

TITLE 485. OKLAHOMA BOARD OF NURSING

CHAPTER 1. ADMINISTRATION

[Authority: 59 O.S., §§ 567.1 et seq.; 75 O.S., §§ 302 and 305]

[Source: Codified 7-24-91]

485:1-1-1. Functions

The Board is authorized to:

- (1) *adopt and revise rules not inconsistent with . . . the Oklahoma Nursing Practice Act; [59 O.S. Section 567.4(F)]*
- (2) prescribe standards for education programs preparing persons for licensure to practice practical nursing, registered nursing, or advanced practice registered nursing; or for certification as an Advanced Unlicensed Assistant;
- (3) provide for surveys of such education programs;
- (4) approve such education programs for the preparation for licensure to practice practical nursing, registered nursing, or advanced practice registered nursing; or for certification as an Advanced Unlicensed Assistant; as shall meet the requirements of this statute and of the Board;
- (5) deny, or withdraw approval of education programs for failure to meet or maintain prescribed standards required by this statute and by the Board;
- (6) examine applicants for licensure, certification, and/or recognition; and issue, renew, and reinstate the licenses, certificates, and recognitions for duly qualified applicants;
- (7) establish requirements for licensure to practice practical nursing, registered nursing, or advanced practice registered nursing, and requirements for certification to practice as an Advanced Unlicensed Assistant;
- (8) conduct hearings upon charges calling for disciplinary action; and
- (9) provide consultation, conduct conferences, forums, studies and research on nursing education and practice.
- (10) approve the agency's budget and authorize disbursement of the funds by the Executive Director.

[Source: Amended at 8 Ok Reg 3575, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2099, eff 6-11-92; Amended at 18 Ok Reg 1745, eff 7-1-01; Amended at 25 Ok Reg 1413, eff 7-1-08; Amended at 27 Ok Reg 1024, eff 7-1-10; Amended at 29 Ok Reg 1615, eff 7-12-12]

485:1-1-2. Officers

(a) **Election of officers.** The officers of the Board shall be elected annually at the regular meeting in January. The candidate receiving the plurality of votes shall be declared elected and shall assume office on the first day of March following their election.

(b) **Vacancies in office.**

- (1) A vacancy occurring in the office of President shall be filled by the Vice-President for the unexpired term.
- (2) A vacancy occurring in the office of Vice-President shall be filled by appointment by the President with the approval of the Board for the period of the unexpired term.
- (3) A vacancy occurring in the office of the Secretary shall be filled by appointment by the President with the approval of the Board for the period

of the unexpired term.

(c) Duties of officers.

(1) The President shall preside at meetings and shall appoint members to serve on such committees as may be created and shall be an ex-officio member of all committees. The President shall cause the agenda to be prepared for the meeting.

(2) The Vice-President shall preside in the absence of the President, and shall assume the duties of the President, when necessary.

(3) The Secretary/Treasurer shall record the minutes of the meeting and conduct the necessary correspondence of the Board.

(4) The officers of the Board shall participate in the development of the budget

[Source: Amended at 8 Ok Reg 3575, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2099, eff 6-11-92; Amended at 27 Ok Reg 1024, eff 7-1-10]

485:1-1-3. Staff members

(a) **Executive Director.** *The Board shall appoint and employ a qualified person, who shall be a registered nurse, to serve as Executive Director . . .and shall define the duties.* [59 O.S. Section 567.4(E)]

(b) **Staff.** The Board, through its designee the Executive Director, may appoint and employ other qualified persons to assist the Board in its function, and shall define the duties of the positions.

(c) **Deputy Executive Director.** When the Executive Director is out of the office, or otherwise engaged, he/she shall designate a deputy director to act. If the position of Executive Director is vacant or the Executive Director has been unable to make the designation, the President of the Board shall designate a deputy director to serve until the next meeting of the Board, at which time the Board shall appoint an acting Executive Director.

[Source: Amended at 8 Ok Reg 3575, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2099, eff 6-11-92; Amended at 32 Ok Reg 1199, eff 8-27-15]

485:1-1-4. Business meetings [REVOKED]

[Source: Amended at 8 Ok Reg 3575, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2099, eff 6-11-92; Amended at 27 Ok Reg 1024, eff 7-1-10; Revoked at 38 Ok Reg 1418, eff 8-26-21]

485:1-1-5. Rules and regulations

(a) **Adoption, amendment, or repeal of rules.** The adoption, amendments, filing, or repeal of rules will be in accordance with the Oklahoma Administrative Procedures Act.

(b) Petition requesting promulgation, amendment or repeal of a rule.

(1) Any person may petition the Board in writing requesting the promulgation, amendment, or repeal of a rule. The petition shall include the language of the requested rule, amendment or repeal, a statement of the purpose of the requested rule, amendment or repeal, at least one example of a fact situation to which the rule, amendment or repeal will apply, and the name and address of the person who requested the rule, amendment or repeal. If the requesting party is an association or corporate body, the petition shall identify a contact person at the association or corporate body who is able to provide meaningful information about the request.

(2) A petition requesting promulgation, amendment or repeal of a rule shall not be considered by the Board if the subject of the Petition is the same as

or similar to the subject presented in a Petition and considered by the Board within the previous twelve (12) months.

(3) The petition shall be cosigned by at least ten persons.

(4) The petition shall be submitted to the Board not less than forty five (45) days prior to a regular meeting.

(5) The Board, on its own motion or upon the request of any other interested party, may require any petitioner to provide additional information, as may be specified by the Board, for use in the Board's consideration and disposition of the petition. The failure of the petitioner to provide such information shall constitute grounds for the Board to take no further action on a petition.

(6) The Board shall refer the petition to its counsel for legal consideration. In addition, the Board may refer the petition to an appropriate advisory committee or subcommittee for review prior to the Board's action. The advisory committee or subcommittee review and recommendation shall not constitute Board action. Upon completion of the study period, the petition shall be referred to the Board with the recommendation of the committee, if any.

(7) If the Board determines the requested action or some other action should be taken, then notice of the proposed action shall be published in accord with the Administrative Procedures Act and the matter shall be set for public hearing. At the time and place designated for the public hearing, proponents and opponents of the proposed rulemaking action may be heard in the manner and order prescribed by the Board at that time.

(8) At the Board meeting during which the public hearing is held or immediately thereafter the Board shall render its decision on the petition and shall take such action as it deems necessary and appropriate and as authorized by the Administrative Procedures Act to implement its decision.

(c) Declaratory Rulings.

(1) Any person or group may petition the Board for a declaratory ruling as to the applicability of any rule or order of the Board and any other person or group may file a response.

(2) A petition for declaratory ruling shall be signed by the person or association making the request and shall include a concise statement of the facts and the law supporting the request.

(3) The Board may request the petitioner or any respondent to submit any information it deems pertinent to the inquiry or useful in resolving the issue, including oral and documentary evidence and citations of legal authority.

(4) The agency shall refer the petition to its counsel. The Board may refer the petition to an appropriate advisory committee or subcommittee for its review and a recommendation. The advisory committee or subcommittee may hold a hearing, take testimony of witnesses, require submission of legal memoranda, and hear argument of counsel just as the Board can do. The findings or recommendations of the advisory committee or subcommittee shall not constitute Board action. Upon completion of the period of study, whether the assigned committee held a hearing or not, the petition shall be referred to the Board with the recommendation of the committee.

(5) Upon receipt of the committee's recommendation in the Board office, Board staff shall have not less than thirty (30) days in which to disseminate

the recommendation to the Board members so that it can be addressed at the next regularly scheduled Board meeting.

(6) The declaratory ruling or the refusal to issue such a ruling shall be ordered by the Board on or before the next scheduled meeting of the Board following completion of the period of study and referral of the petition back to the full Board for action.

(7) The agency shall give reasonable notice to the petitioner and any respondents to the petition in advance of the Board making a final ruling and the Board shall accompany any ruling with written findings of fact and conclusions of law.

[Source: Amended at 8 Ok Reg 3575, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2099, eff 6-11-92; Amended at 27 Ok Reg 1024, eff 7-1-10]

485:1-1-6. Board office and written communication

(a) The central office of the Oklahoma Board of Nursing is located in Oklahoma City, Oklahoma. The central office will be open during regular business hours as determined by the Board, except Saturday and Sunday and any legal holiday established by the statute or proclamation of the Governor.

(b) Every communication in writing to the Board shall be sent to the Board's central office. The filing date is the date the Board receives the document in the office, not the date it is mailed or postmarked.

[Source: Added at 18 Ok Reg 1745, eff 7-1-01]

CHAPTER 10. LICENSURE OF PRACTICAL AND REGISTERED NURSES

[Authority: 59 O.S., §§ 567.1 et seq.]

[Source: Codified 7-24-91]

SUBCHAPTER 1. GENERAL PROVISIONS

485:10-1-1. Purpose

(a) The Oklahoma Nursing Practice Act requires any person who practices or offers to practice practical nursing, registered nursing, or advanced practice registered nursing, to be licensed and to submit sufficient evidence of qualification so to practice and shall be licensed and recognized as provided.

(b) The Oklahoma Board of Nursing is established by the Oklahoma Nursing Practice Act for the implementation of the statute by carrying on the licensing, certification, and educational functions for advanced unlicensed assisting, practical nursing, registered nursing and advanced practice registered nursing.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 29 Ok Reg 1615, eff 7-12-12]

485:10-1-2. Definitions.

The following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Academic credit hours" are calculated as follows:

(A) 1 academic semester credit hour = 15 contact hours

(B) 1 academic quarter credit hour = 12.5 contact hours

"Accountable" means assuming responsibility to the client, the public, other health-care practitioners and oneself for one's actions and/or decisions and their outcomes.

"Additional nursing function" means the nursing functions, procedures, or tasks, not usually included at the time of matriculation in most nursing education programs; requiring additional knowledge, instruction, and practice before they can be safely performed. Such functions must fall within the scope of accepted nursing practice; may become necessary due to technological advances, new practice standards, or the natural evolution of an occupation; and must not be precluded by other Oklahoma Practice Acts.

"Advanced Practice Registered Nurse" or **"APRN"** is a term that includes Certified Nurse Practitioners (CNP), Clinical Nurse Specialists (CNS), Certified Nurse Midwives (CNM), and Certified Registered Nurse Anesthetists (CRNA).

"Advanced Unlicensed Assistant" or **"AUA"** means an individual, other than a licensed nurse, who performs in an assistive role and has been certified to perform core skills as delegated by a licensed nurse and as authorized by the Rules and Regulations of the Oklahoma Board of Nursing.

"Board" means the Oklahoma Board of Nursing [59 O.S. Section 567.3(1)]

"Client" means a consumer of nursing care; may be an individual or group; is synonymous with "patient".

"Clinical learning experiences" means faculty-planned and guided activities designed to assist students to meet stated program and course outcomes and to safely apply knowledge and skills when providing nursing care to clients across the lifespan as appropriate to the role expectations of the graduates. These experiences occur in a variety of affiliating agencies or clinical practice settings including, but not limited to: acute care facilities, extended care facilities, long-term care facilities, clients' residences, and community agencies; and in associated clinical pre- and post-conferences.

"Clinical skills laboratory" means a designated area in which equipment and supplies are provided to simulate a clinical facility, allowing skills and procedures to be demonstrated and practiced.

"Complaint" means a nursing practice incident report submitted to the Board informing the Board staff that a certificate holder or licensed nurse may have violated the Oklahoma Nursing Practice Act. If the Complaint results in obtaining evidence to support a violation(s) of the Oklahoma Nursing Practice Act, then a **sworn Complaint** is prepared and filed by Board staff to initiate an individual proceeding as provided for in the Administrative Procedure Act, 75 O.S. §§ 309 *et seq.*

"Continuing education contact hours" are calculated as: 1 contact hour = 50 minutes.

"Continuous incarceration" means a period of confinement inside a penal institution, pursuant to a sentence from a court of competent jurisdiction, which confinement continues uninterrupted by periods of liberty from its beginning to its end. It **does not** include such sentences as weekends in jail with the defendant at liberty during the week.

"Controlling institution" means the agency or institution that administers the nursing education program, assumes responsibility for its financing, graduates the students, and grants the diploma, certificate or degree to the graduates.

"Core skills" means the list of functions that an Advanced Unlicensed Assistant should be capable of performing upon completion of the certification training program and satisfactory passage of the certification examination.

"Delegating" means entrusting the performance of selected nursing duties to individuals qualified, competent and legally able to perform such duties.

"Distance learning program" means 50% or more of the theory components of the board-approved nursing education program are offered by correspondence, on-line, through video-conferencing, or via CD-ROM.

"Innovative approach" means a creative nursing education strategy that departs from the current rule structure and requires Board approval for implementation.

"Key Party" means immediate family members and others who would be reasonably expected to play a significant role in health care decisions of the patient and includes but is not limited to, the spouse, domestic partner, sibling, parent, child, guardian, and person authorized to make health care decision for the patient.

"Legal authority" means the authorized state agency for the administration of the statutes relating to the practice of nursing in this state. The Oklahoma Board of Nursing is the only legal authority for licensing Licensed Practical Nurses, Registered Nurses, and Advanced Practice Registered Nurses; and for certifying Advanced Unlicensed Assistants.

"Licensed nurse" means a Registered Nurse or "RN", a Licensed Practical Nurse or "LPN", or an Advanced Practice Registered Nurse or "APRN" currently licensed by the Oklahoma Board of Nursing.

"Nurse Administrator" means the Registered Nurse responsible for the administration of the nursing education program or the nurse holding the highest level of management in an agency/facility regardless of the title used.

"Preceptor" means a licensed nurse who is employed by the facility in which the clinical experience takes place, and who agrees to provide supervision to a student for a specified period of time during the preceptor's scheduled work hours in order to assist the student to meet identified learning objectives.

"State approved program of nursing" means a nursing education program approved by the Oklahoma Board of Nursing.

"Member board jurisdiction" means a full member board of National Council of State Boards of Nursing.

"Supervising" means providing guidance by a qualified nurse for the accomplishment of the nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing a task or activity.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 12 Ok Reg 1463, eff 5-25-95; Amended at 14 Ok Reg 1980, eff 5-27-97; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 26 Ok Reg 1089, eff 5-11-09; Amended at 27 Ok Reg 1024, eff 7-1-10; Amended at 28 Ok Reg 659, eff 7-1-11; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14; Amended at 34 Ok Reg 768, eff 8-25-17]

485:10-1-3. Fees

(a) Fee schedule.

(1) Initial applications. The following fees shall be charged by the Board of Nursing for initial applications:

(A) Registered Nurse/Licensed Practical Nurse

(i) Licensure examination fee - \$85.00

(ii) Endorsement fee - \$85.00

(iii) Education equivalence evaluation fee - \$40.00

(iv) Cost of national examination

(v) R.N. examination challenge of results fee - \$200.00

(vi) LPN examination challenge of results fee - \$125.00

(vii) Examination review fee - \$90.00

(viii) Temporary license fee - \$10.00

(B) Advanced Unlicensed Assistant

- (i) Certification examination fee - \$20.00
- (ii) Cost of examination
- (C) Advanced Practice Registered Nurses
 - (i) Licensure fee - \$70.00
 - (ii) Prescriptive authority fee - \$85.00
 - (iii) Authority to order, select, obtain and administer drugs - \$85.00

(2) **Renewal.** The following fees shall be charged in accordance to the biennial licensure/certificate/recognition renewal schedule established by the Board:

- (A) Registered Nurse/Licensed Practical Nurse license - \$75.00
- (B) Advanced Unlicensed Assistant certificate - \$25.00
- (C) Advanced Practice Registered Nurse licensure - \$40.00
- (D) Prescriptive authority - \$40.00
- (E) Authority to order, select, obtain and administer drugs - \$40.00
- (F) Reinstatement of lapsed license/certificate/recognition - renewal fee(s) + \$40.00
- (G) Return to active - renewal fee(s) + \$40.00

(3) **Miscellaneous fees.** The following miscellaneous fees shall be charged by the Board:

- (A) Transcripts from closed schools of nursing - \$15.00
- (B) Duplication or modification of license/certificate/recognition - \$25.00
- (C) Certified verification of license/certificate/recognition - \$40.00
- (D) Written verification of status of license/certificate/recognition - \$10.00 per name
- (E) Supervisory Physician change request - \$10.00
- (F) Requested review of contact hours for Prescriptive Authority - \$70.00
- (G) Corporation certificate - \$15.00
- (H) Certificate for framing - \$15.00
- (I) Insufficient funds processing fee - \$25.00
- (J) Facsimile (Fax) fee (per page) - \$1.00
- (K) Oklahoma Nursing Practice Act, Rules - \$15.00
- (L) Full survey visit to a nursing education program - \$500.00
- (M) Consultative visit to a nursing education program - \$250.00

(4) **Public access, open records.** The following public access, open record fees shall be charged by the Board:

- (A) Certification of public records (per page) - \$1.00
- (B) Duplication of public records (per page) - \$0.25
- (C) Computer address list - \$0.01/record + \$4.50/1000 labels + postage, \$40.00 minimum charge
- (D) Staff research time, when available (per hour) - \$20.00
- (E) Computer research time, when available (per hour) - \$100.00

(b) Submission of fees.

(1) All fees assessed by the Board as set out in the fee schedule in (a) of this section shall be received prior to processing an application for licensure, certification or recognition or providing the requested service.

(2) All fees are non-refundable.

SUBCHAPTER 3. REGULATIONS FOR APPROVED NURSING EDUCATION PROGRAMS

485:10-3-1. Approval of nursing education programs

(a) **Purpose of approval.** The purposes of approval of nursing education programs are:

- (1) to provide standards for legally recognizing new and established nursing education programs;
- (2) to ensure graduates are eligible to take the licensing examination;
- (3) to ensure that graduates are prepared for safe, current, and appropriate scope of practice relative to type of nursing education program and state laws governing nursing.

(b) **Categories of approval.** The categories of approval are:

(1) Provisional Approval:

- (A) is granted to new programs meeting the minimum standards;
- (B) is approval to admit students;
- (C) is effective until the first licensing examination results are received and evaluated by the Board.

(2) Full Approval:

- (A) is granted to programs after an initial survey visit, graduation of the first class, first licensing examination results are reported, and evidence is provided that minimum standards are met;
- (B) is renewed periodically or reinstated following evaluation by the Board.

(3) Conditional Approval is granted to approved programs subsequently failing to meet or maintain minimum standards.

(A) The Board shall notify a program by letter of Conditional Approval. The letter shall cite a specified period of up to two (2) years to correct program deficiencies that caused the need for Conditional Approval. The Conditional Approval may be renewed for one additional period of up to two (2) years upon a determination by the Board that circumstances warrant such a renewal.

(B) A program placed on Conditional Approval may request Board action to remove the conditional status when it can provide evidence that the deficiencies have been corrected at any time prior to the time limit established by the Board.

(C) A program shall not admit new students while on Conditional Approval without authorization from the Board.

(D) A warning may be given allowing a program an opportunity to address deficiencies as identified by the Board prior to being placed on Conditional Approval. A written report must be submitted to the Board within four (4) months of receiving the warning, and four (4) weeks prior to the Board meeting.

(4) A change in a program's approval status shall not affect students who are eligible to take the first licensing examination following the change.

(c) **Withdrawal of approval.** The nursing education program that fails to correct deficiencies resulting in Conditional Approval shall be discontinued as a State Approved Nursing Education Program. Representatives from the program may attend the Board meeting when the program is reviewed. Upon withdrawal of

approval, students shall be notified by the program that they will not be eligible, as a graduate of the nursing education program, to be admitted to the licensing examination.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 12 Ok Reg 1463, eff 5-25-95; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 34 Ok Reg 768, eff 8-25-17]

485:10-3-2. Establishment of new nursing education programs

(a) **Step I. Initial application.** An institution wishing to establish a new nursing education program shall:

(1) Advise the Board of its intent in writing and seek Board consultation in the initial planning.

(2) Submit the Step I Initial Application to the Board office at least eight weeks prior to a regularly-scheduled Board meeting, which provides the following information for the Board's consideration:

(A) mission and organization of the educational institution;

(B) accreditation status of the educational institution;

(C) type of nursing program to be established;

(D) relationship of nursing program to the educational institution;

(E) documentation of the rationale for the establishment of the nursing program in Oklahoma;

(F) tentative time-table for program development and implementation;

(G) source of potential qualified Nurse Administrator and faculty, with projected times of employment;

(H) tentative budget plans including evidence of financial resources adequate for developing, implementing, and continuing the nursing program;

(I) source of anticipated student population;

(J) description of support staff for the proposed program;

(K) description of physical facilities;

(L) description of available clinical resources with letters from clinical resources supporting development of a new program in nursing.

(3) Submit an application signed by the controlling institution's administrative official with evidence that the institution is authorized to offer educational programs in Oklahoma. Regional accreditation is recommended for institutions offering programs in nursing education.

(4) Be advised by the Board in writing of its decision to:

(A) approve proceeding with development of the program-Step II;
or

(B) defer approval pending a visit to the institution and/or receipt of further information; or

(C) deny approval specifying reasons for denial.

(5) Submit an application limited to fifteen (15), single-sided pages, with at least a one inch margin, no less than 1.5 line spacing and no less than an 11 point font size.

(b) **Step II. Application for Provisional Approval.** An institution applying for provisional approval through a Step II application shall:

(1) Employ a qualified Nurse Administrator ensuring adequate time is provided to develop Step II. A DRAFT of the Step II application for the Board staff to review is provided not less than 14 days before the

consultative visit. A consultative visit will be conducted by Board staff at least one month prior to submission of the Step II application. A report of the findings from this visit will be submitted to the Board with the Step II application.

(2) Submit the following materials following the Guidelines for Provisional Approval for the Board's consideration:

- (A) philosophy, program and course objectives;
- (B) curriculum plan;
- (C) policy statements;
- (D) survey of clinical facilities, with evidence that a sufficient amount and variety of clinical experience is available to support an additional nursing education program in the service area;
- (E) faculty qualifications, criteria and job descriptions;
- (F) budget plan projected for a three (3) year period;
- (G) learning resources; and
- (H) institutional and program organizational plans.

(3) Submit at least four months prior to the anticipated admission of students and at least eight weeks prior to a regularly-scheduled Board meeting, the "Application for Provisional Approval" for Board review.

(4) Designate, if desired, representatives to be present during the Board meeting. The Board will advise the institution in writing of its decision to:

- (A) grant Provisional Approval, authorizing the institution to proceed with implementation of the nursing education program and admission of students; or
- (B) defer Provisional Approval and program implementation pending further development; or
- (C) deny Provisional Approval.

(5) Refrain from admitting students until Provisional Approval is granted.

(6) Submit a faculty qualification form for the Nurse Administrator to the Board.

(7) Employ qualified faculty at least thirty days prior to the admission of students.

(8) Submit progress reports as requested by the Board while on Provisional Approval.

(9) Submit an application limited to fifty (50), single-sided pages, with at least a one inch margin, no less than 1.5 line spacing and no less than an 11 point font size.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 22 Ok Reg 1345, eff 7-1-05; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 31 Ok Reg 2113, eff 9-12-14; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 33 Ok Reg 1026, eff 8-25-16; Amended at 35 Ok Reg 1875, eff 9-14-18; Amended at 37 Ok Reg 2028, eff 9-11-20; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-3-3. Closing of nursing education programs

(a) Methods.

(1) When the decision to close a nursing education program has been made, the program shall advise the Board and submit a written plan for the discontinuation of the program. The closure may be accomplished in one of two ways:

- (A) students may be transferred to another approved nursing education program; or

(B) the nursing education program may close gradually by discontinuing student admissions and officially closing the nursing education program on the date that the last student completes the program.

(2) All the requirements and standards for students in the nursing education program shall be maintained until the last student is transferred or completes the nursing education program.

(3) It is recommended that the transfer of students be accomplished in a manner which provides for a minimum loss of student time and credits earned.

(b) Records.

(1) The Board shall accept custody of records in the image format designated by the Board in accordance with the procedures in the Board office as defined by the Archives and Records Commission of the Oklahoma Department of Libraries Archives Division. [67 O.S. Sections 305-317]

(2) The cost of formatting the record to the designated image and their transfer to the Board office shall be the responsibility of the nursing education program.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 32 Ok Reg 1199, eff 8-27-15]

485:10-3-4. Change of ownership

If an institution operating a nursing education program should change ownership, the program automatically is removed from the list of Approved Nursing Education Programs until the new governing body has given to the Board, in writing, assurance that the minimum standards will be maintained.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92]

485:10-3-5. Reports to the Board

The following reports shall be submitted by nursing education programs with the Board taking action as appropriate.

(1) **Faculty qualification report.** A Faculty Qualification Record is submitted for the Nurse Administrator, on a form provided by the Board within thirty days of day of appointment, a change in title or status of position, and any time that an advanced degree is attained. The Faculty Qualification Record may be submitted electronically to a designated email address.

(2) **Enrollment and annual reports.** Enrollment and annual reports are submitted in formats requested by the Board.

(3) **Special reports.** Special reports to the Board include but are not limited to:

(A) notification in writing of administrative changes relating to and affecting the program within thirty days of the change, to include a change in Nurse Administrator;

(B) requests in writing to obtain approval prior to implementation for:

(i) major curriculum changes that alter the length of the program, substantially change the objectives, or reflect a significant philosophical or conceptual shift. Board staff may approve minor changes including but not limited to

such matters as reorganizing existing course offerings, transferring existing objectives or content from one course to another, or alterations in the leveling of course objectives.

(ii) extended, distance learning, or off-campus offerings, when any nursing course is offered;

(iii) a significant change in instructional format;

(iv) a pilot or experimental program.

(4) Pass Rate Reports. Pass Rate Reports are submitted when the first-time NCLEX writer pass rate falls ten (10) percentage points or more below the national average and at least ten candidates wrote the examination (based on a calendar year.)

(5) Completion Rate Reports. A completion rate report is submitted when the program completion rate average is less than 70% for the most recent three (3) annual report years. Program completion rate is calculated as 200% of the program length as defined by selective admission to the nursing program's first nursing course. Admission is defined as the grade of the first nursing course that is transcribed with a letter grade of A, B, C, D, or F, which are used to calculate the grade point average. Individual exceptions to the calculation of completion rate include death, military, and peace corp.

(6) All reports are limited to ten (10), single-sided pages, with at least a one inch margin, no less than 1.5 line spacing and no less than an 11 point font size.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 12 Ok Reg 1463, eff 5-25-95; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 33 Ok Reg 1026, eff 8-25-16; Amended at 34 Ok Reg 768, eff 8-25-17; Amended at 35 Ok Reg 1875, eff 9-14-18; Amended at 37 Ok Reg 2028, eff 9-11-20; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-3-6. Nursing education program visits

(a) **Survey visit.** Each nursing education program being surveyed shall:

(1) Be surveyed:

(A) prior to receiving Full Approval;

(B) within three (3) years after receiving initial Full Approval; and

(C) at least every five (5) years thereafter unless the program has current accreditation by a national nursing accrediting agency recognized by the United States Department of Education.

(D) Special and focused survey visits may be directed by the Board.

(2) Submit the applicable fee to be received in the Board office thirty (30) days before the survey visit and submit the program's self evaluation report electronically to the Board office.

(3) Receive a draft of the survey visit report electronically for additions and/or corrections. Requested additions and/or corrections are to be received electronically in the Board office within two (2) weeks of the date the draft report was received by the nursing education program.

(4) Be provided the final report of the survey visit including commendations, recommendations and the decision of the Board.

(b) Programs with current accreditation by a national nursing accrediting agency recognized by the United States Department of Education. Nursing education programs with full approval status will be periodically evaluated for continuing approval by the Board.

(1) The nurse administrator of the program shall submit a copy of the notification of accreditation status to the Board within two weeks of receipt,

accompanied by the program's accreditation report, supporting documentation, follow-up and/or interim reports.

(2) The Board shall regularly review and analyze program performance reports submitted by the nursing education program including, but not limited to:

- (A) Any program challenges or improvements identified by ongoing program improvement review;
- (B) Annual reports;
- (C) Follow-up or interim reports to national nursing accrediting bodies;
- (D) Student retention, attrition, and on-time program completion rates;
- (E) Adequate type and number of faculty;
- (F) Faculty retention;
- (G) Adequate laboratory and clinical learning experiences;
- (H) Trended data on NCLEX pass rates and completion rates;
- (I) Performance improvement initiatives related to program outcomes; and
- (J) Program complaints/grievance review and resolution.

(3) Additional reports or survey visits may be directed by the Board, if the program is not in compliance with the minimum standards for nursing education programs or other sources of evidence regarding achievement of program outcomes.

(c) **Consultation visit.** Consultation visits are available to the nursing education programs upon written request giving the purpose for the visit and are mandatory as indicated in 485:10-3-2. (b)(1).

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 33 Ok Reg 1026, eff 8-25-16; Amended at 34 Ok Reg 768, eff 8-25-17; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-3-7. Appeal of decision of the Board

Any nursing education program deeming itself aggrieved by a decision of the Board shall have the right of appeal as provided in The Administrative Procedures Act.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92]

SUBCHAPTER 5. MINIMUM STANDARDS FOR APPROVED NURSING EDUCATION PROGRAMS

485:10-5-1. Philosophy and objectives [REVOKED]

[Source: Revoked at 8 Ok Reg 3579, eff 9-20-91 (emergency); Revoked at 9 Ok Reg 2103, eff 6-11-92]

485:10-5-2. Administration and organization

The nursing education program shall:

- (1) be an integral part of an educational institution authorized by the state to confer credentials in nursing.
- (2) be an integral part of a governing academic institution that is accredited by an accrediting agency that is recognized by the U.S. Department of Education, if the nursing education program is accredited.
- (3) provide evidence of current accreditation by a national nursing accrediting agency recognized by the United States Department of

- Education or be approved by the Board as stated in OAC 485:10-3-1.
- (4) have comparable status with other programs in the institution and relationships shall be clearly delineated.
 - (5) be organized with the lines of authority, responsibility, and channels of communication clearly defined.
 - (6) be organized to assure faculty involvement in determining nursing program policies and procedures and faculty responsibility for planning, implementing, and evaluating the curriculum.
 - (7) have policies and procedures in written form, congruent with those of the controlling institution which are reviewed periodically.
 - (8) have a mission and philosophy consistent with the controlling institution's mission and philosophy and with the law governing the practice of nursing.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 19 Ok Reg 1461, eff 7-1-02; Amended at 22 Ok Reg 1345, eff 7-1-05; Amended at 33 Ok Reg 1026, eff 8-25-16; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-5-3. Faculty [AMMENDED AND RENUMBERED TO 485:10-5-5.2]

[Source: Amended and renumbered to 485:10-5-5.1 at 8 Ok Reg 3579, eff 9-20-91 through 3-25-92 (emergency)¹; Amended and renumbered to 485:10-5-5.2 at 10 Ok Reg 1536, eff 4-26-93]

EDITOR'S NOTE: ¹This emergency action (amending 485:10-5-3 and renumbering it to 485:10-5-5.1) was terminated upon the Governor's 3-26-92 disapproval of a proposed permanent action that was intended to supersede the emergency action, as set forth in 75 O.S., §303.2. Upon termination of an emergency action amending and renumbering a Section, the text of the Section that was renumbered reverts back to the text that was effective prior to the emergency action, and the new Section is no longer effective. Therefore, on 3-26-92, the text of 485:10-5-3 reverted back to the text as it existed prior to being amended and renumbered by emergency action on 9-20-91, and remained as such until it was amended and renumbered to a different number (485:10-5-5.2) by permanent action on 4-26-93. [See also Editor's Note at 485:10-5-5.1.]

485:10-5-3.1. Nursing administrator [TERMINATED]

[Source: Added at 8 Ok Reg 3579, eff 9-20-91 through 3-25-92 (emergency)¹]

EDITOR'S NOTE: ¹This emergency action was terminated upon the Governor's 3-26-92 disapproval of a proposed permanent action that was intended to supersede the emergency action, as set forth in 75 O.S., §303.2. Upon termination of an emergency action enacting a new Section, that Section is no longer effective. Therefore, on 3-26-92, this Section (485:10-5-3.1) was no longer effective.

485:10-5-3.2. Nursing administrator for nursing education programs

- (a) The nursing education program leading to registered nurse licensure shall be administered by a Registered Nurse currently licensed in Oklahoma with the following qualifications:
- (1) a minimum of a graduate degree in nursing, preferably an earned doctorate from a regionally accredited institution;
 - (2) present evidence of a minimum of two (2) years full-time equivalent practice as a Registered Nurse in a clinical setting preceding the first date of first employment as a nursing faculty member, PROVIDED: any person employed in the administrator position on September 1, 2016, is deemed to meet this requirement; and
 - (3) one year teaching experience as a full-time nursing faculty member in a nursing education program leading to registered nurse licensure.
- (b) The nursing education program leading to practical nurse licensure shall be administered by an individual who:
- (1) is a Registered Nurse with a current unencumbered registered nurse license in Oklahoma;

- (2) has a baccalaureate degree in nursing, and effective January 1, 2017, has evidence of continued progress toward a graduate degree in nursing with completion of a minimum of six (6) hours per year, PROVIDED: any person employed in the position of administrator of a practical nursing education program on December 31, 2016, is deemed to meet this requirement;
 - (3) has a minimum of two (2) years full-time-equivalent practice as a Registered Nurse in a clinical setting; and
 - (4) has at least one (1) academic year, full-time experience as a teacher in a nursing education program.
- (c) The administrator of the nursing education program, with institutional input, shall have the authority and responsibility for:
- (1) the administration of the nursing program;
 - (2) preparation and administration of the budget for the nursing program;
 - (3) implementation of faculty development and performance review;
 - (4) recommendation of qualified faculty for appointment, promotion, tenure (if applicable), and retention;
 - (5) notification to the Board of faculty appointments, changes in the program or its administration, and reports as directed by the Board.
- (d) If the Nurse Administrator has teaching or other responsibilities, adequate time will be provided to fulfill administrative duties for the nursing education program.
- (e) In the event the Nurse Administrator resigns, retires or is otherwise unable to perform the duties of the position:
- (1) an Acting Nurse Administrator may be appointed to serve for up to three (3) months. The Acting Nurse Administrator is not required to meet the qualifications of the role of Nurse Administrator.
 - (2) an Interim Nurse Administrator may be appointed, after Board approval, to serve for up to twelve (12) months. The Interim Nurse Administrator must meet the qualifications of the role of Nurse Administrator.

[Source: Added at 10 Ok Reg 1535, eff 4-26-93; Amended at 12 Ok Reg 1463, eff 5-25-95; Amended at 19 Ok Reg 1461, eff 7-1-02; Amended at 22 Ok Reg 1345, eff 7-1-05; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 33 Ok Reg 1026, eff 8-25-16; Amended at 34 Ok Reg 171, eff 11-2-16 (emergency); Amended at 34 Ok Reg 768, eff 8-25-17]

485:10-5-4. Resources, facilities, and services

The following items shall be adequate to meet the nursing education program outcomes;

- (1) Financial support with a plan for sustainability for faculty;
- (2) Other necessary personnel, equipment, supplies, learning resources and services necessary to fulfill the program mission, goals and expected outcomes. Adequacy of resources is reviewed periodically and modified as needed, as defined in the systematic program evaluation plan.
- (3) Academic support services are sufficient to ensure program quality and are evaluated on a regular basis to meet program and student needs.
- (4) Adequate facilities, including classrooms, conference rooms, clinical skills laboratories, simulation laboratories and offices shall be available to meet the needs of the nursing education program.
- (5) Library space shall be adequate for size of nursing education program.
- (6) Learning resources and technology are selected with faculty input and are comprehensive, current, and accessible.
- (7) Clinical skills laboratory equipment and supplies are appropriate to current practice, accessible to students and faculty, and appropriate for the

level of nursing education, so that students will have adequate opportunity to practice psychomotor skills.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 19 Ok Reg 1461, eff 7-1-02; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 33 Ok Reg 1026, eff 8-25-16]

485:10-5-4.1. Clinical learning experiences

To ensure adequate clinical learning experiences, nursing education programs shall:

- (1) Provide an adequate amount and variety of clinical learning experience, planned by the faculty, to prepare students for practice at the appropriate educational level and to meet program outcomes.
- (2) Utilize clinical facilities providing a safe environment for students' learning experiences needed to meet the objectives of the rotation. Clinical facilities are acceptable to the Board for students' clinical learning and are approved by accreditation, evaluation or licensing bodies as appropriate.
- (3) Utilize written criteria for the selection of clinical facilities with evaluation of the quality of the learning experiences provided by the facility on a regular basis.
- (4) Develop, maintain, and annually review, mutually with cooperating agencies, written clinical agreements specifying respective responsibilities, including provisions for continuing use by currently enrolled students, and include provisions for termination of agreement.
- (5) Maintain a maximum ratio of faculty to students in clinical areas involving direct care of patients or clients defensible in light of safety, learning objectives, students' level, patient acuity and program outcomes.
- (6) Utilize consistently with Board policy, clinical preceptors for supervision of students in community health, leadership/ management, independent study, elective courses, home health and selected hospitals and long-term care facility experiences. Preceptors, when utilized, are academically qualified, oriented, mentored and monitored, and have clearly documented roles and responsibilities.
- (7) Provide evidence that clinical skills laboratory experiences, which may include simulated patient care experiences, are developed, implemented, and evaluated by the faculty to facilitate student preparation for clinical learning experiences.
- (8) Substitute, if desire to utilize Simulated Patient Care Experiences (SPCE), up to 30% SPCE for clinical hours for each clinical course for nursing education programs on full approval status with 300 total program clinical hours. Programs not on full approval status must obtain Board approval to substitute SPCE for clinical course hours.

[Source: Added at 19 Ok Reg 1461, eff 7-1-02; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 33 Ok Reg 1026, eff 8-25-16; Amended at 34 Ok Reg 768, eff 8-25-17; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-5-5. Students

(a) Admission, readmission, progression, retention, dismissal and graduation requirements shall be:

- (1) developed by the faculty;
- (2) supported by administration;
- (3) made available to the applicants and students in written form;

- (4) congruent with those of the governing organization, publicly accessible, nondiscriminatory, and consistently applied; differences are justified by the student learning outcomes and program outcomes;
- (5) appropriate for type of nursing education program;
- (6) selective enough to distinguish students capable of achieving student learning outcomes;
- (7) reflective of up-to-date educational practices;
- (8) based on objective criteria supported by a logical rationale, implemented fairly, and consistently;
- (9) appropriate to ensure that the program is able to maintain an acceptable licensing examination pass rate and completion rate as indicated in OAC 485:10-3-5. (4) and (5).

(b) Facilities and services of the controlling institution shall be publicized and made available to nursing students in order to assist them to meet student learning outcomes.

(c) There shall be written policies for student welfare including health, safety, students rights and responsibilities, financial aid, and an appropriate appeal process.

(d) Advanced placement policies shall be written and employed, allowing fair, consistent, valid, and defensible evaluation of students' didactic knowledge and clinical competence.

(e) Students shall be informed of fees and expenses associated with the nursing education program.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 19 Ok Reg 1461, eff 7-1-02; Amended at 33 Ok Reg 1026, eff 8-25-16]

485:10-5-5.1. Faculty [TERMINATED]

[Source: Amended and renumbered from 485:10-5-3 at 8 Ok Reg 3579, eff 9-20-91 through 3-25-92 (emergency)¹]

EDITOR'S NOTE: ¹This emergency action (amending 485:10-5-3 and renumbering it to this Section 485:10-5-5.1) was terminated upon the Governor's 3-26-92 disapproval of a proposed permanent action that was intended to supersede the emergency action, as set forth in 75 O.S., §303.2. Upon termination of an emergency action amending and renumbering a Section to a new Section number, the text of the Section that was renumbered reverts back to the text that was effective prior to the emergency action, and the new Section is no longer effective. Therefore, on 3-26-92, this section (485:10-5-5.1) was no longer effective. [See the Editor's Note at 485:10-5-3.]

485:10-5-5.2. Faculty for nursing education programs

(a) Requirements for nursing education programs shall include:

- (1) Sufficient number of qualified full-time faculty to meet the purpose and student learning outcomes of the nursing program.
- (2) Written qualifications, rights, and responsibilities of faculty members.
- (3) Written faculty policies aligned to accepted education standards, including those used in evaluating performance and specifying the teaching load for the faculty and Nurse Administrator.
- (4) Sufficient time for faculty to accomplish those activities related to the teaching-learning process.
- (5) Organize and maintain a faculty organization with written policies and procedures to guide its activities including the following:
 - (A) hold regular meetings for all members to participate in planning, developing, implementing, and evaluating the nursing program;
 - (B) establish committees as necessary to carry out the functions of the program;
 - (C) provide for student participation; and

(D) maintain minutes of all meetings documenting actions and decisions of the faculty.

(b) All nurse faculty shall:

- (1) hold a valid unencumbered license to practice as a Registered Nurse in the State of Oklahoma;
- (2) present evidence of a minimum of two (2) years full-time equivalent practice as a Registered Nurse in a clinical setting preceding the first date of first employment as a nursing faculty member, PROVIDED: any person employed in the faculty position on September 1, 2016, is deemed to meet this requirement; and
- (3) engage in teaching, scholarship, service and/or practice in keeping with the mission, goals, and expected faculty outcomes.

(c) All programs leading to licensure as a Registered Nurse in this state shall establish comparable educational qualifications for the nursing faculty as required for other teaching faculty in the governing organization. The minimum requirements are as follows:

- (1) a master's or higher degree in nursing; or
- (2) a baccalaureate degree in nursing plus evidence of continued progress toward a master's or higher degree in nursing with completion of a minimum of six (6) semester hours per calendar year; and
- (3) at least one-half of the full-time faculty having a master's or higher degree in nursing; and
- (4) part-time clinical instructors, regardless of title used, having a minimum of a baccalaureate degree in nursing.

(d) All programs leading to licensure as a Practical Nurse in this state shall establish requirements for nursing faculty as follows:

- (1) minimum of an associate degree or diploma in nursing in this state, and effective January 1, 2017, has evidence of continued progress toward a baccalaureate or higher degree in nursing with completion of a minimum of six (6) semester hours per calendar year, PROVIDED: any person employed in the position of faculty of a practical nursing education program on December 31, 2016, is deemed to meet this requirement; and
- (2) teacher certification, as established by the State Department of Education, when employed in schools conducted by public comprehensive high school systems.

[Source: Amended and renumbered from 485:10-5-3 at 10 Ok Reg 1535, eff 4-26-93; Amended at 12 Ok Reg 1463, eff 5-25-95; Amended at 19 Ok Reg 1461, eff 7-1-02; Amended at 33 Ok Reg 1026, eff 8-25-16; Amended at 34 Ok Reg 171, eff 11-2-16 (emergency); Amended at 34 Ok Reg 768, eff 8-25-17; Amended at 36 Ok Reg 1000, eff 7-25-19; Amended at 37 Ok Reg 2028, eff 9-11-20; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-5-6. Curriculum

(a) The curriculum is planned, developed, implemented and evaluated to reflect clear statements of expected individual student-learning outcomes that are congruent with program's outcomes, mission, and goals and expected aggregate student outcomes. Curricular objectives (course, unit, and/or level objectives or competencies) as identified by the program, provide clear statements of expected individual student learning outcomes.

(b) Classroom content shall be taught concurrently with or prior to related clinical experiences.

(c) The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure.

Curriculum will be revised as necessary to maintain a program that reflects advances in health care and its delivery.

(d) The curriculum, as defined by nursing education, professional and practice standards shall include, but not be limited to:

(1) Principles and clinical practice in utilization of scientific problem solving for the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life process in a variety of settings, including clinical practice in nursing care of the adult, nursing care of children, maternal-infant nursing, and psychiatric-mental health nursing;

(2) Experiences that promote the development and subsequent demonstration of evidence-based clinical judgment, skill in clinical management, and the professional commitment to collaborate in continuously improving the quality and safety of the healthcare system for patients.

(3) Evidence-based learning experiences and methods of instructing, including distance education methods, consistent with the written curriculum plan.

(4) Coursework including, but not limited to:

(A) Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice;

(B) Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care; and

(C) Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social, and economic backgrounds. Patient experiences will occur in a variety of clinical settings and will include:

(i) Integrating patient safety principles throughout the didactic and clinical coursework.

(ii) Implementing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care.

(iii) Providing patient-centered, culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by;

(I) Respecting patient differences, values, preferences and expressed needs.

(II) Involving patients/designees in decision-making and care management.

(III) Coordinating and managing patient care across settings in accordance with scope of practice.

(IV) Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles.

(iv) Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-

making in order to achieve quality patient care.

(v) Participating in quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors, and collaborate in the development and testing of changes that improve the quality and safety of health care systems.

(vi) Using information technology to communicate, mitigate error and support decision making.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 19 Ok Reg 1461, eff 7-1-02; Amended at 20 Ok Reg 1006, eff 7-1-03; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 33 Ok Reg 1026, eff 8-25-16]

485:10-5-7. Evaluation

(a) Program.

(1) There shall be a written systematic program evaluation plan that effectively supports the planning process for the program and specifies responsibilities, time-frames and procedures for evaluating each aspect of the program;

(2) The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of each of the following:

(A) student learning outcomes;

(B) program outcomes;

(C) role-specific graduate competencies; and

(D) administration and organization, clinical facilities, physical facility, learning resources, student services, student and faculty policies and procedures, curriculum, methods of evaluation, and program outcomes (including data related to factors impacting completion rate and NCLEX pass rate).

(3) The systematic plan of evaluation contains specific, measurable expected levels of achievement; appropriate assessment methods; and a minimum of three (3) years of data for each component within the plan.

(4) Evaluation findings are aggregated and trended by program option, location, and date of completion and are sufficient to inform program decision making for the maintenance and improvement of the student learning outcomes and the program outcomes.

(5) Evaluation findings are shared with communities of interest.

(6) The program demonstrates evidences of achievement in meeting the program outcomes.

(7) Graduate Program Satisfaction: Qualitative and/or quantitative measures address graduates six to twelve months post-graduation.

(8) Employer Program Satisfactions: Qualitative and/or quantitative measures address employer satisfactions with graduate preparation for entry-level positions six to twelve months post-graduation.

(9) Job Placement Rates: Expected levels of achievement are determined by the faculty and are addressed through quantified measures six to twelve months post-graduation.

(b) Students. Evaluation of student achievement shall be the responsibility of the faculty, and shall:

(1) be consistent with policies of controlling institution, with differences justified by the nature of the program;

- (2) provide valid and reliable evidence of student's progress and achievement;
- (3) adequately discriminate between students with differing levels of achievement;
- (4) measure competencies essential for safe and effective nursing practice appropriate to type of nursing education program;
- (5) provide evidence that students are notified of their progress in the classroom and clinical area in a timely manner as defined in the course syllabus; and
- (6) shall not use standardized testing as the sole criteria for progression or graduation.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 19 Ok Reg 1461, eff 7-1-02; Amended at 22 Ok Reg 1345, eff 7-1-05; Amended at 33 Ok Reg 1026, eff 8-25-16; Amended at 35 Ok Reg 1875, eff 9-14-18]

485:10-5-8. Experimentation

A nursing education program which wishes to initiate an experimental program shall apply to the Board in writing for the approval of its plan. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently, and ethically within the scope of practice as defined in Oklahoma's statutes.

(1) Purposes

- (A) To foster innovative models of nursing education to address the changing needs in health care.
- (B) To assure that innovative approaches are conducted in a manner consistent with the Board's role of protecting the public.
- (C) To assure that innovative approaches conform to the quality outcome standards and core education criteria established by the Board.

(2) Eligibility

- (A) The nursing education program shall hold full Board approval with no warnings with unmet conditions or survey visit recommendations that are unmet.
- (B) There are no substantiated complaints in the past 2 years.
- (C) There are no rule violations in the past 2 years.

(3) Application. The following information shall be provided to the Board at least 60 days prior to a Board meeting:

- (A) Identifying information (name of nursing program, address, responsible party and contact information).
- (B) A brief description of the current program, including accreditation and Board approval status.
- (C) Identification of the regulation(s) affected by the proposed innovative approach.
- (D) Length of time for which the innovative approach is requested.
- (E) Description of the innovative approach, including objective(s).
- (F) Explanation of how the proposed innovation differs from approaches in the current program.
- (G) Rationale with available evidence supporting the innovative approach.

- (H) Identification of resources that support the proposed innovative approach.
- (I) Expected impact innovative approach will have on the program, including administration, students, faculty, and other program resources.
- (J) Plan for implementation, including timeline.
- (K) Plan for evaluation of the proposed innovation, including measurable criteria/outcomes, method of evaluation, and frequency of evaluation.
- (L) Additional application information as requested by the Board.
- (4) Standards for approval
 - (A) Eligibility criteria in (2) and application criteria in (3) are met.
 - (B) The innovative approach will not compromise the quality of education or safe practice of students.
 - (C) Resources are sufficient to support the innovative approach.
 - (D) Rationale with available evidence supports the implementation of the innovative approach.
 - (E) Implementation plan is reasonable to achieve the desired outcomes of the innovative approach.
 - (F) Timeline provides for a sufficient period to implement and evaluate the innovative approach.
 - (G) Plan for periodic evaluation is comprehensive and supported by appropriate methodology.
- (5) Review of application and board action
 - (A) Annually the Board may establish the number of innovative approach applications it will accept, based on available Board resources.
 - (B) The Board shall evaluate all applications to determine if they meet the eligibility criteria in (2) and the standards established in (3).
 - (C) Based on its evaluation, the Board may:
 - (i) Approve the application; or
 - (ii) Approve the application with modifications as agreed between the Board and the nursing education program; or
 - (iii) Defer a decision on the application pending receipt of additional information; or
 - (iv) Deny the application.
- (6) The Board may rescind the approval or require the program to make modifications if:
 - (A) The Board receives substantiated evidence indicating adverse impact.
 - (B) The nursing education program fails to implement the innovative approach as presented and approved.
 - (C) The nursing education program has a change in its approval status, its ownership status or administrative structure, or its faculty, such as would significantly impact its ability to implement the innovative approach.
- (7) Periodic Evaluation
 - (A) The education program shall submit progress reports conforming to the evaluation plan annually or as requested by the Board.

(B) The final evaluation report shall conform to the evaluation plan, detailing and analyzing the outcomes data.

(C) If any report indicates that students were adversely impacted by the innovation, the nursing program shall provide documentation of corrective measures and their effectiveness.

(8) Requesting continuation of the innovative approach. If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the Board may consider a change in the rules that would provide for implementation of the innovative approach by nursing education programs.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 27 Ok Reg 1024, eff 7-1-10; Amended at 33 Ok Reg 1026, eff 8-25-16]

485:10-5-9. Length of approved nursing programs

(a) College or university nursing education programs shall have a minimum of two (2) academic years with at least 60 semester hours and a plurality of the hours in the nursing major not to exceed five (5) semesters for associate degree and ten (10) semesters for baccalaureate degree of full-time study, including nursing education program pre-requisites.

(b) Practical nursing education programs shall have a minimum of 1300 clock hours or 32 semester credit hours in practical nursing education, including classroom, clinical, and laboratory courses; and not to exceed 1600 clock hours or 40 semester credit hours.

(c) The total number of hours and ratio between nursing and non-nursing courses shall be:

- (1) based on a rationale to ensure sufficient preparation for the safe and effective practice of nursing;
- (2) appropriate for the type of nursing education program;
- (3) reflect educational practices of controlling institution; and
- (4) conform to current beliefs about nursing education.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 19 Ok Reg 1461, eff 7-1-02; Amended at 35 Ok Reg 1875, eff 9-14-18]

485:10-5-10. Records

(a) **Student.** There shall be a record-keeping system following school policy that provides for accurate recording and safe preservation of student and graduate records. Records shall include admission, progress, withdrawal, academic failure, and graduation.

(b) **Faculty.** There shall be faculty records that provide for verification of academic credentials and course work, current unencumbered licensure as a Registered Nurse in the state of Oklahoma, continuing education, clinical practice, and periodic performance evaluation.

(c) **Administrative.** Administrative records shall include, but not be limited to, minutes of faculty and committee meetings, program publications, documents and school policies, and reports to the controlling board.

(d) **Program publications.** All program publications in print and in electronic format are current and accurately reflect the approval status of the program. Approval status is to be stated accurately including contact information for the Oklahoma Board of Nursing and is readily accessible to communities of interest.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 33 Ok Reg 1026, eff 8-25-16]

485:10-5-11. Advisory committee [REVOKED]

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Revoked at 22 Ok Reg 1345, eff 7-1-05]

485:10-5-12. Out-of-State nursing education programs conducting clinical experiences in Oklahoma

- (a) Nursing education programs leading to initial licensure that wish to conduct clinical experiences in Oklahoma must obtain prior permission from the Board.
- (b) To apply for permission from the Board, the program must submit a letter of request to the Board and provide evidence that the following standards will be met:
- (1) The program must be on full approval status with the board of nursing in another member board jurisdiction;
 - (2) The program will provide for supervision of students while in the clinical area by a nursing faculty member with an unencumbered Oklahoma nursing license;
 - (3) A written clinical affiliation agreement with the clinical facility will be in place; and
 - (4) If precepted clinical experiences are requested, the program will ensure they are conducted in accordance with the Board's policy.
- (c) Registered Nurses enrolled in out-of-state advanced practice registered nursing education programs may participate in clinical experiences and clinical preceptorship in Oklahoma as part of the advanced practice registered nursing education program, under the following conditions:
- (1) The advanced practice registered nurse student has an unencumbered Oklahoma license to practice registered nursing,
 - (2) The faculty responsible for oversight of the clinical component of the nursing education program has an Oklahoma unencumbered license to practice nursing at the level of the education being taught or higher, and
 - (3) The advanced practice registered nursing education program meets the requirements established by the Oklahoma Board of Nursing for education preparation of Advanced Practice Registered Nurses.

[Source: Added at 22 Ok Reg 1345, eff 7-1-05; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 33 Ok Reg 1026, eff 8-25-16; Amended at 36 Ok Reg 1000, eff 7-25-19]

SUBCHAPTER 6. MINIMUM STANDARDS FOR APPROVED ADVANCED PRACTICE REGISTERED NURSING (APRN) EDUCATION PROGRAMS (EFFECTIVE JANUARY 1, 2016)

485:10-6-1. Approval of APRN education programs

The Board shall have the authority for approval of APRN education programs located in the state of Oklahoma.

- (1) **Purposes of approval.** The purposes of approval of APRN education programs are:
- (A) to provide standards for legally recognizing new and established APRN education programs;
 - (B) to ensure graduates are eligible to take APRN certification examinations;
 - (C) to ensure that graduates are prepared for safe, current, and appropriate scope of APRN practice relative to the APRN role and

population focus.

(2) **Categories of approval.** The categories of approval are:

(A) Provisional Approval:

- (i) is granted to new APRN education programs in accordance to OAC 485:10-6-3;
- (ii) is approval to admit students;
- (iii) is effective until the first class has graduated and initial outcomes have been reviewed by the Board.

(B) Full Approval:

- (i) is granted to programs after the Board has reviewed initial outcomes, and evidence is provided that minimum standards are met;
- (ii) is renewed periodically or reinstated following evaluation by the Board.

(C) Conditional Approval is granted to approved APRN education programs subsequently failing to meet or maintain minimum standards.

- (i) The Board shall notify an APRN education program by letter of Conditional Approval, citing a specified time for corrective action. A period of one (1) year shall be the maximum time allowed for the correction of deficiencies resulting in Conditional Approval.
- (ii) An APRN education program placed on Conditional Approval may request Board action to remove the conditional status at any time prior to the time limit established by the Board when it can provide evidence that the deficiencies have been corrected.
- (iii) An APRN education program shall not admit new students while on Conditional Approval without authorization from the Board.
- (iv) A warning may be given allowing an APRN education program an opportunity to address deficiencies as identified by the Board prior to being placed on Conditional Approval. A written report must be submitted to the Board within four (4) months of receiving the warning, and eight (8) weeks prior to the Board meeting.

(D) A change in an APRN education program's approval status shall not affect students who graduate during the time the program is on Conditional Approval.

(3) **Withdrawal of approval.** The APRN education program that fails to correct deficiencies resulting in Conditional Approval shall be discontinued as a State-Approved APRN Education Program. Representatives from the program may attend the Board meeting when the program is reviewed. Upon withdrawal of approval, the program will be notified that those graduating since withdrawal of approval are not eligible for licensure as Advanced Practice Registered Nurses in the state of Oklahoma.

(4) **Closure of an APRN education program.** When an APRN education program is to be closed as a result of a decision of the university, the program shall advise the Board and submit a written plan for the discontinuation of the program. The closure may be accomplished in one of two ways:

(A) students may be transferred to another approved APRN education program; or
(B) the APRN education program may close gradually by discontinuing student admissions and officially closing the APRN education program on the date that the last student completes the program.

(i) All the requirements and standards for students in the APRN education program shall be maintained until the last student is transferred or completes the APRN education program.

(ii) It is recommended that the transfer of students be accomplished in a manner which provides for a minimum loss of student time and credits earned.

(iii) When an APRN education program is to be closed by the Board, the Board shall establish the terms of discontinuation of the program.

(iv) Program records

(I) The Board shall accept custody of records in the image format designated by the Board in accordance with the procedures in the Board office as defined by the Archives and Records Commission of the Oklahoma Department of Libraries Archives Division. [67 O.S. Sections 305-317]

(II) The cost of formatting the record to the designated image and their transfer to the Board office shall be the responsibility of the APRN education program.

[Source: Added at 32 Ok Reg 1199, eff 8-27-15; Amended at 34 Ok Reg 768, eff 8-25-17]

485:10-6-2. Minimum standards for APRN education programs

To be approved as an APRN education program in the state of Oklahoma, the program shall meet the following standards:

(1) The APRN education program is a graduate-level program offered by a university accredited by an accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA);

(2) The APRN education program holds accreditation or candidacy status from one of the following:

(A) The Accreditation Commission for Education in Nursing

(B) The Commission on Collegiate Nursing Education

(C) The Commission for Nursing Education Accreditation

(D) The Accreditation Commission for Midwifery Education

(E) The American Association of Nurse Anesthetists' Council on Accreditation of Nurse Anesthesia Educational Programs;

(3) The curriculum of the APRN education program must prepare the graduate to practice in one of the four identified APRN roles (i.e., CRNA, CNM, CNS, or CNP) and in at least one of the six population foci (i.e., Family/Individual across the Lifespan, Adult-Gerontology (acute and/or primary), Neonatal, Pediatrics (acute and/or primary), Women's Health/Gender-Related, or Psychiatric/Mental Health). The curriculum shall include:

(A) Graduate APRN core courses, to include three separate graduate level courses in:

- (i) Advanced physiology and pathophysiology, including general principles that apply across the lifespan;
- (ii) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and
- (iii) Advanced pharmacology (a minimum of a three academic credit hour course), which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents;

(B) Additional core course content, specific to the role and population in APRN core areas, integrated throughout the specific role and population focus didactic and clinical courses, to include the use and prescription of pharmacologic and non-pharmacologic interventions;

(C) Preparation in legal, ethical, and professional responsibilities of the APRN; and

(D) A minimum of 500 supervised clinical hours directly related to each role and population focus, including pharmacotherapeutic management of patients.

(4) An APRN program shall appoint the following personnel:

(A) An APRN program administrator whose qualifications shall include:

- (i) A current, unencumbered APRN license in the state of Oklahoma;
- (ii) A minimum of a master's degree in nursing and an earned doctoral degree; and
- (iii) At least two years of clinical experience as an APRN.

(B) A lead faculty member to coordinate each role and population focus track in the APRN program, including curriculum development, whose qualifications shall include:

- (i) A current, unencumbered APRN license in the state of Oklahoma;
- (ii) A minimum of a master's degree in nursing that includes preparation in the same role and population focus or other similarly situated population focus for the track for which he/she is responsible for as a lead faculty member;
- (iii) At least two years of clinical experience as an APRN; and
- (iv) Current knowledge, competence and certification as an APRN in the role and population focus consistent with teaching responsibilities. For lead faculty without current certification in the population foci corresponding with the teaching responsibilities, the APRN program must have on file additional written documentation of the related qualifications, experience and competence of the lead faculty member for coordinating each role and population focus track for which he/she is responsible.
- (v) The APRN program administrator may also serve as the lead faculty member if all qualifications are met. If the

APRN program administrator has teaching or other responsibilities, adequate time will be provided to fulfill administrative duties for the APRN education program.

(C) Nursing faculty, including adjunct clinical faculty, to teach any APRN nursing course that includes a clinical learning experience shall meet the following qualifications:

(i) A current, unencumbered APRN license in the state of Oklahoma;

(ii) A minimum of a master's degree in nursing that includes preparation in a role and population focus or other similarly situated population focus for the track for which he/she is responsible for as a faculty member;

(iii) Two years of APRN clinical experience; and

(iv) Current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities. For faculty without current certification in the population foci corresponding with the teaching responsibilities, the APRN program must have on file additional written documentation of the related qualifications, experience and competence of the faculty member for teaching in the population foci for which he/she is responsible.

(D) Any person employed in the position of APRN program administrator, APRN lead faculty, and/or APRN faculty member on December 31, 2015, shall be deemed to meet the education and clinical experience qualifications.

(E) Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content.

(F) Clinical preceptors will serve as a role model and educator to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace them.

(G) Clinical preceptors will be approved by faculty and meet the following requirements:

(i) Hold a current, unencumbered license in the state of Oklahoma, or in another state (if employed by the United States Government or any bureau, division, or agency thereof; or if the preceptorship takes place in another state), as an APRN, Medical Doctor, or Doctor of Osteopathy and practices in a comparable practice focus;

(ii) Function as a supervisor and teacher and contribute to the evaluation of the individual's performance in the clinical setting; and

(iii) Have demonstrated competencies related to the area of assigned clinical teaching responsibilities.

(5) Each student enrolled in the APRN program shall have a current, unencumbered Oklahoma Registered Nurse license.

(6) APRN programs preparing for two population foci or a combined nurse practitioner/clinical nurse specialist shall include content and 500 hours of clinical experience in each functional role and population focus.

(7) Advanced placement policies shall allow fair, consistent, valid, and defensible evaluation of students' didactic knowledge and clinical competence. Students admitted with advanced placement must meet the program's APRN outcome competencies.

[Source: Added at 32 Ok Reg 1199, eff 8-27-15; Amended at 33 Ok Reg 160, eff 9-28-15 (emergency); Amended at 33 Ok Reg 1026, eff 8-25-16; Amended at 34 Ok Reg 171, eff 11-2-16 (emergency); Amended at 34 Ok Reg 768, eff 8-25-17]

485:10-6-3. Establishment of a new APRN education program in the state of Oklahoma

(a) An institution wishing to establish a new APRN education program shall submit an application for approval to the Board at least eight weeks prior to a regularly-scheduled Board meeting and at least six months prior to planned admission of the first students, which provides the following information for the Board's consideration:

- (1) mission and organization of the education institution;
- (2) accreditation or candidacy status of the education institution and of the proposed program;
- (3) advanced practice registered nurse role(s) and population focus/foci of the proposed program;
- (4) degree to be offered;
- (5) degree plan;
- (6) philosophy, program and course objectives;
- (7) curriculum plan;
- (8) tentative time-table for program development and implementation;
- (9) proposed size of program;
- (10) source of anticipated student population
- (11) information on employment opportunities for program graduates;
- (12) identification of sufficient financial and other resources;
- (13) evidence of governing institution approval and support;
- (14) evidence of community support;
- (15) evidence of clinical opportunities and availability of resources; and
- (16) evidence of availability of qualified faculty.

(b) The application shall be signed by the controlling institution's administrative official with evidence that the institution is authorized to offer education programs in Oklahoma.

(c) The Board shall advise the institution in writing of its decision to:

- (1) approve the program; or
- (2) defer approval pending receipt of further information; or
- (3) deny approval specifying reasons for denial.

(d) The application shall be limited to fifty (50), single-sided pages, with at least a one inch margin, no less than 1.5 line spacing and no less than an 11 point font size.

[Source: Added at 32 Ok Reg 1199, eff 8-27-15; Amended at 34 Ok Reg 768, eff 8-25-17; Amended at 35 Ok Reg 1875, eff 9-14-18]

485:10-6-4. Reports to the Board

Board-approved APRN education programs shall submit the following reports:

- (1) Written notification to the Board of changes in accreditation status, nurse administrator for the program, or institutional ownership within 30 days of the change. Upon notification of loss of accreditation status, the

program will be removed from the list of Board-approved APRN education programs. The program will be notified that those graduating since loss of accreditation are not eligible for licensure as Advanced Practice Registered Nurses in the state of Oklahoma.

(2) Written notification of additions to or changes in the APRN education program that change the advanced practice role, population focus, or degree are submitted for approval of the Board prior to implementation.

(3) Documentation on program status and performance as scheduled and in the format requested by the Board.

[Source: Added at 32 Ok Reg 1199, eff 8-27-15; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-6-5. Continuing approval of APRN education programs

(a) APRN education programs with full program approval status will be periodically evaluated for continuing approval by the Board.

(1) An evaluation will be conducted by the Board subsequent to each scheduled visit to the program by the program's Board-recognized national nursing accreditation agency. The Nurse Administrator of the APRN education program or his/her designee shall submit a copy of the notification of accreditation status to the Board within two weeks of receipt, accompanied by the program's accreditation report and supporting documentation.

(2) Additional evaluations may be directed by the Board, if in the Board's opinion, the program may not be in compliance with the Board's APRN education program administrative rules. As a part of this evaluation, the Board may request a survey visit or special report as needed.

(b) The Board shall regularly review and analyze program performance reports submitted by the APRN education programs including, but not limited to:

(1) Results of ongoing program evaluation; and

(2) Other sources of evidence regarding achievement of program outcomes including, but not limited to:

(A) Student retention, attrition, and on-time program completion rates;

(B) Adequate type and number of faculty, faculty competence and faculty retention;

(C) Adequate laboratory and clinical learning experiences;

(D) Trended data on certification pass rates;

(E) Evidence of employer and graduate satisfaction;

(F) Performance improvement initiatives related to program outcomes; and

(G) Program complaints/grievance review and resolution.

(c) Continuing approval will be granted upon the Board's verification that the program is in compliance with the Board's APRN education administrative rules.

[Source: Added at 32 Ok Reg 1199, eff 8-27-15]

SUBCHAPTER 7. REQUIREMENTS FOR REGISTRATION AND LICENSURE AS A REGISTERED NURSE AND LICENSED PRACTICAL NURSE

485:10-7-1. Licensure by examination

(a) **Qualifications Registered Nurse.** An applicant for licensure by examination as a Registered Nurse must meet the following qualifications:

- (1) Submits an application containing such information as the Board may prescribe;
- (2) Be a minimum of eighteen (18) years of age on or before the date the license is issued;
- (3) Cause submission of an official transcript showing completion of the basic professional curricula of a state Board-approved registered nursing education program conducted in a member board jurisdiction that meets the requirements of 485:10-5-6(d), and showing the diploma or degree and the date conferred. The transcript is obtained from an entity approved and recognized by the U.S. Department of Education as a primary source for providing education transcripts.

(b) **Qualifications Licensed Practical Nurse.** An applicant for licensure by examination as a Licensed Practical Nurse must meet the following qualifications:

- (1) Be a minimum of eighteen (18) years of age on or before the date the license is issued;
- (2) Submits an application containing such information as the Board may prescribe;
- (3) Cause submission of an official transcript from an entity approved and recognized by the U.S. Department of Education as a primary source for providing education transcripts, showing completion of the basic curricula of a state Board-approved practical nursing education program conducted in a member board jurisdiction that meets the requirements of 485:10-5-6(d), and showing the diploma or degree and the date conferred; or
- (4) Has completed equivalent courses through one of the following methods:

(A) in a state approved program of nursing with a minimum overall grade point average of 2.0, and a grade of a "C" or higher in all nursing courses. Evidence is obtained from an entity approved and recognized by the U.S. Department of Education as a primary source for providing education transcripts, verifying successful completion of a minimum of one academic year of instruction in a registered nursing education program, including classroom instruction and clinical practice in nursing care of the adult, nursing care of children, and maternal-infant nursing. Course content in anatomy and physiology, growth and development, mental health, pharmacology and nutrition also have been successfully completed. Courses in external degree programs or completed by challenge examination are not acceptable for PN equivalency; or

(B) has completed a registered nursing education program in a foreign country and meets the requirements of 485:10-7-2(e).

(C) Successful completion of a Board-approved role transition learning packet related to legal and ethical aspects of practical nursing.

(c) **Applications.** Applications for licensure by examination must be completed and filed with the Board prior to the examination. If the application is not completed within one (1) year, the applicant will submit a new application and new fee.

(d) **Admission to the examination.** The applicant must register with the authorized testing service and submit the required fee. An authorization to test will be issued by the testing service allowing the applicant to schedule the examination.

(e) Fee for examination.

- (1) The fee for writing or rewriting the licensing examination adopted by the Board for Registered Nurse or Licensed Practical Nurse licensure shall accompany the application.
- (2) The fee for the examination is not refundable.

(f) Policies for the examination.

- (1) Applicants must pass the National Council Licensure Examination (NCLEX) appropriate for level of licensure.
- (2) Applicants who fail the NCLEX may be eligible to repeat the examination upon filing an application and fee, and upon meeting Board requirements.
- (3) To be eligible to write or rewrite the NCLEX, the applicant must submit a completed application, transcript, and fee to the Board and a completed registration form and fee to the authorized testing service within two years of completion of the nursing education program. If more than two years has elapsed, the applicant must complete additional education as follows:
 - (A) Successfully complete a Board-approved refresher course in accordance with the Board's policy; or
 - (B) Successfully complete nursing didactic coursework and faculty-supervised clinical experience in a board-approved nursing education program at the appropriate educational level, to include at least 80 hours in classroom and skills laboratory review and at least 80 hours participating in patient care activities in the clinical setting.
- (4) After completion of the identified additional education, the applicant will have two years from the completion date of the additional education to take and pass the NCLEX.
- (5) If more than two (2) years has elapsed since the applicant successfully passed the NCLEX and did not obtain licensure, the applicant must complete additional education as follows:
 - (A) Successfully complete a Board-approved refresher course in accordance with the Board's policy; or
 - (B) Successfully complete nursing didactic coursework and faculty-supervised clinical experience in a Board-approved nursing education program at the appropriate educational level, to include at least 80 hours in classroom and skills laboratory review and at least 80 hours participating in patient care activities in the clinical setting.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 12 Ok Reg 1463, eff 5-25-95; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 20 Ok Reg 1006, eff 7-1-03; Amended at 22 Ok Reg 1345, eff 7-1-05; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 35 Ok Reg 1875, eff 9-14-18; Amended at 36 Ok Reg 1000, eff 7-25-19; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-7-2. Licensure by endorsement

(a) Qualifications Registered Nurse. An applicant for licensure by endorsement as a Registered Nurse shall:

- (1) Submit an application containing such information as the Board may prescribe;
- (2) Be a minimum of eighteen (18) years of age on or before the date the license is issued;

- (3) Meet the requirements of the Oklahoma Nursing Practice Act. An evaluation of educational requirements may be completed to ensure the applicant meets educational standards.
- (4) If licensed in another state or U.S. territory since January 1, 1952, have successfully written the licensing examination adopted by the Board with a passing score as established by the Board. A license to practice nursing in Oklahoma will not be issued until this requirement is met.
- (5) Submit evidence of either:
 - (A) successful completion of the National Council Licensure Examination for Registered Nurses since July 1, 1982; or
 - (B) passing the State Board Test Pool Examination for Registered Nurse licensure prior to July 1, 1982.
- (6) In addition to meeting other requirements for endorsement established by the Board in these Rules, demonstrate evidence of continued qualifications for practice through completion of one or more of the following requirements within the last five (5) years prior to receipt of the completed application in the Board office:
 - (A) Submission of an official transcript or certificate of completion verifying completion of a nurse refresher course with content consistent with Board policy;
 - (B) Successfully pass the National Council Licensure Examination for Registered Nurses;
 - (C) Cause submission of an official transcript, provided by an entity approved and recognized by the U.S. Department of Education as a primary source for providing education transcripts, verifying successful completion of at least six (6) academic semester credit hours of nursing courses which include classroom and clinical instruction;
 - (D) Present evidence of licensure as a registered nurse in another state, territory or country with employment in a position that requires nursing licensure with verification of at least 520 work hours during the past five (5) years;
 - (E) Submit evidence of completing at least twenty-four (24) contact hours of continuing education applicable to nursing practice;
 - (F) Submit current certification in a nursing specialty area.
- (7) Provide evidence of one of the following if initial licensure was obtained within the last two years:
 - (A) Completion of the nursing education program within two years of initial application for licensure by examination; or
 - (B) At least six months work experience as a registered nurse in the state, U.S. territory, or country of licensure; or
 - (C) Successful completion of a Board-approved refresher course in accordance with the Board's policy; or
 - (D) Successful completion of nursing didactic coursework and faculty-supervised clinical experience in a board-approved nursing education program at the appropriate educational level, to include at least 80 hours in classroom and skills laboratory review and at least 80 hours participating in patient care activities in the clinical setting.

(b) Qualifications Licensed Practical Nurse. An applicant for licensure by endorsement as a Licensed Practical Nurse shall:

- (1) Submit an application containing such information as the Board may prescribe;
- (2) Be a minimum of eighteen (18) years of age on or before the date the license is issued;
- (3) Meet the requirements of the Oklahoma Nursing Practice Act. An evaluation of educational requirements may be completed to ensure the applicant meets educational standards.
- (4) If licensed in another state or U.S. territory since June 30, 1954, have successfully written the licensing examination adopted by the Board. A license to practice practical nursing in Oklahoma will not be issued until this requirement is met.
- (5) In addition to meeting other requirements for endorsement established by the Board in these Rules, demonstrate evidence of continued qualifications for practice through completion of one or more of the following requirements within the last five (5) years prior to receipt of the completed application in the Board office:
 - (A) Submission of an official transcript or certificate of completion verifying completion of a nurse refresher course with content consistent with Board policy;
 - (B) Successfully pass the National Council Licensure Examination for Practical Nurses;
 - (C) Cause submission of an official transcript, provided by an entity approved and recognized by the U.S. Department of Education as a primary source for providing education transcripts, verifying successful completion of at least six (6) academic semester credit hours or 105 contact hours of nursing courses in a state-approved practical or registered nursing education program, which includes classroom and clinical instruction;
 - (D) Present evidence of licensure as a practical nurse in another state, territory or country with employment in a position that requires practical nursing licensure with verification of at least 520 work hours during the past five (5) years;
 - (E) Submit evidence of completing at least twenty-four (24) contact hours of continuing education applicable to nursing practice;
 - (F) Submit current certification in a nursing specialty area.
- (6) Provide evidence of one of the following if the National Council Licensure Examination for Practical Nurses for initial licensure was obtained within the last two years:
 - (A) Completion of the nursing education program within two years of initial application for licensure by examination; or
 - (B) At least six months work experience as a Licensed Practical Nurse in the state, U.S. territory, or country of licensure; or
 - (C) Successful completion of a Board-approved refresher course in accordance with the Board's policy; or
 - (D) Successful completion of nursing didactic coursework and faculty-supervised clinical experience in a board-approved nursing education program at the appropriate educational level, to include at least 80 hours in classroom and skills laboratory review and at least 80 hours participating in patient care activities in the clinical setting.

(c) Applications.

- (1) Applications must be completed and filed with the Board.
- (2) Endorsement may be accepted from the original state or U.S. territory of licensure by examination.
- (3) If the applicant has written the licensing examination adopted by the Board in a state other than the state or U.S. territory of original licensure, an endorsement will be requested from that state, also.
- (4) If the application is not completed within one (1) year after receipt of fee, the application must be refiled.

(d) Fee for licensure by endorsement.

- (1) The fee shall accompany the application.
- (2) The fee is not refundable.
- (3) If the application is not completed within one (1) year, a new application and new fee will be required for licensure.

(e) Qualifications for applicants educated in foreign countries or in a U.S.

territory. An applicant educated in a foreign country must meet the current educational requirements for licensure in Oklahoma. An applicant educated in a U.S. territory not recognized as a full member of National Council of State Boards of Nursing (NCSBN) must meet the requirements for applicants educated in foreign countries. An applicant educated in a U.S. territory that is a full member of NCSBN but in a nursing education program not included on the NCSBN state-approved programs of nursing list at the time of the applicant's graduation from the program must meet the requirements for applicants educated in foreign countries.

(1) The registered nurse applicant must present evidence of:

(A) graduation from a government-approved post-secondary nursing education program, as verified from the Commission of Graduates of Foreign Nursing Schools (CGFNS);

(B) completion of formal courses including theory and clinical experience in nursing care of the adult, nursing care of children, maternal-infant nursing, psychiatric-mental health nursing as evidenced by:

(i) a translated transcript with certified proof of translation received directly from the nursing education program in the original country of licensure, or

(ii) a certified copy of original transcript obtained directly from the Commission of Graduates of Foreign Nursing Schools (CGFNS)

(C) licensure or registration as required in country of graduation as evidenced by official verification received directly from the Commission of Graduates of Foreign Nursing Schools;

(D) competence in oral and written English as evidenced by receipt of scores directly from the approved testing service or from CGFNS verifying successful completion of:

(i) Test of English for International Communication (TOEIC), to include the Listening and Reading Test, and the Speaking and Writing Test of the Educational Testing Service, or

(ii) International English Language Testing System (IELTS), or

(iii) Test of English as a Foreign Language Internet-based test (TOEFL iBT) of the Educational Testing Service, or

(iv) Michigan English Test (MET).

- (E) An evaluation of educational credentials as evidenced by:
 - (i) CGFNS Certificate Status or Visa Screen Certificate; or
 - (ii) CGFNS Credentials Evaluation Service Professional Report;
 - (iii) Reports received from CGFNS must have been completed within the five (5) years immediately preceding the date of application for licensure by endorsement. The five-year requirement is waived if the applicant holds a license in another state.
- (F) Evidence of either:
 - (i) successful completion of the National Council Licensure Examination for Registered Nurses since July 1, 1982; or
 - (ii) passing the State Board Test Pool Examination for Registered Nurse licensure prior to July 1, 1982.
- (2) The practical nurse applicant must present evidence of:
 - (A) competence in oral and written English as evidenced by receipt of scores directly from the testing service or from CGFNS verifying successful completion of:
 - (i) Test of English for International Communication (TOEIC), to include the Listening and Reading Test, and the Speaking and Writing Test of the Educational Testing Service; or
 - (ii) International English Language Testing System (IELTS); or
 - (iii) Test of English as a Foreign Language Internet-based test (TOEFL iBT) of the Educational Testing Service; or
 - (iv) Michigan English Test (MET).
 - (B) graduation from a government approved post-secondary practical nursing education program or equivalent courses in a government approved post-secondary nursing education program, as verified from the Commission of Graduates of Foreign Nursing Schools (CGFNS);
 - (C) licensure or registration as required in country of graduation as evidenced by official verification completed within the last twelve (12) months immediately preceding the date of application for licensure by endorsement received directly from the Commission of Graduates of Foreign Nursing Schools,
 - (D) completion of formal courses including theory and clinical experience in nursing care of the adult, nursing care of children, and maternal-infant nursing in a government-approved school of nursing as evidenced by:
 - (i) a translated transcript received directly from the nursing education program in the original country of licensure with certified proof of translation; or
 - (ii) a certified copy of the transcript received directly from the Commission on Graduates of Foreign Nursing Schools (CGFNS).
 - (E) An evaluation of educational credentials as evidenced by:
 - (i) Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service Professional Report, or

- (ii) Commission on Graduates of Foreign Nursing Schools (CGFNS) Certificate or Visa Screen Certificate status;
- (iii) Reports received from CGFNS must have been completed within the five (5) years immediately preceding the date of application for licensure by endorsement. The five-year requirement is waived if the applicant holds a license in another state.

(F) Successful completion of the licensing examination adopted by the Oklahoma Board of Nursing.

(3) Verification by CGFNS is waived for applicants currently licensed in another state when the state validates that the credential review report was prepared by an independent credentials review agency.

(4) Evidence of competence in spoken and written English is waived for applicants who are:

(A) Graduates of nursing education programs taught in English in Australia, Canada (except Quebec), Ireland, New Zealand, the United Kingdom, Trinidad, Tobago, Jamaica, Barbados, South Africa, and the United States.

(B) Licensed in another US State or Territory and have successfully completed the licensure examination approved by the Board.

(5) Applicants must submit a completed application and the established fee.

(f) Temporary license for endorsement applicants.

(1) A temporary license may be issued to the applicant on proof of:

(A) Current unrestricted licensure in another state, territory or country with no history of arrest or disciplinary action requiring further review;

(B) Evidence of having successfully passed the licensure examination adopted by the Oklahoma Board of Nursing;

(C) Evidence of meeting educational qualifications through completion of a state board-approved nursing education program meeting the educational standards established by the Board, or an evaluation of educational credentials and nursing licensure or registration as required in country of origin for the foreign-educated nurse as evidenced by:

(i) Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service Professional Report with verification of equivalent educational credentials and unrestricted licensure in country of origin, or

(ii) Commission on Graduates of Foreign Nursing Schools (CGFNS) Certificate status or Visa Screen Certificate, accompanied by a verification of graduation from a government approved nursing education program, the translated transcript, and verification of unrestricted nursing licensure or registration as required in country of graduation;

(D) Payment of the fee for licensure by endorsement and temporary license;

(E) Proof by foreign educated applicants of evidence of competence in: oral and written English by meeting the requirements of 485:10-7-2(e)(1)(D) and 485:10-7-2(e)(2)(A), unless 485:10-7-2(e)(4)

applies;

(F) Demonstrating evidence of continued qualifications for practice through meeting the requirements of 485:10-7-2(a)(6) or (7) for registered nurse applicants and 485:10-7-2(b)(5) or (6) for practical nurse applicants; and

(G) Submission of fingerprint images with the fee established by the Oklahoma State Bureau of Investigation and/or vendor for the purpose of permitting a state and national criminal history records search to be completed.

(2) The temporary license is issued for a period of ninety (90) days.

(3) The temporary license may be extended, but such period shall be no longer than one (1) year for any applicant.

(g) Licensure of active duty military or the spouse of an active military individual. Applications must be completed and filed with the Board.

(1) Submit with the endorsement application a copy of the United States Uniformed Services Identification and Privilege Card and a copy of the Permanent Change of Station orders for the active military individual;

(2) The requested Oklahoma license and/or temporary license shall be issued within thirty (30) days for their currently held valid license from another state or territory provided the license from the other state is found to be in good standing and reasonably equivalent to the requirements of this state; and

(3) The fee for licensure, including temporary license, of active duty military or the spouse of an active duty military individual is waived with the license expiration date extended through the first renewal cycle.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 17 Ok Reg 1362, eff 7-1-00; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 21 Ok Reg 1415, eff 7-1-04; Amended at 22 Ok Reg 1345, eff 7-1-05; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 24 Ok Reg 44, eff 8-24-06 (emergency); Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 27 Ok Reg 1024, eff 7-1-10; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 34 Ok Reg 768, eff 8-25-17; Amended at 35 Ok Reg 1875, eff 9-14-18; Amended at 36 Ok Reg 1000, eff 7-25-19; Amended at 37 Ok Reg 2028, eff 9-11-20; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-7-3. Renewal of [RN] [LPN] license

(a) All Registered Nurse and Licensed Practical Nurse licenses issued may be renewed in accordance with the schedule published by the Board.

(b) The applicant must submit an application containing such information as the Board may prescribe.

(c) The application for renewal of license must be completed and accompanied by the established fee before a new license is issued.

(d) In addition to meeting other requirements for renewal established by the Board in these Rules, each licensee shall demonstrate evidence of continuing qualifications for practice through completion of one or more of the following requirements within the past two years prior to the expiration date of the license:

(1) Verify employment in a position that requires a nursing license at the highest level of licensure with verification of at least 520 work hours; or

(2) Verify the completion of at least twenty-four (24) contact hours of continuing education applicable to nursing practice; or

(3) Verify current certification in a nursing specialty area; or

(4) Verify completion of a Board-approved refresher course; or

(5) Verify completion of at least six (6) academic semester credit hours of nursing coursework at the licensee's current level of licensure or higher.

(e) If audited, the licensee shall present documentation supporting the continuing qualifications.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 22 Ok Reg 1345, eff 7-1-05; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 28 Ok Reg 659, eff 7-1-11; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-7-4. Reinstatement of license

(a) The Registered Nurse or Practical Nurse license is lapsed if not renewed by expiration date thereof.

(b) The applicant must submit an application containing such information as the Board may prescribe.

(c) A completed application for reinstatement must be submitted to the Board office with the required fee. If the application is not completed within one (1) year, a new application and new fee will be required.

(d) An application for reinstatement for a license that has been suspended or surrendered must be in compliance with all terms and conditions of any Order entered with regard to the suspension or surrender and shall be considered by the Board.

(e) An application for reinstatement of a license that has been revoked by the Board shall be considered by the Board.

(f) An application for reinstatement for a license not previously revoked, suspended or surrendered may be granted on such terms and conditions as the Board may require.

(g) In addition to meeting other reinstatement requirements established by the Board in these Rules, if the Oklahoma nursing license has not been in an active status less than five years, each applicant shall demonstrate evidence of continuing qualifications for practice through completion of one or more of the following requirements within the last five (5) years prior to receipt of the completed application in the Board office:

- (1) Verify employment in a position that requires a nursing license at the highest level of licensure with verification of at least 520 work hours; or
- (2) Verify the completion of at least twenty-four (24) contact hours of continuing education applicable to nursing practice; or
- (3) Verify current certification in a nursing specialty area; or
- (4) Verify completion of a Board-approved refresher course; or
- (5) Verify completion of at least six (6) academic semester credit hours of nursing coursework at the licensee's current level of licensure or higher.

(h) In addition to meeting other reinstatement requirements established by the Board in these Rules, if the Oklahoma nursing license has not been in an active licensure status for a period of five (5) years or more, the applicant for reinstatement must demonstrate continued qualifications for practice through completion of one or more of the following requirements within the last five (5) years prior to receipt of the completed application in the Board office:

- (1) Submission of an official transcript or certificate of completion verifying completion of a nurse refresher course with content consistent with Board policy;
- (2) Successfully pass the National Council Licensure Examination for the appropriate level of licensure;
- (3) Submission of an official transcript verifying successful completion of at least six (6) academic semester credit hours of nursing courses which include classroom and clinical instruction; and/or

- (4) Present evidence of licensure in another state, territory or country with employment in a position that requires a nursing license at the highest level of licensure with verification of at least 520 work hours during the past five (5) years preceding receipt of the application for reinstatement in the Board office.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 20 Ok Reg 1006, eff 7-1-03; Amended at 21 Ok Reg 1415, eff 7-1-04; Amended at 22 Ok Reg 1345, eff 7-1-05; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 35 Ok Reg 1875, eff 9-14-18; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-7-5. Inactive status

Any Registered Nurse or Licensed Practical Nurse licensee who desires to retire from the practice of nursing shall:

- (1) Submit a written request to be placed on the Inactive List.
- (2) Be granted the date of approval by the Board. The Board may delegate approval of the licensee's request to be placed on inactive status to the Board Staff.
- (3) Remain on the Inactive List unless otherwise indicated without the payment of the renewal fee.
- (4) Submit the return to active fee when the licensee desires to return to active practice. The applicant must submit an application containing such information as the Board may prescribe.
- (5) Submit an application for return to active status for a license that has been placed on Inactive Status by Order of the Board shall be considered by the Board.
- (6) In addition to meeting other requirements to return to active status as established by the Board in these Rules, if the nursing license has been on the Inactive List for a period of five (5) years or more, the licensee must demonstrate continued qualifications for practice through completion of one or more of the following requirements within the last five (5) years prior to receipt of the completed application in the Board office:
 - (A) Submission of an official transcript or certificate of completion verifying completion of a nursing refresher course with content consistent with Board policy;
 - (B) Successfully pass the National Council Licensure Examination for the appropriate level of licensure;
 - (C) Submission of an official transcript verifying successful completion of at least six (6) academic semester credit hours of nursing courses which include classroom and clinical instruction; and/or
 - (D) Present evidence of licensure as a nurse in another state, territory or country with employment in a position that requires a nursing license at the highest level of licensure with verification of at least 520 work hours during the past five (5) years preceding receipt of the request for return to active status in the Board office.
- (7) In addition to meeting other return to active requirements established by the Board in these Rules, if the Oklahoma nursing license has been inactive less than five years, each applicant shall demonstrate evidence of continuing qualifications for practice through completion of one or more of the following requirements within the last five (5) years prior to receipt of the completed application in the Board office:

- (A) Verify employment in a position that requires a nursing license at the highest level of licensure with verification of at least 520 work hours; or
- (B) Verify the completion of at least twenty-four (24) contact hours of continuing education applicable to nursing practice; or
- (C) Verify current certification in a nursing specialty area; or
- (D) Verify completion of a Board-approved refresher course; or
- (E) Verify completion of at least six (6) academic semester credit hours of nursing coursework at the licensee's current level of licensure or higher.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 21 Ok Reg 1415, eff 7-1-04; Amended at 22 Ok Reg 1345, eff 7-1-05; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 35 Ok Reg 1875, eff 9-14-18; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-7-6. Duplicate license card [REVOKED]

[Source: Amended at 17 Ok Reg 1362, eff 7-1-00; Amended at 19 Ok Reg 1465, eff 7-1-02; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 25 Ok Reg 1415, eff 7-1-08; Revoked at 35 Ok Reg 1875, eff 9-14-18]

485:10-7-7. Replacement certificate of licensure [REVOKED]

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 17 Ok Reg 1362, eff 7-1-00; Revoked at 35 Ok Reg 1875, eff 9-14-18]

485:10-7-8. Endorsement of a Registered Nurse or Licensed Practical Nurse to another state

- (a) A Registered Nurse or Licensed Practical Nurse wishing to be licensed in another state may have a certified statement of Oklahoma licensure issued to the Board of Nursing in such state upon request and payment of fee to Nursys.
- (b) If a transcript is provided from the files of a closed nursing education program, a fee as established by the Board will be charged.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 17 Ok Reg 1362, eff 7-1-00; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-7-9. Change of name and address

Each Registered Nurse or Licensed Practical Nurse licensee requesting a change of name and address shall:

- (1) Provide certified evidence (a copy of marriage license or court action) regarding any change of name within 30 days of the change.
- (2) Submit a fee as established by the Board, to accompany the change of name request.
- (3) Submit the change of address in writing within 30 days of the change.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 17 Ok Reg 1362, eff 7-1-00; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-7-10. Issuance of a multistate license to an existing licensee

Application for a multistate license by an existing licensee must be completed and filed with the Board. If the application is not completed within six (6) months, a new application and new fee will be required.

[Source: Added at 35 Ok Reg 1875, eff 9-14-18]

SUBCHAPTER 8. CRIMINAL BACKGROUND CHECKS FOR APPLICANTS FOR LICENSURE/CERTIFICATION

485:10-8-1. Requirements for criminal background checks for initial licensure/certification in this state

(a) All applications for advanced practice registered nurse, registered nurse or practical nurse licensure by examination or endorsement or for certification as an Advanced Unlicensed Assistant shall include a state and national criminal history records search.

(b) Each applicant for licensure shall have a fingerprint-based background check not more than ninety (90) days old at the time of submission of the application for initial, endorsement or higher level of licensure.

(c) The fingerprint images will be accompanied by an electronic payment, money order or cashier's check made payable to the OSBI or the Board's designated vendor for the fee established by the OSBI and/or vendor.

[Source: Added at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14; Amended at 32 Ok Reg 1199, eff 8-27-15]

SUBCHAPTER 9. REQUIREMENTS FOR REGISTRATION AND LICENSURE AS A LICENSED PRACTICAL NURSE [REVOKED]

485:10-9-1. Licensure by examination [REVOKED]

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 12 Ok Reg 1463, eff 5-25-95; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 20 Ok Reg 1006, eff 7-1-03; Amended at 21 Ok Reg 1415, eff 7-1-04; Amended at 22 Ok Reg 1345, eff 7-1-05; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 35 Ok Reg 1875, eff 9-14-18; Amended at 36 Ok Reg 1000, eff 7-25-19; Revoked at 38 Ok Reg 1418, eff 8-26-21]

485:10-9-2. Licensure by endorsement [REVOKED]

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 17 Ok Reg 1362, eff 7-1-00; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 21 Ok Reg 1415, eff 7-1-04; Amended at 22 Ok Reg 1345, eff 7-1-05; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 24 Ok Reg 44, eff 8-24-06 (emergency); Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 27 Ok Reg 1024, eff 7-1-10; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 35 Ok Reg 1875, eff 9-14-18; Amended at 36 Ok Reg 1000, eff 7-25-19; Amended at 37 Ok Reg 2028, eff 9-11-20; Revoked at 38 Ok Reg 1418, eff 8-26-21]

485:10-9-3. Renewal of [LPN] license [REVOKED]

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 22 Ok Reg 1345, eff 7-1-05; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 28 Ok Reg 659, eff 7-1-11; Amended at 32 Ok Reg 1199, eff 8-27-15; Revoked at 38 Ok Reg 1418, eff 8-26-21]

485:10-9-4. Reinstatement of license [REVOKED]

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 17 Ok Reg 1362, eff 7-1-00; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 20 Ok Reg 1006, eff 7-1-03; Amended at 21 Ok Reg 1415, eff 7-1-04; Amended at 22 Ok Reg 1345, eff 7-1-05; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 35 Ok Reg 1875, eff 9-14-18; Amended at 36 Ok Reg 1000, eff 7-25-19; Revoked at 38 Ok Reg 1418, eff 8-26-21]

485:10-9-5. Inactive status [REVOKED]

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 21 Ok Reg 1415, eff 7-1-04; Amended at 22 Ok Reg 1345, eff 7-1-05; Amended at

25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 35 Ok Reg 1875, eff 9-14-18; Revoked at 38 Ok Reg 1418, eff 8-26-21]

485:10-9-6. Duplicate license card [REVOKED]

[Source: Amended at 17 Ok Reg 1362, eff 7-1-00; Amended at 19 Ok Reg 1465, eff 7-1-02; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 25 Ok Reg 1415, eff 7-1-08; Revoked at 35 Ok Reg 1875, eff 9-14-18]

485:10-9-7. Replacement certificate of licensure [REVOKED]

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 17 Ok Reg 1362, eff 7-1-00; Revoked at 35 Ok Reg 1875, eff 9-14-18]

485:10-9-8. Endorsement of a Licensed Practical Nurse to another state [REVOKED]

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 17 Ok Reg 1362, eff 7-1-00; Revoked at 38 Ok Reg 1418, eff 8-26-21]

485:10-9-9. Change of name and address [REVOKED]

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 17 Ok Reg 1362, eff 7-1-00; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 24 Ok Reg 1439, eff 7-1-07; Revoked at 38 Ok Reg 1418, eff 8-26-21]

485:10-9-10. Issuance of a multistate license to an existing licensee [REVOKED]

[Source: Added at 35 Ok Reg 1875, eff 9-14-18; Revoked at 38 Ok Reg 1418, eff 8-26-21]

SUBCHAPTER 10. ADVANCED UNLICENSED ASSISTANT

485:10-10-1. Purpose

The rules of this Subchapter have been adopted for the purpose of complying with the provisions of the Oklahoma Nursing Practice Act [59 O.S. § 567.3]. This Subchapter sets forth standards for advanced unlicensed assistive personnel employed in acute health-care settings.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97]

485:10-10-2. Certification training program

Advanced Unlicensed Assistant certification training programs shall:

- (1) Consist of classroom and clinical instruction in the performance of specific core skills that have been selected and approved by the Board;
- (2) Meet the following requirements:
 - (A) Any health-care facility, educational institution or education provider that meets the Board's criteria for approved programs and is approved by the Board may provide the certification training program.
 - (B) Any health-care facility, educational institution or education provider wishing to establish a certification training program for advanced unlicensed assistive personnel will file the appropriate forms with the Board. The application will include, but is not limited to:
 - (i) program plan following the curriculum approved by the Board;

- (ii) clock hours of classroom and supervised clinical instruction;
- (iii) description of classroom and skills training facility;
- (iv) evidence of adequate learning resources; and
- (v) faculty qualification record for each instructor.

(C) The Board will advise the institution in writing of its decision to:

- (i) approve proceeding with the program; or
- (ii) defer approval pending a site visit and/or receipt of further information; or
- (iii) deny approval specifying reasons for denial.

(D) The application is limited to fifteen (15), single-sided pages, with at least a one inch margin, no less than 1.5 line spacing and no less than an 11 point font size.

(E) An approved program shall notify the Board when there are substantive changes in the program that alter the length of the program, reorganize course offerings or change in instructors.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 15 Ok Reg 2038, eff 5-26-98; Amended at 19 Ok Reg 1467, eff 7-1-02; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 35 Ok Reg 1875, eff 9-14-18; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-10-3. Curriculum

The curriculum of the Advanced Unlicensed Assistant curriculum shall:

(1) prepare the graduate for certification and practice as an Advanced Unlicensed Assistant and includes:

- (A) core skills, personal responsibilities, communication and interpersonal skills;
- (B) content outlines appropriately sequenced and organized to include purpose of procedure, proper equipment, safety precautions and hazards, step-by-step procedure, appropriate disposal of used equipment and materials, documentation and reporting, and legal and ethical responsibilities; and
- (C) classroom/laboratory instruction and supervised clinical practice.

(2) be a minimum of 200 hours with the ratio of classroom instruction and practice appropriate to ensure safe and accurate performance. The program includes at least 80 hours of classroom/laboratory instruction and at least 40 hours of clinical instruction.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 19 Ok Reg 1467, eff 7-1-02; Amended at 20 Ok Reg 1006, eff 7-1-03; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-10-4. Faculty

(a) Faculty shall:

- (1) hold a valid license to practice as a Registered Nurse in the State of Oklahoma; and
- (2) present evidence of at least two (2) years experience working in an acute care setting, at least one year of which must include experience supervising unlicensed personnel in a clinical setting.

(b) Other personnel from the health professions may supplement the faculty, including, but not limited to, physical therapists, respiratory therapists, laboratory technicians, and social workers. Supplemental teaching personnel must have at

least one (1) year of experience in their fields.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97]

485:10-10-5. Applicants

(a) Persons admitted to the program shall provide validation of the ability to safely and accurately perform personal care skills, measuring and recording vital signs, feeding techniques, non-sterile specimen collection, transfer, positioning and turning techniques, infection control, emergency procedures including CPR and the Heimlich maneuver, and non-invasive and non-sterile treatments unless otherwise prohibited by these rules and regulations.

(b) Persons may be admitted into a program that combines training in these skills with training as an Advanced Unlicensed Assistant, provided that the training hours for the Advanced Unlicensed Assistant component meet the requirement under 485:10-10-3(2).

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 19 Ok Reg 1467, eff 7-1-02; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-10-6. Certification examination

(a) The certification examination shall consist of both a written examination and a core skills performance evaluation conducted by a Registered Nurse Skills Observer who meets the qualifications established by the Board.

(b) Applicants for certification as an Advanced Unlicensed Assistant must successfully complete both the core skills performance evaluation and the written examination adopted by the Board. The core skills performance evaluation and the written examination must be completed within one year of each other.

(c) Applicants who fail either the written certification examination or the core skills performance evaluation shall be eligible to repeat the examination upon filing an application and fee meeting Board requirements.

(d) If an applicant fails either the core skills performance evaluation or the written examination three (3) times, applicant must repeat the course prior to rewriting the examination.

(e) The Board shall permit the written examination and the core skills performance evaluation to be administered at Board-approved testing sites and proctored by qualified personnel.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 19 Ok Reg 1467, eff 7-1-02; Amended at 29 Ok Reg 1615, eff 7-12-12]

485:10-10-7. Certification

(a) The Board shall establish and maintain a listing (registry) of persons authorized to function as an Advanced Unlicensed Assistant.

(b) An applicant for certification by examination as an Advanced Unlicensed Assistant must meet the following requirements:

(1) has successfully completed the prescribed curricula in a state-approved education program for Advanced Unlicensed Assistants and holds or is entitled to hold a diploma or certificate therefrom; or

(2) has successfully completed an equivalent course approved by the Board in a formal program of instruction in a health-care facility or an educational institution with classroom/ laboratory instruction and supervised clinical experience. Evidence is provided that verifies ability to safely and accurately perform each core skill included in Board-approved Advanced Unlicensed Assistant course;

- (3) is a minimum of eighteen (18) years of age on or before the date the certificate is issued
- (4) has successfully passed the written and skills certification examinations.
- (c) Application for certification:
 - (1) Applications for certification, accompanied by the appropriate fee, are complete and filed with the Board in accordance with the procedure designated by the Board. If the application is not completed within one (1) year, a new application and new fee will be required.
 - (2) The candidate will register with the authorized testing service and submit the required fee.
 - (3) The applicant will submit an application containing such information as the Board may prescribe.
- (d) Fee for certification or rewriting the certification examination adopted by the Board shall accompany the applications and is non-refundable.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 17 Ok Reg 1362, eff 7-1-00; Amended at 19 Ok Reg 1467, eff 7-1-02; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-10-8. Recertification

- (a) Certification as an Advanced Unlicensed Assistant (AUA) is renewed every two years in accordance with the schedule published by the Board.
- (b) The application for recertification is completed and accompanied by the established fee before a new certificate is issued.
- (c) The applicant will submit an application containing such information as the Board may prescribe. If the application is not completed within one (1) year, a new application and new fee will be required.
- (d) The application for recertification must be accompanied by one of the following:
 - (1) verification of employment as an AUA in an acute care setting for a minimum of 12 months within the previous 24 months immediately prior to renewal of AUA certification; or
 - (2) verification of successful completion of twelve hours of clinical inservice appropriate to the AUA role within the previous 24 months; or
 - (3) rewriting the certification examination with a passing score, both the written and core skills portions of the exam, within the 24 months immediately preceding renewal of AUA certification; or
 - (4) verification of initial certification as an AUA within the 24 months immediately prior to renewal of AUA certification.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 17 Ok Reg 1362, eff 7-1-00; Amended at 19 Ok Reg 1467, eff 7-1-02; Amended at 20 Ok Reg 115, eff 10-10-02 (emergency); Amended at 20 Ok Reg 1006, eff 7-1-03; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 27 Ok Reg 1024, eff 7-1-10; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-10-8.1. Reinstatement of certification

- (a) The certification of the Advanced Unlicensed Assistant is lapsed if not renewed by expiration date thereof.
- (b) A completed application for reinstatement must be submitted to the Board office with the required fee. If the application is not completed within one (1) year, a new application and new fee will be required.
- (c) The applicant must submit an application containing such information as the Board may prescribe.
- (d) The application for reinstatement must be accompanied by one of the following:

- (1) verification of employment as an AUA in an acute care setting for a minimum of 12 months within the previous 24 months; or
 - (2) verification of successful completion of twelve hours of clinical inservice appropriate to the AUA role within the previous 24 months; or
 - (3) rewriting the certification examination with a passing score, both the written and core skills portions of the exam; or
 - (4) verification of initial certification as an AUA within the 24 months immediately prior to reinstatement of AUA certification.
- (e) An application for reinstatement for a certification that has been revoked, suspended or surrendered must be in compliance with all terms and conditions of any Order entered with regard to the revocation, suspension or surrender and shall be considered by the Board.

[Source: Added at 23 Ok Reg 1453, eff 7-1-06; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 27 Ok Reg 1024, eff 7-1-10; Amended at 29 Ok Reg 1615, eff 7-12-12]

485:10-10-8.2. Inactive status

Any Advanced Unlicensed Assistant (AUA) who desires to retire from the practice of advanced unlicensed assistant practice shall:

- (1) submit a written request to be placed on the Inactive List.
- (2) be granted the date of the transfer to inactive status the same as the date of approval by the Board. The Board may delegate approval of the certificate holder's request to be placed on inactive status to the Board Staff.
- (3) remain on the Inactive List unless otherwise indicated without the payment of the renewal fee.
- (4) submit an application for return to active status containing such information as the Board may prescribe accompanied by the appropriate fee. If the application is not completed within one (1) year, a new application and new fee will be required.
- (5) have an application to return to active status for a certificate that has been placed on Inactive Status by Order of the Board shall be considered by the Board.
- (6) In addition to meeting other requirements to return to active status as established by the Board in these Rules, if the certification has been on the Inactive List, the application for reinstatement must be accompanied by one of the following:
 - (A) verification of employment as an AUA in an acute care setting for a minimum of 12 months within the previous 24 months; or
 - (B) verification of successful completion of twelve hours of clinical inservice appropriate to the AUA role within the previous 24 months; or
 - (C) rewriting the certification examination with a passing score, both the written and core skills portions of the exam; or
 - (D) verification of initial certification as an AUA within the 24 months immediately prior to reinstatement of AUA certification.

[Source: Added at 32 Ok Reg 1199, eff 8-27-15; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-10-9. Records

- (a) The following records shall be maintained and submitted to the Board by approved training programs:
- (1) curriculum plan and revisions; and

- (2) verification of program completion for graduates of the program, in a format so designated by the Board.
- (b) The approved training programs shall maintain faculty records that provide evidence of faculty meeting licensure and employment experience requirements under 485:10-10-4.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 19 Ok Reg 1467, eff 7-1-02; Amended at 37 Ok Reg 2028, eff 9-11-20]

485:10-10-10. Disciplinary action

- (a) The Board may deny, revoke, suspend the certificate to practice as an Advanced Unlicensed Assistant and/or otherwise discipline the holder of a certificate upon proof that the individual is guilty of any offense prohibited in 59 O.S. §567.8.
- (b) Nothing contained in these rules shall require a licensed nurse to delegate to an Advanced Unlicensed Assistant the performance of any core skill.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12]

SUBCHAPTER 11. DISCIPLINARY ACTION

485:10-11-1. Denial, revocation or suspension of license or certificate

- (a) **Causes.** Causes for denial, revocation or suspension of license or certificate as a Registered Nurse, Licensed Practical Nurse, Advanced Practice Registered Nurse and/or Authorization for Prescriptive Authority or Authority to Order, Select, Obtain, and Administer Drugs, or as an Advanced Unlicensed Assistant are as defined in 59 O.S. Section 567.8.
- (b) **Definitions.** The following definitions relate to the causes for disciplinary action as specified in the statutes.

(1) The terms "deceit or material misrepresentation" in procuring or attempting to procure a license, certificate, prescriptive authority recognition, and/or authorization to order, select, obtain and administer drugs shall include but not be limited to the following:

(A) false representation of facts in connection with an application for licensure, certification, prescriptive authority recognition, and/or authorization to order, select, obtain and administer drugs and/or renewal of any of the above;

(B) engaging in conduct that violates the security of the licensure/certification examination or the integrity of the examination results, including, but not limited to the following:

(i) Copying, disseminating or receiving any portion of an examination;

(ii) Having unauthorized possession of any portion of a future, current or previously administered examination;

(iii) Violating the standards and/or rules of test administration;

(iv) Permitting an impersonator to take the examination on one's behalf;

(v) Impersonating an examinee;

(vi) Possessing unauthorized items and/or materials during the examination;

(vii) Any other conduct that violates the security or integrity of the examination.

(2) Sufficient knowledge or reasonable skill means adherence to minimal standards of acceptable practical nurse practice, registered nurse practice, advanced registered nurse practice, or advanced unlicensed assistant's practice generally prevailing in the State of Oklahoma.

(3) Unprofessional conduct is behavior (acts, knowledge, and practices) which fails to conform to the accepted standards of the nursing profession, or advanced unlicensed assistant's activities generally prevailing in the State of Oklahoma and which could jeopardize the health and welfare of the people which shall include but not be limited to the following:

- (A) inaccurate recording, falsifying, altering or inappropriate destruction of patient records; or
- (B) verbally or physically abusing patients; or
- (C) falsely manipulating drug supplies, narcotics or patient records; or
- (D) appropriating, without authority medications, supplies or personal items of
- (E) falsifying documents submitted to the Board of Nursing; or
- (F) leaving a nursing assignment or patient care assignment without properly advising appropriate personnel; or
- (G) violating the confidentiality of information or knowledge concerning the patient by any means; or
- (H) conduct detrimental to the public interest; or
- (I) discriminating in the rendering of nursing services or patient care assignment; or
- (J) aiding and abetting the practice of practical nursing, registered nursing, advanced practice registered nursing, or advanced unlicensed assistive persons by any person not licensed as a Licensed Practical Nurse or a Registered Nurse or an Advanced Practice Registered Nurse or not certified as an Advanced Unlicensed Assistant; or
- (K) impersonating any applicant or acting as proxy for the applicant in any examination required for the issuance of a license or certificate; or
- (L) impersonating another licensed or certified practitioner, or permitting another person to use her/his license, certificate, or certificate of recognition for any purpose; or
- (M) aiding, abetting or assisting any other person to violate or circumvent any law or rule or regulation intended to guide the conduct of a Registered Nurse, Licensed Practical Nurse, Advanced Practice Registered Nurse, or Advanced Unlicensed Assistant; or
- (N) forging a prescription for medication, drugs, or supplies or equipment; or
- (O) presenting a forged prescription; or
- (P) selling or attempting to sell drugs or controlled substances or otherwise making such drugs available without authority to self, friends, or family members; or
- (Q) engaging in conduct with a patient or key party, inside or outside the health care setting that is sexual or may reasonably be interpreted as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient or key party, or engaging in sexual exploitation of a patient or key party. Patient or key party consent

to, or initiation of, a relationship is not a defense; or
(R) obtaining money, property or services from a patient, other than reasonable fees for service provided to the patient, through the use of undue influence, harassment, duress, deception or fraud; or
(S) engaging in fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws; or
(T) failure to maintain proper custody and control of controlled dangerous substances of the patient or agency; or
(U) diversion or attempts to divert drugs or controlled substances; or
(V) failure to cooperate with a lawful investigation by Board of Nursing staff.

(4) Conduct which jeopardizes a patient's life, health or safety shall include but not be limited to the following:

(A) Failure of a Licensed Practical Nurse, a Registered Nurse, or Advanced Practice Registered Nurse to supervise adequately the performance of acts by any person working at the nurse's direction; or

(B) Delegating or accepting the delegation of a nursing function or a prescribed health care function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective patient care; or

(C) Unauthorized alterations of medications; or

(D) Failure to utilize appropriate judgment in administering safe nursing practice or patient care assignment based upon the level of nursing for which the individual is licensed or recognized; or

(E) Failure to exercise technical competence in carrying out nursing care or patient care assignment; or

(F) Performing new nursing techniques, procedures or patient care activities without proper education and preparation; or

(G) Failure to report through the proper channels the unsafe or illegal practice of any person who is providing nursing care or patient care.

(5) Conduct that violates professional boundaries is behavior that jeopardizes or could impair the relationship of trust that should exist between nurse and patient. Nurses must be able to recognize the appropriate interpersonal boundaries in all places and at all times for the duration of any therapeutic relationship. It is immaterial whether the boundary violation is instituted by the nurse or the patient; the nurse is the professional in the nurse-patient relationship.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 14 Ok Reg 1980, eff 5-27-97; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 19 Ok Reg 1470, eff 7-1-02; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 34 Ok Reg 768, eff 8-25-17; Amended at 36 Ok Reg 1000, eff 7-25-19]

485:10-11-2. Hearings

(a) **Conduct of hearing.** All hearings and notice thereof shall be conducted and governed in accordance with the provisions of the Oklahoma Administrative Procedures Act. [75 O.S. Section 309 *et seq.*]

(b) **Procedures before the Board.**

(1) Every individual proceeding shall be initiated by a sworn complaint containing a brief statement of the facts supporting the request for action by the Board.

(2) The respondent shall file with the Board a written response under oath to the Complaint by the date to be furnished. If no response is filed, the Respondent shall be considered in default and the Board may take whatever action it deems sufficient and appropriate. The Executive Director of the Board or designee may extend the time within which a response must be filed, but in no event may the time be extended beyond the hearing date.

(3) Written requests for continuances shall be received in the Board office not less than four (4) business days prior to the date and time set for the hearing. The request shall state the reasons for the request and time period desired. The Board or its designee shall promptly rule on such requests.

(4) Discovery shall be conducted in accordance with the Administrative Procedures Act except that all discovery must be completed ten (10) days prior to the date set for hearing unless otherwise ordered by the Board.

(5) The order of procedure at the hearing shall be as follows: (1) presentation of evidence by both parties followed by cross-examination and rebuttal of witnesses, questions by State Board members; (2) closing arguments by legal counsel of both parties; and (3) submission of case to Board for decision.

(6) The admissibility of evidence shall be governed by the provisions of the Oklahoma Administrative Procedures Act [75 O.S. Section 310].

(7) The President of the Board or his/her designee shall rule on admissibility of evidence and objections to such evidence and shall rule on other motions or objections in the course of the hearing.

(8) The Board, its designee, attorney for the Board, the respondent or attorney for the respondent, may conduct examinations.

(9) A respondent who fails to appear, after having received proper notice, may be determined to have waived the right to present a defense to the charges in the complaint and the Board may declare the respondent in default and revoke, suspend or otherwise discipline respondent as it may deem necessary.

(10) Subpoenas for the attendance of witnesses and/or furnishing of information required by the Board staff and as requested by the respondent, and/or the production of evidence or records of any kind shall be issued by the Director of the Investigative Division or the Director's designee.

(A) In all cases where a party desires to have subpoenas or subpoenas duces tecum issued to compel the attendance of witnesses, or production of documents, a written request shall be filed with the administrative office of the Board by such party or his attorney, and directed to the Director of the Investigative Division or the Director's designee. The Director of the Investigative Division or the Director's designee shall have three (3) business days to process the request. The request shall specify the witness by name and address; and shall identify any documents to be subpoenaed. The request shall acknowledge that any expense associated with the subpoena process shall be paid by the party requesting the subpoena, including travel expense and daily attendance fees, in the amount as set by statute for other civil matters, at the time of the service of such subpoena.

(B) The Director of the Investigative Division or the Director's designee shall cause such subpoenas to be issued and mailed in conformity with said written requests; provided, that in said subpoena the witnesses named therein shall be advised that they may demand their travel fees and daily attendance fees from the party, or his representative; and that neither the Board nor the State of Oklahoma shall be responsible for any traveling fees, daily attendance fees, or other expenses incurred by such witness in attending any proceeding.

(C) All requests for subpoenas and subpoenas duces tecum shall be filed with the Director of the Investigative Division or the Director's designee, no later than ten (10) business days prior to the date of the proceeding at which the presence of any such witness or documents would be required.

(D) A party requesting issuance of subpoenas and subpoenas duces tecum shall be responsible for obtaining service and for the cost of that service.

(11) The respondent is responsible for any expenses associated with witnesses, subpoenas and/or evidence presented on her/his behalf.

(12) Any pre-trial motions and/or discovery motions must be filed in the Board office not less than 20 days prior to the date set for hearing unless otherwise ordered by the Board.

(13) The respondent shall not communicate with any member of the Board concerning the matters alleged in the complaint before or during or after the hearing. This restriction does not apply to the presentation of testimony or evidence by the respondent in the course of the hearing.

(14) If for any reason a hearing is not completed and the Board finds that the public health, safety or welfare imperatively requires emergency action, the Board may take such emergency action with regard to the respondent's license as it deems necessary in order to protect the health, safety or welfare of the public.

(15) When a majority of the officers of the Board, those being the President, Vice President and Secretary/Treasurer, have summarily suspended an individual's license or certification pursuant to Title 59 Section 567.8(O) of the Oklahoma Statutes, none of the officers participating in the emergency summary suspension decision shall participate in the Board hearing at which the emergency summary suspension will be considered by the full Board.

(c) **Administrative Penalties.** When determining the amount of the administrative penalty to be imposed for a violation of the Oklahoma Nursing Practice Act the following additional factors shall be a part of the consideration by the Board when establishing the nature, circumstance, and gravity of the violation, the degree of culpability, the effect on the ability of the person to continue to practice and any show of good faith in attempting to achieve compliance with the provisions of the Oklahoma Nursing Practice Act:

- (1) evidence of actual or potential harm to patients, clients or the public;
- (2) the seriousness of the violation, including the nature, circumstances, extent and gravity of any prohibited acts, and the hazard or potential hazard created to the health, safety and welfare of the public;
- (3) evidence of misrepresentation(s) of knowledge, education, experience, credentials or skills which would lead a member of the public, an employer,

- a member of the health-care team, or a patient to rely on the fact(s) misrepresented where such reliance could be unsafe;
- (4) evidence of practice history;
 - (5) evidence of present lack of fitness;
 - (6) evidence of prior disciplinary history by the Board or any other health care licensing agency in Oklahoma or another jurisdiction;
 - (7) the length of time the licensee has practiced;
 - (8) the actual damages, physical or otherwise resulting from the violation;
 - (9) the deterrent effect of the penalty imposed;
 - (10) attempts by the licensee to correct or stop the violation;
 - (11) any mitigating or aggravating circumstances;
 - (12) the extent to which system dynamics in the practice setting contributed to the problem;
 - (13) evidence of a lack of truthfulness or trustworthiness;
 - (14) any other matter that justice may require.

(d) Orders.

- (1) At the conclusion of the hearing, the Board will announce its decision and a written order reviewed and signed by the Board President or other official who presided at the hearing will be issued within twenty (20) days of the Board's decision.
- (2) A copy of the order shall be delivered or mailed to the Respondent and the Respondent's attorney of record.

(e) Record of hearing.

- (1) The record in an individual proceeding shall be as defined in the Oklahoma Administrative Procedures Act and shall also include the licensing history of the respondent.
- (2) All hearings shall be transcribed by a duly certified reporter, unless the presiding officer designates otherwise. A transcript of the proceedings shall not be made except in the event of an appeal of the decision of the Board, or upon written application accompanied by a deposit sufficient to cover the cost of transcription. Tapes and shorthand or stenotype notes of the proceedings shall be retained for a period of not less than five (5) years.

(f) Appeals and reconsideration. Requests for reconsideration and appeals of order in individual proceeding shall be in accordance with the Oklahoma Administrative Procedures Act.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 21 Ok Reg 1421, eff 7-1-04; Amended at 27 Ok Reg 1024, eff 7-1-10; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 35 Ok Reg 1875, eff 9-14-18]

485:10-11-3. Informal disposition

. . . Informal disposition may be made of any individual proceeding by stipulation, agreed settlement, consent order, or default. [75 O.S. Section 309(e)]

- (1) **Informal proceedings.** Informal proceedings may be conducted after the filing of a sworn complaint; and information so presented may be considered by the Board as a body or by any designated member or any representative designated therefore, with the party or parties affected by correspondence or otherwise in an effort to bring about an adjustment and solution of the problem without a formal Hearing. Such proceedings shall be held without prejudice to the right of the Board, thereafter to institute formal proceedings and conduct Hearings covering the same subject matter.

(2) **Informal conferences.** If deemed advisable to speed the consideration and determination of complaints and controversies which may not justify or require more formal proceedings, the Board may hold an informal conference with the party or parties affected. Thereafter the Board as a body, or any designated member, or representative thereof, shall attempt to resolve the controversy in an equitable manner. Such proceedings shall be without prejudice to the right of the Board thereafter to institute formal proceedings covering the same or related subject matter, or the right of the person involved, if the controversy is not resolved, to request a formal hearing.

(3) **Informal Disposition Panel.** The respondent has a right to a hearing before the full Board. In the alternative informal disposition may be requested under certain circumstances.

(A) Informal Disposition Panel shall be composed of one or more individuals appointed by the Board President, at least one of whom shall be a current Board member. More than one panel may be appointed if warranted by the number of cases.

(B) Informal Disposition Panel may be utilized for the following types of cases or otherwise at the discretion of the Executive Director:

(i) Reinstatement/Return To Active which require Board action such as:

(I) when working with a lapsed license;

(II) after surrender, suspension or revocation of license;

(ii) Voluntary surrenders;

(iii) Termination of Probation;

(iv) Requests to amend orders;

(v) Certain uncontested complaints such as action in another jurisdiction and/or criminal convictions;

(vi) Negotiated disposition of complaint.

(C) If the nurse and the Panel member(s) do not agree, the case will be set for a Board hearing. The outcome of the informal disposition will be held in confidence and not admitted into evidence at the hearing. The Panel member(s) will not participate in the hearing before the full Board.

(D) If the nurse and the Panel member(s) do agree but the Board does not accept the recommendations of the Panel, the case will be set for a hearing before the full Board.

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 12 Ok Reg 1463, eff 5-25-95; Amended at 20 Ok Reg 1010, eff 7-1-03; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 35 Ok Reg 1875, eff 9-14-18]

485:10-11-4. Licensure or certification of individuals with criminal history

(a) This section establishes the criteria utilized by the Board in determining the effect of criminal history on eligibility for nursing licensure or Advanced Unlicensed Assistant (AUA) certification and implements the requirements of Oklahoma Statutes Title 59 Sections 567.1. *et seq.* and 4000.1 (2019). This section applies to:

(1) all currently licensed nurses and holders of an AUA certificate;

(2) all individuals seeking to obtain a nursing license or AUA certificate;
and

(3) all individuals seeking an initial determination of their eligibility for nursing licensure or AUA certification.

(b) The felonies listed below in subsection (c) disqualify an individual from retaining licensure or becoming licensed as a nurse or retaining certification or becoming certified as an AUA in Oklahoma. However, subsection (c) is not an exhaustive or exclusive list of crimes, both felonies and misdemeanors resulting in a conviction or a deferred sentence, that may result in discipline from the Board of Nursing, up to and including revocation. The felonies listed in subsection (c) disqualify an individual because they substantially relate to the practice of nursing and pose a reasonable threat to public safety for the reasons stated below.

(1) **The practice of nursing is a unique profession.** Licensees and certificate holders practice nursing autonomously in a wide variety of settings and provide care to patients who are, by virtue of their illness or injury, physically, emotionally, and/or financially vulnerable. These patients often include the elderly, children, those with mental or cognitive disorders, sedated or anesthetized patients, and/or disabled or immobilized individuals. Individuals who have engaged in criminal conduct place patients, healthcare employers and employees, and the public at risk of harm.

(2) **Crimes involving fraud and/or theft.** Licensees and certificate holders often have unfettered access to patients' privileged information, financial information, and valuables, including but not limited to medications, money, jewelry, credit cards/checkbook, and/or sentimental items. The practice of nursing continues 24 hours per day in all healthcare settings, including those where there is often no direct supervision of the individual. Patients in these healthcare settings are particularly vulnerable to the unethical, deceitful, and illegal conduct of a licensee or certificate holder. When an individual has engaged in criminal behavior involving fraud and/or theft, the Board is mindful that similar misconduct may be repeated in healthcare settings, thereby placing patients, healthcare employers and employees, and the public at risk. As such, crimes involving any type of fraud and/or theft are highly relevant to an individual's ability to provide safe nursing care.

(3) **Crimes involving sexual misconduct.** Licensees and certificate holders frequently provide nursing care to partially clothed or fully undressed patients, who are particularly vulnerable to exploitation. Due to the intimate nature of nursing care, professional boundaries in the practice of nursing are extremely important. When an individual has engaged in criminal behavior involving any type of sexual misconduct, the Board is mindful that similar misconduct may be repeated in healthcare settings. As such, crimes involving any type of sexual misconduct are highly relevant to an individual's ability to provide safe nursing care.

(4) **Crimes involving lying, falsification, and/or deception.** Licensees and certificate holders are required to accurately and honestly report and record information in a variety of places, such as medical records, pharmacy records, billing records, nursing notes, and plans of care, as well as to report errors in their own nursing practice. When an individual has engaged in criminal behavior involving lying, falsification, and/or deceptive conduct, the Board is mindful that similar misconduct may be repeated in

healthcare settings, thereby placing patients, healthcare employers and employees, and the public at risk of harm. As such, crimes involving any type of lying, falsification and/or deception are highly relevant to an individual's ability to provide safe nursing care.

(5) Crimes involving drugs and/or alcohol. Licensees and certificate holders have a duty to their patients to provide safe, effective nursing care and to be able to practice safely. Individuals who have a substance use disorder may have impaired judgment and motor skills and are at risk for harming their patients and/or the public. Licensees and certificate holders have access to many medications and drugs and those with substance use disorders may misuse or steal drugs. Individuals affected by a substance use disorder may be unable to accurately assess patients, make appropriate judgments, or intervene in a timely and appropriate manner, thus putting their patients at risk. This danger is heightened when the licensee or certificate holder works in an autonomous setting where other healthcare providers are not present to intervene for the patient or the public. As such, crimes related to the use or possession of drugs or alcohol are highly relevant to an individual's fitness to practice.

(6) Crimes involving violence and/or threatening behavior. Licensees and certificate holders provide care to the most vulnerable of populations, including patients who often have no voice of their own and cannot advocate for themselves. Further, patients are dependent on the caregiver-patient relationship for their daily care. When an individual has engaged in violent or threatening criminal behavior, the Board is mindful that patients may be at risk for similar behavior in a healthcare setting. As such, crimes involving violence and threatening behavior are highly relevant to an individual's fitness to practice.

(c) All crimes listed in this subsection are as described in Titles 21, 47 and 63 of the Oklahoma Statutes. In addition, the Board recognizes and gives similar treatment to similar offenses charged in other jurisdictions. Felony convictions that disqualify an individual from retaining licensure or becoming licensed as a nurse, or retaining certification or becoming certified as an AUA in Oklahoma include:

- (1) Crimes involving fraud, theft, lying and/or falsification.
 - (A) Robbery 21 O.S. § 791 et seq.
 - (B) Falsely personating another to gain money or property 21 O.S. § 1532.
 - (C) Identity theft 21 O.S. § 1533.1.
- (2) Crimes involving sexual misconduct.
 - (A) Human Trafficking 21 O.S. § 748.
 - (B) Trafficking in children 21 O.S. § 866.
 - (C) Incest 21 O.S. § 885.
 - (D) Forcible sodomy 21 O.S. § 888.
 - (E) Indecent exposure, indecent exhibitions, obscene material or child pornography, solicitation of minors 21 O.S. § 1021.
 - (F) Procure, cause the participation of a minor in any child pornography, buys, or knowingly possesses, procures, manufactures, or causes to be sold or distributed child pornography 21 O.S. §§ 1021.2 and 1024.2
 - (G) Commercial sale or distribution of pornography 21 O.S. § 1040.13.
 - (H) Soliciting/offering sex with minor 21 O.S. § 1040.13a.

- (I) Offering or transporting one under 18 for sex 21 O.S. § 1087.
 - (J) Child Prostitution - unlawful detainment in prostitution house 21 O.S. § 1088.
 - (K) Lewd or indecent proposals to minor, sexual battery of minor 21 O.S. § 1123.
 - (L) Knowingly engaging in acts likely to spread Human Immunodeficiency Virus 21 O.S. § 1192.1.
- (3) Crimes involving drugs and/or alcohol.
- (A) Causing, aiding, abetting minor to commit controlled dangerous substance crimes 21 O.S. § 856.1.
 - (B) Drug trafficking 63 O.S. § 2-415.
- (4) Crimes involving threats, violence and/or harm to another individual.
- (A) Assault, battery, or assault and battery with a dangerous weapon 21 O.S. § 645.
 - (B) Aggravated assault and battery 21 O.S. § 646.
 - (C) Aggravated assault and battery on a law officer 21 O.S. § 650.
 - (D) Aggravated assault and battery on medical personnel with firearm or other dangerous weapon 21 O.S. § 650.5.
 - (E) Murder, first or second degree 21 O.S. §§ 701.7 and 701.8.
 - (F) Manslaughter, first degree 21 O.S. § 711.
 - (G) Kidnapping 21 O.S. § 741.
 - (H) Extortionate kidnapping 21 O.S. § 745.
 - (I) Malicious intentional intimidation or harassment based on suspect classification 21 O.S. § 850.
 - (J) Desertion - abandonment of child under ten 21 O.S. § 851.
 - (K) Child endangerment by permitting child abuse 21 O.S. § 852.1.
 - (L) Rape first or second degree 21 O.S. §§ 1111 and 1114.
 - (M) Peeping Tom - personally or electronically 21 O.S. § 1171.
 - (N) Stalking 21 O.S. § 1173.
 - (O) Endangering or injuring a person during arson or attempt 21 O.S. § 1405.
 - (P) Failure to stop after fatal accident 47 O.S. § 10-102.1.
 - (Q) Mingling poison, drugs, or sharp objects with food, drink 21 O.S. § 832.
- (5) Crimes involving harm to property.
- (A) Violation of Oklahoma Antiterrorism Act 21 O.S. §§ 1268 et seq.
 - (B) Arson, first, second or third degree 21 O.S. §§ 1401, 1402, and 1403.
 - (C) Burglary, first degree 21 O.S. § 1431.
- (d) To obtain an Initial Determination of Eligibility, the required form shall be completed and filed with the Board. The fee for an Initial Determination of Eligibility shall be \$95.00 and shall be submitted with the required form.
- (e) The Executive Director is authorized to close a file requesting initial determination of eligibility when the person seeking determination of eligibility for licensure has failed to respond to a written request from the Board for information, within sixty (60) days of the written request.

[Source: Added at 37 Ok Reg 221, eff 11-1-19 (emergency); Added at 37 Ok Reg 2028, eff 9-11-20]

SUBCHAPTER 12. CORRECTIVE ACTION

485:10-12-1. Purpose

The rules of this Subchapter have been adopted for the purpose of complying with the provisions of the Oklahoma Nursing Practice Act. [59 O.S. § 567.8a] This Subchapter governs the imposition of Corrective Action in lieu of disciplinary action. A Corrective Action imposed under this Subchapter is not a disciplinary action, a negative action or an adverse action under the Oklahoma Nursing Practice Act.

[Source: Added at 33 Ok Reg 162, eff 11-1-15 (emergency); Added at 33 Ok Reg 1026, eff 8-25-16]

485:10-12-2. Definitions

The following words and terms, when used in this Subchapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Corrective Action" means an administrative penalty and/or remedial education that is not considered a disciplinary action, an adverse action or a negative action or finding imposed on an individual who is licensed or regulated under the Oklahoma Nursing Practice Act. The Board may consider a Corrective Action in an individual's subsequent violation(s) of the Oklahoma Nursing Practice Act, Board Rules or Corrective Action Order(s).

[Source: Added at 33 Ok Reg 162, eff 11-1-15 (emergency); Added at 33 Ok Reg 1026, eff 8-25-16]

485:10-12-3. Imposition of Corrective Action

(a) A Corrective Action may be issued for any of the following violations:

- (1) practice without current licensure/certification/recognition in accordance with time parameters identified in the Board's Violation Guidelines,
- (2) initial failure to provide the Board with complete and accurate answers on any licensure application,
- (3) failure of an Advanced Practice Registered Nurse to obtain prescriptive authority recognition in an additional role and population focus area, where the Advanced Practice Registered Nurse otherwise meets all requirements for the prescriptive authority recognition,
- (4) other violations of the Oklahoma Nursing Practice Act and/or Board Rules that are appropriate for resolution at the remediation level of education and/or an administrative penalty, in accordance with the Board's Violation Guidelines.

(b) An individual may not be eligible for Corrective Action if, at the time of imposition:

- (1) the individual has committed more than one of the violations listed in (a) of this subsection;
- (2) the individual has previously received Corrective Action for similar practice-related violation(s);

(c) An individual shall not be eligible for Corrective Action if, at the time of imposition:

- (1) the violation involved significant harm or substantial risk of harm to a patient or the public; or
- (2) if the individual attempted to conceal his or her violation(s) at any time during the facility, government and/or Board investigation(s).

(d) The administrative penalty for each violation shall not exceed five hundred dollars (\$500.00).

(e) The opportunity to enter into an agreed Corrective Action is at the sole discretion of the Executive Director within the parameters of these Rules as a condition of settlement by agreement. A contested procedure conducted pursuant to 59 O.S. § 567.8 and OAC 485:10-11-1 *et seq.* may result in a Corrective Action.

[Source: Added at 33 Ok Reg 162, eff 11-1-15 (emergency); Added at 33 Ok Reg 1026, eff 8-25-16]

485:10-12-4. Corrective Action Procedure

(a) If the Executive Director determines that an individual has committed a violation for which a Corrective Action may be imposed, the Executive Director may give him or her written notice of the determination and recommendation for Corrective Action. The notice may be given by certified mail sent to the individual's address on file. The notice must:

- (1) Include a brief summary of the alleged violation;
- (2) State the recommended Corrective Action; and
- (3) Inform the individual of his or her options in responding to the notice.

(b) Not later than the 20th day after receipt of the notice, the individual may:

- (1) Accept in writing the Executive Director's determination and recommended Corrective Action; or
- (2) Reject the determination and recommended Corrective Action.

(c) If the individual accepts the Executive Director's determination and recommended Corrective Action the case is placed in monitoring for the time period identified in the Corrective Action Order, or until the individual completes the requirements of the Corrective Action Order, whichever occurs first.

(d) The Executive Director may terminate Corrective Action proceedings and dispose of the matter as a disciplinary proceeding if the individual:

- (1) does not accept the Executive Director's determination and recommended Corrective Action as originally proposed or as modified,
- (2) fails to respond in a timely manner to the Executive Director's notice, or
- (3) having accepted the recommended Corrective Action, fails to timely complete the terms of the Corrective Action Order.

[Source: Added at 33 Ok Reg 162, eff 11-1-15 (emergency); Added at 33 Ok Reg 1026, eff 8-25-16]

SUBCHAPTER 13. REQUIREMENTS FOR EMPLOYMENT

485:10-13-1. Conditions of employment

Conditions of employment require:

- (1) Any person who practices or offers to practice nursing or represents himself or herself as a licensed nurse, (excluding federal employment) to possess a valid Oklahoma license.
- (2) Any individual offering to practice advanced practice registered nursing as an CNP, CNS, CNM, CRNA, to possess a valid Oklahoma license as an Advanced Practice Registered Nurse issued by the Board.
- (3) A valid temporary license in lieu of a full certificate of licensure.
- (4) Any person employed as a Nurse Administrator, as defined in these rules, to possess a valid license to practice nursing in Oklahoma, except as otherwise provided by law.
- (5) If the term "doctor" is used by a licensed nurse holding the appropriate educational credentials, such usage must be in accordance with 59 O.S. Supp. 2009, §725.1, *et seq.*

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 12 Ok Reg 1463, eff 5-25-95; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 27 Ok Reg 1024, eff 7-1-10; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-13-2. Annual report of employing institutions [REVOKED]

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 21 Ok Reg 1415, eff 7-1-04; Amended at 29 Ok Reg 1615, eff 7-12-12; Revoked at 38 Ok Reg 1418, eff 8-26-21]

485:10-13-3. Continuing education [REVOKED]

[Source: Amended at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended at 9 Ok Reg 2103, eff 6-11-92; Amended at 29 Ok Reg 1615, eff 7-12-12; Revoked at 38 Ok Reg 1418, eff 8-26-21]

SUBCHAPTER 15. REQUIREMENTS FOR PRACTICE AS AN ADVANCED PRACTICE REGISTERED NURSE

485:10-15-1. Practice as a Certified Nurse-Midwife [AMMENDED AND RENUMBERED TO 485:10-15-8]

[Source: Amended and renumbered to 485:10-15-8 at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended and renumbered to 485:10-15-8 at 9 Ok Reg 2103, eff 6-11-92]

485:10-15-2. Certified Nurse-Midwife Advisory Committee appointment [REVOKED]

[Source: Revoked at 8 Ok Reg 3579, eff 9-20-91 (emergency); Revoked at 9 Ok Reg 2103, eff 6-11-92]

485:10-15-3. Functions of the Certified Nurse-Midwife Advisory Committee [REVOKED]

[Source: Revoked at 8 Ok Reg 3579, eff 9-20-91 (emergency); Revoked at 9 Ok Reg 2103, eff 6-11-92]

485:10-15-4. Application

(a) An applicant for licensure as an Advanced Practice Registered Nurse must:

- (1) Hold a current license to practice as a Registered Nurse in Oklahoma;
- (2) Cause submission of an official transcript verifying completion of an advanced practice registered nursing education program in one of the four advanced practice registered nurse roles (CNP, CNM, CNS, and CRNA) and a specialty area recognized by the Board. The transcript must be obtained from an entity approved and recognized by the U.S. Department of Education as a primary source for providing education transcripts. Effective January 1, 2016, the applicant shall have completed an accredited graduate level advanced practice registered nursing education program in at least one of the following population foci: family/individual across the lifespan, adult-gerontology (acute and/or primary), neonatal, pediatrics (acute and/or primary), women's health/gender related, or psychiatric/mental health;
- (3) submit evidence of current national certification consistent with educational preparation and by a national certifying body recognized by the Board; and
- (4) submit a completed application for licensure containing such information as the Board may prescribe and the required fee. If the application is not completed within one (1) year, a new application and new fee will be required.

(b) Changing and adding certifications.

(1) An Advanced Practice Registered Nurse who wishes to add an area of specialty and national certification must meet initial requirements for advanced practice licensure, as identified in 485:10-15-4(a).

(2) An Advanced Practice Registered Nurse who changes national certification and certifying body within the same specialty area must notify the Board in writing within thirty (30) days of the change and submit a copy of a current national certification recognized by the Board within the same specialty area.

(3) An Advanced Practice Registered Nurse holding more than one certification who does not renew or maintain one of the national certifications must notify the Board in writing within thirty (30) days of the change. The license for which the national certification has expired will be placed on inactive status. The Advanced Practice Registered Nurse shall not work in the specialty area upon expiration of national certification.

(c) Endorsement.

(1) An applicant who is licensed or recognized as an APRN in another U.S. state or territory may be issued an APRN license by endorsement if current Board requirements for licensure as an APRN are met. A Board-recognized APRN holding recognition may continue to be licensed as an APRN with his or her current certification, even if such certification is no longer included on the list of recognized APRN certifications and certifying bodies approved by the Board, PROVIDED the APRN license remains in an active status and current certification is maintained. The applicant must have met all requirements of the advanced practice certifying body to maintain full certification, including requirements for maintaining continuing competence. An applicant for APRN licensure by endorsement who holds certification on provisional or conditional status may be considered for licensure by the Board.

(2) In addition to meeting other requirements for endorsement established by the Board in these rules, the applicant for endorsement of the APRN license must demonstrate continued qualifications for practice through completion of one or more of the following requirements within the last two (2) years prior to receipt of a completed application in the Board office:

(A) Cause submission of an official transcript, from an entity approved and recognized by the U.S. Department of Education as a primary source for providing education transcripts, or certificate of completion verifying completion of an APRN nursing refresher course meeting the requirements established by the Board in policy;

(B) Cause submission of an official transcript, from an entity approved and recognized by the U.S. Department of Education as a primary source for providing education transcripts, verifying successful completion of at least six (6) academic semester credit hours of APRN nursing courses in the same role and population focus as was previously held by the APRN in a graduate-level APRN program, which includes classroom and clinical instruction;

(C) Present evidence of current licensure or recognition as an APRN in another state or territory with employment in a position that requires APRN licensure or recognition with verification of at least 520 work hours during the past two (2) years preceding receipt of the application for endorsement in the Board office;

(D) Submission of evidence of current national certification consistent with educational preparation and by a national certifying body recognized by the Board.

(d) **Temporary license for endorsement applicants.** Temporary licensure may be granted under the following conditions:

- (1) Current unrestricted licensure as an RN in Oklahoma;
- (2) Current unrestricted APRN licensure or recognition in another state or territory in the same role with no history of arrest or disciplinary action requiring further review;
- (3) Demonstrates evidence of meeting continuing qualifications for practice through meeting the requirements of 485:10-15-4(c)(2);
- (4) Evidence of completing an advanced practice registered nursing education program in one of the four roles and a specialty area recognized by the Board;
- (5) Evidence of current national certification consistent with educational preparation and by a national certifying body recognized by the Board;
- (6) Completed application for endorsement and temporary recognition and the required fees; and
- (7) Submission of fingerprints with the fee established by the Oklahoma State Bureau of Investigation and/or vendor for the purpose of permitting a state and national criminal history records search to be completed.
- (8) The temporary license may not be issued for a period longer than ninety (90) days.
- (9) The temporary license may be extended, but such period shall be no longer than one (1) year for any applicant.

(e) **Licensure of active duty military or the spouse of an active military individual.** Applications must be completed and filed with the Board.

- (1) Submit with the endorsement application a copy of the United States Uniformed Services Identification and Privilege Card and a copy of the Permanent Change of Station orders for the active military individual;
- (2) The requested Oklahoma license and/or temporary license shall be issued within thirty (30) days for their currently held valid license from another state or territory provided the license from the other state is found to be in good standing and reasonably equivalent to the requirements of this state; and
- (3) The fee for licensure, including temporary license, of active duty military or the spouse of an active duty military individual is waived with the license expiration date extended through the first renewal cycle.

(f) **Certification program.** The Board shall identify and keep on file the current list of recognized APRN certifications and certifying bodies approved by the Board. A Board-recognized APRN holding recognition prior to July 1, 2012, may continue to be licensed as an APRN with his or her current certification, even if such certification is no longer included on the list of recognized APRN certifications and certifying bodies approved by the Board, PROVIDED the APRN license remains in an active status and current certification is maintained. A licensee may request that a certification program be considered by the Board for inclusion on the list. Effective July 1, 2012, the certification program shall provide documentation of compliance with the following standards:

- (1) The certification program is national in the scope of its credentialing;
- (2) Conditions for taking the certification examination are consistent with standards of the testing community;

- (3) Educational requirements are consistent with the requirements of the advanced practice role and specialty;
- (4) The standard's methodologies used are acceptable to the testing community such as incumbent job analysis studies and logical job analysis studies;
- (5) Certification programs are accredited by a national accreditation body as acceptable by the Board;
- (6) The examination represents entry-level practice in the APRN role and specialty;
- (7) The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to patients;
- (8) Examination items shall be reviewed for content validity and correct scoring using an established mechanism, both before use and at least every five years. When possible, items will be reviewed for cultural bias;
- (9) The passing standard is established using acceptable psychometric methods and is re-evaluated at least every five years;
- (10) Certification is issued based upon meeting all certification requirements and passing the examination;
- (11) A re-take policy is in place;
- (12) Certification maintenance program, which includes review of qualifications and continued competence, is in place;
- (13) Mechanisms are in place for communication to boards of nursing for timely verification of an individual's certification status, changes in the certification status, and changes in the certification program, including qualifications, test plan and scope of practice; and
- (14) An evaluation process is in place to provide quality assurance in the certification program.

[Source: Added at 8 Ok Reg 3579, eff 9-20-91 (emergency); Added at 9 Ok Reg 2103, eff 6-11-92; Amended at 12 Ok Reg 1463, eff 5-25-95; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 33 Ok Reg 1026, eff 8-25-16; Amended at 35 Ok Reg 1875, eff 9-14-18; Amended at 36 Ok Reg 1000, eff 7-25-19; Amended at 37 Ok Reg 2028, eff 9-11-20]

485:10-15-4.1. Temporary recognition [REVOKED]

[Source: Added at 12 Ok Reg 1463, eff 5-25-95; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 25 Ok Reg 1415, eff 7-1-08; Revoked at 29 Ok Reg 1615, eff 7-12-12]

485:10-15-5. Renewal, reinstatement and inactive status of licensure

(a) **Renewal.** Advanced Practice Registered Nurse renewal shall:

- (1) be concurrent with the two-year licensure renewal for Registered Nurse.
- (2) include a statement that the nurse's national certification is current and that certification will be maintained during the period of licensure renewal.
- (3) include submission of a copy of a current national certification document to the Board with the renewal form, if requested.
- (4) include submission of an application containing such information as the Board may prescribe.

(b) **Reinstatement.**

- (1) If an Advanced Practice Registered Nurse fails to renew licensure prior to the expiration date of that license, the advanced practice license shall lapse.
- (2) The applicant may request reinstatement of advanced practice licensure by submitting a completed application and the required fee. If the

application is not completed within one (1) year, a new application and new fee will be required. If the reinstatement is not approved within two (2) years of the expiration date of licensure, the applicant must meet current requirements for initial advanced practice licensure.

(3) The applicant must submit an application containing such information as the Board may prescribe.

(4) In addition to meeting other requirements for reinstatement established by the Board in these Rules, if the Oklahoma APRN license has not been in an active licensure status for a period of two (2) years or more, the applicant for reinstatement of the APRN license must demonstrate continued qualifications for practice through completion of one or more of the following requirements within the last two (2) years prior to receipt of a completed application in the Board office:

(A) Submission of an official transcript or certificate of completion verifying completion of an APRN nursing refresher course meeting the requirements established by the Board in policy;

(B) Submission of an official transcript verifying successful completion of at least six (6) academic semester credit hours of APRN nursing courses in the same role and population focus as was previously held by the APRN in a graduate-level APRN program, which includes classroom and clinical instruction; and/or

(C) Present evidence of licensure or recognition as an APRN in another state with employment in a position that requires APRN licensure or recognition with verification of at least 520 work hours during the past two (2) years preceding receipt of the application for reinstatement in the Board office.

(D) Submission of evidence of current national certification consistent with educational preparation and by a national certifying body recognized by the Board.

(c) Inactive Status.

(1) An Advanced Practice Registered Nurse may submit a written request to place advanced practice licensure on inactive status.

(2) The date of inactive status will be the date of approval by the Board.

(3) The Board may delegate approval to place advanced practice licensure on inactive status to Board staff.

(4) The applicant may request return-to-active status of advanced practice licensure by submitting a completed application containing such information as the Board may prescribe and the required fee. If the application is not completed within one (1) year, a new application and new fee will be required. If the advanced practice license has been on inactive status for two or more years, the applicant must meet current requirements for initial advanced practice licensure.

(5) In addition to meeting other requirements for return to active status established by the Board in these Rules, if the Oklahoma APRN license has not been in an active licensure status for a period of two (2) years or more, the applicant for return to active status of the APRN license must demonstrate continued qualifications for practice through completion of one or more of the following requirements within the last two (2) years prior to receipt of a completed application in the Board office:

(A) Submission of an official transcript or certificate of completion verifying completion of an APRN nursing refresher course meeting

- the requirements established by the Board in policy;
- (B) Submission of an official transcript verifying successful completion of at least six (6) academic semester credit hours of APRN nursing courses in the same role and population focus as was previously held by the APRN in a graduate-level APRN program, which includes classroom and clinical instruction;
- (C) Present evidence of licensure or recognition as an APRN in another state with employment in a position that requires APRN licensure or recognition with verification of at least 520 work hours during the past two (2) years preceding receipt of the application for return to active status in the Board office;
- (D) Submission of evidence of current national certification consistent with educational preparation and by a national certifying body recognized by the Board.

[Source: Added at 8 Ok Reg 3579, eff 9-20-91 (emergency); Added at 9 Ok Reg 2103, eff 6-11-92; Amended at 12 Ok Reg 1463, eff 5-25-95; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 19 Ok Reg 1465, eff 7-1-02; Amended at 21 Ok Reg 1415, eff 7-1-04; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 698, eff 7-13-14 (emergency); Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 36 Ok Reg 1000, eff 7-25-19; Amended at 38 Ok Reg 1418, eff 8-26-21]

485:10-15-6. Practice as a Certified Nurse Practitioner

- (a) **Educational preparation.** Successful completion of an education program shall establish eligibility to take the recognized nurse practitioner certification examination in a specialty area. The education program shall:
- (1) Prepare nurse practitioners in a graduate-level nursing program accredited by or holding preliminary approval or candidacy status with the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, or the Commission for Nursing Education Accreditation; or
 - (2) Meet the following requirements:
 - (A) be based on measurable objectives that relate directly to the scope of practice for the specialty area;
 - (B) include theoretical and clinical content directed to the objectives;
 - (C) be equivalent to at least one academic year. A preceptorship which is part of the formal program shall be included as part of the academic year;
 - (D) be university-based or university-affiliated with oversight by a nursing program accredited by an approved national nursing accrediting agency.
 - (3) Effective January 1, 2016, all applicants for initial licensure or licensure by endorsement as a Certified Nurse Practitioner must hold a graduate level degree from an advanced practice education program accredited by or holding preliminary approval or candidacy status with the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, or the Commission for Nursing Education Accreditation.
- (b) **Scope of practice for CNP.** The Certified Nurse Practitioner's scope of practice includes the full scope of nursing practice and practice in an expanded role as follows:
- (1) The Certified Nurse Practitioner (CNP) provides comprehensive health care to clients across the life span.

- (2) The CNP is responsible and accountable for the continuous and comprehensive management of a broad range of health services, which include, but are not limited to:
- (A) promotion and maintenance of health;
 - (B) prevention of illness and disability;
 - (C) diagnosis and prescription of medications, treatments, and devices for acute and chronic conditions and diseases;
 - (D) management of health care during acute and chronic phases of illness;
 - (E) guidance and counseling services;
 - (F) consultation and/or collaboration with other health care providers and community resources;
 - (G) referral to other health care providers and community resources.
- (3) The CNP will provide services based upon education, experience, and national certification. It is the responsibility of the licensee to document competency of any act, based upon education, experience and certification.
- (4) The scope of practice as previously defined is incorporated into the following specialty categories and further delineates the population served:
- (A) Adult CNP (acute and/or primary) provides acute and/or primary health care to adolescents and adults.
 - (B) Family CNP provides health care to persons across the lifespan.
 - (C) Geriatric CNP provides health care to older adults.
 - (D) Neonatal CNP provides health care to neonates and infants.
 - (E) Pediatric CNP (acute and/or primary) provides acute and/or primary health care to persons from newborn to young adulthood.
 - (F) Women's Health Care CNP provides health care to adolescent and adult females. Care may also be provided to males with reproductive health needs or problems.
 - (G) Acute Care CNP provides health care to adults who are acutely or critically ill.
 - (H) The Adult Psychiatric and Mental Health CNP provides acute and chronic psychiatric and mental health care to persons age 13 or older.
 - (I) The Family Psychiatric and Mental Health CNP provides acute and chronic psychiatric and mental health care to persons across the lifespan.
 - (J) The Acute Care Pediatric CNP provides health care to persons from newborn to young adulthood with complex acute, critical and chronic health conditions.
- (5) Effective January 1, 2016, the applicant for initial APRN licensure or APRN licensure by endorsement as a CNP shall hold certification in at least one of the following population foci: family/individual across the lifespan, adult-gerontology (acute and/or primary), neonatal, pediatrics (acute and/or primary), women's health/gender related, or psychiatric/mental health.

[Source: Added at 8 Ok Reg 3579, eff 9-20-91 (emergency); Added at 9 Ok Reg 2103, eff 6-11-92; Amended at 12 Ok Reg 1463, eff 5-25-95; Amended at 14 Ok Reg 1980, eff 5-27-97; Amended at 20 Ok Reg 1011, eff 7-1-03; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14; Amended at 32 Ok Reg 1199, eff 8-27-15]

485:10-15-7. Practice as a Clinical Nurse Specialist

Educational preparation. Successful completion of an education program shall establish eligibility to take the recognized Clinical Nurse Specialist

certification examination in a specialty area. The education program shall prepare Clinical Nurse Specialists in a graduate-level advanced practice education program accredited by or holding preliminary approval or candidacy status with the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, or the Commission for Nursing Education Accreditation.

[Source: Added at 8 Ok Reg 3579, eff 9-20-91 (emergency); Added at 9 Ok Reg 2103, eff 6-11-92; Amended at 19 Ok Reg 1465, eff 7-1-02; Amended at 22 Ok Reg 1345, eff 7-1-05; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14; Amended at 32 Ok Reg 1199, eff 8-27-15]

485:10-15-8. Practice as a Certified Nurse-Midwife

(a) **Educational preparation.** An applicant for licensure as a Certified Nurse-Midwife must provide evidence of Successful completion of a nurse midwifery program accredited by the Accreditation Commission for Midwifery Education. Effective January 1, 2016, an applicant for initial licensure or licensure by endorsement as a Certified Nurse-Midwife must hold a graduate level degree from an advanced practice education program accredited by the Accreditation Commission for Midwifery Education.

(b) **Certification.** The applicant for licensure as a Certified Nurse-Midwife must hold current certification for the practice of nurse-midwifery from the American Midwifery Certification Board (AMCB).

[Source: Amended and renumbered from 485:10-15-1 at 8 Ok Reg 3579, eff 9-20-91 (emergency); Amended and renumbered from 485:10-15-1 at 9 Ok Reg 2103, eff 6-11-92; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12]

485:10-15-9. Practice as a Certified Registered Nurse Anesthetist

(a) **Educational preparation.** An applicant for licensure as a Certified Registered Nurse Anesthetist must provide evidence of successful completion of a nurse anesthesia education program accredited by the American Association of Nurse Anesthetists' Council on Accreditation of Nurse Anesthesia Educational Programs. Effective January 1, 2016, the applicant for initial licensure or licensure by endorsement as a Certified Registered Nurse Anesthetist must hold a graduate-level degree from a program preparing the graduate for certification as a nurse anesthetist accredited by the American Association of Nurse Anesthetists' Council on Accreditation of Nurse Anesthesia Educational Programs.

(b) **Certification.** The applicant for initial licensure or licensure by endorsement as a Certified Registered Nurse Anesthetist must hold current certification as a nurse anesthetist through the National Board of Certification and Recertification for Nurse Anesthetists.

[Source: Added Ok Reg 3579, eff 9-20-91 (emergency); Added at 9 Ok Reg 2103, eff 6-11-92; Amended at 12 Ok Reg 1463, eff 5-25-95; Amended at 20 Ok Reg 1006, eff 7-1-03; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 34 Ok Reg 768, eff 8-25-17]

485:10-15-9.1. Approval of advanced practice education programs (Effective January 1, 2016) [REVOKED]

[Source: Added at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14; Revoked at 32 Ok Reg 1199, eff 8-27-15]

SUBCHAPTER 16. REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE REGISTERED NURSES

485:10-16-1. Definitions

The following words or terms, when used in this Subchapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Continuing education categories" as set out below present and define methods for meeting initial and renewal contact and academic credit hours at an advanced practice level as required for prescriptive authority:

(A) Category A: Academic credit.

(B) Category B:

(i) Onsite Seminar or lecture or workshop or course approved for contact hours, continuing education units or continuing medical education units through a recognized approver of continuing education; or

(ii) Online continuing education for initial applications must be approved through a recognized approver of continuing education, and includes a minimum of thirty hours obtained from a single provider that is faculty-directed, with processes for interaction of the participant with faculty, evaluating the participant's learning through successful completion of case studies or written assignments and a comprehensive examination using a mechanism to ensure security of the evaluation process.

(C) Category C: Online seminars or workshops, or articles in professional journals or other professional references approved for contact hours, continuing education units or continuing medical education units through a recognized approver of continuing education.

(D) Category D: Published article in refereed journal/book/research project. Evidence of publication of one article related to pharmacotherapy appropriate for Advanced Practice Registered Nurses. These will be evaluated on a case-by-case review.

(E) Category E: Presenter/lecturer. Evidence of providing content related to pharmacotherapeutics at an advanced practice level. The presentation/lecture must be approved for contact hours or offered as part of an academic course with a target audience of advanced practice nurses.

"Course in pharmacotherapeutic management" means a course in which the content must include pharmacodynamic and kinetic principles, classifications of medications relevant to the scope of practice, sources for and methods of evaluating drug information, legal and ethical implications of prescribing, clinical application and use of pharmacological agents in the prevention of illness, restoration and maintenance of health.

"Qualified preceptor" means an Advanced Practice Registered Nurse with a current unrestricted license who has a scope of practice which includes prescribing and has met the requirements for prescriptive authority; or a licensed practitioner of medicine or osteopathy with unrestricted prescriptive authority.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 26 Ok Reg 1089, eff 5-11-09; Amended at 28 Ok Reg 659, eff 7-1-11; Amended at 29 Ok Reg 1615, eff 7-12-12]

485:10-16-2. Provision

The Board of Pharmacy, pharmacies, and registered pharmacists may access the Board of Nursing's website for the formulary and the licensure and recognition status of Advanced Practice Registered Nurses recognized for prescriptive authority.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 29 Ok Reg 1615, eff 7-12-12]

485:10-16-3. Initial application

The Advanced Practice Registered Nurse applicant for prescriptive authority shall:

- (1) hold current Registered Nurse and Certified Nurse Practitioner, Certified Nurse Midwife, or Clinical Nurse Specialist licenses in Oklahoma;
- (2) submit a completed application for each type of recognition and advanced practice specialty certification held containing such information as the Board may prescribe and the required fee. If the application is not completed within one (1) year, a new application and new fee will be required;
- (3) submit a written statement from an Oklahoma-licensed physician supervising prescriptive authority which identifies a mechanism for:
 - (A) appropriate referral, consultation, and collaboration between the Advanced Practice Registered Nurse and physician supervising prescriptive authority;
 - (B) availability of communication between the Advanced Practice Registered Nurse and physician supervising prescriptive authority through direct contact, telecommunications, or other appropriate electronic means for consultation, assistance with medical emergencies or patient referral;
- (4) submit documentation verifying completion of forty-five contact hours of Category B continuing education or three academic credit hours of education, as required by law and defined in the rules and regulations, in a course or courses in pharmacotherapeutic management that target/s Advanced Practice Registered Nurses or individuals enrolled in an advanced practice registered nursing education program and/or other authorized prescribers. Such contact hours or academic credits shall be obtained within a time period of three (3) years immediately preceding the date of receipt of application for prescriptive authority. The three (3) year time period may be waived if the applicant has graduated from their advanced practice registered nursing education program within a time period of three years immediately preceding the date of application for prescriptive authority and evidence that didactic and clinical preparation for prescribing was incorporated throughout the program;
- (5) Submit documentation verifying successful completion of a graduate level advanced practice registered nursing education program that included an academic course in pharmacotherapeutic management and didactic and clinical preparation for prescribing incorporated throughout the program. Until January 1, 2016, a Clinical Nurse Specialist who verifies completion of a graduate level advanced practice registered nursing education program that included an academic course in pharmacotherapeutic management may meet the requirements in 485:10-16-4 in lieu of submitting verification of didactic and clinical preparation for prescribing incorporated throughout the

advanced practice nursing education program.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 28 Ok Reg 659, eff 7-1-11; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 32 Ok Reg 1199, eff 8-27-15]

485:10-16-3.1. Endorsement

In addition to meeting statutory requirements for endorsement of prescriptive authority, an applicant for prescriptive authority recognition by endorsement must:

- (1) Be licensed as an APRN in Oklahoma;
- (2) Submit a completed application containing such information as the Board may prescribe and required fee. If the application is not completed within one (1) year, a new application and new fee will be required;
- (3) Present evidence of licensure or recognition as an APRN in the same role with prescriptive authority in another state;
- (4) Submit a written statement signed by the Oklahoma-licensed physician supervising prescriptive authority that includes a method of assuring availability of the supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral; and
- (5) Present evidence that during the two (2) years preceding receipt of the completed application for endorsement in the Board office of either (A) or (B) below:

(A) Employment in a position that requires APRN prescriptive authority licensure or recognition with verification of at least 520 work hours; or

(B) Documentation approved by the Board, verifying a minimum of fifteen (15) contact hours or one academic credit hour of education or the equivalent in pharmacotherapeutics and clinical application of use of pharmacological agents in the prevention of illness and in the restoration and maintenance of health, in a program approved by the Board that is more advanced than basic registered nurse preparation and that is applicable to the scope of practice and specialty certification.

(i) If the applicant selects option (B) above, the following categories identify how the education requirement may be met. No more than the identified percentage for each category may apply towards the contact hour/academic hour or the equivalent requirements for endorsement of prescriptive authority;

(ii) Maximum number of units acceptable in continuing education categories:

(I) Category A: up to 100% of requirement (1 credit hour)

(II) Category B: up to 100% of requirement (15 contact hours)

(III) Category C: up to 100% of requirement (15 contact hours)

(IV) Category D: up to 20% of requirement (3 contact hours)

(V) Category E: up to 20% of requirement (3 contact hours)

[Source: Added at 32 Ok Reg 1199, eff 8-27-15]

485:10-16-4. Clinical Nurse Specialist pharmacology requirements

Until January 1, 2016, in addition to meeting the requirements in 485:10-16-3, and in lieu of submitting verification of didactic and clinical preparation for prescribing incorporated throughout the advanced practice nursing education program, the Clinical Nurse Specialist who submits an initial application for prescriptive authority may also submit:

- (1) Documentation verifying completion of a course in pharmacotherapeutic management applicable to the Clinical Nurse Specialist's specialty area which must be a minimum of two credit hours or 30 contact hours of Categories A or B continuing education categories.
- (2) Documentation verifying satisfactory completion of a minimum of 320 clock hours preceptorial experience with a qualified preceptor whereby the Clinical Nurse Specialist is providing direct care including demonstrating competence in prescribing drugs and medicines. This preceptorial experience must be developed and overseen by an academic program that prepares Clinical Nurse Specialists. All didactic coursework in pharmacotherapeutics must be a prerequisite or corequisite to the preceptorial experience verified by official documentation of approval by the academic program that offers the preceptorial experience.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12]

485:10-16-5. Maintenance

(a) The Advanced Practice Registered Nurse may prescribe in writing, orally, or by other means of telecommunication, drugs or medical supplies which are not listed on the exclusionary formulary approved by the Board, and which are within the scope of practice for the Advanced Practice Registered Nurse, and that are not otherwise prohibited by law.

(b) The Advanced Practice Registered Nurse must have a supervising physician on file with the Board prior to prescribing drugs or medical supplies. Changes to the written statement between the Advanced Practice Registered Nurse and supervising physician shall be filed with the Board within thirty (30) days of the change and shall be effective upon filing.

(c) The Advanced Practice Registered Nurse with prescriptive authority who prescribes Schedule III-V drugs will comply with state and Federal Drug Enforcement Administration (DEA) requirements prior to prescribing controlled substances.

- (i) No more than a 30-day supply for Schedule III-V drugs shall be prescribed by the Advanced Practice Registered Nurse with prescriptive authority.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 31 Ok Reg 2113, eff 9-12-14]

485:10-16-6. Renewal

The application for renewal of prescriptive authority shall:

- (1) be concurrent with the two-year RN licensure renewal and renewal of advanced practice registered nurse licensure;

(2) include:

(A) a completed application containing such information as the Board may prescribe and required fee;
(B) documentation approved by the Board verifying a minimum of fifteen (15) contact hours, or one academic credit hour of education, or the equivalent, in pharmacotherapeutics, clinical application and use of pharmacological agents in the prevention of illness, and in the restoration and maintenance of health. All of the required hours shall be obtained in a program beyond basic registered nurse preparation, approved by the Board, within the two-year period immediately preceding the effective date of application for renewal of prescriptive authority, which is applicable to the scope of practice and specialty certification. This documentation requirement does not apply to individuals renewing within twenty-four (24) months of initial prescriptive authority approval.

(i) The following categories identify how this requirement may be met. No more than the identified percentage for each category may apply towards the contact hour/academic hour or the equivalent requirements for renewal of prescriptive authority;

(ii) Maximum number of units acceptable in continuing education categories:

(I) Category A: up to 100% of requirement (1 credit hour)

(II) Category B: up to 100% of requirement (15 contact hours)

(III) Category C: up to 100% of requirement (15 contact hours)

(IV) Category D: up to 20% of requirement (3 contact hours)

(V) Category E: up to 20% of requirement (3 contact hours)

(C) documentation approved by the Board verifying two (2) hours of education in pain management or two (2) hours of education in opioid use or addiction, unless the Advanced Practice Registered Nurse has demonstrated to the satisfaction of the Board that the Advanced Practice Registered Nurse does not currently hold a valid federal Drug Enforcement Administration registration number.

(D) A written statement signed by the physician supervising prescriptive authority that includes a method of assuring availability of the supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral. Applicants for renewal who have submitted a written statement signed by the physician supervising prescriptive authority prior to renewal but within ninety (90) days of the expiration date are not required to submit another written statement for renewal.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 19 Ok Reg 1465, eff 7-1-02; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 36 Ok Reg 1000, eff 7-25-19; Amended at 37 Ok Reg 221, eff 11-1-19 (emergency); Amended at 37 Ok Reg 2028, eff 9-11-20]

485:10-16-7. Reinstatement/Inactive Status

(a) Reinstatement.

(1) If an Advanced Practice Registered Nurse fails to renew prescriptive authority prior to the expiration date of that authority, the Advanced Practice Registered Nurse's prescriptive authority shall expire and the Advanced Practice Registered Nurse shall cease prescribing.

(2) The Advanced Practice Registered Nurse may reinstate the prescriptive authority recognition by submitting:

(A) a completed application containing such information as the Board may prescribe and required fee. If the application is not completed within one (1) year, a new application and new fee will be required;

(B) A written statement signed by the Oklahoma-licensed physician supervising prescriptive authority that includes a method of assuring availability of the supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral; and

(C) present evidence of:

(i) having met requirements for renewal of prescriptive authority as listed in 485:10-16-6(2)(B)(C); or

(ii) licensure or recognition as an APRN in the same role with prescriptive authority in another state with employment in a position that requires APRN prescriptive authority licensure or recognition with verification of at least 520 work hours during the past two (2) years preceding receipt of the application for reinstatement in the Board office.

(b) Inactive Status.

(1) An Advanced Practice Registered Nurse may submit a written request to place prescriptive authority on inactive status.

(2) The date of inactive status will be the date of approval by the Board. The Board may delegate approval of the licensee's request to be placed on inactive status to Board staff.

(3) The Advanced Practice Registered Nurse may return to active status the prescriptive authority recognition by submitting:

(A) a completed application containing such information as the Board may prescribe and required fee. If the application is not completed within one (1) year, a new application and new fee will be required;

(B) A written statement signed by the Oklahoma-licensed physician supervising prescriptive authority that includes a method of assuring availability of the supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral; and

(C) present evidence of:

(i) having met requirements for renewal of prescriptive authority as listed in 485:10-16-6(2)(B); or

(ii) licensure or recognition as an APRN in the same role with prescriptive authority in another state with employment in a position that requires APRN prescriptive authority licensure or recognition with verification of at least 520 work hours during the past two (2) years preceding receipt of the application for return to active status in the Board office.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 32 Ok Reg 1199, eff 8-27-15; Amended at 33 Ok Reg 1026, eff 8-25-16; Amended at 37 Ok Reg 2028, eff 9-11-20]

485:10-16-8. Information which must be included on the prescription

- (a) Prescriptions will comply with all applicable state and federal laws.
- (b) All prescriptions will include the following information:
 - (1) Name, title, address, and telephone number of the Advanced Practice Registered Nurse who is prescribing.
 - (2) Name of physician supervising prescriptive authority.
 - (3) Name of the client.
 - (4) Date of the prescription.
 - (5) Full name of the drug, dosage, route and specific directions for administration.
 - (6) DEA number of Advanced Practice Registered Nurse, if required.
- (c) Written prescriptions shall include the signature of the Advanced Practice Registered Nurse.
- (d) Records of all prescriptions will be documented in client records.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 29 Ok Reg 1615, eff 7-12-12]

485:10-16-9. Termination

Reasons for termination of prescriptive authority:

- (1) guilty of fraud or deceit in obtaining prescriptive authority;
- (2) negligent prescribing;
- (3) prescribing outside the scope of practice;
- (4) prescribing for other than therapeutic purposes;
- (5) violated the provisions of the prescriptive authority rules in this subchapter; or
- (6) violated the Oklahoma Nursing Practice Act or Rules and Regulations.

[Source: Added at 14 Ok Reg 1980, eff 5-27-97]

SUBCHAPTER 17. NURSE PRACTITIONER REQUIREMENTS [REVOKED]

485:10-17-1. Practice as a Nurse Practitioner [REVOKED]

[Source: Revoked at 8 Ok Reg 3579, eff 9-20-91 through 3-26-92 (emergency)¹; Revoked at 10 Ok Reg 1535, eff 4-26-93]

*EDITOR'S NOTE:*¹ This emergency action (revoking 485:10-17-1) was terminated when a proposed permanent action, which was intended to supersede the emergency action, was inactively disapproved by the Governor on 3-27-92. [Proposed rules are deemed to be inactively disapproved when the Governor has not approved or disapproved the rules in writing within the Governor's 45-calendar-day review period, as set forth in 75 O.S., §303.2.] Upon termination of an emergency action revoking a Section, the text of the Section reverts back to the text that was effective prior to the enactment of the emergency action. Therefore, on 3-27-92, the text of this Section 485:10-17-1 reverted back to the text

that was effective prior to the enactment of the emergency action on 9-20-91, and remained as such until revoked by permanent action on 4-26-93.

SUBCHAPTER 18. PRESCRIPTIVE AUTHORITY FOR CRNA

485:10-18-1. Definitions

The following words or terms, when used in this Subchapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Perioperative" means preanesthetic preparation or evaluation, anesthesia induction, maintenance or emergence, or postanesthesia care of clients.

"Periobstetrical" means preanesthetic preparation or evaluation, anesthesia induction, maintenance or emergence, or postanesthesia care of the pregnant female.

"Authority to order, select, obtain and administer drugs" encompasses the process of utilizing anesthesia related drugs, gases and devices during the perioperative and periobstetrical periods so as to maintain the patient in sound physiologic status.

[Source: Added at 15 Ok Reg 2038, eff 5-26-98]

485:10-18-2. Initial application

The Certified Registered Nurse Anesthetist (CRNA) who applies for authority to order, select, obtain and administer drugs shall:

- (1) hold a current R.N. license and licensure as a CRNA in Oklahoma;
- (2) submit the following:
 - (A) a completed application containing such information as the Board may prescribe for authority to order, select, obtain and administer drugs and the required fee. If the application is not completed within one (1) year, a new application and new fee will be required;
 - (B) evidence of satisfactory completion of a minimum of fifteen (15) units of continuing education in advanced pharmacology related to the administration of anesthesia as recognized by the American Association of Nurse Anesthetists or within an approved nurse anesthetist education program within the two-year period immediately preceding the date of application;
 - (C) official transcript of CRNA education, if not on file with Board office; and
 - (D) verification of current national certification.

[Source: Added at 15 Ok Reg 2038, eff 5-26-98; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 23 Ok Reg 1453, eff 7-1-06; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 32 Ok Reg 1199, eff 8-27-15]

485:10-18-3. Renewal

The application for renewal of authority to order, select, obtain and administer drugs shall:

- (1) be concurrent with the two-year RN and advanced practice registered nursing licensure renewal;
- (2) include:
 - (A) a completed application containing such information as the Board may prescribe and required fee;

(B) documentation verifying satisfactory completion of a minimum of eight (8) units of continuing education in advanced pharmacology relating to the administration of anesthesia, as recognized by the National Board of Certification and Recertification for Nurse Anesthetists, completed during the two (2) years immediately preceding renewal.

[Source: Added at 15 Ok Reg 2038, eff 5-26-98; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 34 Ok Reg 768, eff 8-25-17]

485:10-18-4. Reinstatement

(a) If a CRNA fails to renew authority to order, select, obtain and administer drugs prior to the expiration date of that authority, the CRNA's authority to order, select, obtain and administer drugs shall expire. If reinstatement is not approved within two years of the expiration of authority to order, select, obtain and administer, the applicant will be required to meet initial application criteria.

(b) The CRNA may reinstate the authority to order, select, obtain and administer drugs by submitting

(1) a completed application containing such information as the Board may prescribe and required fee. If the application is not completed within one

(1) year, a new application and new fee will be required;

(2) documentation verifying satisfactory completion of a minimum of eight (8) units of continuing education in advanced pharmacology relating to the administration of anesthesia, as recognized by the American Association of Nurse Anesthetists, completed during the two (2) years immediately preceding renewal.

[Source: Added at 15 Ok Reg 2038, eff 5-26-98; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 25 Ok Reg 1415, eff 7-1-08; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 32 Ok Reg 1199, eff 8-27-15]

485:10-18-5. Information which must be included in the order

(a) The CRNA with authority to order, select, obtain and administer drugs shall document all orders in the patient record.

(b) All orders shall:

(1) comply with all applicable state and federal laws;

(2) include:

(A) name of the client,

(B) date of the order,

(C) full name of the drug, dosage, route and specific directions for administration,

(D) signature of the CRNA

(c) The CRNA with authority to order, select, obtain and administer Schedule II-V drugs shall comply with Federal Drug Enforcement Administration (DEA) requirements and state of Oklahoma requirements prior to prescribing controlled substances.

[Source: Added at 15 Ok Reg 2038, eff 5-26-98; Amended at 18 Ok Reg 2707, eff 7-1-01; Amended at 29 Ok Reg 1615, eff 7-12-12; Amended at 32 Ok Reg 1199, eff 8-27-15]

SUBCHAPTER 19. PEER ASSISTANCE PROGRAM

485:10-19-1. Purpose

The rules of this Subchapter have been adopted for the purpose of complying with the provisions of the Oklahoma Nursing Practice Act. [59 O.S.

567.17] This program, known as the Peer Assistance Program, shall assist in the rehabilitation of nurses who have abused alcohol or drugs. This approach allows the Board to retain control of nursing practice for the protection of the public and provides an alternative to the disciplinary process.

[Source: Added at 12 Ok Reg 1463, eff 5-25-95]

485:10-19-2. Definitions

The following words and terms, when used in this Subchapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Board of Nursing" means the Oklahoma Board of Nursing.

"Licensee" means licensed practical nurse, registered nurse or advanced practice nurse.

"Program Coordinator" means the person employed by the Oklahoma Board of Nursing to administer the Peer Assistance Program.

[Source: Added at 12 Ok Reg 1463, eff 5-25-95]

485:10-19-3. Administration

(a) Guidelines for the program will be approved by the Board.

(b) The Board will have responsibility for approval and oversight of the budget.

[Source: Added at 12 Ok Reg 1463, eff 5-25-95]

485:10-19-4. Peer Assistance Committee(s)

(a) Members of the Peer Assistance Committee(s) shall have expertise in chemical dependency.

(b) Composition of the Committee shall be:

(1) at least three members,

(2) at least one member who is currently certified through the Addictions Nursing Certification Board and/or licensed or certified by the Oklahoma Board of Licensed Alcohol and Drug Counselors,

(3) at least one recovering person, and

(4) the majority to be currently licensed nurses.

(5) A quorum shall be at least two members, with at least one member having expertise in chemical dependency.

(c) The committee shall have the following responsibilities:

(1) determine licensee's acceptance into program,

(2) develop with licensee a contract for program participation,

(3) meet with licensee on a specified basis to monitor and determine progress,

(4) determine successful completion of program,

(5) determine termination from program for failure to comply,

(6) report all terminations to the Board.

(d) The Peer Assistance Committee(s) shall be appointed by the Board from applications for a term of three years.

[Source: Added at 12 Ok Reg 1463, eff 5-25-95; Amended at 20 Ok Reg 1010, eff 7-1-03; Amended at 27 Ok Reg 1024, eff 7-1-10]

485:10-19-5. Qualifications of applicant

(a) To be eligible for participation in the Peer Assistance Program, each applicant must:

- (1) have a current license to practice nursing in the State of Oklahoma, unless referred by the Board,
- (2) have no pending felony charge or conviction that would prevent the nurse from practicing,
- (3) voluntarily submit an application for participation, and
- (4) practice nursing only within the State of Oklahoma while participating in the Program.

(b) Nurses previously disciplined by any board of nursing shall be ineligible, unless referred to the Peer Assistance Program by the Board.

(c) Nurses referred by the Board shall have sixty (60) days from the date of acceptance into the Program within which to obtain a current license.

[Source: Added at 12 Ok Reg 1463, eff 5-25-95; Amended at 24 Ok Reg 1439, eff 7-1-07; Amended at 27 Ok Reg 1024, eff 7-1-10; Amended at 35 Ok Reg 1875, eff 9-14-18]

485:10-19-6. Participation in program

The licensee shall:

- (1) agree in writing to cooperate with program and comply with provisions of the contract, and
- (2) assume the financial costs of participation.

[Source: Added at 12 Ok Reg 1463, eff 5-25-95]

485:10-19-7. Discharge from program

(a) A licensee shall be considered discharged from the program when the following is met:

- (1) the licensee has been in compliance with all the terms of the contract with the Peer Assistance Committee and has completed the required program,
- (2) Peer Assistance Committee documents completion of program and eligibility for discharge with written notification to the licensee.

(b) A licensee may transfer to another state upon submission to the jurisdiction of that state's Board of Nursing or its equivalent for a peer assistance program or for discipline. A licensee shall be considered discharged upon submitting documentation verifying successful completion of that state's Board of Nursing order or its equivalent for a peer assistance program.

[Source: Added at 12 Ok Reg 1463, eff 5-25-95; Amended at 14 Ok Reg 1980, eff 5-27-97]

485:10-19-8. Termination from program

(a) The Peer Assistance Committee shall make the determination that a licensee has failed to comply with the contract and/or amended contracts and/or treatment plan(s). A licensee may be terminated for any of the following reasons, including but not limited to:

- (1) the licensee fails to comply with terms of the contract and/or amended contracts with the Peer Assistance Committee,
- (2) the licensee has become unsafe to practice with reasonable skill and safety to patients under his care, or
- (3) the licensee transfers to another state and fails to submit to that state's Board of Nursing or its equivalent.

(b) A licensee who voluntarily withdraws from the program shall be considered terminated from the program.

[Source: Added at 12 Ok Reg 1463, eff 5-25-95; Amended at 27 Ok Reg 1024, eff 7-1-10]

SUBCHAPTER 21. LICENSURE OF PRACTICAL AND REGISTERED NURSES [EXPIRED]

485:10-21-1. Purpose [EXPIRED]

[Source: Added at 37 Ok Reg 749, eff 4-21-20 through 5-4-21 (emergency)¹]

EDITOR'S NOTE: ¹This emergency action expired without being superseded by a permanent action. Upon expiration of an emergency action enacting a new Section, the Section is no longer effective. Therefore, on 5-5-21 (after the 5-4-21 expiration of this emergency action), Section 485:10-21-1 was no longer effective. For the official text of the emergency rule that was in effect from 4-21-20 through 5-4-21, see 37 Ok Reg 749.

485:10-21-2. Continuing qualifications waiver for licensure/certification reinstatement [EXPIRED]

[Source: Added at 37 Ok Reg 749, eff 4-21-20 through 5-4-21 (emergency)¹]

EDITOR'S NOTE: ¹This emergency action expired without being superseded by a permanent action. Upon expiration of an emergency action enacting a new Section, the Section is no longer effective. Therefore, on 5-5-21 (after the 5-4-21 expiration of this emergency action), Section 485:10-21-2 was no longer effective. For the official text of the emergency rule that was in effect from 4-21-20 through 5-4-21, see 37 Ok Reg 749.

485:10-21-3. Advanced Practice Registered Nurse (APRN) [EXPIRED]

[Source: Added at 37 Ok Reg 749, eff 4-21-20 through 5-4-21 (emergency)¹]

EDITOR'S NOTE: ¹This emergency action expired without being superseded by a permanent action. Upon expiration of an emergency action enacting a new Section, the Section is no longer effective. Therefore, on 5-5-21 (after the 5-4-21 expiration of this emergency action), Section 485:10-21-3 was no longer effective. For the official text of the emergency rule that was in effect from 4-21-20 through 5-4-21, see 37 Ok Reg 749.

485:10-21-4. Students or non-licensed graduates [EXPIRED]

[Source: Added at 37 Ok Reg 749, eff 4-21-20 through 5-4-21 (emergency)¹]

EDITOR'S NOTE: ¹This emergency action expired without being superseded by a permanent action. Upon expiration of an emergency action enacting a new Section, the Section is no longer effective. Therefore, on 5-5-21 (after the 5-4-21 expiration of this emergency action), Section 485:10-21-4 was no longer effective. For the official text of the emergency rule that was in effect from 4-21-20 through 5-4-21, see 37 Ok Reg 749.