~~postmark~~ date of the deficiency notice is issued.

a. The deficiency notice shall list each deficiency.

b. The applicant shall submit to the Board the missing information ~~or the documentation~~ listed in the deficiency notice within the period specified in Table 1 for responding to a deficiency notice. The time-frame for the Board to complete the administrative review is suspended until the Board receives the missing information ~~or documentation.~~

c. If ~~the~~ an applicant fails to provide the missing information ~~or the documentation~~ listed in the deficiency notice within the period specified in Table 1, the Board ~~shall consider the application packet withdrawn and shall send the applicant a notice of withdrawal.~~ shall close the applicant's file and send a notice to the applicant by U.S. mail and electronically, if an electronic address is included in the application.

d. If the applicant is the subject of an investigation, the Board may continue to process the application. Failure of the applicant to supply the requested information may result in denial of the license or certificate based on information gathered during the investigation.

2. If the application packet is administratively complete, the Board shall send a written notice of administrative completeness to the applicant.
3. If the Board issues a license, certificate, or approval during the administrative completeness review time-frame, the Board shall not send a separate written notice of administrative completeness.

**E.** For each type of licensure, certification, or approval issued by the Board, the substantive review time-frame described in A.R.S. § 41-1072(3) is listed in Table 1 and begins to run on the ~~postmark~~ date of the notice of administrative completeness is issued.

1. During the substantive review time-frame, an applicant may make a request to withdraw an application packet. The Board may deny the request to withdraw an application packet if the applicant is the subject of an investigation, based on information gathered during the investigation.
2. If an applicant discloses or the Board receives allegations of unprofessional conduct as described in A.R.S. § 32-1601 or this Chapter, the Board may shall review the allegations and may investigate an applicant who discloses prior unprofessional conduct defined in A.R.S. § 32-1601 and the applicant. The Board may require the applicant to provide additional information or documentation as prescribed in subsection (E)(3) if the Board believes that based on its assessment of whether the conduct is or might be harmful or dangerous to the health of a patient client or the public.
3. During the substantive review time-frame, the Board may make one comprehensive written request for additional information ~~or documentation~~. The

applicant shall submit the additional information ~~or documentation~~ within the period specified in Table 1. The time-frame for the Board to complete the substantive review of the application packet is suspended from the ~~postmark~~ date ~~of the comprehensive written request for additional information or documentation is issued~~ until the Board receives the additional information ~~or documentation~~.

4. If the applicant fails to provide the additional information ~~or documentation~~ identified in the comprehensive written request for additional information within the time specified in Table 1, the Board shall close the applicant's file and send a notice to the applicant by U.S. mail and electronically, if an electronic address is included in the application. ~~consider the application withdrawn and shall send a notice of withdrawal to the applicant~~ The Board may continue to process the application if the applicant is the subject of an investigation. Failure of the applicant to supply the requested information may result in denial of the license or certificate based on information gathered during the investigation.
5. The Board shall grant licensure, conditional licensure, limited licensure, certification, or approval to an applicant:
  - a. Who meets the substantive criteria for licensure, certification, or approval required by ~~the Board~~ A.R.S. Title 32, Chapter 15 and this Chapter; and
  - b. Whose licensure, certification, or approval is in the best interest of the public.
6. The Board shall deny licensure, certification, or approval to an applicant:
  - a. Who fails to meet the substantive criteria for licensure, certification, or approval required by ~~the Board~~ A.R.S. Title 32, Chapter 15 and this Chapter;  
or

- b. Who has engaged in unprofessional conduct as ~~defined~~ described in A.R.S. § 32-1601 or this Chapter; and
  - c. Whose licensure, certification, or approval is not in the best interest of the public.
7. The Board's written order of denial shall meet the requirements of A.R.S. § 41-1076. The applicant may request a hearing by filing a written request with the Board within 30 days of receipt of the Board's order of denial. The Board shall conduct hearings in accordance with A.R.S. ~~§ 41-1092 et seq.~~, Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

**Table 1. Time-frames**

**Time-frames (in days)**

<b>Type of License, Certificate, or Program Approval</b>	<b>Applicable Statute and Section</b>	<b>Board Overall Time-frame Without Investigation</b>	<b>Board Overall Time-frame With Investigation</b>	<b>Board Administrative Completeness Review Time-frame</b>	<b>Applicant Time To Respond to Deficiency Notice</b>	<b>Board Substantive Review Time-frame Without Investigation</b>	<b>Board Substantive Review Time-frame With Investigation</b>	<b>Applicant Time to Respond to Comprehensive Written Request</b>
<b>Initial Approval of Nursing Programs Nursing Program Proposal Approval</b>	<b>A.R.S. § 32-1606 (B)(2), 32-1644; R4-19-207</b>	150	Not applicable	60	180	90	Not applicable	120
<b>Nursing Program Provisional Approval</b>	<b>A.R.S. § 32-1606 (B)(2), 32-1644;</b>	<u>150</u>	<u>Not applicable</u>	<u>60</u>	<u>180</u>	<u>90</u>	<u>Not applicable</u>	<u>120</u>

	<u>R4-19-207</u>							
<u>Full Approval of Nursing Programs Nursing Program Full Approval or Reapproval</u>	<u>A.R.S. §§32-1606 (B)(2), 32-1644; R4-19-208, R4-19-210</u>	150	Not applicable	60	180	90	Not applicable	120
<u>Nursing Program Change</u>	<u>A.R.S. § 32-1606 (B)(1); R4-19-209</u>	150	Not applicable	60	180	90	Not applicable	120
<u>Approval of Refresher Programs Refresher Program</u>	<u>A.R.S. § 32-1606 (B) (21); R4-19-214</u>	150	Not applicable	60	180	90	Not applicable	120

<u>Approval or Re-approval</u>								
<u>CNS or RNP Nursing Program</u>	<u>A.R.S. §§32-1606</u>	<u>150</u>	<u>Not applicable</u>	<u>60</u>	<u>180</u>	<u>90</u>	<u>Not applicable</u>	<u>120</u>
<u>Approval or Re-approval</u>	<u>(B)(18), 32-1644; R4-19-503</u>							
<u>Credential Evaluation Service</u>	<u>A.R.S. §§32-1634.01</u>	<u>150</u>	<u>Not applicable</u>	<u>60</u>	<u>180</u>	<u>90</u>	<u>Not applicable</u>	<u>120</u>
<u>Approval or Re-approval</u>	<u>(A)(1), 32-1634.02 (A)(1) 32-1639.01 (1), 32-1639.02 (1); R4-19-303</u>							

Licensure by Exam	<u>A.R.S. §§ 32-1606 (B)(5), 32-1633, 32-1638; and R4-19-301</u>	150	270	30	270	120	240	150
Licensure by Endorsement	<u>A.R.S. §§ 32-1606 (B)(5), 32-1634, 32-1639; and R4-19-302</u>	150	270	30	270	120	240	150
Temporary License or Renewal	<u>A.R.S. §§ 32-1605.01</u>	60	90	30	60	30	60	90

	<u>(B)(3),</u> <u>32-1635,</u> <u>32-1640;</u> <del>R4 19-</del> <del>303-R4-</del> <u>19-304</u>							
License Renewal	<u>A.R.S.</u> <del>§§32-</del> <del>1606</del> <u>(B)(5),</u> <u>32-1642;</u> <del>R4 19-</del> <del>304-R4-</del> <u>19-305</u>	120	270	30	270	90	240	150
School Nurse Certification or Renewal	<u>A.R.S.</u> <del>§§32-</del> <del>1606</del> <u>(A)(7)</u> <u>and (B)</u> <u>(13), 32-</u> <u>1643(A)</u> <u>(8);</u> <del>R4 19-</del>	150	270	30	270	120	240	150

	<del>308-R4-19-309</del>							
<u>Reinstatement</u>	<u>A.R.S.</u>	150	270	30	270	120	240	150
<u>Re-issuance or Subsequent Issuance of License</u>	<u>§32-1664 (O); R4-19-404</u>							
<u>Nurse Practitioner Program Approval</u>	<del>R4-19-503</del>	150	Not applicable	60	270	90	Not applicable	120
<u>Registered Nurse Practitioner Certification or Renewal</u>	<u>A.R.S. §§ 32-1601 (15), 32-1606 (21); R4-19-504-R4-19-505, R4-19-506</u>	150	270	30	180	120	240	150

<u>RNP</u> Prescribing and Dispensing Approval <u>Privilege</u>	<u>A.R.S. §</u> <u>32-1601</u> <u>(15);</u> <del>R4-19-</del> <u>507</u> <del>R4-19-</del> <u>511</u>	150	270	30	270	120	240	150
<u>Clinical Nurse</u> <u>Specialist CNS</u> Certification or <u>Renewal</u>	<u>A.R.S.</u> <u>§§ 32-</u> <u>1601 (5).</u> <u>32-1606</u> <u>(21);R4-</u> <u>19-511</u> <u>R4-19-</u> <u>505.</u> <u>R4-19-</u> <u>506</u>	150	270	30	270	120	240	150
<u>Prescribing</u> <u>Authority of a</u> <u>Certified</u> <u>Registered</u> <u>Nurse</u>	<u>ARS §</u> <u>32-1601</u> <u>(13)(m);</u> <del>R4-19-</del> <del>513-R4-</del>	150	270	30	270	120	240	150

Anesthetist CRNA Prescribing Privilege	<u>19-515</u>							
Temporary RNP or CNS Certificate or Renewal	<u>A.R.S.</u> <u>§32-</u> <u>1635.01;</u> <u>R4-19-</u> <u>507</u>	<u>60</u>	<u>Not</u> <u>applicable</u>	<u>30</u>	<u>60</u>	<u>30</u>	<u>Not</u> <u>applicable</u>	<u>60</u>
Approval of Nursing Assistant Training Programs Approval or Re- approval	<u>A.R.S.</u> <u>§32-</u> <u>1606</u> <u>(B)(11);</u> <u>R4-19-</u> <u>803, R4-</u> <u>19-804</u>	120	Not applicable	30	180	90	Not applicable	120
Renewal of Approval of Nursing Assistant Training Programs	<u>R4-19-</u> <u>804</u>	120	Not applicable	30	180	90	Not applicable	120

Nursing Assistant Certification by Examination	<u>A.R.S. §§</u>	150	270	30	270	120	240	150
	<u>32-1606</u>							
	<u>B(11),</u>							
	<u>32-1647;</u>							
	R4-19-							
	806							
Nursing Assistant Certification by Endorsement	<u>A.R.S.</u>	150	270	30	270	120	240	150
	<u>§32-</u>							
	<u>1606</u>							
	<u>(B)(11).</u>							
	<u>32-1648;</u>							
	R4-19-							
	807							
Temporary CNA Certificate or Renewal	<u>A.R.S.</u>	60	Not applicable	30	60	30	Not applicable	60
	<u>1646</u>							
	<u>(A)(5);</u>							
	<u>R4-19-</u>							
	<u>808</u>							
Nursing Assistant Certificate Renewal	<u>A.R.S. §</u>	120	270	30	270	90	240	150
	<u>32-1606</u>							
	<u>(B) (11);</u>							
	<u>R4-19-</u>							

	809							
Reinstatement	A.R.S. §	150	270	30	270	120	240	150
Re-issuance or	<u>32-1664</u>							
Subsequent	(O);							
Issuance of a	R4-19-							
Nursing	815							
Assistant								
Certificate								

#### ARTICLE 4. REGULATION

##### **R4-19-401. Scope of Practice for a Practical Nurse Standards Related to Licensed Practical Nurse Scope of Practice**

- A.** A licensed practical nurse shall ~~provide nursing care~~ engage in practical nursing as defined in A.R.S. § 32-1601 only under the supervision of a ~~professional~~ registered nurse or licensed physician.
- B.** ~~The scope of practice for a licensed practical nurse shall include: planning, implementation, documentation, and evaluation of the following:~~
- ~~1. Providing for the emotional and physical comfort of patients;~~
  - ~~2. Observing, recording and reporting the condition of the patients including signs and symptoms which may be indicative of change in the patient's condition to the nurse's immediate supervisor;~~
  - ~~3. Performing those nursing activities for which the licensed practical nurse has~~

~~been prepared through basic education and those additional skills which are obtained through approved continued education programs.~~

~~4. Assisting with the rehabilitation of patients in accordance with the patient's care plan.~~

**B.** A LPN's nursing practice is limited to those activities for which the LPN has been prepared through basic practical nursing education in accordance with A.R.S. § 32-1637(1) and those additional skills that are obtained through subsequent nursing education and within the scope of practice of a LPN as determined by the Board.

**C.** A LPN shall:

1. Practice within the legal boundaries of practical nursing within the scope of practice authorized by A.R.S. Title 32, Chapter 15 and 4 A.A.C.19;
2. Demonstrate honesty and integrity;
3. Base nursing decisions on nursing knowledge and skills, the needs of clients, and licensed practical nursing standards;
4. Accept responsibility for individual nursing actions, decisions, and behavior in the course of practical nursing practice.
5. Maintain competence through ongoing learning and application of knowledge in practical nursing practice.
6. Protect confidential information unless obligated by law to disclose the information;
7. Report unprofessional conduct, as defined in A.R.S. § 32-1601 (16) and further specified in R4-19-403 and R4-19-814, to the Board;
8. Respect a client's rights, concerns, decisions, and dignity;

9. Maintain professional boundaries;

10. Respect a client's property and the property of others; and

**D.** In participating in the nursing process and implementing client care across the lifespan, a LPN shall:

1. Contribute to the assessment of the health status of clients by:

a. Recognizing client characteristics that may affect the client's health status;

b. Gathering and recording assessment data;

c. Demonstrating attentiveness by observing, monitoring, and reporting signs, symptoms, and changes in client condition in an ongoing manner to the supervising registered nurse or physician;

2. Contribute to the development and modification of the plan of care by:

a. Planning episodic nursing care for a client whose condition is stable or predictable;

b. Assisting the registered nurse or supervising physician in identification of client needs and goals; and

c. Determining priorities of care together with the supervising registered nurse or physician;

3. Implement aspects of a client's care consistent with the LPN scope of practice in a timely and accurate manner including:

a. Following nurse and physician orders and seeking clarification of orders when needed;

- b. Administering treatments, medications, and procedures;
  - c. Attending to client and family concerns or requests;
  - d. Providing health information to clients as directed by the supervising RN or physician or according to an established educational plan;
  - e. Promoting a safe client environment;
  - f. Communicating relevant and timely client information with other health team members regarding:
    - i. Client status and progress;
    - ii. Client response or lack of response to therapies;
    - iii. Significant changes in client condition; and
    - iv. Client needs and special requests; and
  - g. Documenting the nursing care the LPN provided;
4. Contribute to evaluation of the plan of care by:
- a. Gathering, observing, recording, and communicating client responses to nursing interventions; and
  - b. Modifying the plan of care in collaboration with a registered nurse based on an analysis of client responses.

E. A LPN assigns and delegates nursing activities. The LPN shall:

- 1. Assign nursing care within the LPN scope of practice to other LPNs;
- 2. Delegate nursing tasks to unlicensed assistive personnel (UAPs). In maintaining accountability for the delegation, the LPN shall ensure that the:
  - a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;

- b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;
- c. Results of the task are reasonably predictable;
- d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;
- e. Selected client and circumstances of the delegation are such that delegation of the task poses minimal risk to the client and the consequences of performing the task improperly are not life-threatening;
- f. LPN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;
- g. LPN provides supervision and feedback to the UAP; and
- h. LPN observes and communicates the outcomes of the delegated task.

**R4-19-402. Scope of Practice for a Professional Nurse Standards Related to Registered Nurse Scope of Practice**

- ~~A. The scope of practice for a professional nurse shall include the following:~~
- ~~1. Performing those nursing activities for which the professional nurse has been prepared through basic education and additional skills which are obtained through approved continuing education programs;~~
  - ~~2. Providing the nursing supervision in the planning for and provision of nursing care to patients and the directing and evaluating of nursing care provided by other licensed nurses and other personnel;~~
  - ~~3. Providing patient education, both individualized and to the public;~~

~~4. Assessing the patients needs, planning for, implementing, evaluating, and documenting the nursing care being provided to each patient.~~

~~B. A professional nurse shall be responsible both for the nursing care directly provided by the nurse and the care provided by others who are under the professional nurse's supervision.~~

A. A registered nurse (RN) shall perform only those nursing activities for which the RN has been prepared through basic registered nursing education and those additional skills which are obtained through subsequent nursing education and within the scope of practice of an RN as determined by the Board.

B. A RN shall:

1. Practice within the legal boundaries of registered nursing within the scope of practice authorized by A.R.S. Title 32, Chapter 15 and 4 A.A.C. 19;
2. Demonstrate honesty and integrity;
3. Base nursing decisions on nursing knowledge and skills, the needs of clients, and registered nursing standards;
4. Accept responsibility for individual nursing actions, decisions, and behavior in the course of registered nursing practice;
5. Maintain competence through ongoing learning and application of knowledge in registered nursing practice;
6. Protect confidential information unless obligated by law to disclose the information;
7. Report unprofessional conduct, as defined in A.R.S. § 32-1601(16) and further specified in R4-19-403 and R4-19-814, to the Board;

8. Respect a client's rights, concerns, decisions, and dignity;
9. Maintain professional boundaries;
10. Respect a client's property and the property of others; and
11. Advocate on behalf of a client to promote the client's best interest.

C. In utilizing the nursing process to plan and implement nursing care for clients across the life-span, a RN shall:

1. Conduct a nursing assessment of a client in which the nurse:
  - a. Recognizes client characteristics that may affect the client's health status;
  - b. Gathers or reviews comprehensive subjective and objective data and detects changes or missing information;
  - c. Applies nursing knowledge in the integration of the biological, psychological, and social aspects of the client's condition; and
  - d. Demonstrates attentiveness by providing ongoing client surveillance and monitoring;
2. Use critical thinking and nursing judgment to analyze client assessment data to:
  - a. Make independent nursing decisions and formulate nursing diagnoses; and
  - b. Determine the clinical implications of client signs, symptoms, and changes, as either expected, unexpected, or emergent situations;
3. Based on assessment and analysis of client data, plan strategies of nursing care and nursing interventions in which the nurse:
  - a. Identifies client needs and goals;
  - b. Formulates strategies to meet identified client needs and goals;
  - c. Modifies defined strategies to be consistent with the client's overall health care

plan; and

d. Prioritizes strategies based on client needs and goals;

4. Provide nursing care within the RN scope of practice in which the nurse:

a. Administers prescribed aspects of care including treatments, therapies, and medications;

b. Clarifies health care provider orders when needed;

c. Implements independent nursing activities consistent with the RN scope of practice;

d. Institutes preventive measures to protect client, others, and self;

e. Intervenes on behalf of a client when problems are identified;

f. Promotes a safe client environment;

g. Attends to client concerns or requests;

h. Communicates client information to health team members including:

i. Client concerns and special needs;

ii. Client status and progress;

iii. Client response or lack of response to interventions; and

iv. Significant changes in client condition; and

i. Documents the nursing care the RN has provided;

5. Evaluate the impact of nursing care including the:

a. Client's response to interventions;

b. Need for alternative interventions;

c. Need to communicate and consult with other health team members; and

d. Need to revise the plan of care;

6. Provide comprehensive nursing and health care education in which the RN:
  - a. Assesses and analyzes educational needs of learners;
  - b. Plans educational programs based on learning needs and teaching-learning principles;
  - c. Ensures implementation of an educational plan either directly or by delegating selected aspects of the education to other qualified persons; and
  - d. Evaluates the education to meet the identified goals;

**D. A RN assigns and delegates nursing activities. The RN shall:**

1. Assign nursing care within the RN scope of practice to other RNs;
2. Assign nursing care to a LPN within the LPN scope of practice based on the RN's assessment of the client and the LPN's ability;
3. Supervise, monitor, and evaluate the care assigned to a LPN; and
4. Delegate nursing tasks to UAPs. In maintaining accountability for the delegation, an RN shall ensure that the:
  - a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;
  - b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;
  - c. Results of the task are reasonably predictable;
  - d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;
  - e. Selected client and circumstances of the delegation are such that

delegation of the task poses minimal risk to the client and the consequences of performing the task improperly are not life-threatening;

f. RN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;

g. RN provides supervision and feedback to the UAP; and

h. RN observes and communicates the outcomes of the delegated task.

#### **R4-19-403. Unprofessional Conduct**

~~A. For the purpose of this Section:~~

~~1. “Failure to maintain professional boundaries” means any conduct or behavior of a nurse that, regardless of the nurse’s intention, is likely to lessen the benefit of care to a patient, resident, or the family of a patient or resident and places the patient, resident, or family of the patient or resident at risk of being exploited financially, emotionally, or sexually; and~~

~~2. “Dual relationship” means a nurse simultaneously engages in both a professional and nonprofessional relationship with a patient that is avoidable, non-incidental, and results in the patient being exploited financially, emotionally, or sexually.~~

~~B. No Change~~

~~1. No Change~~

~~2. No Change~~

3. No Change
4. No Change
5. No Change
6. No Change
7. No Change
8. No Change
  - a. No Change
  - b. No Change
9. No Change
10. No Change
11. No Change
12. No Change
13. No Change
14. No Change
15. No Change
16. No Change
17. No Change
18. No Change
19. No Change
20. No Change
21. No Change
22. No Change
23. No Change

- 24. No Change
- 25. No Change
  - a. No Change
  - b. No Change
- 26. No Change
- 27. No Change
- 28. No Change
  - a. No Change
  - b. No Change
  - c. No Change
- 29. No Change:
  - a. No Change
  - b. No Change
  - c. No Change
- 30. No Change
- 31. No Change

**R4-19-404. ~~Reinstatement~~ Re-issuance or Subsequent Issuance of License**

A. ~~A nurse whose license to practice nursing~~ The Board may restore a license to a nurse whose license has been suspended for a period of time shall be reinstated at termination of ~~after~~ after the period of suspension ~~if only upon submission to and acceptance by the Board of documentation which evidences that the conditions of the order have been met.~~ the licensee provides written evidence that all requirements or conditions prescribed or ordered in the consent agreement or Board order for

suspension have been met to the satisfaction of the Board. The Board may place conditions or limitations on the restored license. The license ~~for~~ of a nurse who fails to provide such ~~documentation~~ evidence of fulfilling the requirements or conditions prescribed by the Board shall remain on suspended status until such submission and acceptance by the Board.

~~B. A nurse whose license to practice nursing has been denied or revoked in accordance with A.R.S. § 32-1663 may make application to the Board, after a period of 5 years subsequent to the date the license was revoked or last denied, for the issuance or reissuance of a license under the following terms and conditions:~~

- ~~1. An application shall be submitted in writing, verified under oath, and shall contain therein or have attached thereto substantial evidence that the basis for denial or revocation has been removed and that the issuance of license will no longer constitute a threat to the public health or safety. The Board may require physical, psychological, or psychiatric evaluations, reports, and affidavits. These conditions shall be met before an application is considered.~~
- ~~2. The Board shall consider the application and may designate a time for the applicant to appear at a regularly scheduled meeting of the Board so that evidence of qualification and competency to practice can be presented.~~
- ~~3. After reviewing the evidence and deliberating the matter, the Board may:
  - ~~a. Grant the applicant a temporary permit to complete a specified period of supervised practice. On completion of the supervised practice period, the Board shall consider the evaluation of the applicant's performance and shall approve or deny the application or extend the period of supervised practice.~~~~

~~b. Deny the application. An applicant who is denied issuance or reissuance of a license shall have 10 days from the date of receipt of the notice of denial from the Board to file a request for hearing, in writing, with the Board. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6.~~

A person whose nursing license is denied, revoked, or voluntarily surrendered under A.R.S. § 32-1663 may apply to the Board to issue or re-issue the license:

1. Five years from the date of denial or revocation, or
2. In accordance with the terms of a voluntary surrender agreement.

C. A person who applies for issuance or re-issuance of a license under the conditions of subsection (B) is subject to the following terms and conditions :

1. The person shall submit a written application for issuance or reissuance of the license that contains substantial evidence that the basis for surrendering, denying, or revoking the license has been removed and that the issuance or re-issuance of the license will not be a threat to public health or safety.

2. Safe practice.

a. Under A.R.S. § 32-1664 (F), the Board for reasonable cause may require a combination of mental, physical, nursing competency, psychological, or psychiatric evaluations, or any combination of evaluations, reports, and affidavits that the Board considers necessary to determine the person's competence and conduct to safely to practice nursing.

b. Under A.R.S. 32-1664 (K) the Board may issue subpoenas and compel the attendance of witnesses and the production of records and documentary evidence relevant to the person's ability to safely practice nursing.

3. After receipt of the application, the information required under subsection (C)(2), and the completion of an investigation, the the Board shall place the application on the agenda of a regularly scheduled Board meeting.
4. After consideration of the application and any information required under subsection (C)(2),the Board may:
  - a. Grant the license with or without conditions or limitations;
  - b. If other licensure requirements have been met, grant, with or without conditions, a temporary license for the sole purpose of allowing the applicant to successfully complete an approved nurse refresher course; or
  - c. Deny the license if the Board determines that licensure might be harmful or dangerous to the health of a patient or the public.
5. If the Board orders a refresher course described in subsection (C)(4)(b) the Board shall consider the applicant's performance in the approved refresher course and any other evidence, if available, of the applicant's safety to practice, and either deny the license under subsection (C)(4)(c) or grant the license with or without conditions or limitation.
6. An applicant who is denied issuance or re-issuance of a license shall have 30 days from the date of issuance of the notice of denial from the Board to file a written request for hearing with the Board. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

**R4-19-405. ~~Repealed~~ Board-ordered Evaluations**

A. Under A.R.S. § 32-1664(F), the Board may order a licensee or CNA certificate-holder to undergo an evaluation by an independent qualified evaluator for the purposes of

determining the licensee's or certificate holder's safety and competence to practice.

Evaluations may be in the areas of:

1. Nursing knowledge or skills or both;
2. Mental functioning, including but not limited to neuropsychological evaluation, and other cognition evaluations;
3. Medical status including but not limited to medical review of drug screen results, chronic pain evaluation, physical examination, and biological testing;
4. Psychiatric or psychological status including but not limited to substance abuse evaluation, boundary or sexual misconduct evaluations, and psychological testing; or
5. Other similar evaluations that the Board determines are necessary to evaluate a licensee or certificate holder's ability to safely practice.

B. Before making the decision to order the evaluation, the Board shall review the allegations and investigative findings.

C. The Board retains the discretion to use an evaluator based on the evaluator's licensure history, the Board's past experience with the evaluator, and the quality of the evaluation provided. Before conducting a Board-ordered evaluation, a potential evaluator shall submit documentation that the evaluator:

1. Possesses expertise and educational credentials in the area that the Board has ordered an evaluation ;
2. Holds a license or certificate in good standing with a licensing or certifying board located in the United States and discloses any past licensure disciplinary actions

and criminal history;

3. Will provide equipment and environmental conditions necessary to conduct a valid evaluation;

4. Has no current or past treatment, collegial, or social relationship with the licensee or certificate holder, any family member of the licensee or certificate holder, or the licensee's or certificate holder's legal counsel;

5. Will not enter into a treatment relationship with the licensee or certificate holder unless the relationship is unavoidable due to geographical location or the specific expertise of the evaluator; and

6. Agrees to keep information provided by the Board under subsection (D) confidential as evidenced by a signed confidentiality agreement provided by the Board.

D. Upon receipt of the evaluator's signed confidentiality agreement, the Board may provide confidential investigative information and documents to the evaluator for the purpose of disclosing the reason for the evaluation, the focus of the evaluation, and the conduct causing the Board to order the evaluation including:

1. The complaint and all information that has been received during the investigation of the complaint. Documents may include but are not limited to employment records, medical records, arrest records, conviction and sentencing records, excluding FBI fingerprint results, drug screen results, pharmacy profiles, witness statements, past licensure history, and a summary of information obtained during investigative interviews; and

2. The specific questions for which the Board is seeking answers; and

E. The evaluator shall provide the following information to the Board:

1. A professional report that is objective, thorough, timely, accurate, and defensible;
2. Evaluation findings including diagnosis if appropriate and assessment of ability to practice safely;
3. Recommendations for further evaluation, treatment, and remediation; and
4. Suggestions for assuring safe practice and compliance with treatment and remediation recommendations, if any.

## **ARTICLE 5. ADVANCED AND EXTENDED NURSING PRACTICE**

### **R4-19-509. Delegation to Medical Assistants**

A. Under A.R.S. §§ 32-1456 and 32-1601(15) (d)(vii), an RNP may delegate patient care to a medical assistant in an office or outpatient setting. The RNP shall verify that a medical assistant to whom the RNP delegates meets at least one of the following qualifications:

1. Completed an approved medical assistant training program as defined in ~~R4-16-304~~ A.A.C. R4-16-101(3);
2. If a graduate of an unapproved medical assistant training program, passed the medical assistant examination administered by either the American Association of Medical Assistants or the American Medical Technologists;
3. Completed an unapproved medical assistant training program and was employed as a medical assistant on a continuous basis since completion of the program before February 2, 2000;
4. Was directly supervised by the same registered nurse practitioner for at least 2000 hours before February 2, 2000; or

5. Completed a medical services training program of the Armed Forces of the United States.

B. A medical assistant may perform, under the delegation and ~~onsite~~ direct supervision, as defined in A.R.S. § 32-1401, of a registered nurse practitioner, those acts authorized under A.R.S. § 32-1456(A) and ~~R4-16-303~~ A.A.C. R4-16-402.

## ARTICLE 8. CERTIFIED NURSING ASSISTANTS

### **R4-19-814. Standards of Conduct for Certified Nursing Assistants**

~~A.~~ For the purpose of this Section:

- ~~1. "Failure to maintain professional boundaries" means any conduct or behavior by a nursing assistant, regardless of the nursing assistant's intention, that is likely to lessen the benefit of care to a patient, resident, or their family, and places the patient, resident, or their family, at risk of being exploited financially, emotionally, or sexually; and~~
- ~~2. "Dual relationship" means a nursing assistant simultaneously engages in a professional and a nonprofessional relationship with a patient, resident, or their family that is avoidable, non-incident, and places the patient or resident at risk for financial, emotional, or sexual exploitation.~~

~~B.~~ For purposes of A.R.S. § 32-1601(16) (d), a practice or conduct that is or might be harmful or dangerous to the health of a patient or the public and constitutes a basis for disciplinary action on a certificate includes the following:

1. No Change
2. No Change
3. No Change

4. No Change
5. No Change
6. No Change
7. No Change
8. No Change
9. No Change
10. No Change
11. No Change
12. No Change
13. No Change
14. No Change
15. No Change
16. No Change
17. No Change
18. No Change
19. No Change
20. No Change
21. No Change
22. No Change
23. No Change
  - a. No Change
  - b. No Change
  - c. No Change

- d. No Change
- 24. No Change
- 25. No Change
- 26. No Change
- 27. No Change
  - a. No Change
  - b. No Change
  - c. No Change
- 28. No Change
  - a. No Change
  - b. No Change
  - c. No Change
- 29. No Change