

Vermont Board of Nursing
Administrative Rules
effective: January 15, 2015

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Part 1—Introduction and General Provisions

1.1—Purpose of the Rules

a) ~~The Board of Nursing (“the Board”) is created by the Vermont legislature.— Chapter 28 of Title 26 of the Vermont Statutes gives the Board specific powers and duties.— The Board has adopted these rules to aid applicants, licensees, and the general public to understand the requirements for the professions and activities regulated by the Board.~~

~~(b) The Board is created to protect the public health, safety, and welfare by setting standards for issuing licenses, licensing qualified applicants, and regulating the practice of license holders.— The specific duties of the Board are set by the statutes in Chapter 28 of Title 26.~~

~~(c) The Board maintains a website at <http://vtprofessionals.org/>.— Licensees should periodically consult the website for matters of interest to the profession.~~

1.2—Laws Governing the Board and Profession

~~(a) Chapter 28 of Title 26 of the Vermont Statutes establishes the Board’s responsibilities for setting standards, issuing licenses, and regulation.— Board powers are also conferred by Subchapter III of Chapter 5 of Title 3 “Professional Regulation,” the statutes creating and governing the Office of Professional Regulation, the “Office”. 3 V.S.A. §§ 121-132).— In addition to the “Professional Regulation” statutes, the Board is subject to other state laws including the “Administrative Procedure Act” (3 V.S.A. §§ 801-849), the “Open Meeting Law” (1 V.S.A. §§ 310-314), the “Access to Public Records Law” (1 V.S.A. §§ 315-320), and the “Law of Professional Regulation” (3 V.S.A. §§ 121-132).— In contested cases, the Board follows the Vermont Rules of Evidence, as modified by the Administrative Procedure Act.— These laws set forth the rights of applicants, license holders, and members of the public.— The Office provides legal counsel to help the Board comply with all laws affecting Board business.~~

~~(b) Applicants and licensees should be aware that Chapter 5 of Title 3 of the Vermont Statutes contains several statutes which govern regulation of licensed professionals.— See among them, 3 V.S.A. § 129a which defines unprofessional conduct.~~

~~(c) “Vermont Statutes Online” are available on the Internet at <http://www.leg.state.vt.us>. The Board’s statutes and rules may be accessed through the Board’s website at <http://vtprofessionals.org/>.~~

1.3—Location of Office ~~The Office of the Vermont State Board of Nursing and its Executive Director are located at the Office of the Secretary of State, Office of~~

Professional Regulation, 89 Main Street, Fl. 3, Montpelier, VT 05620-3402.

1.4 — Definitions — As used in these rules:

(a) — “Administrator” means a registered nurse who is responsible for administering an educational program or a nursing services department regardless of the title used by the governing organization. — The term “administrator” includes an interim administrator or assistant administrator.

(b) — “Board” or “the Board” means the Vermont Board of Nursing, and includes its designees.

(c) — “Governing Organization” means the agency or institution that has the authority and responsibility for financing the nursing education program, employing the administrator and faculty, graduating students, and granting the diploma, certificate, or degree.

(d) — “Nursing Assistant” means licensed nursing assistant or LNA.

(e) — “NCLEX” means National Council Licensure Examination.

(f) — “Office” means the Office of Professional Regulation.

(g) — “Practical Nurse” means licensed practical nurse or LPN.

(h) — “Practice of nursing” means full-time or part-time employment either for hire or as a volunteer, where the qualifications for the position occupied require a registered or licensed practical nurse in the job description.

(i) — “Preceptor” means an Advanced Practice Registered Nurse or Registered Nurse who serves as a facilitator and supervisor of student learning experiences in a practice setting and is not a member of the nursing education program's faculty.

(j) — “Registered Nurse” means licensed registered nurse or RN.

(k) — Supervision

(1) — “Direct Supervision” — means supervision of a licensee's practice by a registered nurse physically present on the unit.

(2) — “On-Site Supervision” — means supervision of a licensee's practice by a specifically assigned nurse which requires monitoring of the licensee's practice. — On-site supervision occurs on the premises of a facility.

1.5 — Expiration of Applications — An application must be completed within six months of submission except for those from international applicants which must be completed within one year.

1.6 — Right to a Written Decision

(a) ~~The Board will notify applicants in writing of all decisions to either grant or deny a license, license renewal or reinstatement. If a license, renewal, or reinstatement is denied, the Board will give the applicant specific reasons and will also inform the applicant of the right to appeal the Board's decision. This is called a "preliminary denial."~~

(b) ~~The Board, or the Office on behalf of the Board, most often issues a preliminary denial of licensure, renewal or reinstatement when it appears from the application and accompanying documents that the applicant does not meet all of the requirements for licensure. When this occurs, the applicant is notified of the right to file an appeal which is heard as a formal hearing by the Board. At the hearing the burden of proof is on the applicant to show that the preliminary denial was in error. After that hearing the Board issues a final decision in writing. If the decision affirms the preliminary denial of a license, the decision informs the applicant of his or her appellate rights.~~

~~**1.7 — Initial License Issuance** — An applicant issued an initial license within 90 days of the end of a licensing period will not be required to renew or pay the renewal fee. The license will be issued through the next full licensure period.~~

~~**1.8 — Change of Name or Address** — A licensee must report a change of name or mailing address within 30 days.~~

~~**1.9 — License Renewal** — Licenses are renewed on a schedule set by the Office according to procedures adopted by the Office.~~

~~**1.10 — Inactive Status** — When permitted by statute, the holder of an unencumbered license who does not intend to continue to practice may request in writing that the license be transferred to inactive status.~~

~~**1.11 — Robert's Rules of Order** — The Board may refer to Robert's Rules of Order as a guide for the conduct of meetings.~~

1.12 — Board Meetings: — Elections

(a) ~~The Board meets at least annually and elects a Chair, Vice Chair, and Secretary. This election is in September or at the Board's next meeting after September.~~

(b) ~~The Board will hold an election to fill any officer vacancy.~~

~~**1.13 — Chair Duties** — The chair presides at all meetings and hearings.~~

~~**1.14 — Vice Chair Duties** — The vice chair assumes the duties of the chair when the chair is unable to perform them.~~

~~**1.15 — Secretary Duties** — The secretary shall perform those duties as requested by~~

~~the Board. The secretary shall assume the duties of the chair when the chair and vice chair are unable to do so.~~

~~**1.16 Executive Director: Qualifications** The Executive Director shall be a graduate of an approved nursing education program, hold a master's degree in nursing, and have at least five years' experience in nursing practice, including administration, teaching, or supervision in schools of nursing or health agencies.~~

~~**1.17 Executive Director: Authority** The Executive Director:~~

- ~~(a) assists the Board in the conduct of its affairs. The Executive Director may employ the assistance of others as needed;~~
- ~~(b) appoints persons to serve on committees. Committees shall include at least one member of the Board;~~
- ~~(c) interprets policies, makes administrative decisions, provides consultation, regarding, but not limited to, nursing education, examination, registration, licensure, renewal, and practice;~~
- ~~(d) surveys nursing education programs to determine approval status;~~
- ~~(e) reviews and recommends approval of re-entry and refresher programs according to these rules and Board established guidelines;~~
- ~~(f) assists the Board and prosecuting attorneys in investigating potential disciplinary cases; assists in preparing recommended disciplinary actions;~~
- ~~(g) represents the Board at meetings of professional associations, agencies providing health care services, and institutions providing educational opportunities related to nursing and health care;~~
- ~~(h) ensures the preparation of: agendas for meetings, reports, minutes of meetings and records of hearings; and correspondence of the Board;~~
- ~~(i) requests secretarial and clerical assistance from the Office of the Secretary of State, Office of Professional Regulation, as needed to carry out the work of the Board;~~
- ~~(j) orients new Board members and provides information for continuous updating of all members;~~
- ~~(k) coordinates and supervises staff employed by or assigned to the Board;~~
- ~~(l) reviews the expenditures of the Board in accordance with its approved budget; and~~

~~(m) performs other functions as the Board may authorize.~~

Part 2 Nursing Assistant Education

2.1—Applicability

~~(a) All nursing assistant education programs shall meet the standards set forth in this Part.~~

~~(b) As used in this Part, “program” means nursing assistant education program.~~

2.2—Mission and Objectives—~~Each nursing assistant education program shall have statements of:~~

~~(a) purpose and mission; and~~

~~(b) program objectives describing nursing assistant competencies.~~

2.3—Organization and Administration

~~(a) A program shall have an organizational chart depicting relationships, authority, responsibilities, channels of communication within the program, and the program’s relationship to other units within the governing organization.~~

~~(b) A program shall have a written contract with any agency used as a clinical site.~~

2.4—Program Administrator—~~A nursing assistant education program administrator shall:~~

~~(a) have overall responsibility for the program;~~

~~(b) hold a current, unencumbered Vermont license as a registered nurse;~~

~~(c) have at least three years’ experience as a registered nurse; and~~

~~(d) have at least two years’ administrative and supervisory experience over nursing assistants.~~

2.5—Instructors

~~(a) Classroom and clinical instructors shall:~~

~~(1) hold a Vermont unencumbered license as a practical or registered nurse;~~

~~(2) have at least two years’ experience as a practical or registered nurse ; and~~

~~(3) have at least one year of clinical experience related to area(s) of instruction.~~

~~(b) Instructor qualifications, job descriptions, and evaluations shall be available in writing.~~

~~(c) Instructors shall document on-going professional development activities which may include:~~

- ~~(1) academic study;~~
- ~~(2) clinical practice;~~
- ~~(3) workshops, conferences; and~~
- ~~(4) other relevant activities.~~

2.6—Facilities and Other Resources—Each nursing assistant education program shall have adequate facilities and resources including: classrooms, laboratories, offices, equipment, and supplies.

2.7—Student Access to Information

~~(a) Written admission, progression, completion, and dismissal procedures shall be available to the students.~~

~~(b) Student rights and responsibilities shall be available in writing.~~

2.8—Program and Curriculum

~~(a) A program shall include a minimum of 80 hours of education, 30 hours of which shall be supervised clinical experience in a health care facility.~~

~~(b) Clinical experience shall occur in state-licensed health care facilities or agencies.~~

~~(c) Curriculum must include:~~

- ~~(1) Basic Nursing Care;~~
- ~~(2) Personal Care ;~~
- ~~(3) Basic Restorative Care;~~
- ~~(4) Psychosocial Skills;~~
- ~~(5) Care of the Cognitively Impaired;~~
- ~~(6) Communication Skills;~~
- ~~(7) Ethics and legal responsibilities;~~
- ~~(8) Teamwork; and~~
- ~~(9) Patient Safety.~~

2.9—Patient Contact: Prerequisite

~~(a) Prior to any direct contact with a patient, a student shall complete at least 16 hours of classroom/laboratory training in the following areas:~~

- ~~(1) communication and interpersonal skills;~~
- ~~(2) infection control;~~
- ~~(3) safety and emergency procedures, including the Heimlich maneuver;~~
- ~~(4) promoting residents' independence; and~~
- ~~(5) respecting residents' rights.~~

~~(b) A student providing client care shall have on-site supervision by a program instructor who is a licensed practical or registered nurse employed by the program.~~

2.10—Curriculum Implementation

~~(a) Course outlines shall identify all aspects of a course;~~

~~(b) Instruction shall utilize a variety of teaching methods to accommodate learning differences.~~

~~2.11—Program Evaluation~~

~~(a) Each program shall have a written plan for systematic evaluation of program objectives.~~

~~(b) Program evaluations shall be documented and include:~~

- ~~(1) feedback from students;~~
- ~~(2) exam vendor data on pass rates and testing patterns;~~
- ~~(3) feedback from clinical site staff; and~~
- ~~(4) Instructor and Program Administrator observations.~~

~~**2.12—Student Evaluation**—A program shall evaluate and document student achievement at regular planned intervals. Students shall participate in the evaluations.~~

~~2.13—Student and Instructor Records~~

~~(a) Student records shall be up to date and include admission documents, evaluations, skills checklists, transfer records, and a final evaluation of each student.~~

~~(b) Instructor records shall be up to date and include: documentation of the instructor's licensure, curriculum vitae, terms of employment, and evidence of on-going professional development activities.~~

Subpart A—Approval Process for Nursing Assistant Education Programs

~~2.14—Board Approval Required~~

~~(a) A nursing assistant educational program shall meet the requirements set forth by statutes and these rules.~~

~~(b) Nursing assistant education programs in Vermont require Board approval.~~

~~(c) A state approved educational institution, health care agency, or private agency affiliated with a health care agency may apply to establish a nursing assistant education program.~~

~~2.15—Approval Process, New Program Application~~

~~(a) An application, on a form available from the Board, shall be submitted at least three months prior to the anticipated date of the first class.~~

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

~~**2.16—New Program Application Review and Approval Process**—Upon receipt of an application the Board:~~

- ~~(a) may request additional information; and~~

~~(b) — may conduct a site visit; and~~

~~(c) — if the application is approved, notify the applicant.~~

~~(d) — If the governing organization of an approved program changes ownership, approval terminates. — Program approval is not transferable. — A successor program requires an new application and approval.~~

2.17 — Denial of Application — When an application is not approved, the Board will:

~~(a) — issue a preliminary denial letter explaining its decision;~~

~~(b) — notify the applicant of the right to file an appeal which is heard in a formal hearing by the Board. — If the applicant does not appeal the preliminary denial within 30 days, the denial becomes final.~~

~~(c) — At the hearing the burden of proof is on the applicant to show that the preliminary denial was in error and that the applicant is entitled to approval.~~

~~(d) — After that hearing, the Board will issue a written final decision. — If necessary, the decision will advise the applicant of how to file a further appeal.~~

2.18 — Annual Report — On forms available from the Board, Program Administrators shall by April 1 of each year submit to the Board a report on the program's compliance with statutes and these rules.

2.19 — Consultations

~~(a) — Upon request, the Board may provide consultation regarding matters related to approval.~~

~~(b) — A program may be required to reimburse the Board's consultant for actual and necessary personal expenses incurred for meals, lodging, and travel.~~

2.20 — Existing Program Review

~~(a) — One year after initial program approval and every two years thereafter, programs shall be re-evaluated for continuing approval.~~

~~(b) — Program representatives shall cooperate with review activities.~~

~~(c) — A representative of the Board will conduct a site visit.~~

~~(d) — Interim visits may be made at any time.~~

~~(e) — The Board shall notify a program of its review decision and may require that a program take necessary remedial steps for continuing approval.~~

2.21—Board Decision Following Review: Approval, Conditional Approval, or Termination

~~(a) The Board will confirm continued program approval, if the Board determines that a program has complied with the requirements of statutes and these rules.~~

~~(b) The Board may grant conditional approval to a program which has not maintained full compliance with statutes and these rules.~~

~~(1) The Board may set a fixed period of time, not to exceed one year, to correct program deficiencies.~~

~~(2) Conditional approval may end, and full approval may be granted when a program has demonstrated full compliance.~~

~~(3) The Board will notify the program in writing that approval is withdrawn when a program has not shown full compliance with the conditions ordered within one year.~~

~~(c) The Board may withdraw approval and order that the program terminate when the Board concludes that a program has substantially failed to meet the requirements of statute and these rules.~~

2.22—Changes in Program—A program shall notify the Board within 30 days of changes in mission, curriculum, outcomes, texts, instructors, or the number of hours in classroom and/or clinical settings. The Board may initiate a program review.

2.23—Additional Grounds for Withdrawal of Approval—The Board may withdraw program approval when:

~~(a) a program does not permit unannounced survey visits;~~

~~(b) an educational institution loses state approval; or~~

~~(c) a health care agency loses state licensure, or is found to have provided substandard care.~~

2.24—Involuntary Program Closing—When program approval is withdrawn:

~~(a) the program shall cease instruction and assist students to transfer to other approved programs;~~

~~(b) the program shall notify the Board of the closing and submit a list of students who have transferred to approved programs and the date of the last student's transfer.~~

~~(c) the date of the last student's transfer is the closing date of the program.~~

2.25—Voluntary Program Closing—When a program decides to close, it shall:

~~(a) at least two weeks prior to the final closing date notify the Board in writing,~~

~~stating the reason, plan, and date of intended closing;~~

~~(b) permit currently enrolled students to complete the program;~~

~~(c) safeguard student records and notify the Board of how the records will be kept and how they may be accessed.~~

2.26 Reinstatement — A program seeking reinstatement of approval shall demonstrate that it is able to meet the initial approval requirements of these rules.

2.27 Inactive Programs

~~(a) A Program Administrator shall notify the Board when a program has admitted no students for 24 months, and~~

~~(b) program approval shall be withdrawn.~~

Part 3 — Nursing Assistants Licensing

3.1 Applications

~~(a) An application for licensure, renewal, or reinstatement shall be submitted on forms available from the Board and be accompanied by the appropriate fee.~~

~~(b) Supporting documents must be submitted within six months of filing the application, or the application will expire.~~

~~(c) The Board may require any applicant for licensure or relicensure to authorize, secure, and provide to the Board an assessment from an appropriately qualified professional person or previous employer of the applicant's current mental, physical, and professional ability to practice as a licensed nursing assistant.~~

3.2 Licensure by Examination

~~(a) An applicant for licensure as a nursing assistant shall within two years of completing a Board approved nursing assistant education program or its equivalent in another state;~~

~~(1) pass a competency examination approved by the Board; and~~

~~(2) pay the application fee.~~

~~(b) The Board approves and oversees the administration, scoring and reporting of exams.~~

~~(c) A student enrolled in an RN or LPN program may be eligible for LNA licensure upon successful completion of:~~

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

~~(2) the nursing assistant competency examination.~~

3.3 Licensure by Endorsement — The Board may grant a license to an applicant

who:

- ~~(a) has submitted a completed application with the appropriate fee;~~
- ~~(b) is currently licensed or certified as a nursing assistant in another state; and,~~
- ~~(c) has practiced a minimum of 50 days (400 hours) in the last 2 years of paid compensation as a licensed or certified nursing assistant. Eight hours are equivalent to one day of nursing assistant practice.~~

~~**3.4—Those not Qualified for Endorsement**—Applicants who do not qualify for licensure by endorsement must meet the requirements for licensure by examination.~~

~~**3.5—Renewal: Active Practice Requirement**~~

- ~~(a) To renew a nursing assistant license the nursing assistant shall document a minimum of 50 days (400 hours) in the last two years of paid compensation as a licensed nursing assistant:
 - ~~(1) Eight hours are equivalent to one day of nursing assistant practice.~~
 - ~~(2) Only time acquired while the LNA license is active will be accepted toward the active practice requirement.~~~~
- ~~(b) Applicants may be required to provide a job description or other evidence that they have been engaged in active LNA practice. Documentation submitted under this subsection must be certified as true by employers or other appropriate persons.~~
- ~~(c) A licensee who does not meet the active practice requirement shall repeat the nursing assistant education program and competency examination.~~

~~**3.6—Reinstatement of an Expired License**~~

- ~~(a) A license not renewed by the expiration date expires automatically.~~
- ~~(b) To reinstate an expired license the applicant must:
 - ~~(1) pay any license renewal fees;~~
 - ~~(2) pay any applicable penalty; and~~
 - ~~(3) meet renewal and reinstatement requirements in effect at the time.~~~~

~~**3.7—Disabilities**~~

- ~~(a) A candidate for the licensing examination who has a disability, as defined by the Americans with Disabilities Act, but who is otherwise qualified, shall not be deprived of the opportunity to take the examination solely by reason of that disability.~~
- ~~(b) Reasonable testing accommodations may be provided to disabled candidates when the following materials have been reviewed and approved by the Board or the examination vendor:
 - ~~(1) a letter of request from the student;~~
 - ~~(2) a letter from the Program Administrator of the candidate's nursing assistant education program. This letter should describe accommodations and modifications made for the applicant during the education program; and~~~~

~~(3) documentation of the disability by an appropriate specialist with detailed information of accommodations needed.~~

3.8—Retaking Examinations

~~(a) Candidates who fail to successfully complete their initial examination may take the examination an additional two times.~~

~~(b) Candidates who fail the examination three times shall, before being accepted for another examination, successfully complete another approved nursing assistant education program.~~

Subpart A—Medication Nursing Assistants

3.9—Definition—A medication nursing assistant (MNA) is a licensed nursing assistant who has met the requirements of these rules and who is authorized by special endorsement to administer medications to residents in nursing homes.

3.10—Supervision—An MNA is supervised on-site, on the unit by an LPN, RN, or APRN.

3.11—Scope of Practice—A medication nursing assistant upon delegation by an LPN, RN, or APRN may:

~~(a) administer medications to individual residents;~~

~~(b) administer medication via oral, sublingual, buccal, inhalation, spray (on oral mucosa), topical, nasal, ocular, otic, and suppository (vaginal or rectal) route;~~

3.12—Limitations—An MNA may:

~~(a) administer medications to a newly admitted resident only after the delegating nurse determines that the resident is stable, and then only according to facility policy.~~

~~(b) administer prn medication only after an RN assessment confirms the need for the medication.~~

3.13—Exclusions—An MNA may not:

~~(a) administer injectable medications.~~

~~(b) administer medications new to the patient;~~

~~(c) make adjustments to dosage;~~

~~(d) take or transcribe orders;~~

~~(e) apply medicated dressings;~~

- ~~(f) administer insulin;~~
- ~~(g) administer bladder instillations;~~
- ~~(h) calculate conversions;~~
- ~~(i) dispose of medications; or~~
- ~~(j) administer enteral feedings or medications.~~

~~Subpart B—Obtaining and Renewing an MNA Endorsement~~

~~3.14—Eligibility for MNA Endorsement~~

~~(a) To be eligible for endorsement as a medication nursing assistant, an applicant must:~~

- ~~(1) hold an unencumbered Vermont LNA license;~~
- ~~(2) be at least 18 years of age;~~
- ~~(3) have a high school diploma or G.E.D.;~~
- ~~(4) have two years' experience consisting of no fewer than 4,000 hours of LNA experience of which at least one year and 2,000 hours were acquired in a long-term care nursing facility;~~
- ~~(5) complete an MNA training program approved by the Board; and~~
- ~~(6) successfully complete MNA competency and math proficiency examinations approved by the Board.~~

~~(b) A complete application for the MNA endorsement must be submitted within one year of completing the MNA training program.~~

~~3.15—Nursing Student Eligibility~~—~~An LPN or RN student in a Board-approved nursing program who has completed MNA training content as part of the nursing program and successfully completed the examinations required above may be issued an MNA endorsement.~~

~~3.16—Applicants from Other Jurisdictions~~—~~The Board may endorse a Vermont LNA who received MNA training in another jurisdiction so long as the applicant:~~

- ~~(a) completed a training program determined to be substantially equivalent to Vermont's;~~
- ~~(b) has successfully completed the MNA examinations used in Vermont; and~~
- ~~(c) has met the requirements of Rule 3.14.~~

~~3.17—Renewal of MNA Endorsement~~—~~To renew an MNA endorsement each MNA at the time of renewal must document completion of:~~

- ~~(a) 4 hours of Board-approved MNA-related continuing education since the last renewal;~~

~~(b) LNA active practice requirements of which no less than 25% of the individual's LNA activities consisted of MNA activities.~~

~~Subpart C—MNA Training Programs~~

~~3.18—MNA Program—Board Approval Required~~—~~Before providing MNA training, an MNA program must receive Board approval. The process for receiving Board approval is set forth in Subpart A of Part 2 of these rules. The Board will approve a program which assures that participants are trained in:~~

- ~~(a) communication and documentation;~~
- ~~(b) ethical and legal responsibilities regarding medication administration;~~
- ~~(c) medication use, side effects, abbreviations, look alike drugs, drug interactions, proper storage, and the need for reporting side effects;~~
- ~~(d) apothecary and metric measurements;~~
- ~~(e) patient safety principles regarding proper medication administration; and~~
- ~~(f) facility policies regarding medication errors.~~

~~3.19—MNA Training Program Requirements~~—~~To receive Board approval each MNA training program must:~~

- ~~(a) employ a standardized textbook approved by the Board;~~
- ~~(b) require no fewer than:
 - ~~(1) 60 hours of class instruction including lab/simulation instruction; and~~
 - ~~(2) 40 hours of supervised clinical instruction;~~~~
- ~~(c) have instructors who:
 - ~~(1) possess an unencumbered Vermont RN license;~~
 - ~~(2) have at least 2 years' full-time practice experience of which one year was in clinical practice;~~
 - ~~(3) have a baccalaureate or higher degree in nursing;~~~~
- ~~(d) have a program administrator who:
 - ~~(1) possesses an unencumbered Vermont RN license;~~
 - ~~(2) has no less than three years' experience working in long term care facilities of which one year was in clinical practice; and~~
 - ~~(3) has a baccalaureate or higher degree in nursing.~~~~

Part 4—Nursing Education Programs

General Provisions

4.1—Board Approval Required

~~(a) As used in this Part, “program” means nursing education program.~~

~~(b) All nursing education programs in the State of Vermont require approval of the Board.~~

~~(c) Nursing education programs shall be conducted in an accredited state-approved school. Accreditation may be by the New England Association of Colleges and Secondary Schools or another accrediting body recognized by the Board.~~

~~(d) Effective July 1, 2020 all Vermont pre-licensure nursing education programs must be accredited by a national nursing accreditation organization approved by the Board.~~

~~**4.2—Oversight Information for the Board**—The Board may at any time request information it deems necessary for oversight of proposed or existing nursing education programs.~~

~~**4.3—Site Visits**~~

~~(a) The Board may conduct a site visit to any proposed or existing nursing education program during the application review, during any review for extension of approval, or at any time deemed necessary to assess compliance with these rules.~~

~~(b) A nursing education program shall reimburse the Board for actual and necessary costs incurred for a site visit.~~

~~**4.4—Duty to Report Site or Administrative Changes**—At any stage of operation or during the approval process the Program Administrator shall report to the Board in writing:~~

~~(a) new sites or site changes;~~

~~(b) administrative changes relating to and/or affecting the program.~~

~~**4.5—Curriculum Changes**—At any stage of operation or during the approval process the program shall in writing request Board approval for:~~

~~(a) significant changes in curriculum;~~

~~(b) changes in the length of program;—or,~~

~~(c) reorganization of the entire curriculum.~~

~~**Subpart A—Approval Process for New Nursing Education Programs**~~

~~**4.6—Application for Approval to Establish a Nursing Education Program**—At least nine months before a program proposes to admit its first students, an authorized representative of the governing organization shall submit the following information:~~

~~(a) the mission, purpose, and accreditation status of the governing organization;~~

~~(b) a tentative overall plan for the program, including:~~

- ~~(1) — operational statements of mission and purpose;~~
- ~~(2) — curriculum plan;~~
- ~~(3) — organizational and administrative policies; and~~
- ~~(4) — outcome measurements;~~

~~(c) — the qualifications of the Program Administrator;~~

~~(d) — a description of faculty including numbers and qualifications;~~

~~(e) — an organizational chart indicating lines of administrative authority and control within the organization and program, and what resources at the institution will be available to support the proposed program;~~

~~(f) — evidence of the feasibility of the program and community readiness to accept and support the program;~~

~~(g) — the certificate or degree to be offered;~~

~~(h) — a statement of clinical and academic facilities and resources including classroom, conference room, library, office space and skills laboratory;~~

~~(i) — evidence of financial resources sufficient for the planning, implementation and operation of the program;~~

~~(j) — a description of the anticipated student population; and~~

~~(k) — any other information showing that the proposed program will meet the requirements of these rules.~~

4.7 — Review Process

~~(a) — The Board will review the application and determine whether further information is required.~~

~~(b) — Once the Board has formally determined that an application is complete, it will notify the applicant when it will consider the application.~~

~~(c) — The Board will advise the applicant in writing of its decision on the application.~~

4.8 — Preliminary Approval of Application — When the Board determines that an application is satisfactory, it will issue a preliminary approval. — The applicant may then:

- ~~(a) — hire faculty, develop and implement the program, including:
 - ~~(1) — written curriculum design with course objectives;~~
 - ~~(2) — plans for the use of all assigned facilities and resources, including the clinical areas in cooperating agencies;~~
 - ~~(3) — policies for student rights and responsibilities;~~
 - ~~(4) — description of evaluation methods and tools; and then~~~~

~~(b) begin operation of the program.~~

~~**4.9 Denial of Application**— If an application is denied, the Board will:~~

~~(a) provide an explanation of its decision; and~~

~~(b) advise the applicant of the right to file an appeal which is heard in a formal hearing by the Board. If the applicant does not appeal the preliminary denial within 30 days, the denial becomes final.~~

~~(c) At the hearing the burden of proof is on the applicant to show that the denial was in error and that the applicant is entitled under the statutes and Rules to approval.~~

~~(d) After that hearing the Board will issue a written final decision. If necessary, the decision will advise the applicant of how to file a further appeal.~~

~~**4.10 Annual Reports**— After a program has received preliminary approval, it shall submit annual reports on forms available from the Board.~~

~~(a) Each annual report shall be submitted no later than October 1 and cover the period between August 1 of the preceding year and July 31 of the year the report is submitted.~~

~~(b) The reports shall include:~~

~~(1) changes in mission, program outcomes, program evaluation, and organizational structure;~~

~~(2) curriculum changes made since the last report, or anticipated;~~

~~(3) names of all program faculty, dates of appointment, academic preparation, educational activities, major teaching responsibilities;~~

~~(4) faculty-student ratios;~~

~~(5) cooperating agencies used for clinical experience;~~

~~(6) student data, including, but not limited to: number of students admitted; attrition rate; NCLEX scores;~~

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

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

~~**4.11 Application for Full Program Approval**~~

~~(a) A program shall notify the Board when it graduates its first class.~~

~~(b) The program shall then submit a comprehensive narrative self-study report documenting the program's compliance with statutes and these rules.~~

~~(c) The self-study report shall be submitted to the Board to permit sufficient time to prepare for the site visit.~~

~~(d) The self-study shall be submitted both in electronic format and with three printed copies.~~

~~**4.12 Decision: Approval, Conditional Approval, or Termination** After review of the program's self-study report and its own evaluation, the Board will decide whether, or in what manner, the program may continue.~~

~~**4.13 Approval**~~

~~(a) If the Board determines that the program has complied with the requirements of statutes and these rules, it will grant approval to continue the program. Approval will be for a period of time determined by the Board. Approval may not exceed the duration of the national accrediting agency's accreditation, and in no event exceed ten years.~~

~~(b) Once approved, a program is considered to be an "existing program" subject to the requirements of Subsection B of this Part.~~

~~**4.14 Conditional Approval** The Board may grant conditional approval to a program which has not attained full compliance with statutes and these rules. The Board will set a reasonable time for the program to:~~

~~(a) submit an action plan; and~~

~~(b) correct any program deficiencies.~~

~~**4.15 Termination** Should the Board find that the program has substantially failed to meet the requirements of statute and these rules, it may withdraw approval and order that the program terminate. The Board may set conditions governing termination of the program.~~

~~**Subpart B: Requirements for Existing Vermont LPN and RN Education Programs**~~

~~**4.16 Applicability** Nursing education programs shall meet the standards set forth in this Subpart.~~

~~**4.17 Mission** The program shall have a mission consistent with that of the governing organization. As used in this Part, "Governing Organization" means the agency or institution that has the authority and responsibility for financing the nursing education program, employing the administrator and faculty, graduating students, and granting diplomas, certificates, or degrees.~~

~~**4.18 Organization** A program shall have an organizational structure depicting relationships and channels of communication within the program.~~

~~(a) A program's relationship to other units within the governing organization shall be clearly defined as to authority, responsibility, and channels of communication.~~

~~(b) Governance of the nursing program shall include nursing administration, faculty, and students.~~

4.19—Program Administrator

~~(a) The administrator of the program shall hold an unencumbered Vermont registered nurse license.~~

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

~~(c) The administrator of a master's degree or a doctoral degree nursing program shall have:~~

~~(1) a master's degree in nursing and an earned doctoral degree from an accredited institution;~~

~~(2) experience in teaching, research, curriculum development, administration; and~~

~~(3) at least 2 years of clinical experience.~~

~~(d) The administrator of all other nursing programs shall have:~~

~~(1) a master's degree or greater in nursing;~~

~~(2) experience in teaching, curriculum development and administration; and~~

~~(3) at least 2 years of clinical experience.~~

~~(e) The administrator's work load shall allow sufficient time to carry out administrative and leadership activities.~~

4.20—Nursing Program Faculty—As used in this Part “nursing faculty” means nurses hired to teach in any capacity in a Vermont nursing education program.

~~(a) Nursing faculty must be sufficient in number and expertise to achieve the program outcomes.~~

~~(b) Nursing faculty shall hold a current unencumbered license to practice as a registered nurse in Vermont.~~

4.21—Faculty Employment Descriptions and Personnel Policies

~~(a) Each program shall have an employment description for each faculty position. The employment description must clearly identify teaching responsibilities, scholarship responsibilities, service expectations, and nursing practice requirements.~~

~~(b) Each program shall have written faculty personnel policies.~~

4.22—Faculty, Graduate Degree Programs

~~(a) A graduate degree nursing education program shall have a majority of faculty~~

~~holding earned doctorates from accredited institutions.~~

~~(b) All faculty must possess a master's degree or greater in nursing.~~

4.23—Faculty, Bachelor and Associate Degree Programs

~~(a) The nurse faculty of baccalaureate and associate degree nursing education programs who teach theory must hold a master's degree or greater in nursing or a related field approved by the Board and clinical experience relevant to the areas of instruction.~~

~~(b) Nursing clinical instructors must hold:~~

~~(1) a master's degree in nursing; or~~

~~(2) a bachelor's degree in nursing and a graduate degree in a related field approved by the Board; or~~

~~(3) a bachelor's degree in nursing and be enrolled in a graduate program in nursing or a related field approved by the Board which must be completed within 3 years of initial faculty appointment; and~~

~~(4) have clinical experience relevant to the areas of instruction.~~

4.24—Faculty, Practical Nursing Programs

~~(a) The nurse faculty of practical nursing education programs who teach theory must have at least a bachelor's degree with a major in nursing and clinical experience relevant to the areas of instruction;~~

~~(b) Nursing clinical instructors must hold, at a minimum, a bachelor's degree with a major in nursing and clinical experience relevant to the areas of instruction.~~

4.25—Faculty From Other Disciplines, All Programs

~~Faculty from other academic disciplines who teach theory courses shall have advanced academic preparation appropriate to the area of instruction. They are not required to hold a nursing degree.~~

4.26—Preceptors—“Preceptor” as used in this Part, means an RN who facilitates and supervises student learning experiences in a practice setting and who is not a member of the nursing education program's faculty.

~~(a) Preceptors shall have expertise in the clinical area(s) for which they provide supervision.~~

~~(b) Preceptors or responsible representatives of each agency where clinical instruction occurs shall sign a written agreement with a nursing program. The agreement shall:~~

~~(1) define the preceptor's role and relationship with students and clinical faculty; and~~

~~(2) specify that preceptors provide student performance evaluations.~~

4.27—Nursing Program Facilities and Other Resources

~~(a) Classrooms, conference rooms, laboratories and offices shall be sufficient to meet the purpose(s) of the nursing program and the needs of the students, faculty, administration, and staff.~~

~~(b) Library space shall be sufficient, with relevant, current, comprehensive, and readily accessible holdings.~~

~~(c) Educational resources shall be sufficient to meet curriculum objectives.~~

~~(d) The nursing program shall have sufficient financial resources.~~

~~(e) Support personnel and services are sufficient for faculty and administrative needs.~~

4.28—Student Environment

~~(a) The program shall provide a learning environment conducive to academic achievement.~~

~~(b) Each program shall have accurate and clearly written information available to students regarding:~~

~~(1) policies for admission, readmission, transfer, progression, advanced placement, dismissal, graduation, and Board of Nursing requirements for licensure;~~

~~(2) program costs and conditions for refunds;~~

~~(3) student rights and responsibilities;~~

~~(4) grievance, complaint, and appeal processes; and~~

~~(5) access to support services including health, counseling, academic guidance, and financial aid.~~

~~(c) Each program shall provide opportunity for student participation in planning, implementation, and evaluation of academic policies and curriculum.~~

4.29—Curriculum

~~(a) The curriculum must be consistent with the program's mission, purpose, professional standards, and program outcomes.~~

~~(b) The curriculum is logically and sequentially organized.~~

~~(c) Nursing education programs shall include clinical experience in state approved facilities. Clinical experiences must provide an opportunity for direct care in the promotion, prevention, restoration and maintenance of health in clients across the life span in a variety of settings. No more than 25% of clinical experience may be obtained~~

~~in a medium or high fidelity simulation laboratory.~~

~~(d) The governing organization shall have a written agreement with each entity where clinical experience occurs. The agreement should enable the Board to determine that the clinical experience provided is appropriate.~~

~~(e) Clinical experiences are selected and monitored by faculty.~~

4.30 Registered Nursing Programs—A registered nursing program shall include content in pharmacology and nutrition. Each program must provide no less than:

~~(a) 180 theory hours and 400 clinical hours covering the following:~~

- ~~(1) Adult Nursing;~~
- ~~(2) Maternal/Infant Nursing;~~
- ~~(3) Pediatric Nursing;~~
- ~~(4) Psychiatric/Mental Health Nursing.~~

~~(b) 80 hours in Anatomy and Physiology;~~

~~(c) 40 hours in Microbiology;~~

~~(d) 80 hours covering both Humanities and Social/Behavioral Science.~~

4.31 Practical Nurse Program Duration—The practical nurse curriculum shall require no less than one academic year to complete.

4.32 Practical Nursing Programs—A practical nursing program shall include content in pharmacology and nutrition. Each program must provide no less than:

~~(a) 150 theory hours and 300 clinical hours covering all the following: Adult Nursing, Maternal/Infant Nursing, Pediatric Nursing, Psychiatric/Mental Health Nursing;~~

~~(b) 80 hours in Anatomy and Physiology ;~~

~~(c) 40 hours in Social/Behavioral Science.~~

4.33 Student Evaluation—Each program shall document each student's achievement through periodic evaluations.

4.34 Program Evaluation

~~(a) Each program shall have a written plan for systematic evaluation for compliance with the requirements of these rules. Evaluations shall be used for future planning.~~

~~(b) Evaluation documentation includes, but is not limited to, completion / graduation rates, pass rates on NCLEX and other professional qualifying examinations.~~

4.35 Records—A program shall maintain up to date educational records.

~~(a) Student files shall include admission data, written periodic evaluations, documentation of academic guidance, and transcripts.~~

~~(b) Faculty file records shall include proof of licensure, curriculum vitae, terms of employment, evidence of educational activities, and documentation of participation in relevant professional and community activities.~~

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

~~4.36 Program Publications~~

~~(a) All program publications shall provide accurate information about the program and its governing organization.~~

~~(b) All program bulletins, catalogues, and brochures shall be dated.~~

~~4.37 Advisory Committee~~ — Each program shall have an advisory committee.

~~(a) The advisory committee shall consist of consumers, students, and other interested parties whose input shall be considered in the development and evaluation of the program.~~

~~(b) Written rules must describe the advisory committee's purpose, objective, function, and structure.~~

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

~~Subpart C Reporting and Re-Approval Process for Existing Nursing Programs~~

~~4.38 Annual Reports~~ — An existing program shall submit annual reports on forms available from the Board.

~~(a) Each annual report shall be submitted no later than October 1 and cover the period between August 1 of the preceding year and July 31 of the year the report is submitted.~~

~~(b) Annual reports shall include:~~

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

~~(2) curriculum changes anticipated or made since the last report;~~

~~(3) names of all program faculty, dates of appointment, academic preparation, educational activities, major teaching responsibilities;~~

~~(4) faculty-student ratios;~~

~~(5) cooperating agencies used for clinical experience;~~

~~(6) student data, including, but not limited to: — number of students~~

- admitted, attrition rate, NCLEX scores;
- (7) response(s) to prior Board and national accreditation recommendations; and
- (8) other information and/or materials requested by the Board.

4.39—Review of Existing Programs

(a) One year before the end of the approved period of operation the Board will notify the program that a re-approval evaluation will be required.

(b) At least six weeks prior to the site visit the program shall submit a comprehensive self-study to the Board. The self-study shall address compliance with each of the requirements of these rules and applicable statutes.

(c) The Board will review the evaluation and conduct its own evaluation of the program:

- (1) The Board may accept an accreditation report, if available, to use as part of its evaluation.
- (2) Nursing education programs shall submit to the Board any accreditation report within 30 days of its issuance.
- (3) The Board may extend the approval period to accommodate a joint site visit with the national accreditors.

4.40—Decision for Continued Approval, Conditional Approval, or Termination

After review of the program's self-study report and its own investigation, the Board will decide whether, or in what manner, the program may continue.

4.41—Approval—The Board will grant approval to continue the program if it determines that the program has complied with the requirements of statutes and these rules. Approval will be for a fixed period of time as determined by the Board but may not exceed the duration of the national accrediting agency's accreditation, and in no event exceed ten years.

4.42—Conditional Approval—The Board may grant conditional approval to a program which has not maintained full compliance with statutes and these rules. The Board will give the program:

- (a) 90 days to submit an action plan for Board approval; and
- (b) a reasonable time to achieve full compliance.

4.43—Termination—The Board may withdraw approval and order that the program terminate, if it finds that the program has not substantially complied with the requirements of statute and these rules. The Board may set conditions governing termination of the program.

4.44—Voluntary Program Closure—The governing organization shall advise the Board of a decision to close its program.

- (a) The program shall:
 - (1) discontinue student admissions;

- ~~(2) assist accepted applicants and current students to transfer to other approved programs; or,~~
- ~~(3) officially close when the last student has graduated.~~

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

~~(c) The governing organization shall notify the Board where permanent program and student records are stored and how they may be retrieved.~~

Part 5 — Licensed Practical Nurse Licensure

5.1 — Requirements for Licensure as a Licensed Practical Nurse — There are two ways to become licensed as a licensed practical nurse.

(a) Examination: An applicant may apply on the basis of education and licensing examination;

(b) Endorsement: In certain circumstances an applicant who is licensed in another jurisdiction may seek licensure on the basis of the other jurisdiction's license. This is called "licensure by endorsement."

(c) The Board may require any applicant for licensure or re-licensure to authorize, secure, and provide to the Board an assessment from an appropriately qualified professional person or previous employer of the applicant's current mental, physical, and professional ability to practice as a licensed practical nurse.

5.2 — Applicants not Qualified for Endorsement — Applicants who do not qualify for licensure by endorsement must meet the requirements for licensure by examination.

5.3 — Licensure by Examination — To be eligible for licensure by examination as a licensed practical nurse, the applicant must:

(a) graduate from an approved licensed practical nursing educational program as shown by a verification of education form, and for programs other than those in Vermont approved by the Board, an official transcript;

(b) apply for and receive Board approval to take the NCLEX examination;

(c) successfully complete the NCLEX practical nursing examination.

(d) Application and successful NCLEX completion must occur within five years of the graduation date.

5.4 — Disabilities

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

~~(b) — Reasonable testing accommodations may be provided to disabled candidates when the following materials have been reviewed and approved by the Board or the examination vendor:~~

- ~~(1) — a letter of request from the student;~~
- ~~(2) — a letter from the Program Administrator of the candidate's licensed practical nursing education program. — This letter should describe accommodations and modifications made for the applicant during the education program; and~~
- ~~(3) — documentation of the disability by an appropriate specialist with detailed information of accommodations needed.~~

5.5 — Retaking Examinations

~~(a) — An applicant must submit the retake application and fee.~~

~~(b) — An applicant may retake the exam no sooner than 45 days after a previous examination attempt.~~

~~(c) — An applicant who has not successfully completed the licensing examination within five years of graduation must once again successfully complete an approved nursing education program.~~

~~(d) — Candidates who do not take a scheduled examination must reapply and submit the appropriate fee to the examination provider.~~

5.6 — Licensure by Endorsement and Experience — The Board may issue a license to an applicant who:

~~(a) — is licensed in a United States jurisdiction on the basis of a U.S. nursing education program, and~~

~~(b) — has practiced nursing in that jurisdiction for a minimum of 50 days (400 hours) in the previous 2 years, or 120 days (960 hours) in the previous 5 years.~~

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

5.7 — Exemption — A person holding an unencumbered license in another United States jurisdiction may practice nursing in Vermont under supervision of a Vermont unencumbered licensed RN, as a part of an educational offering. — Practice under this exemption shall not exceed 30 days in any calendar year.

5.8 — Applicants with International Education — An applicant whose nursing education and initial license to practice was in a country other than the United States, shall be authorized to take a licensing examination once the Board has received:

~~(a) — a completed application for licensure;~~

- ~~(b) — proof of completion of secondary school or its equivalent;~~
- ~~(c) — proof of graduation from a licensed practical nursing education program meeting the requirements of these rules;~~
- ~~(d) — a credentials review by an external agency that specializes in international academic credentials review which verifies that the applicant's nursing education meets the requirements of these rules; and~~
- ~~(e) — proof of licensure in the country of graduation;~~
- ~~(f) — proof of oral and written English proficiency, if the nursing education program was not conducted in English; and~~
- ~~(g) — documentation of a minimum of:
 - ~~(1) 50 days (400 hours) of practice as a licensed practical nurse in the two years immediately preceding the application; or~~
 - ~~(2) 120 days (960 hours) practice as a licensed practical nurse within five years of the application;~~~~
- ~~(h) — The documents in subsections (a) through (g) above must be in the English language.~~

Part 6 — Registered Nurse Licensure

6.1 Requirements for Licensure as a Registered Nurse — There are two ways to become licensed as an registered nurse.

- ~~(a) — Examination: — An applicant may apply on the basis of education and licensing examination;~~
- ~~(b) — Endorsement: — An applicant who is licensed in another jurisdiction may apply on the basis of the other jurisdiction's license. — This is called "licensure by endorsement."~~
- ~~(c) — The Board may require any applicant for licensure or relicensure to authorize, secure, and provide to the Board an assessment from an appropriately qualified professional person or previous employer of the applicant's current mental, physical, and professional ability to practice as a registered nurse.~~

6.2 — Applicants Not Qualified for Endorsement — Applicants who do not qualify for licensure by endorsement must meet the requirements for licensure by examination.

6.3 — Licensure by Examination — To be eligible for licensure by examination as a registered nurse, the applicant must:

- ~~(a) — graduate from an approved registered nursing educational program as~~

~~shown by verification of education form, and for programs other than those in Vermont approved by the Board, an official transcript;~~

~~(b) — apply for and receive Board approval to take the NCLEX examination;~~

~~(c) — successfully complete the NCLEX examination for registered nursing.~~

~~(d) — Both application and successful NCLEX completion must occur within five years of the graduation date.~~

6.4 — Disabilities

~~(a) — A candidate for examination who has a disability, as defined by the Americans with Disabilities Act, but who is otherwise qualified, shall not be deprived of the opportunity to take the licensing examination solely by reason of that disability.~~

~~(b) — Reasonable testing accommodations may be provided to disabled candidates when the following materials have been reviewed and approved by the Board or the examination vendor:~~

~~(1) — a letter of request from the student;~~

~~(2) — a letter from the Program Administrator of the candidate's registered nursing education program. — This letter should describe accommodations and modifications made for the applicant during the education program; and~~

~~(3) — documentation of the disability by an appropriate specialist with detailed information of accommodations needed.~~

6.5 — Retaking Examinations

~~(a) — An applicant must submit a retake application and fee.~~

~~(b) — An applicant may retake the exam no sooner than 45 days after a previous examination attempt.~~

~~(c) — An applicant who has not successfully completed the licensing examination within five years of graduation must once again successfully complete an approved nursing education program.~~

~~(d) — Candidates who do not take a scheduled examination must reapply and submit the appropriate fee to the examination provider.~~

6.6 — Licensure by Endorsement and Experience — The Board may issue a license to an applicant who:

~~(a) — is licensed as a registered nurse in a United States jurisdiction on the basis of a U.S. nursing education program and~~

~~(b) — has practiced nursing in that jurisdiction for a minimum of:~~

~~(1) — 50 days (400 hours) in the previous 2 years; or~~

~~(2) — 120 days (960 hours) in the previous 5 years.~~

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

~~**6.7—Exemption**—A person holding an unencumbered license in another United States jurisdiction may practice nursing in Vermont under supervision of a Vermont unencumbered licensed RN as a part of an educational offering. Practice under this exemption shall not exceed 30 days in any calendar year.~~

~~**6.8—Applicants with International Education**—An applicant whose nursing education and current license to practice is from a country other than the United States, may take a licensing examination once the Board has received:~~

~~(a)—a completed application for licensure;~~

~~(b)—proof of completion of secondary school or its equivalent;~~

~~(c)—proof of graduation from a registered nursing education program meeting the requirements of these rules;~~

~~(d)—a credentials review by an external agency that specializes in international academic credentials review which verifies that the applicant's nursing education meets the requirements of these rules;~~

~~(e)—proof of licensure in the country of graduation; and~~

~~(f)—proof of oral and written English proficiency if the nursing education program was not conducted in English.~~

~~(g)—documentation of a minimum of:~~

~~(1)—50 days (400 hours) of practice as a licensed registered nurse in the two years immediately preceding the application; or~~

~~(2)—120 days (960 hours) practice as a licensed registered nurse within five years of the application;~~

~~(h)—The documents in subsections (a) through (g) above must be in the English language.~~

~~**Part 7—Requirements for Vermont Advanced Practice Registered Nurse (APRN) Education Programs**~~

~~**7.1—Eligible Colleges or Universities**—The Board will approve a Vermont APRN education program which:~~

~~(a)—is offered by a college or university;~~

~~(b)—confers a graduate degree with a major in nursing or a graduate degree that prepares nurses to practice advanced practice nursing; and~~

~~(c)—meets the educational standards set by a national accrediting body and national certifying board approved by the Board.~~

~~**7.2—Organization**—The relationship of the APRN education program to other units~~

~~within the governing organization shall be clearly defined as to authority, responsibilities, and channels of communication.~~

7.3 — Mission Statement — ~~Each APRN program shall have a clearly written mission statement setting forth the program's purpose and desired outcomes.~~

7.4 — Program Administrator

~~(a) The program administrator shall hold a Vermont unencumbered registered nurse license.~~

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

~~(c) The program administrator of a master's degree or a doctoral degree advanced practice nursing program shall have:~~

- ~~(1) a minimum of a master's degree in nursing and an earned doctoral degree from an accredited institution;~~
- ~~(2) experience in teaching, research, curriculum development and administration; and~~
- ~~(3) clinical experience.~~

~~(d) The administrator's work load shall allow sufficient time to carry out administrative and leadership activities.~~

7.5 — Faculty — Faculty shall include:

~~(a) APRNs who possess a doctoral degree and or a master's degree in nursing who:~~

- ~~(1) possess an Vermont unencumbered APRN license in the role and population focus being taught; and~~
- ~~(2) have practiced in that role and population focus.~~

~~(b) Faculty from other academic disciplines who teach theory courses shall have advanced academic preparation appropriate to the area of instruction.~~

7.6 — Curriculum Responsibilities — ~~The administrator and faculty shall develop, organize, implement, and evaluate the curriculum.~~

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

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

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

~~(c) supervised clinical practice relevant to the role and population focus; and~~

~~(d) advanced pharmacotherapeutics, advanced physical assessment, and advanced pathophysiology.~~

~~**7.8 Approval Process** To obtain and maintain Board approval, an APRN education program must follow the processes outlined in Subparts A and B of Part 4 of these Rules.~~

~~**Part 8 Advanced Practice Registered Nurses Licensing and Practice**~~

~~**8.1 Definitions**~~

~~(a) Advanced Practice Registered Nurse (“APRN”) means “a licensed registered nurse authorized to practice in this state who, because of specialized education and experience, is endorsed to perform acts of medical diagnosis and to prescribe medical, therapeutic, or corrective measures under administrative rules adopted by the board.” 26 V.S.A. § 1572(4).~~

~~(b) “Collaborating Provider” as used in this Part means a Vermont APRN or Vermont-licensed physician in a formal relationship with an APRN to advise, mentor, and consult. An APRN may have more than one collaborating provider.~~

~~(c) “Physician” means an individual licensed to practice medicine as a medical doctor under Title 26 Chapter 23 or an osteopathic physician under Chapter 33 of Title 26 of the Vermont Statutes Annotated.~~

~~(d) “Solo Practice” means one APRN practicing with no additional APRNs or licensed physicians.~~

~~**8.2 Roles** The Board may license an individual to practice as an APRN in the following roles:~~

~~(a) Nurse Practitioner;~~

~~(b) Certified Nurse Midwife;~~

~~(c) Certified Registered Nurse Anesthetist; and~~

~~(d) Clinical Nurse Specialist in Psychiatric and Mental Health Nursing.~~

~~**8.3 Identification** APRNs shall use, at a minimum, the license designation “APRN” for purposes of identification and documentation.~~

~~**8.4 Population Focus** Population Focus means that segment of the population, defined by age group or health status to which an APRN provides professional services:~~

~~The Board recognizes the following population focus areas:~~

- ~~(a) Family/Individual across the life span;~~
- ~~(b) Adult;~~
- ~~(c) Neonatal;~~
- ~~(d) Pediatric;~~
- ~~(e) Geriatric;~~
- ~~(f) Woman's Health/Gender Related; and~~
- ~~(g) Psychiatric/Mental Health.~~

8.5—Scope of Practice

~~(a) Nurse practitioners providing primary care may be primary care providers of record.~~

~~(b) The scope of an APRN includes:~~

- ~~(1) registered nurse scope of practice;~~
- ~~(2) acts of medical diagnosis including, ordering and interpreting diagnostic tests and procedures;~~
- ~~(3) prescribing medications;~~
- ~~(4) prescribing medical, therapeutic, or corrective measures;~~
- ~~(5) initiating written or verbal orders to other health care providers; and~~
- ~~(6) managing and evaluating care.~~

8.6—APRN License Requirements ~~—To be eligible for licensure as an APRN the applicant must:~~

- ~~(a) hold an Vermont unencumbered registered nursing license;~~
- ~~(b) meet the education requirements set forth below;~~
- ~~(c) hold certification from a national board; and~~
- ~~(d) meet the practice requirements.~~

8.7—Education ~~—To be eligible for an APRN license, an applicant shall:~~

- ~~(a) have a degree or certificate as shown by the official transcripts from the~~

~~applicant's graduate nursing program in one of the four recognized APRN roles from:~~

- ~~(1) a Vermont graduate nursing program approved by the Board; or~~
- ~~(2) a United States graduate nursing program approved by a state or a national accrediting agency approved by the Board; and~~

~~(b) have successfully completed graduate level courses in:~~

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

8.8 — Certification Organizations — ~~The Board may accept certification by a certifying organization which:~~

~~(a) follows established certification testing and psychometrically sound, legally defensible standards for APRN certification exams;~~

~~(b) assesses APRN core and role competencies across a minimum of one population focus of practice;~~

~~(c) assesses specialty competencies, when applicable, separately from the APRN core role and population focused competencies; and~~

~~(d) is accredited by a national certification accreditation body.~~

8.9 — Education or Practice Requirement

~~To be eligible for initial licensure or to renew or reinstate an APRN license, an applicant must have:~~

~~(a) graduated from an APRN program within two years of making the application; or~~

~~(b) practiced as an licensed APRN for a minimum of:~~

- ~~(1) 50 days (400 hours) in the previous two years; or~~
- ~~(2) 120 days (960 hours) in the previous five years; or~~

~~(c) completed a Board approved APRN Refresher Course as set forth in Part 10 of these Rules within two (2) years of making the application.~~

8.10 — Practice Guidelines Approval — ~~An APRN may not engage in clinical practice without Board approved practice guidelines.~~

8.11 — Practice Guidelines Review — ~~Licensees who engage clinical practice as an APRN shall submit proposed practice guidelines for Board review and approval:~~

~~(a) prior to initial employment;~~

~~(b) at least 30 days prior to a change in the APRN's employment, clinical role, population focus, or specialty; and~~

~~(c) if employed, or practicing as an APRN, with every license renewal.~~

~~**8.12 Practice Guidelines: Availability**—Each APRN shall maintain a copy of the practice guidelines at each practice site. A copy of guidelines shall available upon request.~~

~~**8.13 Practice Guidelines: Contents**—Practice guidelines must show that the APRN is practicing only in his or her certified role and population focus. Practice guidelines shall include:~~

~~(a) the APRN's name, role, population focus and certification;~~

~~(b) when applicable, the collaborator's name, specialty, Vermont license number, and phone number;~~

~~(c) the name, address, and phone number of the clinical practice site(s);~~

~~(d) a description of the clinical practice, including role, population focus, and general description of clients served; and~~

~~(e) a description of the APRN's current quality assurance plan.~~

~~**8.14 Transition to Practice: Collaborative Provider Agreement**~~

~~(a) The first 24 months and 2,400 hours of an APRN's practice in an initial role and/or population focus must be under a formal agreement with a collaborating provider.~~

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

~~(c) An APRN shall maintain signed and dated copies of all collaborative provider agreements as part of the practice guidelines. An APRN required to practice under a collaborative provider agreement may not engage in solo practice in the role and population focus covered by the collaborative provider agreement.~~

~~(d) An APRN who completes the collaborative provider requirement shall, using the form available from the Board, notify the Board that the requirement have been satisfied.~~

~~**8.15 Collaborating Providers**~~

~~(a) The collaborating provider's license must be active and unencumbered.~~

~~(b) The collaborating provider shall practice in the same role and population focus or~~

~~specialty as the APRN.~~

~~(c) An APRN collaborating provider shall have practiced in the same role and population focus for a minimum of four years.~~

8.16 Collaborating Provider Responsibilities — ~~A collaborating provider shall:~~

~~(a) review, sign, and date the APRN's practice guidelines;~~

~~(b) serve as an advisor, mentor, and consultant to the APRN;~~

~~(c) participate in quality assurance activities.~~

8.17 APRN Group Practice

~~(a) An APRN group practice must include one or more APRNs who are not required to practice under a collaborative provider agreement.~~

8.18 License period — ~~APRN licenses are renewed on a schedule set by the Office of Professional Regulation.~~

8.19 Renewal Application Requirements — ~~To renew an APRN license the applicant must show:~~

~~(a) graduation from an approved APRN program within the past 2 years; or~~

~~(b) documentation of APRN practice for a minimum of:~~

~~(1) 50 days (400 hours) in the previous 2 years; or~~

~~(2) 120 days (960 hours) in the previous 5 years; and~~

~~(c) current certification by a national APRN specialty certifying organization; and~~

~~(d) current practice guidelines (if employed); and,~~

~~(e) current collaborating provider agreement (if required).~~

8.20 Refresher Course

~~(a) Individuals who have been out of practice for less than ten years and who do not meet the practice requirement for initial licensure, or renewal, or reinstatement of an APRN license must take a refresher course as set forth in Part 10 of these Rules. Once commenced, the course must be completed within 18 months.~~

~~(b) Individuals who have been out of practice for more than ten years must complete a new post-masters APRN program that includes a minimum of 500 clinical practice hours.~~

8.21 Refresher Course Clinical Practice Permit — ~~The Board may grant a refresher course clinical practice permit to an applicant who:~~

- ~~(a) holds a Vermont RN license;~~
- ~~(b) holds a national APRN certification.~~
- ~~(c) The permit will be valid for no longer than six (6) months, and with Board approval may be renewed twice.~~
- ~~(d) While engaged in practice under the permit, an individual must
 - ~~(1) wear a name tag with the designation "APRN Applicant"; and~~
 - ~~(2) indicate his or her status as an "APRN Applicant" when signing medical records or authorizing other medical or professional documents.~~~~

~~**8.22 Current Vermont APRN Endorsement** Those holding an active Vermont APRN endorsement as of June 23, 2011 shall be considered as having met all requirements for an APRN license under these rules.~~

~~**Part 9 License Renewal or Reinstatement**~~

~~**9.1 Renewal Schedule** Licenses are renewed on a biennial schedule set by the Office of Professional Regulation.~~

~~**9.2 Change of Name or Address** Licensees are required to notify the office within 30 days of a change in name or mailing address.~~

~~**9.3 Active Practice Requirement and Re-Entry for RNs and LPNs**~~

~~(a) To renew a license, the applicant must have practiced nursing for a minimum of:

- ~~(1) 50 days (400 hours) of the current licensing period, or~~
- ~~(2) 120 days (960 hours) within five years of the end of the current licensing period.~~~~

~~(b) To reinstate a license, the applicant must have practiced nursing for a minimum of:

- ~~(1) 50 days (400 hours) within two years of the reinstatement application; or~~
- ~~(2) 120 days (960 hours) within five years of the reinstatement application.~~~~

~~(c) An applicant who does not meet the active practice requirements must first successfully complete a nursing re-entry program meeting the standards for Vermont re-entry programs set forth in Part 10 of these rules.~~

~~**9.4 Re-Entry Program Permit**~~

~~(a) No person may participate in the clinical portion of a re-entry program without a permit from the Board.~~

~~(b) A re-entry program application must be accompanied by the applicable fee.~~

~~(c) The re-entry permit is valid for one year.~~

~~(d) Successful completion of the re-entry program must be documented on forms available from the Board.~~

~~**9.5 AP RN Practice and Refresher Requirements** AP RN practice and refresher requirements are addressed in Part 10 of these rules.~~

~~Part 10 Re-Entry and Refresher Programs~~

~~**10.1 Re-Entry and Refresher Program Requirement** Re-entry and refresher programs are necessary to prepare nurses who do not meet active practice requirements to resume licensed practice.~~

~~(a) Registered and licensed practical nurses who do not meet practice requirements for renewal or endorsement may not be licensed until they successfully complete a re-entry course.~~

~~(b) AP RNs who do not meet practice requirements for renewal or endorsement may not be licensed until they successfully complete a refresher course.~~

~~**10.2 Re-Entry and Refresher Program Participant Identification** Participants in re-entry programs and refresher programs shall, during clinical experiences, wear name tags with the terms "LPN Applicant," "RN Applicant," or "AP RN Applicant," as appropriate.~~

~~Subpart A: Re-Entry Programs for LPNs and RNs~~

~~**10.3 Design** Re-entry programs may be individually designed or established by a nursing education program or a nursing service facility. Re-entry programs must be approved by the Board.~~

~~**10.4 Board Approval** The Board will approve a re-entry program which meets the requirements set forth below.~~

~~**10.5 General Requirements** The re-entry program:~~

~~(a) has a written purpose, program and unit objectives, and measurable outcomes;~~

~~(b) consists of:~~

~~(1) for LPNs: a minimum of 80 hours of theory and 80 hours of clinical experience;~~

~~(2) for RNs: a minimum of 120 hours of theory and a minimum of 120 hours of clinical experience;~~

~~(c) provides direct RN supervision for re-entry program clinical experience; and~~

~~(d) is located within, or if individually designed, is under the direction of a program providing nursing education.~~

~~(e) Re-entry programs are approved for five years.~~

10.6—Curriculum

~~(a) The administrator and faculty shall develop, organize, implement, evaluate, and otherwise control the curriculum.~~

~~(b) A re-entry program curriculum shall include:~~

~~(1) nursing theory based on the nursing process;~~

~~(2) ethical and legal issues of practice;~~

~~(3) theoretical and clinical content across the life span; and~~

~~(4) clinical skills.~~

10.7—Administration and Faculty—~~Re-entry programs in Vermont shall have:~~

~~(a) an administrator who is currently licensed as a registered nurse, holds at least a bachelor's degree in nursing, and has relevant experience in nursing education;~~

~~(b) faculty, including preceptors for clinical services, who:~~

~~(1) hold a current Vermont unencumbered registered nurse license; and,~~

~~(2) have at least a bachelor's degree in nursing and recent relevant experience.~~

~~(c) faculty sufficient in number and expertise to meet the purposes and objectives of the programs.~~

10.8—Facilities and Other Resources—~~Each re-entry program shall have adequate facilities and other resources consistent with its purpose, objectives, and policies including:~~

~~(a) Classrooms, conference rooms, laboratories, and offices;~~

~~(b) Library space and holdings;~~

~~(c) Sites used for clinical experiences;~~

~~(d) Financial support; and~~

~~(e) Support personnel.~~

10.9 Program Information and Policies for Students

~~(a) Program information documents shall describe each course, its length, dates of offerings, and eligibility qualifications.~~

~~(b) Each re-entry program shall have available to students written policies regarding:~~

~~(1) admission, progression, course completion, and dismissal;~~

~~(2) providing academic guidance;~~

~~(3) student rights; and~~

~~(4) a fee schedule for the program.~~

10.10 Survey Visits—The Board may conduct survey visits and shall be reimbursed for actual and necessary costs incurred for survey visits.

10.11 Evaluation

~~(a) Each re-entry program shall have a written plan for the systematic evaluation of the program and each of its components.~~

~~(b) Evaluations shall include:~~

~~(1) documentation of each student's progress and a final evaluation of each student; and~~

~~(2) documentation of an evaluation of the program by each student.~~

10.12 Annual Report to the Board

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

~~(b) The report shall include:~~

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

~~(2) curriculum changes anticipated or made since the last report;~~

~~(3) names of all program faculty, dates of appointment, academic preparation, educational activities, major teaching responsibilities;~~

~~(4) faculty-student ratios;~~

~~(5) cooperating agencies used for clinical experience;~~

~~(6) student data, including, but not limited to: number of students admitted; attrition rate;~~

~~(7) response(s) to prior Board recommendations; and~~

~~(8) other information and/or materials as requested by the Board necessary for continued approval.~~

10.13 Records — Re-entry programs shall maintain:

~~(a) student records including student admission and termination data, written evaluations, and temporary permits;~~

~~(b) files pertaining to the administrator, faculty, and clinical preceptors including documentation of current Vermont licensure, employment terms, curriculum vitae, performance evaluations; and~~

~~(c) administrative files containing operational policies, minutes of program meetings, and financial records.~~

10.14 Voluntary Program Closure — The institution shall advise the Board of a decision to close the re-entry program. The program shall:

~~(a) cease admitting students;~~

~~(b) assist accepted applicants and current students to transfer to other approved re-entry programs; or~~

~~(c) officially close when the last student has completed the program.~~

~~(d) All Board approval requirements shall be maintained until the last student has transferred or completed the program.~~

Subpart B: Refresher Programs for APRNs

10.15 Design

~~(a) Refresher programs may be individually designed or established by a nursing education program or a nursing service facility. Each must be approved by the Board.~~

~~(b) The Board may accept a Nationally Accredited Refresher Program in Vermont or elsewhere which meets the requirements of this Subpart.~~

~~(c) Refresher programs are available to APRN's who have been out of practice for ten years or less.~~

10.16 Approval Criteria — The Board will approve a refresher program which:

~~(a) for a licensee who has been out of practice for less than five years consists of a minimum of:~~

- ~~(1) 150 hours of theory; and~~
- ~~(2) 200 hours of clinical experience; or~~

~~(b) for a licensee who has been out of practice for more than five years, but less than ten years consists of a minimum of:~~

- ~~(1) 150 hours of theory and~~
- ~~(2) 400 hours of clinical experience; and~~

~~(c) which provides on-site supervision:~~

- ~~(1) by an APRN collaborating provider qualified under Part 8 of these rules holding a Vermont unencumbered APRN license, or a physician collaborating provider with an Vermont unencumbered license; and~~
- ~~(2) who practices in the same role and population focus.~~

10.17 Curriculum — Refresher program curriculum shall include a review and update of:

- ~~(a) advanced pharmacotherapeutics;~~
- ~~(b) advanced assessment;~~
- ~~(c) role and population specific theory and practice standards;~~
- ~~(d) role and population specific clinical practicum; and~~
- ~~(e) advanced practice nursing skills.~~

10.18 Faculty — Refresher programs shall:

- ~~(a) have an administrator who:~~
 - ~~(1) holds a current unencumbered APRN license in the jurisdiction where the course is offered;~~
 - ~~(2) holds a graduate degree in nursing, and~~
 - ~~(3) has relevant experience in teaching advanced practice nursing.~~
- ~~(b) have faculty, who:~~
 - ~~(1) hold a current unencumbered APRN license in the jurisdiction where the course is offered;~~
 - ~~(2) possess a graduate degree in nursing and relevant experience in the role and population focus consistent with the goals of the program.~~
- ~~(c) have faculty sufficient in number and expertise to meet the purposes and objectives of the programs.~~
- ~~(d) be located within or, if individually designed, be under the direction of a graduate nursing education program or an institutional nursing service education~~

department.

Part 11 — Alternative Program for Nurses and Nursing Assistants

11.1 — Alternative Program Created

~~(a) As authorized by 26 V.S.A. § 1574(9) the Board has created “The Alternative Program” (“the Program”) for licensees and applicants eligible for licensure.~~

~~(b) The Alternative program’s goal is to protect public safety. It does so by permitting eligible individuals, for whom formal discipline is not necessary, to engage in:~~

- ~~(1) chemical dependency rehabilitation, or~~
- ~~(2) practice remediation.~~

~~(c) The Program is intended for persons:~~

- ~~(1) with chemical dependencies; meaning physical or psychological reliance upon one or more substances including drugs or alcohol use of which has or can impair a licensee’s ability to practice; or~~
- ~~(2) with professional practice deficiencies.~~

~~(d) Participation in the Alternative Program is not a right of a licensee or applicant. The Board, in its sole discretion, determines whether an individual is an acceptable candidate.~~

~~(e) Records pertaining to an individual’s participation in the program are not available to the public. They remain confidential except:~~

- ~~(1) to the extent necessary to monitor and assure compliance with program requirements and then may, only as needed be shared with employers or others as determined by the program; or~~
- ~~(2) when disclosed by the participant to another licensing authority.~~
- ~~(3) a licensee’s participation in the program may be considered in any future disciplinary matter.~~

~~**11.2 — Administration** — The Alternative Program is administered by a committee appointed by the Board.~~

~~(a) The committee and Executive Director, in their sole discretion, determine whether an individual is an appropriate candidate for participation in the Program. They review pertinent reports and information, and impose and monitor conditions as appropriate.~~

~~(b) As needed and subject to Board approval, the committee may adopt or revise protocols for the operation and scope of the Program.~~

~~**11.3 — Chemical Dependency Rehabilitation: Eligibility** — A candidate for participation in chemical dependency rehabilitation must:~~

- ~~(a) hold a license issued by the Board or be an eligible applicant for one;~~

~~(b) —voluntarily request admission to the Program;~~

~~(c) —if requested, agree to undergo a comprehensive assessment, at the applicant's expense, from a pre-approved qualified provider based on criteria determined by the committee;~~

~~(d) —not be ineligible for any of the reasons set forth in Rule 11.4 below.~~

11.4 —Chemical Dependency Rehabilitation: Ineligible Persons—An applicant may be ineligible to participate in the chemical dependency program if that person:

~~(a) —has pending felony charges or felony conviction(s) related to chemical dependency; or~~

~~(b) —has had within the preceding five years a restricted license for conduct that would constitute unprofessional conduct in this state; or~~

~~(c) —has diverted controlled substances; or~~

~~(d) —has consciously taken or disregarded a substantial risk of harm; or~~

~~(e) —presents an imminent danger to the public; or~~

~~(f) —has a recent history of chemical dependency and failed treatment; or~~

~~(g) —has an independent comprehensive assessment upon which the committee determines that the individual is not an appropriate candidate for the Program.~~

11.5 —Practice Remediation: Eligibility

~~(a) —A candidate for participation in practice remediation must:~~

~~(1) —hold a license issued by the Board or be an eligible applicant for one;~~

~~(2) —agree to participate in the Program;~~

~~(3) —agree to undergo a comprehensive assessment, at the applicant's expense, if requested, from a pre-approved qualified provider based on criteria determined by the committee~~

~~(4) —agree that a practice deficiency has occurred; and~~

~~(5) —not be ineligible for any of the reasons set forth in Rule 11.6 below.~~

~~(b) —The program must determine whether the individual's practice deficiency is likely to be corrected by remediation.~~

11.6 —Practice Remediation: Ineligible Persons—An applicant may be ineligible to participate in practice remediation program if that person:

~~(a) —has previously been disciplined by Vermont or another state Board of Nursing for conduct that would constitute unprofessional conduct in this state;~~

- ~~(b) has attempted to conceal an error or falsify records;~~
- ~~(c) has consciously taken or disregarded a substantial risk of harm;~~
- ~~(d) has a practice deficiency that persisted after multiple remedial or counseling interventions; or~~
- ~~(e) may pose a threat to the safety and welfare of the public while participating in the program;~~
- ~~(f) has pending felony charges or a felony conviction related to the practice of nursing;~~
- ~~(g) is, in the judgment of the program based on an independent review of the individual's physical or mental health, not an appropriate candidate for the program.~~

11.7 Contract

- ~~(a) Individuals accepted into the Alternative Program shall enter into a written contract with the Program. The contract shall set forth the terms, conditions, costs, and restrictions which the committee deems appropriate for the individual participant. The contract is an Order of the Board with which the individual must comply.~~
- ~~(b) So long as the individual complies with the contract conditions, disciplinary action based on the conduct for which the individual was accepted into the Program will not be initiated.~~
- ~~(c) An individual who fails to comply with the Program contract may be terminated from the Program and may be referred for formal disciplinary proceedings for violating a Board Order.~~

~~**11.8 Completion of the Program** Upon satisfactory completion of the program the licensee will be discharged.~~

Part 12 Discipline

~~**12.1 Disciplinary Procedure** The Board follows the Office procedure for processing, investigating, and prosecuting unprofessional conduct and unauthorized practice complaints. A copy of the complaint procedure may be obtained from the Office or online at <http://vtprofessionals.org/>.~~

~~**12.2 Confidentiality** The Board follows the confidentiality provisions of 3 V.S.A. § 131.~~

~~**12.3 Grounds for Discipline** 3 V.S.A. § 129a defines unprofessional conduct for~~

~~all professions affiliated with the Office of Professional Regulation including LNAs, LPNs, RNs and APRNs governed by these rules. — 26 V.S.A. — §§ 1582, 1595, and 1615 contain specific definitions of unprofessional conduct for these professions. See, <http://www.leg.state.vt.us/statutes/fullchapter.cfm?Title=26&Chapter=28>. — Whenever 3 V.S.A. § 129a's provisions are in conflict or overlap with the statutes specifically governing these professions, or these rules, the provisions which provide greater safety to the public shall apply. — Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession also constitutes unprofessional conduct. 3 V.S.A. § 129a(a)(3).~~

~~**12.4 — Sanctions for Unprofessional Conduct** — Disciplinary sanctions the Board may impose after a finding of unprofessional conduct include:~~

- ~~(a) — denial of licensure, renewal or reinstatement;~~
- ~~(b) — warnings or reprimands;~~
- ~~(c) — suspension for a period of time to be determined by the Board;~~
- ~~(d) — revocation;~~
- ~~(e) — limitations on practice;~~
- ~~(f) — setting conditions for practice or resumption of practice;~~
- ~~(g) — an administrative penalty.~~

~~**12.5 — Public Records** — All Board decisions on disciplinary complaints are public records. Unprofessional Conduct decisions are available online or from the office.~~

~~**12.6 — Illegal Employment** — 26 V.S.A. § 1584(a)(7) makes it unlawful for any person or agency or institution in Vermont to employ an unlicensed person to practice as a registered nurse, practical nurse, or nursing assistant.~~

~~**12.7 — Duty to Report Employment Discipline** — Employers must comply with reporting requirements for disciplinary action set forth in 3 V.S.A. §128.~~

~~effective date: — January 15, 2015~~

ADMINISTRATIVE RULES OF THE BOARD OF NURSING

Vermont Board of Nursing Administrative Rules

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Part 1 Definitions

As used in these Rules:

“Advanced Practice Registered Nurse” or **“APRN”** is defined at 26 V.S.A. § 1572(4).

“Board” or **“the Board”** means the Vermont Board of Nursing.

“Board website” means the primary Office website assigned to the Vermont Board of Nursing, found at sos.vermont.gov/nursing/ or a designated successor location.

“Compact” means the Nurse Licensure Compact adopted pursuant to 26 V.S.A. § 1647 *et seq.* The Compact facilitates interstate practice among RNs and LPNs from party states; it is not applicable to APRN or LNA practice.

“Compact State” means a jurisdiction that is a member of the Compact.

“Convert” means to change a multistate license to a single-state license, secondary either to a disqualifying event or to relocation from a Compact State to a non-Compact State; or to change a single-state license to a multistate license when a disqualifying event is eliminated.

“Current Practice Competence” means ongoing competence to practice registered nursing or licensed practical nursing, which may be established by documenting any one of the following:

- (1) active practice of the licensed profession totaling at least 50 days (400 hours) in the previous 2 years or 120 days (960 hours) in the previous 5 years, verified by appropriately certified employment records;
- (2) satisfactory completion of 20 hours of qualifying continuing education in the two years immediately preceding application; or
- (3) current, nationally recognized certification.

“Deactivate” means to change the status of a multistate license or privilege to practice from active to inactive.

“Director” means the Director of Professional Regulation.

“Direct Supervision” means supervision of a licensee’s practice by a nurse physically present on the unit.

“Disqualifying Event” means an incident, which results in a person becoming disqualified or ineligible to retain or renew a multistate license. These include but are not limited to the following: any adverse action resulting in an encumbrance, current participation in an alternative program, a misdemeanor offense related to the practice of nursing (which includes, but is not limited to, an agreed disposition), or a felony offense (which includes, but is not limited to, an agreed disposition).

“Executive Director” means the Executive Director of the Board, employed by the Office pursuant to 26 V.S.A. § 1574(b) to carry out the work of the Board.

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

“High-fidelity” refers to simulation experiences that are extremely realistic and provide a high level of interactivity and realism for the learner (International Nursing Association for Clinical Simulation and Learning, 2013). It can apply to any mode or method of simulation; for example: human, manikin, task trainer, or virtual reality

“Licensed Practical Nurse” or **“LPN”** means licensed practical nurse.

“Licensed Practical Nursing” is defined at 26 V.S.A. § 1572(3).

“Medium-Fidelity Simulation Learning” means the use of low-technology mannequins or actors to demonstrate a condition within a simulated learning environment without automatic or programmed clues.

“Nationally Recognized Certification” means a specialty certification by a national nursing certification board or agency issued based upon a nurse’s successful passing of an exam designed to validate a mastery of knowledge and skill within a specific area of nursing practice and/or patient population focus.

“Nursing Assistant” or **“LNA”** means licensed nursing assistant.

“NCLEX” means National Council Licensure Examination.

“Office” means the Office of Professional Regulation

“Office website” means the primary website of the Office of Professional Regulation, found at <https://sos.vermont.gov/opr/> or a designated successor location.

“On-Site Supervision” means active oversight and monitoring of a licensee’s practice by a specifically assigned nurse who is present on the premises of a facility at all times the supervised licensee is practicing.

“Practice of nursing” is defined at 26 V.S.A. § 1572 and includes using in connection with one’s name, words, letters, signs or figures which imply that a person is an RN, LPN, or APRN. See 26 V.S.A. § 1584(a).

“Preceptor” means an Advanced Practice Registered Nurse or Registered Nurse who serves as a facilitator and supervisor of student learning experiences in a practice setting.

“Program” or **“Nursing Education Program”** means a formal education program, based on a structured curriculum and clinical experience, designed to prepare students to qualify for licensure and to practice as APRNs, RNs, or LPNs.

“Qualifying continuing education” means continuing education that has been approved and assigned a credit value by an organization approved by the American Nurses Credentialing Center’s Commission on Accreditation, or by another verifying authority approved by the Board, or directly by the Board.

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“**Registered Nurse**” or “**RN**” means licensed registered nurse.

“**Registered Nursing**” is defined at 26 V.S.A. § 1572(2).

“**Unencumbered license**” means a license that authorizes a nurse to engage in the full and unrestricted practice of nursing without special conditions, limitations, or supervision.

Part 2 Administration

2-1 Applicable Law. The practice of nursing and “nursing related functions” is regulated pursuant to 26 V.S.A. § 1571 *et seq.* Copies of these and other statutes are available online at www.legislature.vermont.gov/statutes/. The Office administers licensure in conformity with these and other Vermont laws, to include the Administrative Procedure Act, 3 V.S.A. § 800 *et seq.*; the Public Records Act, 1 V.S.A. § 315 *et seq.*; and the Laws of Professional Regulation, 3 V.S.A. § 121 *et seq.*

2-2 Resources for Applicants and Licensees. The Office website offers information of general application to Vermont licensed professionals, including policies of the Office, license lookup services, and disciplinary orders. The Board website, available at <http://sos.vermont.gov/nursing>, offers information specific to the practice of nursing, including policies and minutes of the Board, membership information, and practice guidance.

2-3 U.S. Armed Forces. The Director may accept toward the requirements of these rules relevant military education, training, or service completed by a member of the U.S. Armed Forces and may expedite licensure of a person who left licensed employment in another state secondary to a spouse’s military transfer to Vermont. 3 V.S.A. § 123(g). Service members and the spouses of service members should visit the Office website for details.

2-4 Executive Director. The Office employs an Executive Director of the Board. 26 V.S.A. § 1574(b). The powers and duties of the Executive Director include those appropriate to carry out the work of the Board and to execute State policy respecting the regulation of nursing practice, including without limitation:

- (a) guiding Office staff in the conduct of the Board’s affairs, the execution of Board directives, and the administration of applicable laws and policies;
- (b) appointing members of committees created by statute, these rules, or directive of the Board;
- (c) interpreting policies, making administrative decisions, and providing consultation regarding Board affairs such as nursing education, examination, registration, licensure, renewal, and practice questions;
- (d) surveying and monitoring nursing education programs;
- (e) preparing agendas, reports, and recommendations to the Board, and attending to official correspondence on the Board’s behalf;
- (f) orienting new Board members and nursing staff;
- (g) monitoring evolving policy and practice issues that may call for Board action;
- (h) referring instances of misconduct and hazards to the public health, safety, and welfare to the Office’s Enforcement Division and providing expert support to prosecutors as appropriate;
- (i) representing the Board at meetings, symposia, conferences, and the like; and
- (j) such other lawful duties as may be delegated by the Board or the Director in furtherance of the Board’s mission and policies.

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2-5 Committees

(a) The Board shall maintain the following committees:

- (1) a **Practice Committee**, to monitor evolving issues in nursing practice;
- (2) an **APRN Subcommittee**, to study and report to the Board on matters relating to advanced practice registered nurse practice in conformity with 26 V.S.A. § 1615a;
- (3) a **Disciplinary Alternative Program Committee**, to advise the Executive Director and Board on appropriate standards for admission to and administration of a program to serve as an alternative to the disciplinary process for nurses and nursing assistants with substance use disorder or other professional practice issues; and
- (4) an **Education Committee**, to assist the Board with oversight of Vermont nurse education programs.

(b) Committee authority is advisory. In the main, committees study issues, report to the Board, and recommend appropriate courses of action. A committee may exercise binding administrative discretion only if authorized in respect to a specific question or responsibility put to the committee by vote of the Board duly recorded in the Board's minutes.

(c) At least biennially, each committee shall propose a charter to be reviewed and approved by the Board.

Part 3 Procedures

3-1 Applications. Online license applications must be completed through the Office website.

- (a) Incomplete applications will not be processed. Applications are complete only when all required questions have been answered fully, all attestations made, all required documentation and materials provided, and all fees paid.
- (b) When the Board, or the Office on the Board's behalf, intends to deny an application, notice stating the reasons for the action shall be given to the applicant by certified mail, whereupon the applicant shall have 30 days to petition for a hearing before the Board. 3 V.S.A. 129(e)(1).
- (c) The Board may refuse to accept any application found to be redundant with a denied or in-process application.
- (d) The Board may deem expired any application that is left incomplete for six months.
- (e) For good cause, the Board may require that any applicant for licensure or relicensure obtain, from an approved, qualified professional, an independent assessment of the applicant's current mental, physical, and professional fitness to practice.

3-2 Complaints. Complaints against licensees, applicants for licensure, or persons practicing without a license may be submitted through the Office website.

3-3 Contested Cases. Procedures in contested cases relating to licensure or discipline are governed by the Office of Professional Regulation Administrative Rules of Practice, CVR 04-030-005, as those rules may from time to time be modified.

3-4 Declaratory Rulings. Petitions for declaratory rulings as to the applicability of any statutory provision or of any rule or order of the Board or Office may be made pursuant to 3 V.S.A. § 808 and Office procedure.

3-5 Reasonable Accommodation. The Board complies with applicable provisions of the Americans with Disabilities Act. See the Office website for policies and procedures.

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3-6 Conflict of Standards. Where a standard of unprofessional conduct set forth in statute conflicts with a standard set forth in rule, the standard that is most protective of the public shall govern. *See* 3 V.S.A. § 129a(e).

3-7 Determination of Equivalency. Where the Board or Director is permitted by law or rule to accept certain training or experience on the basis of equivalence to a fixed standard, it is the burden of the applicant or licensee to establish equivalence to the Board or Director's satisfaction, by producing credible, clear, and convincing evidence of the same. The Board and the Office have no obligation to research the bona fides of any institution, program, course, degree, certification, practicum, fellowship, or examination.

3-8 Waiver or Variance. The Board will not grant routine waivers or variances from any provisions of these rules without amending the rules. *See* 3 V.S.A. § 845. Where, in extraordinary circumstances, application of a rule would result in manifest unfairness, an absurd result, unjustifiable inefficiency, or an outcome otherwise inimical to the public health, safety, and welfare, the Board may, upon written request of an interested party, so find, grant a waiver with or without particular conditions and limitations, and record the action and justification in a written memorandum. This rule shall not be construed as creating any administrative hearing right or cause of action.

Part 4 Licensure Generally

4-1 Applicants from Other States: Fast Track Endorsement. An applicant with three or more years of full-time licensed practice, as an LNA, LPN, RN, or APRN, in good standing, in a U.S. jurisdiction outside Vermont, may qualify for expedited licensure in Vermont. *See* 3 V.S.A. § 136a. An RN or LPN who holds an active multistate license from another Compact State is not required to obtain a Vermont license unless changing primary state of residence to Vermont.

4-2 Applicants Educated Outside the United States

- (a) **Canadian Nursing Education.** An applicant whose nursing education and initial license to practice was in Canada, who has been duly licensed by a provincial licensing authority, who has passed an acceptable examination and maintained provincial licensure in good standing, may apply for licensure by endorsement. Acceptable examinations are the NCLEX and, for a person licensed prior to December 31, 2015, the Canadian Nurses' Association Testing Service Examination. Applicants who have not completed an acceptable examination must take the NCLEX and should apply by examination as set out in Rule 6-1, for LPNs, or Rule 7-1, for RNs. Endorsement applications must include:
- (1) if the nursing education program or licensing exam was not conducted in English, acceptable evidence of oral and written English-language proficiency;
 - (2) documentation of:
 - (a) 50 days (400 hours) of practice as a nurse in the two years immediately preceding the application;
 - (b) 120 days (960 hours) practice as a nurse within five years of the application;
 - (c) 20 hours of qualifying continuing education in the two years immediately preceding license application; or
 - (d) a current nationally recognized certification, and
 - (3) A completed federal criminal background check.
- (b) **Other Non-U.S. Nursing Education.** An applicant whose nursing education and initial license to practice was in a country other than the United States or Canada shall be

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authorized to take a licensing examination once the Board has received English-language documentation including:

- (1) a completed application for licensure;
- (2) a completed federal criminal background check;
- (3) a credentials review by an external agency that specializes in international academic credentials review which verifies that the applicant's nursing education meets the requirements of these rules;
- (4) satisfactory evidence of eligibility to work lawfully in the United States, to include a social security number or taxpayer identification number;
- (5) proof of oral and written English proficiency, if the nursing education program was not conducted in English; and
- (6) documentation of a minimum of:
 - (a) 50 days (400 hours) of practice as a nurse in the two years immediately preceding the application;
 - (b) 120 days (960 hours) practice as a nurse within five years of the application;
 - (c) 20 hours of qualifying continuing education in the two years immediately preceding license application; or
 - (d) active, nationally recognized certification.

4-3 Biennial Licensing Period. Licenses are valid for fixed, two-year periods. Expiration dates are printed on licenses. A license expires if not renewed by midnight on the date of expiry. Practice under an expired license is prohibited. A search tool on the Office website may be considered a primary source verification as to license status and expiration.

4-4 Initial License Issuance. An applicant issued an initial license within 90 days of the end of a licensing period will not be required to renew or pay the renewal fee. The license will be issued through the next full licensure period.

4-5 Provisional Licensure. The Board is authorized to issue provisional licenses to certain applicants who have met other licensure requirements but whose eligibility for licensure is contingent upon acceptable verification of licensure from another jurisdiction or the results of a required criminal background check. *See* 3 V.S.A. § 130.

4-6 Telehealth Registration and Licensure. Effective July 1, 2023, a licensee who is not otherwise licensed in Vermont but is licensed in another US jurisdiction and wishes to provide telehealth care services to a patient or client located in Vermont shall obtain a telehealth registration or license in accordance with 26 V.S.A. chapter 56. RNs and LPNs who hold an active multistate license from a Compact state are not required to obtain Vermont licensure to provide telehealth services.

4-7 License Renewal. Online license renewal applications must be completed through the Office website. The Office transmits email reminders to licensees at the end of each biennial licensing period; however, non-receipt of such reminders shall not excuse a licensee from the obligation to maintain continuous licensure or the consequences of failing to do so. Practicing while a license is lapsed is a violation of 3 V.S.A. § 127.

4-8 Requirements of Renewal.

- (a) **RNs & LPNs** shall:

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- (1) Have practiced for a minimum of 50 days (400 hours) in the two years preceding application or 120 days (960 hours) in the five years preceding application; or
 - (2) Have completed 20 hours of qualifying continuing education in the two years immediately preceding the application; or
 - (3) Hold a current nationally recognized certification.
- (b) **LNAs** shall demonstrate, via job description or other appropriate employer verification, at least 50 days (400 hours), in the two years preceding application, of employment as a nurse assistant or in a role, regardless of title or obligation to hold a license, that would reasonably tend to reinforce the training and skills of a licensed nurse assistant. *See* 26 V.S.A. § 1645.
- (1) A licensee who does not meet the active practice requirement shall repeat the nursing assistant education program and competency examination.
- (c) **MNAs** shall:
- (1) Have satisfied LNA renewal requirements;
 - (2) Have completed 4 hours qualifying continuing education specific to medication administration; and
 - (3) Have dedicated at least 25% of the qualifying LNA experience (100 hours) to MNA functions.
- (d) **APRNs** shall:
- (1) Have satisfied RN renewal requirements;
 - (2) Have practiced in an APRN role for a minimum of 50 days (400 hours) in the two years preceding application or 120 days (960 hours) in the five years preceding application;
 - (3) Present current certification by a national APRN certifying organization; and
 - (4) If required, have a current collaborating provider agreement.

4-9 Late Renewal Penalties. Late renewal applications are subject to penalty fees, which may be waived in certain circumstances, for example, if the applicant did not practice in Vermont during the period of lapse. *See* 3 V.S.A. § 127(d). Reinstatement waivers may be requested through the online licensing system.

4-10 Requirements of Reinstatement; Extended License Lapse. A license expired for more than two years requires reinstatement, including a federal criminal background check.

- (a) **Two to five years.** A license expired for two to five years may be reinstated upon proof of continuous practice elsewhere, or if practice ceased, upon satisfaction of the requirements of renewal set out in Rule 4-8.
- (b) **More than five years.** A license expired for five or more years may be reinstated upon proof of continuous practice elsewhere, or if practice ceased, a licensee's preparation to return to practice will be assessed on a case-by-case basis. After consultation with the Board, the Director may require re-training, testing, or re-application. *See* 3 V.S.A. § 135. In most circumstances, completion of an approved nursing re-entry program is a minimum prerequisite to reinstatement.
- (c) **Enhanced APRN requirements.** This rule, 4-10, will yield to enhanced requirements for APRN practice refreshment and license reinstatement set out in Part 9, *infra*.

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Part 5 Vermont Nursing Education Programs

5-1 Approval Required. No person, including a corporation, association, or individual may conduct a nursing education program in Vermont, other than an online-only program approved by the Vermont Agency of Education, unless the program has been approved by the Board. *See* 26 V.S.A. § 1584.

5-2 Accreditation Required. Nursing education programs shall be accredited by the Commission on Collegiate Nursing Education (CCNE), the National League for Nursing's (NLN) Commission on Nursing Education Accreditation (CNEA), the Accreditation Commission for Education in Nursing (ACEN), or a national nursing accreditation organization otherwise specifically approved by the Board.

5-3 Nursing Faculty. Vermont nursing education programs shall be compliant with their accrediting agency's faculty standards regarding educational and experiential requirements for full-time and part-time nursing faculty.

5-4 Operational Oversight; Site Visits. The Board may at any time request information appropriate to confirm that a Vermont nursing education program is operating in conformity with applicable rules and accrediting standards. The Board may conduct a site visit to any proposed or existing nursing education program during the application review, during any review for extension of approval, or at any time deemed necessary to assess compliance with these rules. A nursing education program shall reimburse the Board for actual and necessary costs incurred for a site visit.

5-5 Duty to Report Site, Administrative, and Curricular Changes. A program shall copy to the Board any required report made to accrediting authorities concerning significant changes to program curriculum or structure.

5-6 Program Application. At least nine months before a program proposes to admit its first students, or within 30 days of a request from the Executive Director to an operating program, an authorized representative of the governing organization shall submit the following information or copies of submissions to or from an approved accreditor reflecting the same:

- (a) accreditation status of the governing organization;
- (b) a statement of mission and purpose;
- (c) an initiation plan for the program including curricula, policies, outcome measurements;
- (d) the identity and qualifications of the Program Administrator;
- (e) a description of faculty, including numbers and qualifications;
- (f) a chart illustrating the program's administrative and supervisory hierarchy;
- (g) evidence of the feasibility of the program and community readiness to accept and support the program;
- (h) the certificate(s) or degree(s) to be offered;
- (i) a statement of clinical and academic facilities and resources, including classroom, conference room, library, office space, and skills laboratory;
- (j) evidence of financial resources sufficient for the planning, implementation and operation of the program;
- (k) a description of the anticipated student population; and
- (l) any other information showing that the proposed program will meet the requirements of these rules.

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5-7 Preliminary Program Approval. When the Board determines that an application to commence a new program is satisfactory, as indicated by substantial progress toward compliance with prevailing accrediting standards and demonstrated ability to attain full compliance, it will issue a preliminary approval authorizing the applicant may hire faculty, enroll students, develop and implement the program, commence the use of all assigned facilities and resources, and otherwise begin operation of the program.

5-8 Full Program Approval and Reapproval. A program granted preliminary approval shall notify the Board when it graduates its first class and shall apply for full program approval by submitting such information as the Executive Director or Board may request demonstrating progress toward full accreditation. The Board may condition full program approval upon accreditation.

5-9 Application Denial. If a program's preliminary application, full-program application, or application for re-approval is found to be deficient, the Board will offer a reasonable opportunity, not to exceed two years, for the program to cure the deficiency before acting on the application. The process for denial of an application is set out at 3 V.S.A. § 129(e).

5-10 Annual Reports. Approved programs shall submit annual reports on forms available from the Board. Each annual report shall be submitted no later than October 1 and cover the period between August 1 of the preceding year and July 31 of the year the report is submitted. Annual reports to include any new sites or site changes, administrative changes affecting the program, and significant curricular changes, to include changes in, duration, structure, graduation requirements, or core curricular content. Programs shall cooperate with reasonable requests for supplemental information.

5-11 Forms of Approval. An operating program shall apply for reapproval as determined by the duration of its prior approval, which may be set by the Board but will not in any event exceed the duration of the program's national accreditation. Approvals may be conditioned as appropriate to protect the public health, safety, and welfare, or to ensure ongoing ability to conform to prevailing accrediting standards.

5-12 Intervention for Cause. If the Board or Executive Director reasonably suspects a program is at risk of falling out of substantial compliance with prevailing accrediting standards, either may require that a program undergo a site visit, apply for reapproval early, or otherwise show cause why its approval should not be conditioned or withdrawn. The Board will give written notice to any program considered for withdrawal of approval and will afford program administrators a reasonable opportunity to be heard before acting upon a motion to terminate or condition a program's approval.

5-13 Voluntary Program Closure. The governing organization shall advise the Board of a decision to close its program. All Board approval requirements shall be maintained until the last student has transferred or graduated. The governing organization shall notify the Board where permanent program and student records are stored and how they may be retrieved. The program shall:

- (a) discontinue student admissions;
- (b) assist accepted applicants and current students to transfer to other approved programs;
- and
- (c) officially close when the last student has graduated.

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5-14 Practical Nurse Program: Duration. An acceptable practical nurse curriculum shall require no less than one academic year to complete.

5-15 Practical Nurse Program: Curriculum. In accordance with the standards of a program's accrediting agency, practical nursing programs shall include clinical and theory hours sufficient to establish competency in Adult Nursing, Maternal/Infant Nursing, Pediatric Nursing, and Psychiatric/Mental Health Nursing.

- (a) Didactic content will include Anatomy and Physiology, Social/Behavioral Science, Pharmacology and Nutrition
- (b) Nursing education programs shall include clinical experience in state approved facilities. Clinical experiences must provide an opportunity for direct care in the promotion, prevention, restoration and maintenance of health in clients across the life span in a variety of settings. No more than 25% of clinical experience may be obtained in a medium- or high-fidelity simulation learning laboratory without prior Board approval or the approval of the program accrediting agency.

5-16 Practical Nurse Re-Entry Programs. The Board will approve, for a presumptive period of five years, a re-entry program that:

- (a) has a written purpose, program and unit objectives, and measurable outcomes;
- (b) includes at least 80 hours of theory and 80 hours of clinical experience;
- (c) provides direct RN supervision for re-entry program clinical experience; and
- (d) is located within, or if individually designed, is under the direction of, a program providing nursing education.

5-17 Registered Nurse Program Curriculum. In accordance with a program's accreditation agency standards, a registered nursing program will provide a sound foundation in biological, physical, social and behavioral sciences and include:

- (a) Didactic content including 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.
- (b) Didactic and clinical experiences shall include clinical and theory hours sufficient to establish competency in Medical/ Surgical, Obstetrics, Pediatrics, Psychiatric/ Mental Health and Community Health.
- (c) No more than 25% of clinical experience may be obtained in a medium- or high-fidelity simulation learning laboratory without prior Board approval or the approval of the program's accrediting agency.
- (d) Clinical experiences shall be supervised and occur directly with patients. Clinical experiences and simulation shall include a variety of clinical settings sufficient for meeting program outcomes.

5-18 RN Re-entry Program Design.

- (a) Re-entry programs may be individually designed or established by a nursing education program or a nursing service facility. Re-entry programs must be approved by the Board. Program approval is valid for five years unless otherwise specified.
- (b) The Board will approve a re-entry program which meets the following requirements:
 - (1) The re-entry program has a written purpose, program and unit objectives, and measurable outcomes;
 - (2) consists of a minimum of 120 hours of theory and a minimum of 120 hours of clinical experience;
 - (3) provides direct RN supervision for re-entry program clinical experience; and

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- (4) is located within, or if individually designed, is under the direction of a program providing nursing education.

5-19 APRN Refresher Course.

- (a) Individuals who have been out of practice for less than five years and who do not meet the practice requirement for initial licensure, or renewal, or reinstatement of an APRN license must take a refresher course as set forth in parts 9-16 through 9-18 of these Rules. Once commenced, the course must be completed within 18 months.
- (b) Individuals who have been out of practice for more than five and fewer than ten years may be assigned a case-specific refresher assignment approved by the Board.
- (c) Individuals who have been out of practice for more than ten years must complete a new post-masters APRN program that includes a minimum of 500 clinical practice hours.

5-20 Refresher Course Clinical Practice Permit.

The Board may grant a refresher course clinical practice permit, valid in six month increments and renewable not more than twice, to an applicant who:

- (a) holds a Vermont RN license;
- (b) holds a national APRN certification.

A person practicing under a permit shall be conspicuously identified as an “APRN Applicant” on name badges, signature blocks, medical record entries, and other locations calling for a professional designation.

5-21 APRN Refresher Course Design.

- (a) Refresher programs may be individually designed or established by a nursing education program or a non-accredited nursing service facility. Each must be approved by the Board.
- (b) The Board may accept a Nationally Accredited Refresher Program in Vermont or elsewhere which meets the requirements of Parts 9-17 and 9-18 of these rules.
- (c) Refresher programs are available to APRN’s who have been out of practice for ten years or less.

5-22 APRN Refresher Course Approval Criteria. The Board may approve a refresher program that provides on-site supervision by an APRN collaborating provider qualified under Part 9 of these rules who holds an unencumbered Vermont license, or a physician collaborating provider who holds an unencumbered Vermont license. A supervising provider must practice in the same role and population focus. Minimum course hours are:

- (a) for a licensee who has been out of practice for less than five years consists of a minimum of:
 - (1) 150 hours of theory; and
 - (2) 200 hours of clinical experience; or
- (b) for a licensee who has been out of practice for more than five years, but less than ten years consists of a minimum of:
 - (1) 150 hours of theory and
 - (2) 400 hours of clinical experience.

5-23 APRN Refresher Program Curricula. Curricula must include a review and update of:

- (a) advanced pharmacotherapeutics;
- (b) advanced assessment;
- (c) role and population specific theory and practice standards;
- (d) role and population specific clinical practicum; and
- (e) advanced practice nursing skills.

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Part 6 Licensed Practical Nurses

6-1 Licensure by Examination. To qualify for licensure by examination, an applicant shall:

- (a) be a graduate of an approved LPN education program, as verified by an official transcript;
- (b) complete a federal criminal background check;
- (c) receive Board approval to sit for the NCLEX-PN examination; and
- (d) pass the NCLEX-PN examination within five years of nursing program graduation.

6-2 Licensure by Endorsement. To qualify for licensure by endorsement, based on licensure and experience outside Vermont, an applicant who is not eligible for expedited endorsement under Rule 4-1 shall:

- (a) be licensed in a United States jurisdiction with licensing requirements substantially equivalent to those of Vermont, on the basis of a U.S. nursing education program;
- (b) complete a federal criminal background check; and
- (c) demonstrate ongoing competency to practice in the form of:
 - (1) active practice in the jurisdiction of origin totaling at least 50 days (400 hours) in the previous 2 years or 120 days (960 hours) in the previous 5 years, verified by appropriately certified employment records; or
 - (2) satisfactory completion of 20 hours of qualifying continuing education in the two years immediately preceding application; or
 - (3) current, nationally recognized certification.

6-3 Scope of Practice. Refer to Part 11-1. Consistent with 26 V.S.A. § 1572, an LPN's scope of practice is directed by a licensed RN, APRN, MD, DO, physician assistant, or dentist acting within his or her own scope of practice. Direction may occur via direct supervision or through provider orders, forms, guidelines, policies or procedures, protocols, algorithms, or clearly established plans of care.

- (a) The LPN/VN, practicing to the extent of their education and training under the supervision of an RN, advanced practice registered nurse (APRN), physician or other authorized licensed health care provider:
 - (1) Participates in nursing care, health maintenance, patient teaching, counseling, collaborative planning and rehabilitation.
 - (2) Plans for patient care, including:
 - (i) Planning nursing care for a patient whose condition is stable or predictable.
 - (ii) Assisting the RN, APRN, or physician in identification of patient needs and goals.
 - (iii) Determining priorities of care together with the RN, APRN or physician.
 - (3) Provides patient surveillance and monitoring, participating with other health care providers and contributing to the development, modification, and implementation of the patient centered healthcare plan.
 - (4) Implements nursing interventions and prescribed medical regimens in a timely and safe manner.
 - (5) Documents nursing care provided accurately and timely.
 - (6) Collaborates and communicates relevant and timely patient information with patients and other health team members to ensure quality and continuity of care, including:
 - (i) Patient status and progress.
 - (ii) Patient response or lack of response to therapies.

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- (iii) Changes in patient condition.
- (iv) Patient needs and special requests.
- (7) Takes preventive measures to promote an environment that is conducive to safety and health for patients, others and self.
- (8) Respects patient diversity and advocates for the patient's rights, concerns, decisions and dignity.
- (9) Maintains appropriate professional boundaries.
- (10) Participates in systems, clinical practice and patient care performance improvement efforts to improve patient outcomes.
- (11) Assigns and delegates nursing activities to assistive personnel. The LPN shall delegate only those nursing measures the delegate has the training, education, and experience to accomplish safely.

6-4 Individual Scope. The individual scope of practice for each LPN is determined by the individual's education, training, experience, and certification. Each LPN has a responsibility to practice in a manner that protects and promotes the health, safety and rights of the patient. Each nursing activity must be consistent with reasonable and prudent practice. Refer to Part 11-1 of these Rules.

Part 7 Registered Nurses

7-1 Licensure by Examination. To qualify for licensure by examination, an applicant shall:

- (a) be a graduate of an approved RN education program, as verified by an official transcript;
- (b) complete a federal criminal background check;
- (c) receive Board approval to sit for the NCLEX-RN examination; and
- (d) pass the NCLEX-RN examination within five years of nursing program graduation.

7-2 Licensure by Endorsement. To qualify for licensure by endorsement, based on licensure and experience outside Vermont, an applicant who is not eligible for expedited endorsement under Rule 4-1 shall:

- (a) be licensed as an RN in a United States jurisdiction with licensing requirements substantially equivalent to those of Vermont, on the basis of a U.S. nursing education program;
- (b) complete a federal criminal background check; and
- (c) demonstrate ongoing competency to practice in the form of:
 - (1) active practice in the jurisdiction of origin totaling at least 50 days (400 hours) in the previous 2 years or 120 days (960 hours) in the previous 5 years, verified by appropriately certified employment records; or
 - (2) satisfactory completion of 20 hours of qualifying continuing education in the two years immediately preceding application; or
 - (3) current, nationally recognized practice-area certification.

7-3 Scope of Practice. "Registered nursing" means the practice of nursing as defined at 26 V.S.A. § 1572.

7-4 Individual Scope. The individual scope of practice for each RN is determined by the individual's education, training, experience, and certification. Each RN has a responsibility to practice in a manner that protects and promotes the health, safety and rights of the patient. Each

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nursing activity must be consistent with reasonable and prudent practice. Refer to part 11-1 of these Rules

Part 8 Interstate Practice Privileges for RNs and LPNs: The Nurse Licensure Compact

8-1 Applicant Responsibilities.

- (a) An applicant for a multistate license shall declare Vermont as primary state of residence.
- (b) A nurse who changes primary state of residence to another party state shall apply for a license in the new party state when the nurse declares to be a resident of the state and obtains multistate privileges not ordinarily extended to nonresidents of the state.
- (c) A nurse shall not apply for a Vermont single state license while the nurse holds a multistate license in another party state.
- (d) An applicant must provide evidence of residence in Vermont. This evidence may include, but is not limited to, a current:
 - (1) driver's license with a home address;
 - (2) voter registration card with a home address;
 - (3) federal income tax return with a primary state of residence declaration;
 - (4) military form no. 2058 (state of legal residence certificate); or
 - (5) W2 form from the United States government or any bureau, division, or agency thereof, indicating residence.
- (e) An applicant who is a citizen of a foreign country, and who is lawfully present in the United States and is applying for multistate licensure in Vermont may declare either the applicant's country of origin or Vermont as the primary state of residence.
- (f) If the applicant declares the foreign country as the primary state of residence, they are not eligible for a multistate license, but may apply for a single state license if the applicant meets licensure requirements.
- (g) An applicant shall disclose current participation in an alternative program to any party state, whether upon initial application or within ten (10) calendar days of enrollment in the program.

8-2 Change in Primary State of Residence.

- (a) A nurse who changes his or her primary state of residence from one party state to another party state may continue to practice under the existing multistate license while the nurse's application is processed, and a multistate license is issued in the new primary state of residence.
- (b) Upon issuance of a new multistate license in another party state, the Vermont multistate license will be deactivated/expired.
- (c) If a party state verifies that a licensee who holds a multistate license changes primary state of residence to a non-party state, the party state shall convert the multistate license to a single state license within fifteen (15) calendar days and report this conversion to the Coordinated Licensure Information System.

8-3 Temporary Permits and Licenses. A temporary permit, license, or similar temporary authorization to practice issued by a party state to an applicant for licensure shall not grant multistate licensure privileges.

8-4 Identification of Licenses. A license issued by a party state shall be clearly identified as either a single state license or a multistate license.

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8-5 Credentialing and English Proficiency for Foreign Nurse Graduates.

- (a) A party state shall verify that an independent credentials review agency evaluated the credentials of graduates.
- (b) The party state shall verify successful completion of an English proficiency examination for graduates.

8-6 Deactivation, Discipline, and Revocation.

- (a) The Board of Nursing shall determine whether a disqualifying event will result in adverse action or deactivation of a multistate license or privilege.
- (b) Upon deactivation due to a disqualifying event, the Board may issue a single state license.

8-7 Federal Criminal Records. Communication between Vermont and the Nurse Licensure Compact Commission and communication between party states regarding verification of the nurse's eligibility for licensure pursuant to the Compact shall not include any Criminal History Record Information (CHRI) received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a member board under Public Law 92-544.

8-8 Active-duty Military Personnel and Spouses.

- (a) An active-duty service member, or the member's spouse, shall designate a home state where the service member or spouse has a current license in good standing.
- (b) The service member may retain the home state designation during the period the service member or spouse is on active duty.
- (c) After designating a home state, the service member or spouse shall only change home state through application for licensure in the new state.

Part 9	Advanced Practice Registered Nurses
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9-1 APRN License Requirements

To be eligible for licensure as an APRN the applicant must:

- (a) hold an unencumbered Vermont registered nursing license or an unencumbered multistate registered nursing license from another Compact state;
- (b) meet the education requirements set forth below;
- (c) hold certification from a national board;
- (d) complete a federal criminal background check; and
- (e) meet the practice requirements.

9-2 Roles. The Board may license an individual to practice as an APRN in the following roles:

- (a) Certified Nurse Practitioner;
- (b) Certified Nurse Midwife;
- (c) Certified Registered Nurse Anesthetist; and
- (d) Clinical Nurse Specialist.

9-3 Identification. APRNs shall use, at a minimum, the license designation "APRN" for purposes of identification and documentation.

9-4 Population Focus. Population Focus means that segment of the population, defined by age group or health status to which an APRN provides professional services. Each licensee is assigned a population focus area based on the licensee's certification. Refer to the Board Website for recognized population focus areas.

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9-5 Education

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

- (a) have a degree or certificate as shown by the official transcripts from the applicant's graduate nursing program in one of the four recognized APRN roles from:
 - (1) a Vermont graduate nursing program approved by the Board; or
 - (2) a United States graduate nursing program approved by a state or a national accrediting agency approved by the Board; and
- (b) have successfully completed graduate level courses in:
 - (1) advanced pharmacotherapeutics;
 - (2) advanced patient assessment;
 - (3) advanced pathophysiology.

9-6 APRN Certification Organizations

The Board may accept certification by a certifying organization which:

- (a) follows established certification testing and psychometrically sound, legally defensible standards for APRN certification exams;
- (b) assesses APRN core and role competencies across a minimum of one population focus of practice;
- (c) assesses specialty competencies, when applicable, separately from the APRN core role and population-focused competencies; and
- (d) is accredited by a national U.S. or Canadian certification accreditation body.

9-7 Education and Practice Requirement. To be eligible for initial licensure or to renew or reinstate an APRN license, an applicant must have:

- (a) graduated from an APRN program within two years of making the application; or
- (b) practiced as a licensed APRN for a minimum of:
 - (1) 50 days (400 hours) in the previous two years; or
 - (2) 120 days (960 hours) in the previous five years; or
- (c) Maintained certification by a national certification accreditation body; or
- (d) completed a Board approved APRN Refresher Course as set forth in 9-14 through 9-17 of these Rules within two (2) years of making the application.

9-8 Transition to Practice: Collaborative Provider Agreement. An APRN with fewer than 24 months and 2,400 hours of licensed active advanced nursing practice in an initial role and population focus or fewer than 12 months and 1,600 hours for any additional role and population focus shall have a formal agreement with a collaborating provider as required by 26 VSA § 1613 and these Rules:

- (a) An APRN shall maintain signed and dated copies of all collaborative provider agreements, and when the transition to practice is complete, shall retain a copy of the Board form attesting to completion of the transition to practice.
- (b) An APRN required to practice under a collaborative provider agreement may not practice in a setting where there are no additional APRNs or licensed physicians to provide mentoring, consultation or advisement.

9-9 Collaborating Providers. A collaborating provider may be a Vermont APRN, a medical doctor licensed under 26 V.S.A. Ch. 23, or an osteopathic physician licensed under 26 V.S.A. § Ch. 33. An APRN may have more than one collaborating provider. A collaborating provider must be actively licensed in good standing and possess at least four years of practice experience in the same role and population focus or specialty as the APRN.

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9-10 Collaborating Provider Responsibilities

A collaborating provider shall establish a written agreement with an APRN to serve as an advisor, mentor, and consultant. A collaborating provider shall participate in quality assurance activities.

9-11 APRN Group Practice. An APRN group practice must include one or more APRNs who are not required to practice under a collaborative provider agreement.

9-12 APRN Refresher Course

- (a) Individuals who have been out of practice for less than five years and who do not meet the practice requirement for initial licensure, or renewal, or reinstatement of an APRN license must take a refresher course as set forth in parts 9-16 through 9-18 of these Rules. Once commenced, the course must be completed within 18 months.
- (b) Individuals who have been out of practice for more than five and fewer than ten years may be assigned a case-specific refresher assignment approved by the Board;
- (c) Individuals who have been out of practice for more than ten years must complete a new post-masters APRN program that includes a minimum of 500 clinical practice hours.

9-13 Refresher Course Clinical Practice Permit. The Board may grant a refresher course clinical practice permit, valid in six month increments and renewable not more than twice, to an applicant who:

- (a) holds a Vermont RN license;
- (b) holds a national APRN certification.

A person practicing under a permit shall be conspicuously identified as an "APRN Applicant" on name badges, signature blocks, medical record entries, and other locations calling for a professional designation.

9- 14 APRN Refresher Course Design

- (a) Refresher programs may be individually designed or established by a nursing education program or a non-accredited nursing service facility. Each must be approved by the Board.
- (b) The Board may accept a Nationally Accredited Refresher Program in Vermont or elsewhere which meets the requirements of Parts 9-17 and 9-18 of these rules.
- (c) Refresher programs are available to APRNs who have been out of practice for ten years or less.

9-15 APRN Refresher Course Approval Criteria

The Board will approve a refresher program which:

- (a) for a licensee who has been out of practice for less than five years consists of a minimum of:
 - (1) 150 hours of theory; and
 - (2) 200 hours of clinical experience; or
- (b) for a licensee who has been out of practice for more than five years, but less than ten years consists of a minimum of:
 - (1) 150 hours of theory and
 - (2) 400 hours of clinical experience; and
- (c) which provides on-site supervision:
 - (1) by an APRN collaborating provider qualified under Part 9 of these rules holding a Vermont unencumbered APRN license, or a physician collaborating provider with a Vermont unencumbered license; and
 - (2) who practices in the same role and population focus.

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9-16 APRN Refresher Program Curricula. Curricula must include a review and update of:

- (a) advanced pharmacotherapeutics;
- (b) advanced assessment;
- (c) role and population specific theory and practice standards;
- (d) role and population specific clinical practicum; and
- (e) advanced practice nursing skills.

9-17 Scope of Practice

- (a) The individual scope of practice for each APRN is determined by the APRN's education, training, experience, role, population focus, and national certification, consistent with Rule 11-1.
- (b) Nurse practitioners providing primary care may be primary care providers of record.
- (c) The scope of an APRN includes:
 - (1) registered nurse scope of practice;
 - (2) acts of medical diagnosis including, ordering, and interpreting diagnostic tests and procedures;
 - (3) prescribing medications;
 - (4) prescribing medical, therapeutic, or corrective measures;
 - (5) initiating written or verbal orders to other health care providers; and
 - (6) managing and evaluating care.

9-18 Eligible Colleges or Universities

The Board will approve a Vermont APRN education program which:

- (a) is offered by a college or university;
- (b) confers a graduate degree with a major in nursing or a graduate degree that prepares nurses to practice advanced practice nursing; and
- (c) meets the educational standards set by a national accrediting body and national certifying board approved by the Board.

9-19 Approval Process To obtain and maintain Board approval, an APRN education program must follow the processes outlined in Part 5 of these Rules.

Part 10 Licensed Nurse Assistants

10-1 Licensure by Examination. To qualify for licensure by examination, an applicant shall:

- (a) have completed, within two years of application, a nursing assistant education program approved by the Department of Disabilities, Aging, and Independent Living or its equivalent in another U.S. jurisdiction, or be a student in an RN or LPN education program who has completed studies equivalent thereto;
- (b) complete a federal criminal background check; and
- (c) pass a competency examination approved by the Department of Disabilities, Aging, and Independent Living or an equivalent exam acceptable to the Board.

10-2 Examination Attempts. A candidate who has not passed LNA exams after three attempts must repeat an approved nursing assistant education program.

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10-3 Licensure by Endorsement. To qualify for licensure by endorsement, based on licensure and experience outside Vermont, an applicant who is not eligible for expedited endorsement under Rule 4-1 shall:

- (a) be licensed or certified as nursing assistant by another state;
- (b) complete a federal criminal background check; and
- (c) demonstrate, via job description or other appropriate employer verification, at least 50 days (400 hours), in the two years preceding application, of employment as a nurse assistant or in a role, regardless of title or obligation to hold a license, that would reasonably tend to reinforce the training and skills of a licensed nurse assistant.

10-4 Scope of Practice

(a) An LNA's scope of practice includes:

- (1) Basic Nursing Care;
- (2) Personal Care;
- (3) Basic Restorative Care;
- (4) Psychosocial Support;
- (5) Care of the Cognitively Impaired;
- (6) Communication;
- (7) Patient Safety.

(b) Additional tasks and skills may be performed by LNAs through the delegation process by APRNs, RNs and LPNs as described in section 11.2

(c) An LNA may not perform activities which exceed the scope defined by the level of licensure. This means that LNAs may not perform, even if directed to do so, an activity not appropriate to their level of licensure or otherwise prohibited by law. Examples of activities not within the LNA scope of practice include nursing assessments, nursing judgments, and development of the plan of care.

Subpart A Medication Nursing Assistants

10-5 Definition: A medication nursing assistant (MNA) is a licensed nursing assistant authorized by a specialty designation to administer medications in limited settings set out by 26 V.S.A. § 1641.

10-6 Eligibility for MNA Specialty Designation. To be eligible for the MNA specialty designation, an applicant must:

- (a) hold an unencumbered Vermont LNA license;
- (b) be at least 18 years of age;
- (c) have a high school diploma or G.E.D.;
- (d) have two years' experience consisting of no fewer than 4,000 hours of LNA experience, of which at least one year and 2,000 hours were acquired in a long-term care nursing facility;
- (e) complete, within the year preceding application, an MNA training program approved by the Board; and
- (f) successfully complete MNA competency and math proficiency examinations approved by the Board.

10-7 Nursing Student Eligibility. The experience and training requirements set out in subparts 10-6(d) & (e) may be waived for a student enrolled in a Board-approved RN or LPN program that has covered MNA training content.

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10-8 Training from Other Jurisdictions. The Board may issue an MNA specialty designation to a Vermont LNA who received MNA training found by the Board to be substantially equivalent to that of a Board-approved training program. The applicant must successfully complete MNA competency and math proficiency examinations approved by the Board.

10-9 Scope of Practice.

- (a) An MNA is supervised on-site, on the unit, by an LPN, RN, or APRN.
- (b) A medication nursing assistant upon delegation by an LPN, RN, or APRN may:
 - a. administer medications to individual residents; and
 - b. administer medication via oral, sublingual, buccal, inhalation, spray (on oral mucosa), topical, nasal, ocular, optic, and suppository (vaginal or rectal) route.

10-10 Limitations. An MNA may:

- (a) administer medications to a newly admitted resident only after the delegating nurse determines that the resident is stable, and then only according to facility policy.
- (b) administer prn medication only after an RN assessment confirms the need for the medication.

10-11 Exclusions. An MNA may not:

- (a) administer injectable medications.
- (b) administer medications new to the patient;
- (c) make adjustments to dosage;
- (d) take or transcribe orders;
- (e) apply medicated dressings;
- (f) administer insulin;
- (g) administer bladder instillations;
- (h) calculate conversions;
- (i) dispose of medications; or
- (j) administer enteral feedings or medications.

Subpart B MNA Training Programs

10-12 Board Approval Required. Before providing MNA training, an MNA program must receive Board approval. The process for receiving Board approval is set forth in Part 5 of these rules. The Board will approve a program which assures that participants are trained in:

- (a) communication and documentation;
- (b) ethical and legal responsibilities regarding medication administration;
- (c) medication use, side effects, abbreviations, look alike drugs, drug interactions, proper storage, and the need for reporting side effects;
- (d) apothecary and metric measurements;
- (e) patient safety principles regarding proper medication administration; and
- (f) facility policies regarding medication errors.

10-13 MNA Training Program Requirements. To receive Board approval each MNA training program must:

- (a) employ a standardized textbook approved by the Board;
- (b) require no fewer than 60 hours of class instruction including lab/simulation instruction; and 40 hours of supervised clinical instruction;
- (c) have instructors who:

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- (1) possess unencumbered Vermont RN licenses;
 - (2) have at least 2 years' full-time practice experience, of which one year was in clinical practice; and
 - (3) hold a baccalaureate or higher degree in nursing; and
- (d) have a program administrator who holds a baccalaureate or higher degree in nursing.

10-14 MNA Program Review. An annual report shall be submitted to the Board by each MNA program as per 5-9 of these rules and site visits to MNA programs may be conducted by the Board in accordance with section 5-3 of these rules.

Part 11	Standards of Nursing Practice
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11-1 Determination of Scope of Practice. An activity not prohibited by Vermont Administrative Rules or Statutes and that is consistent with current national professional nursing organizational standards, accreditation standards and or credible nursing research may be considered within an individual nurse's scope of practice if the following conditions are met:

- (a) the nurse has completed the necessary education and possesses adequate knowledge to perform the activity;
- (b) there is evidence of the nurse's current competency and skill; and
- (c) a reasonable and prudent nurse with similar training and experience would perform the activity;
- (d) there are institutional policies and /or procedures in place governing the activity, and the activity is consistent with those;
- (e) There are adequate resources, equipment and supports in the care setting to ensure patient safety; and
- (f) The nurse is prepared to accept and manage the consequences of performing the activity.

In the absence of any of the above, the activity would be considered out of scope for an individual nurse and should not be performed. A nurse may not perform, even if directed to do so, an activity not recognized by the profession as appropriate for that level of licensure or otherwise prohibited by law.

11-2 Delegation. A licensee shall not delegate tasks to a person the licensee knows, or has reason to know, is not qualified by training, experience, education, or licensing credentials to perform them. *See 3 V.S.A. § 129a(a)(6).* Decision-making regarding the delegation of nursing care must be focused on the protection of the health, safety, and well-being of the patient/client.

- (a) **Non-delegable functions.** An APRN or RN may never delegate the exercise of nursing judgment, including patient assessment, care planning, and evaluation of care, to a licensee whose scope of practice does not include those functions.
- (b) **Factors.** A nurse delegating tasks shall consider the Five Rights set out in the National Guidelines for Nursing Delegation:
 - (1) **Right task:** the activity must be within the delegate's job description and consistent with written policies and procedures;
 - (2) **Right circumstance:** the patient's condition must be appropriately stable, and the delegating nurse must be situated to be aware of changes;
 - (3) **Right person:** the delegate must have the skills and knowledge to perform the activity;
 - (4) **Right direction and communication:** the delegate must be appropriately educated, and understanding must be confirmed by two-way communication and clear understanding and acceptance of the delegated activity; and

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- (5) **Right supervision and evaluation:** the delegating nurse must monitor the delegated activity, remain ready and available to intervene, and follow up to evaluate performance, outcomes, and accurate documentation.

11-3 Evidence-based Practice; Competent and Credible Evidence

- (a) **Duty of competence.** A licensee shall maintain awareness of evolving evidence-based practice guidelines and standards; shall implement these in nursing practice; and shall exercise the critical thinking required to meet the statutory obligation to refrain from “promoting or recommending a therapy or treatment in a manner tending to deceive the public or to suggest a degree of reliability or efficacy unsupported by competent evidence and professional judgment.” 3 V.S.A. § 129a(a)(17).
- (b) **Credibility of sources.** An APRN considering a therapeutic intervention shall consider whether the therapy is reasonably indicated for the relevant diagnosis, as indicated by FDA approval or support by credible literature, meaning literature upon which a reasonable clinician competent in the prevailing practice would rely.

11-4 Fitness. A licensee shall practice as a nurse or nurse assistant only when fit to work. Fitness includes the ability to collect data, notice detail, analyze information, solve problems, and respond rapidly to hazards to patient safety or wellbeing. Fitness may be impaired by fatigue, stress, alcohol, drugs, physical impairment, medical condition, or emotional state. Nurse peers, nurse supervisors, and nursing employers share a responsibility to ensure fitness and to intervene if a licensee appears unfit.

- (a) A nurse or nurse assistant shall:
- (1) Assure his or her ongoing wellness and fitness for work, by such means as such as getting adequate rest, seeking treatment for medical conditions, seeking counseling for emotional problems, managing stress, and avoiding substances and activities that may impair fitness for work;
 - (2) Notify the manager, supervisor, or responsible person of any concerns regarding his or her fitness for work and request appropriate accommodations, as needed;
 - (3) Refuse an assignment, if not fit to competently and safely perform the assignment; and
 - (4) Notify the individual and the manager, supervisor, or responsible person of any concerns regarding another person's fitness for work.
- (b) A nurse supervising others shall:
- (1) Develop or enforce workplace policies and procedures regarding fitness for work;
 - (2) Schedule responsibly, allowing adequate time for rest breaks during and between shifts;
 - (3) Manage the work environment to promote safety and avoid fatigue and hazards;
 - (4) Educate employees regarding fitness for work concepts and available supports;
 - (5) Be available to observe and assess the fitness for work of employees on duty, and
 - (6) if a nurse or nurse assistant appears to be unfit for work, remove the employee from the work environment until the situation has been assessed, appropriate action taken, and the employee is determined to be fit to perform their assigned work.

11-5 Patient Abandonment. A licensee shall not abandon a patient. Abandonment occurs when a licensee who has accepted a patient assignment or accepted responsibility for care of a patient jeopardizes the safety of that or other patients by improperly disengaging from the assignment or responsibility.

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- (a) Examples of abandonment include, without limitation:
- (1) Leaving the patient care area without transferring responsibility appropriately;
 - (2) Remaining unavailable for patient care for a duration that compromises patient care;
 - (3) Inattention or insufficient observation or contact with a patient;
 - (4) Sleeping while on duty outside supervisor-approved rest consistent with written facility policy;
 - (5) Failing to timely notify a supervisor or employer if unable to initiate or complete an assignment where the licensee is the sole care provider; or
 - (6) For an APRN, terminating the nurse-patient relationship without providing reasonable notification to the patient and resources for continuity of care.
- (b) The following employment acts generally do not constitute patient abandonment:
- (1) Failing to report to work when an assignment has not been assumed or accepted;
 - (2) Refusing to accept an assignment to a unit when there has been no orientation and no educational preparation or an assignment outside the licensee's scope of practice;
 - (3) Leaving an assignment after notifying the appropriate personnel and transferring responsibility for patient care;
 - (4) Leaving an assignment due to circumstances reasonably perceived by the licensee as placing the licensee in imminent danger of serious harm;
 - (5) Refusing to work beyond a scheduled shift; or
 - (6) Resigning without giving specific notice.

11-6 Informed Consent. Each person has a right to determine what shall be done with his or her body and a right to accept or refuse medical treatment. For those determinations to be informed, the person, as patient, must be capable of making relevant decisions, based not only on personal capacity, but also upon the provision of accurate and adequate information by providers of care. If a patient lacks capacity, informed consent is to be obtained from a parent or legal guardian.

- (a) An APRN or RN may obtain a patient's informed consent for a treatment or procedure if:
- (1) The APRN or RN will perform the treatment or procedure;
 - (2) The treatment or procedure is within the APRN or RN's scope of practice;
 - (3) The APRN or RN is able accurately to convey to the patient:
 - i. A description of the treatment or procedure;
 - ii. The indications for the treatment or procedure;
 - iii. Risks and benefits of the treatment or procedure;
 - iv. Alternatives and their risks and benefits;
 - v. The probable consequences of declining the recommended treatment or procedure; and
 - vi. Roles of others who may be involved in executing the treatment or procedure.

11-7 Duty to Update and Self-report. Applicants and licensees owe a duty of candor to the Board and shall disclose circumstances that may call for further investigation to protect the public. That a matter is reportable does not imply that the matter necessarily is a basis for discipline. A licensee, including an applicant for licensure, shall report to the Office, in writing, within 30 days:

- (a) any change of name, e-mail, or mailing address;

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- (b) any material inaccuracy or change in circumstance relative to any application question, where the changed circumstance arises between submission of a license application and issuance of the license sought;
- (c) any arrest or charge for conduct occurring in the course of, or in direct relation to, the practice of nursing;
- (d) any conviction for any criminal act;
- (e) any injunction or other order of a court or regulatory authority, including any order to cease & desist and any assurance of discontinuance, limiting the licensee's ability to practice;
- (f) any legal claim, settlement, or judgment arising from alleged professional negligence, misconduct, or malpractice; and
- (g) any adverse action against a professional license in another jurisdiction, where the adverse action relates to an allegation of misconduct, substandard practice, or unethical conduct.

Part 12 Alternative to Discipline Program

12-1 Alternative Program. As authorized by 26 V.S.A. § 1574(a)(10), the Board administers an Alternative Program to serve as an alternative to the disciplinary process for nurses and nursing assistants with substance use disorders or other professional practice issues as designated by the Board. The purpose of the Program is to protect the public safety while encouraging licensees to seek help when necessary and without fear of adverse licensing consequences or undue publicity. The Program reflects the Board's belief that nurse wellness is foundational to safe practice.

12-2 Eligibility. A person eligible to participate in the Alternative Program shall:

- (a) hold a license issued by the Board or be an eligible applicant for one;
- (b) voluntarily request to participate;
- (c) not be the subject of any unresolved complaint, investigation, or charge, unless specifically approved for participation by the State Prosecuting Attorney authorized to bring disciplinary charges;
- (d) acknowledge that a deficiency in some aspect of nursing practice, or a substance use disorder, if not appropriately addressed, may impact the licensee's ability to practice safely and competently;
- (e) illustrate that the condition or circumstance is of a type susceptible to successful treatment or remedial training; and
- (f) if requested, agree to undergo a comprehensive assessment, at the applicant's expense, from a pre-approved qualified provider based on criteria determined by the Committee.

12-3 Disqualification. Notwithstanding Rule 12-2, *supra.*, no person shall be eligible to participate in the Program who:

- (a) has harmed or endangered a patient through willful, knowing, or reckless or inexcusably negligent conduct, or has exhibited abusive or cruel behavior toward a patient;
- (b) presents a danger to the public;
- (c) has a history of non-compliance with treatment or remediation programs;
- (d) has attempted to conceal a practice error or falsify records; or
- (e) in the judgment of the Committee, is not an appropriate candidate for any reason.

12-4 Confidentiality. Records pertaining to an individual's participation in the Program are not available to the public and shall not be publicized, except:

- (a) by order of a court of competent jurisdiction;

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- (b) when necessary and appropriate to monitor compliance with Program requirements, such as by confirming conditions are followed at a place of employment or that a participant has remained in treatment;
- (c) when the Board is required by the terms of the Nurse Licensure Compact to report Program participation to the coordinated licensure information system, pursuant to 26 V.S.A. § 1647f; or
- (d) when participation in the Program is considered in a future disciplinary matter.

12-5 Administration and Selection. The Alternative Program is administered by the Executive Director. The investigative team assigned to a matter may refer a potential participant if the team believes participation would be in the interest of the public health, safety, and welfare; consistent with these Rules and applicable policies of the Alternative Program Committee; and likely to benefit the eligible person's fitness to practice.

12-6 Agreement. When a participant is approved, the Executive Director or case manager shall propose an Alternative Program Agreement suited to address the underlying conduct or circumstance. The Agreement must be jointly approved by the participant and the Executive Director. The Agreement shall at a minimum specify:

- (a) the conduct, circumstance, or condition acknowledged to require treatment or remediation;
- (b) that such conduct, circumstance, or condition shall not be the subject of Board discipline if the participant successfully completes the Alternative Program as set out in the Agreement;
- (c) the conditions of participation, to include without limitation any supervision, restriction, testing, coursework, treatment or other requirements calculated to aid the participant while appropriately protecting the public;
- (d) that the Agreement is voluntary and that the participant agrees to forgo due process rights associated with a contested disciplinary case before the Board;
- (e) that the participant shall grant the Program releases as may be reasonably requested to confirm treatment compliance and progress and agrees not to assert patient-provider privilege to frustrate Program oversight; and
- (f) that violation of the Agreement shall constitute unprofessional conduct and may result in public disciplinary charges.

12-7 Effect on Multistate Licensure Privilege. The Board is obligated by the Nurse Licensure Compact to deactivate the multistate licensure privilege of any nurse licensed by the Board, for the duration of the nurse's participation in an alternative program. *See* 26 V.S.A. § 1647(e)(c).

Part 13	Discipline
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13-1 Unprofessional Conduct. Unprofessional conduct includes those acts set out at 3 V.S.A. § 129a (applicable to all professional licensees) and 26 V.S.A. § 1582 (applicable to the nursing professions). Violation of these rules is cognizable as unprofessional conduct pursuant to 3 V.S.A. § 129a(a)(3).

13-2 Remedies. Upon a finding by the Board that a licensee, applicant, or person who later becomes an applicant has committed unprofessional conduct, within or without this State, or has had a license application denied or a license revoked, suspended, limited, conditioned, or otherwise disciplined by a licensing agency in another jurisdiction for conduct which would constitute unprofessional conduct in this State, or has surrendered a license while under investigation for unprofessional conduct, the Board may warn, reprimand, suspend, revoke, limit, condition, deny, or prevent the renewal of a license or privilege to practice. *See* 3 V.S.A. § 129(a). A license may be

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summarily suspended pending further proceedings, consistent with 3 V.S.A. § 814(c), upon a finding that public health, safety, or welfare imperatively requires emergency action.