

5/3/93

STATE OF MINNESOTA

BEFORE THE

COUNTY OF RAMSEY

MINNESOTA BOARD OF NURSING

In the Matter of the Proposed Adoption of Rules of the State Board of Nursing Governing Licensure Without Examination, Registration and Reregistration of Professional and Practical Nurses, including continuing education, Nursing Scholarships and Advanced Nursing Practice.

STATEMENT OF NEED AND REASONABLENESS

INTRODUCTION

In 1978, the Board of Nursing promulgated rules to establish procedures and minimum requirements for continuing education activities and standards for satisfactory evidence of compliance with Board rules. The need to adopt those rules relating to continuing education arose in order that the Board comply with a legislative directive. Minnesota Statutes, section 148.231 (1976) addressed renewal of registration for licensed professional nurses and mandated that each professional nurse maintain a current registration with the Board in order to practice as a registered nurse, which registration had to be renewed at regular intervals. Furthermore, the statute stated in relevant part that

"Upon adoption by the Board of rules and regulations establishing procedures and minimum requirements for successful completion of specified continuing education as hereinafter provided, no certificate shall be issued by the Board to a nurse until he or she has submitted satisfactory evidence of compliance with the procedures and minimum requirements established by the Board."

In 1976, section 214.12 of the Minnesota Statutes was adopted. It provided that all licensing boards may promulgate by rule requirements for renewal of licenses designed to promote professional continuing education. A case was built that continuing education was mandatory for professional nurses. Consequently, the rules for continuing education were established for renewal of professional nurse registration.

Since that time, the Board has considered establishing continuing education as a requirement for renewal of registration for licensed practical nurses. On December 7, 1984, the Board decided to maintain a system of mandatory continuing education for registered nurses until minimum practice standards and mandatory reporting of failure to meet the practice standards are in place for both registered nurses and licensed practical nurses. This position was reaffirmed at a subsequent meeting. However, since minimum practice standards have not been developed, on April 6, 1990, the Board voted to draft rules which would implement continuing education as a requirement for registration renewal of licensed practical nurses. The Licensure/Registration Committee of the

Board began work on a draft after the April 1990 Board meeting. On December 6, 1991, the Board reaffirmed its desire to promulgate continuing education rules for licensed practical nurses.

The Notice of Solicitation of Outside Opinion was published in the State Register on September 30, 1991. The minutes of the task force meetings and rule drafts have been mailed to individuals and organizations that have requested placement on the mailing list. A summary of the proposed rules was published in the Board's February 1992 newsletter, *For Your Information*. The newsletter is sent to every licensee with current registration, approximately 73,000 individuals. In addition, a copy of the proposed rules was sent to every individual who requested a copy of the rules. The task force has been responsive to all the comments and concerns received throughout the process.

The task force has used the rules and rationale provided by other boards of nursing who have continuing education requirements in making the proposal for Minnesota rules.

STATUTORY AUTHORITY

The continuing education requirements for registration are authorized by Minnesota Statutes, section 214.12. Requirements for licensure, registration, and reregistration are authorized by Minnesota Statutes, section 148.191, subdivision 2. The nursing scholarship rules are being deleted because there is no statutory authority for them. The Advanced Nursing Practice rules are authorized by Minnesota Statutes, section 62A.15, subdivision 3a.

Minnesota Statutes, section 214.12, subdivision 2 (1992), mandates that the boards of chiropractic examiners, dentistry, medical practice, nursing, and podiatric medicine require by rule that their licensees "obtain instruction or continuing education in the subject of infection control including blood-borne diseases."

Working together and seeking advice from numerous outside individuals and groups, the boards affected by the legislation reached consensus on three vital components of the mandate: (1) a definition of "blood-borne diseases", (2) a definition of "infection control", and (3) the number of continuing education hours in infection control required per year. The number of continuing education hours will be the same for all boards, irrespective of differences in lengths of continuing education and/or renewal cycles.

SMALL BUSINESS CONSIDERATIONS.

Minnesota Statutes, section 14.115 requires administrative agencies, when proposing a rule or an amendment to an existing rule, to consider various methods for reducing the impact of the proposed rule or amendment on small businesses and to provide an opportunity for small businesses to participate in the rule making process.

It is the position of the Board that this provision does not apply to the rules it promulgates. Minnesota Statutes, section 14.115, subd. 7, clause (2) (1992) states that section 14.115 does not apply to "agency rules that do not affect small businesses directly." The Board's authority relates only to nurses, not to the businesses they may operate. Furthermore, although the Board does not compile statistics on the issue, almost all nurses are simply employees of the agencies or facilities at which they work. In these cases, it is clear that a nurse should not be considered a small business.

The Board is also exempt from the provisions of section 14.115, pursuant to its subdivision 7, clause (3), which states that section 14.115 does not apply to "service businesses regulated by government bodies, for standards and costs, such as ... providers of medical care." Nurses provide nursing care and medical care and are regulated for standards and costs. The Board regulates nurses for standards and the Minnesota Department of Human Services regulates some nurses for costs.

However, should these proposed rules in some way be construed as being subject to Minnesota Statutes, section 14.115, the Board notes below how the five suggested methods listed in section 14.115, subdivision 2, for reducing the impact of the rules on small businesses should be applied to the proposed rules. The five suggested methods enumerated in subdivision 2 are as follows:

1. the establishment of less stringent compliance or reporting requirements for small businesses;
2. the establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
3. the consolidation or simplification of compliance or reporting requirements for small businesses;
4. the establishment of performance standards for small businesses to replace design or operational standards required in the rule; and
5. the exemption of small businesses from any or all requirements of the rule.

The feasibility of implementing each of the five suggested methods and whether implementing any of the five methods would be consistent with the statutory objectives that are the basis for this rulemaking are considered below.

- a. It would not be feasible to incorporate any of the five suggested methods into these rules.

Methods 1 to 5 above relate to lessening compliance or reporting requirements for small businesses either by establishing less stringent requirements, establishing less stringent schedules or deadlines for compliance with the requirements, or consolidating or simplifying the requirements. Since the Board is not proposing any compliance or reporting requirements for either small or large businesses, it follows that there are no such requirements for the Board to lessen with respect to small businesses. If, however, these proposed rules are viewed as compliance or reporting requirements for businesses, then the board finds that it would be unworkable to lessen the

requirements for those few nurses who practice in a solo or group setting of fewer than 50 employees since the proposed rules have no effect on their businesses. Method 4 suggests replacing design or operational standards with performance standards for small businesses. The Board's rules do not propose design or operational standards for businesses, and therefore there is no reason to implement performance standards for small businesses as a replacement for design or operational standards that do not exist. Finally, method 5 suggests exempting small businesses from any or all requirements of the rules. The application of this provision would exempt a few licensees from the purview of the rules with the result that a small number of nurses would be totally unregulated, a clear conflict with existing nursing statutes.

- b. Reducing the impact of the proposed amendments on small businesses would undermine the objectives of the Minnesota licensing law for nurses.

Pursuant to Minnesota Statutes, section 148.171 et seq., the Board was created for the purpose of establishing requirements for licensure and adopting standards for disciplinary action to govern the practices or behavior of all licensees. Pursuant to Minnesota Statutes, section 148.191, subd. 2, the Board is specifically mandated to promulgate rules as may be necessary to carry out the Board's purposes. Given these statutory mandates, it is the Board's duty to establish licensure and registration qualifications and disciplinary standards which apply and govern all applicants and licensees regardless of the nature of their practice. As it has been stated above, it is the Board's position that the proposed rules will not affect small businesses and certainly do not have the potential for imposing a greater impact on nurses in a solo or small practice than on those employed by agencies and organizations. It has also been explained above that the Board does not consider it feasible to implement any of the five suggested methods enumerated in subdivision 2 of the small business statute. Nonetheless, to the extent that the proposed rules may affect the business operation of a nurse or group of nurses and to the extent it may be feasible to implement any of the suggested methods for lessening the impact on small businesses, the Board believes it would be unwise and contrary to the purposes to be served by these rules for the Board to exempt one group of nurses from the requirements of these rules. Similarly, the Board believes it would be unwise and contrary to its statutory mandate for the Board to adopt one set of standards for those nurses (which may consist of a nonexistent class) who work as employees and adopt another, less stringent set of standards to be applied to those nurses who practice in a solo or small group practice. It is the Board's view that these rules must apply equally to all nurses if the public whom they serve is to be adequately protected.

Licensees, regardless of whether they are considered as individuals or small businesses, have had and will continue to have an opportunity to participate in the rulemaking process for these proposed rules. The Board has kept the various associations well informed of the proposed rules as they were developed and the associations have in turn informed their constituents. In addition, the Board has mailed a copy of the proposed rules to everyone on the mailing list to receive proposed rules.

EXPENDITURE OF PUBLIC MONIES AND IMPACT ON AGRICULTURAL LAND

Promulgation of the proposed rules will not result in the expenditure of monies by local bodies nor have an impact on agricultural land. Therefore, no further information need be provided under Minnesota Statutes, section 14.11 (1992).

NEED FOR AND REASONABLENESS OF PROPOSED RULES

CHAPTER 6305 BOARD OF NURSING PROFESSIONAL AND PRACTICAL NURSES LICENSURE OF PROFESSIONAL AND PRACTICAL NURSES

6305.0500 REQUIREMENTS FOR LICENSURE WITHOUT EXAMINATION.

The rationale is provided under the proposal for reregistration, parts 6310.3100 and 6310.3200. It is necessary to have the same requirements for applicants for licensure without examination as for applicants for reregistration so that the requirements of the Board are consistent for all licensees and applicants whom the Board regulates.

CHAPTER 6310 REGISTRATION OF PROFESSIONAL AND PRACTICAL NURSES

6310.2600 DEFINITIONS.

Subpart 1. **Acceptable continuing education activity.** It is necessary to delete the reference to professional nurse because the rules will apply to both the professional nurse and the licensed practical nurse.

The clause, "evidence of which the nurse submits to the board as part of the application for registration renewal," is deleted. It is reasonable to delete this clause because it does not define acceptable continuing education. It is a procedural matter and as such is covered in part 6310.2900.

The substitution of "criteria established" in place of "meets the requirements" is necessary in order to be consistent with the language in part 6310.2800, subpart 3. It is reasonable to use the same language throughout the rules to minimize confusion.

Subp. 2. **Acceptable nursing practice.** It is necessary to define the phrase "acceptable nursing practice" because the phrase is not self-explanatory. The phrase is used frequently in the licensure, registration, and reregistration rules. A definition eliminates the need to explain the meaning of the phrase each time it is used. In the current rules, an explanation of "acceptable nursing practice" is provided in part 6310.3100, subpart 6. It is reasonable to use this explanation as the definition because it is an already accepted explanation for the phrase.

It is reasonable to add "employment includes those positions for which the individual is required to be a nurse" for clarification so that all licensees know which type of employment qualifies as acceptable nursing practice.

The statement, "occurred only while the licensee was authorized to practice nursing unless legal authorization for the practice was not required in the jurisdiction where it occurred," has been deleted. It is reasonable to delete this because other jurisdictions do not maintain a licensure history. Therefore, there is no means to validate that the individual was legally authorized to practice in the past in another jurisdiction.

Sub. 1b. Blood borne diseases. Minnesota Statutes, section 214.12, subdivision 2, require that certain boards require by rule that licensees obtain instruction or continuing education in the subject of infection control including blood borne diseases. A definition of blood borne diseases is necessary so that everyone understands the meaning of the term. By defining the term, the meaning is clear and is not subject to interpretation. The Board is able to apply the definition consistently to the continuing education programs participated in by the licensees to determine whether the program fulfills the statutory requirement.

The definition is reasonable because it is the product of consensus by the affected boards after consultation with the Minnesota Department of Health, representatives of professional associations, and persons knowledgeable about the state of the art in infection control procedures, especially as they relate to transmission of human immunodeficiency virus (HIV) and hepatitis B virus (HBV). The rules writer employed by the affected boards for the purpose of carrying out the infection control provisions of Minnesota Statutes, section 214.12, subdivision 2, met individually with representatives of the interested parties and other individuals on the attached list over a period of about six months, performing as liaison between the boards and interested parties as the definitions and number of continuing education hours evolved. Suggestions from various interested parties were helpful to the affected boards, particularly with respect to avoiding definitions that would appear too narrow or restrict the perceived intention of the legislation.

In addition, the boards jointly published in the State Register a Notice of Solicitation of Outside Opinion on September 28, 1992 (17 S.R. 678).

In developing the definitions, three dictionaries were used. The dictionaries are listed in the bibliography.

It is reasonable to include "inoculation of or injection of blood or exposure to blood contained in body fluids, tissues, or organs" because "blood borne" means "blood transported" and "transported" means "carried from one place to another." The definition would be incomplete without addressing the method of transmitting the disease from one person to another.

It is reasonable to include "exposure to blood contained in body fluids, tissues, or organs" because it has been demonstrated that blood in fluid form (that is, not dried), whether pure blood or blood mixed with other body fluids, is capable of transmitting agents of infection from one person to another. Living tissues and organs can be described as being fluid or semi-fluid in nature.

It is reasonable to include the agents of infection in the definition because, to be complete, the definition must include both the cause of the diseases and the means by which they are transmitted.

It is reasonable to name HIV and HBV specifically as agents of infection because they both are life-threatening agents of infection, because it has been established that they are transmitted by blood, and because Minnesota Statutes, sections 214.12, subdivision 2, and 214.17-25 were specifically designed to reduce the likelihood of regulated persons and their patients becoming infected with these viruses.

All the affected boards have agreed to this definition. It is reasonable to use the same definition as other affected boards so that confusion among health care providers is minimized.

Subp. 3. **Contact hour.** For clarity, it is necessary to explain how to convert college courses to contact hours. Many licensees take college courses. Frequently the question is asked, "How many contact hours are assigned to a course taken for credit?" It is reasonable to convert credit hours to contact hours in this manner because it accommodates the variations in terms. The number of weeks in a term varies according to the method of dividing up an academic year (semester, trimester, quarter, summer session). Multiplying the number of class hours per week, or the credit hours, times the weeks in the term recognizes this variation but standardizes the calculation process.

Subp. 4. **Continuing education participation period.** It is necessary to provide a substitute for the term "professional nurse" since the rules will apply to registered nurses, as well as licensed practical nurses. It is reasonable to use the generic term "licensee" because this term is defined in the rules to mean "either a professional or practical nurse who has been granted a license to practice professional or practical nursing by the board."

It is necessary to clarify the beginning and ending dates for the first registration period so that licensees are informed that their first registration period following licensure or reregistration may be for a period other than 24 months. It is reasonable to define it in this manner since the participation period cannot begin until licensure or reregistration has occurred. The ending date for the period is consistent with the birth date cycle for renewal of registration established by the Board by rule in 1987. The ending date is consistent with the ending date for subsequent continuing education participation periods.

Subp. 5. **Continuing education report form.** The parts referred to in this rule needed to be changed to accommodate the addition of a new part that was added to the rules, part 6310.3000. For accuracy and completeness, it is reasonable to include a reference to this part in the definition.

Subp. 5a. **Deferment.** The word "required" is needed for clarification. It is reasonable to add this word because it provides for consistency with the wording in part 6310.2800, subpart 3, "continuing education requirements."

Subp. 5b. **Infection control.** Minnesota Statutes, section 214.12, subdivision 2, mandates that certain boards require by rule that licensees

obtain instruction or continuing education in the subject of infection control, including blood borne diseases. A definition of infection control is necessary so that everyone understands the meaning of the term. By defining the term, the meaning is clear and is not subject to interpretation. The Board is able to apply the definition consistently to the continuing education programs participated in by the licensees to determine whether the program fulfills the statutory requirement.

The definition is reasonable because it is the product of consensus by the affected boards after consultation with the Minnesota Department of Health, representatives of professional associations, and persons knowledgeable about the state of the art in infection control procedures, especially as they relate to transmission of human immunodeficiency virus (HIV) and hepatitis B virus (HBV). The rules writer employed by the affected boards for the purpose of carrying out the infection control provisions of Minnesota Statutes, section 214.12, subdivision 2 and 214.17 - 214.25, met individually with representatives of the interested parties and other individuals on the attached list over a period of about six months, performing as liaison between the boards and interested parties as the definitions and number of continuing education hours evolved. Suggestions from various interested parties were helpful to the affected boards, particularly with respect to avoiding definitions that would appear too narrow or restrict the perceived intention of the legislation.

All the affected boards have agreed to this definition. It is reasonable to use the same definition as other affected boards so that confusion among health care providers is minimized.

In addition, the boards jointly published in the State Register a Notice of Solicitation of Outside Opinion on September 28, 1992 (17 S.R. 678).

In developing the definition, three dictionaries were used. The dictionaries are listed in the bibliography.

It is reasonable to include the words "program", "procedures", and "methods" because inclusion of any one of the terms alone may appear to narrow the scope on infection control to a degree not intended by the Statute. Minnesota Statutes, section 214.18 - 25, employs both "procedures" and "techniques." Dictionary definitions of "technique" include "method of manipulation" and "technical method of accomplishing a desired aim." Therefore, it is reasonable to include "methods" in the definition because it is broader than, but inclusive of, the term "technique."

The dictionary defines the term "program" to include "plan for procedure," "agenda, draft, plan, outline," "a schedule or system under which action may be taken toward a desired goal," and "an organized list of procedures." The term is broader in application than the term "procedure" and implies a set of directions established prior to putting procedures into practice. Therefore, it is reasonable to use the term "programs" to ensure that the intention of the legislation is carried out by rule to the greatest degree possible.

Use of the term "procedures" is reasonable because the term is used in Minnesota Statutes, section 214.19. The dictionary definitions include "a

particular course of action," "a particular way of going about or accomplishing something," and "a way of performing or effecting something."

It is reasonable to include the purpose of infection control in its definition because there would be no need to employ the term "infection control" if the term itself had no desired outcome. The stated purpose (to reduce the transmission of agents of infection for the purpose of preventing or decreasing the incidence of infectious diseases) is also reasonable because the intention of Minnesota Statutes, sections 214.12 and 214.17-214.25, is to promote the health and wellbeing of patients and regulated persons. It is reasonable to state the purpose as well as the methods of infection control so that regulated persons, continuing education program vendors, and the affected boards will all be aware of the reason why infection control is mandated by the statutes.

Subp. 7a. **Licensee.** The phrase "in Minnesota" is needed for clarification. It is reasonable to do so because it provides for consistency with the language in subpart 12.

Subp. 9. **Participation.** It is necessary to add the phrase "to be present" for clarification. It is reasonable to include this phrase because "to participate" is defined in the dictionary to mean "to take part in." It is not possible to take part in an activity other than a self-study program unless the individual is present for the activity. In addition, it is responsive to providers of continuing education who have expressed a concern about licensees who expect the provider to grant full credit for attendance at a continuing education activity but who come late, leave early or spend a major portion of the time outside the room during the presentation. Providers of continuing education have issued a statement of attendance and awarded the contact hours based on the number of contact hours that the licensee was actually present at the activity. This addition to the rule adds validity to their policy of denying contact hours to individuals who were not present.

It is necessary to delete the clause, "documentation of which is submitted as a part of the application for professional nurse registration renewal," because it does not define participation. It is reasonable to delete it because it is procedural and is covered in part 6310.2900, subpart 3. In addition, these rules apply to practical nurses as well as professional nurses so the reference to professional nurse must be deleted.

Subp. 9a. **Permit.** Minnesota Statutes, section 148.231, (d) authorizes the Board to issue a temporary permit to the applicant for reregistration currently registered in a refresher course that includes clinical practice. Provisions for the issuance of a permit are necessary in order to comply with the statutes. Because the permit is required for the clinical component of the refresher course, it is reasonable to provide for a permit for the clinical component of the equivalents to the refresher course. Without a permit, the licensee will not be able to complete the clinical component of the refresher course equivalent and would be unable to meet the rule that requires completion of a refresher course or refresher course equivalent.

Subp. 9b. **Practical nurse.** The word "clause" was changed to "paragraph" to use the current terminology to refer to parts of the Statutes.

Subp. 9c. **Professional nurse.** The word "clause" was changed to "paragraph" to use the current terminology to refer to parts of the Statutes.

Subp. 9d. **Refresher course equivalent or equivalent.** It is necessary to have alternatives to refresher courses for the following reasons:

1. Although a refresher course has been a requirement in the rules for at least five years, some licensees still have difficulty enrolling in a refresher course. Refresher courses are not always offered at the time that the licensee needs to take a refresher course. Other licensees have been registered for a refresher course and the course has been cancelled. Courses are cancelled for a variety of reasons, but some have been cancelled due to a lack of sufficient students. Because refresher courses have not been available at the time licensees need to take them, licensees have not been able to reregister and therefore have not been authorized to practice nursing. This has delayed the possibility of their being gainfully employed in nursing.
2. A refresher course is not always the most appropriate educational process for an individual to participate in as preparation for return to practice.

The proposed rules include options to a refresher course and are referred to as refresher course equivalents. The alternatives are reasonable because of the following:

1. A program leading to a degree in nursing is more extensive than a refresher course.
2. A clinical course, such as an anesthesia course, a critical care course, or a nurse practitioner course, assists the individual to become expert in a particular area of nursing. A refresher course is designed to review all aspects of the current practice of nursing. It is not as detailed or extensive as a clinical course and would not be specific enough for the licensee intending to practice in a specialty area.
3. A preceptorship provides one-to-one education and allows the individual to regain or enhance skills on an individual basis. Because it is arranged for on a one-to-one basis, it is not subject to cancellation due to insufficient numbers registering for the course.
4. An orientation program provides for education directed toward the employment situation. It is not subject to cancellation due to insufficient numbers registering for the course.
5. Other states, such as Mississippi, have options for those who have not practiced for a period of time. In Mississippi, if an individual has been out of nursing practice for more than five years, the individual may renew or reinstate the license in one of three ways. An individual may complete a board-approved reorientation program, complete 20 contact hours of approved continuing education within the past two years, or complete at least three semester hours of nursing

credit in a nursing program within the past two years. Wyoming requires a refresher course or 20 hours of continuing education. New Mexico requires 1,000 hours of employment in the past five years. If the employment requirement is not met, the nurse is required to take a refresher course, retake the licensing examination or participate in a reentry program in which the nurse works with a nurse supervisor for 75 hours. New Hampshire has options for reentry into practice. The options include a structured refresher course, supervised practice, and an individualized program of study.

In summary, it is reasonable to have equivalents to the refresher course because it allows for flexibility in that nurses have more than one option for establishing competence. In addition, it is consistent with approaches used by some other boards of nursing.

Subp. 11. **Registration renewal.** It is necessary to substitute the term "licensee" for "individual" for consistency with other rules, such as in 6310.2600, subparts 6, 13, 22, 24, 26, and 27. It is reasonable to use the generic term "licensee" because it is defined in this part and means either a professional nurse or practical nurse who has been granted a license by the board.

Subp. 13. **Registration certificate.** It is necessary to delete the word "periodically" because, in addition to the certificate being issued at the time of registration, a registration certificate is issued at the time of licensure and at the time of reregistration. When the certificate is issued at the time of licensure and reregistration, it is not periodic. It is reasonable to delete the word "periodically" because it is inaccurate.

It is necessary to substitute the generic term "licensee" for the terms "professional nurse" and "practical nurse" to be consistent with other parts of these rules. "Licensee" has been used elsewhere in the rules whenever a rule applies to both groups. It is reasonable to use the generic term "licensee" because it is defined in subpart 7a. and means either a professional or practical nurse who has been granted a license by the Board. It is reasonable to use the generic term "licensee" because it is defined in this part and means either a professional or practical nurse who has been granted a license by the Board.

Because a registration certificate is issued when reregistration requirements are met, this is added to the definition for accuracy.

Subp. 15. **Registration period.** The phrase "a 24-month" is deleted because it is not accurate. Not all registration periods are 24 months in length.

The sentence, "The length may vary for a nurse's first registration period or reregistration period" is deleted because the period does vary and there is no reregistration period.

It is necessary to add the new language because the language clarifies the exact length of registration periods. The additions to this definition more accurately describe registration periods.

6310.2700 PURPOSE. The clause "and criteria which continuing education activities must meet to be acceptable for registration renewal for professional nurses" is deleted because it is redundant and wordy. The rules apply to practical nurses as well as to professional nurses. Therefore, the reference to professional nurse is deleted. It is necessary to add the statement regarding parts 6310.3100 and 6310.3200 for completeness. It is reasonable to include all the rules so that anyone reading the rules is notified of all portions of this chapter.

Minnesota Statutes, section 214.12, provides that health related licensing boards may promulgate rule requirements for renewal of licenses designed to promote the continuing competence of licensees. The requirements of continuing education or training are to be solely designed for the purpose to improve the licensees' skills. Continuing education for registered nurses has been required since 1978. It is necessary to add this requirement for the licensed practical nurse in order to regulate both groups in a consistent manner. In 1992, the legislature established continuing education requirements in the area of infection control for Board of Nursing licensees. This mandate is found in Minnesota Statutes, section 214.12. Since continuing education for infection control is not restricted to professional nurses only, it can be concluded that the legislature supports continuing education for licensed practical nurses as well as professional nurses.

In addition, it is reasonable to require continuing education for renewal of registration for the practical nurse, considering the following facts:

1. Various adult educators have stated that rapid and continuous change that affects an occupation has been a major force in the creation of and need for lifelong learning. The common themes among theories and definitions is the agreement that the idea of terminal education is unacceptable.
2. There is no evidence that licensed practical nurses do not need to continue to learn. There have been rapid and continuous changes in nursing practice. These changes affect the registered nurse, as well as the licensed practical nurse.
3. All other boards of nursing that have mandatory continuing education require it for both the registered nurses and the licensed practical nurses.

The information gleaned from publications and that are quoted below guided the task force in its decisions regarding the requirements for continuing education. The task force concluded that participation in continuing education is one of the ways in which licensees can maintain competence. The licensee is responsible for maintaining competence and can determine which activities will maintain or enhance competence. The number of hours needed to maintain, enhance, or regain competence varies among licensees and from one time period to another. The majority of licensees will participate in more continuing education than is required. There is a minority that will participate in only what is mandated. But rules should apply to the majority. No matter how detailed or rigid the rules are, the rules cannot mandate learning. With the changes that are being proposed, the Board's premise is that the flexibility of

the rules and the broader topics to be accepted will act as an encouragement for licensees to continue learning throughout their nursing careers.

An article from The Journal of Continuing Education in Nursing, March/April 1992, titled "Reading Activities of Staff Nurses From States with Mandatory or Voluntary Continuing Education," referred to the findings of A. M. Tough. Tough reported that more than 70 percent of an adult's learning is self-directed. Neither state legislatures nor employing health care agencies will ever be able to mandate or provide all of the nurses' learning experiences.

In an article from The Journal of Continuing Education in Nursing, November/December 1992, titled "Program Characteristics Influencing Nurse Selection of CE offerings," the following statements support the task forces approach.

"The findings suggest that even though CE may be mandatory, nurses still select educational offerings on the basis of quality and contribution to their professional practice."

"Various adult educators have theorized on the subject of lifelong learning. Heimstra (1976) stated that rapid, continuous change that affects occupation, lifestyle, and value systems has been a major force in the creation and need for lifelong learning." ...The common theme among theories and definition is the agreement that the idea of terminal education is unacceptable."

"For professionals, the basic issue is competency to practice, not CE per se. It does not matter how professionals learn what they need, but how they demonstrate new learning in their practice setting."

An article entitled "Mandatory Continuing Education: What the Research Tells Us" from The Journal of Continuing Education in Nursing, January/February 1992, also supports the approach recommended by the task force and accepted by the Board. The following are excerpts from this article:

1. B.J. Brown was quoted as saying "...CE is every nurse's responsibility."
2. In a study conducted by A. B. O'Connor regarding motivational orientation toward continuing education, she reported that the presence or threat of mandatory continuing education had little influence in motivating nurses. In another study conducted by O'Connor, the strongest motivational factor for participation in self-study programs in continuing education was the desire to improve or expand professional knowledge. Florida has mandatory continuing education. In an investigation conducted by Urbano on nurses in Florida, it was demonstrated that the nurses participated in continuing education for reasons similar to those of nurses residing in states without a mandatory continuing education requirement. The reasons included professional advancement, cognitive interest, and competency. The article went on to say that proponents of voluntary continuing education should be pleased to know that nurses in

mandatory states attend programs for reasons other than legislative edicts.

3. In 1986, C. Thomas reported the motivations for participation in mandatory continuing education courses for a sample of Kansas nurses. The motivations were as follows (in descending order): professional knowledge, professional advancement, and social welfare or a general humanitarian concern.

Lynore Dutton DeSilets, EdD., conducted a study of motivational reasons that influence the participation of registered nurses in professional continuing education programs. DiSilets found that the most important reason was to help the nurse keep abreast of new developments in nursing.

In a study conducted in a teaching hospital in New York, compliance of staff nurses and head nurses with an employer-mandated continuing education program was measured. The researcher found that staff attended more programs than were required. The researcher stated that "these results supported staff educators' views that nurses attend education programs for reasons other than meeting employer requirements."

In tabulating the responses of Florida nurses to an inquiry regarding mandatory continuing education, the majority (75 percent) of nurses in the study indicated that they would continue to participate in continuing education even if it were no longer mandatory.

The Texas Board of Vocational Nurse Examiners reported in their July 1992 newsletter that through research they had determined that more than 90 percent of all vocational nurses in Texas have been and continue to obtain continuing education hours. This research was completed before mandatory continuing education was implemented.

In 1990, DeHaven reported in an article titled, "Compliance With Mandatory Continuing Education in Nursing: A Hospital-based Study" that, in defining CE, the ANA (1985) included the belief that "nurses are individually accountable and responsible for identifying and evaluating their own learning needs, and acquiring CE that relates to their nursing practice."

The Massachusetts Board of Nursing states in its rules that "the purpose of 244 CMR 5.00 is to require all registered nurses and licensed practical nurses to comply with continuing education requirements. The Board and Council assume licensed nurses will maintain the high standards of the profession in selecting quality educational programs to fulfill the continuing education requirements."

The Texas Board of Nurse Examiners states in its rules under "PURPOSE" the following: "Continuing education in nursing includes programs beyond the basic preparation which are designed to promote and enrich knowledge, improve skills and develop attitudes for enhancement of nursing practice, thus improving health care to the public... The board assumes licensed nurses will maintain the high standards of the profession in selecting quality educational programs to fulfill the continuing education requirement."

6310.2800 REGISTRATION RENEWAL REQUIREMENTS.

Subpart 1. Requirements Renewal application. The current format of the rules mixes requirements and procedures together. In addition, the continuing education requirements are for professional nurses only. It is necessary to separate the requirements for renewal from the procedures for renewal for clarity. In addition, it is necessary to include all licensees in the rules because continuing education will be required for licensed practical nurses as well as for registered nurses.

The statements that are in this subpart are not new rule provisions. The placement of the provisions are dictated by the organizational change, namely, separating requirements from procedures. It is reasonable to do this so that it is clear what the requirements are prior to identifying the procedures for meeting the requirements. In addition, this arrangement is consistent with the Board rules recently adopted for prescribing authority for nurse practitioners. These rules are in chapter 6340.

Subp. 2. Demonstration-of-professional-nursing-skill Fee. The demonstration of skill requirement is being deleted. The following statements support the contention that it is reasonable to delete the demonstration of skill:

1. The deletion is supported by providers of continuing education, by the Minnesota Nurses Association, and by professional nurses.
2. Providers have indicated that in some instances the demonstration of skill was a token gesture. Requirements are designed to protect the public. Token gestures do not do that.
3. No other board of nursing requires a demonstration of skill. Some licensees live in other jurisdictions and maintain current registration in Minnesota. The continuing education offerings in these other jurisdictions seldom have a demonstration of skill component.
4. It is difficult for continuing education providers to develop a demonstration of skill component for many of the continuing education programs. The content does not lend itself to a demonstration of skill. Therefore, nurses have a more narrow selection of continuing education in this category (demonstration of skill). Because of the narrow selection, the licensee may have to repeat the same or similar continuing education during each participation period in order to comply with this requirement. Continuing education activities that a licensee has identified as needed for continued competence may not have a demonstration of skill component. The Board is promoting the concept that the licensees should be selecting the activities that will help them maintain or enhance their competence. Requiring all licensees to participate in an activity that includes a demonstration of skill whether the licensee needs the activity or not is in opposition to this philosophy.
5. Many nurses who retain current registration do not work in areas that require "hands on" care of patients.

6. Some employers require certain nurses and health care workers to demonstrate skill such as those required in the following courses: cardiopulmonary resuscitation, pediatric advance life support, and neonatal advanced life support. Courses will continue to be offered that include a skill component. Therefore, nurses who have identified a need in this area will be able to participate in courses that will enhance their skills.

It is necessary to indicate that a fee is one of the requirements for registration. Minnesota Statutes, section 148.231 authorizes the payment of a fee for periodic registration. It is reasonable to state in this part of the rules that a fee must be paid so that all the requirements for registration are listed in the registration renewal requirements section.

Subp. 3. **Continuing education.** It is necessary to specify a starting date in the rules so that practical nurses will know when the requirement will go into effect. It is reasonable to establish the same system for accruing continuing education for the licensed practical nurse as for the registered nurse. This minimizes confusion for the licensees and is more efficient for the Board. The staff is able to provide the same explanations to all licensees. According to Minnesota Statutes, section 214.12, the continuing education requirement is for renewal. It is implied that the continuing education is accrued prior to renewal and in preparation for renewal.

It is necessary to notify licensees of the starting date for the requirement of continuing education in the area of infection control so that licensees will know when the requirement must be met by them. It is reasonable to set the starting date as November 1 or thereafter because renewal of registration applications are mailed out three full months before registration expiration. That means that the rules must be promulgated no later than July 31, 1993 in order for licensees to be informed about the continuing education requirements at the time that their renewal application is sent. While they will not have to report continuing education at that time, they may begin accruing continuing education hours toward the next renewal.

The number of contact hours is reduced from 30 to 24 for the registered nurse for a number of reasons which include the following:

1. During the initial registration period following licensure or reregistration, the present rules require professional nurses to participate in one contact hour per month of registration. It is less confusing to maintain the same ratio of contact hours for subsequent participation periods.
2. Professional nurses from rural areas have reported to the Board that they have had difficulty finding sufficient offerings to meet the current 30 hour requirement.
3. Most boards of nursing that have mandatory continuing education require less than 30 contact hours every two years. California, Iowa, Kansas, Kentucky, Nevada, Delaware (for registered nurses), New Mexico, and the Commonwealth of the Northern Mariana Islands require 30 contact hours every two years. The remaining jurisdictions require

hours as follows: Alabama, 24; Alaska, 15; Colorado, 20; Delaware, 24 for LPN; Florida, 24; Louisiana, 20; Massachusetts, 15; Nebraska, 10; New Hampshire, 20; Ohio, 24; Puerto Rico, 24 for RN and 16 for LPN; Texas, 20; Virgin Islands, 15; and Wyoming, 20.

4. Florida has had continuing education as a requirement since 1975. Minnesota Statute required it for professional nurses in 1975 and implemented it in 1978. Florida statutes allow for a maximum of 30 contact hours every two years. Florida has always required only 24 contact hours every two years. Florida conducted a study over a nine-year period and found that 89 percent of the licensees obtained more than the required number of hours.
5. The original rationale for 30 contact hours was that other health-related licensing boards, such as the Minnesota Board of Dentistry had that requirement. Since 1978, more boards of nursing have initiated mandatory continuing education. Given the years of experience and the addition of more boards of nursing to the list of states that require continuing education, it is now reasonable to have requirements similar to other boards of nursing rather than to other health-related boards.
6. In Minnesota, the Board does not require or encourage the reporting of more than the required number of contact hours. However, in a random sample of continuing education reports in the spring of 1992, it was noted that over 50 percent of the registered nurses reported more than the required number of hours.

In summary, it is reasonable to require 24 contact hours of continuing education for the professional nurse because the ratio of one contact hour for each month of registration is consistent with the ratio required of professional nurses for the first registration period following licensure or reregistration. In addition, most boards of nursing require 24 or less continuing education hours every two years. Having similar requirements makes the process of licensure by endorsement easier. Also, it is easier to calculate and remember the ratio of one contact hour per month of registration.

The following are arguments which make it reasonable to require 12 contact hours of continuing education for licensed practical nurses, which is half of the requirement for registered nurses:

1. The length of the nursing programs preparing individuals for licensure as licensed practical nurses is one-half the length of the associate degree nursing programs and one-fourth the length of the baccalaureate nursing programs preparing individuals for licensure as registered nurses.
2. The responsibilities of the licensed practical nurse are less complex than the registered nurse.
3. The continuing education hours for dentists is 75 hours every five years. However, the contact hour requirements for dental hygienists is 40 every five years (eight per year) and the hours for dental assistants is 25 every five (five per year). Less hours of continuing

education are required for those individuals who have less education and responsibility.

4. Licensed practical nurses responded negatively to the proposal that registered nurses and licensed practical nurses might have the same contact hour requirement. The Delaware Board of Nursing had a similar experience. The Delaware board reported opposition by the licensed practical nurses in their state to the proposal of the same number of contact hours for the licensed practical nurse as for the registered nurse. In response to the opposition, the Delaware board requires 30 hours every two years for registered nurses and 24 hours every two years for licensed practical nurses.
5. Another jurisdiction, Puerto Rico, requires a lesser amount of continuing education for the licensed practical nurse. Puerto Rico requires 36 hours every three years for registered nurses and 24 hours every three years for licensed practical nurses.
6. In a search of the literature on continuing education, there is no evidence that a particular number of contact hours will assure competence and thus protect the public. The proposed rule language does state that the licensed practical nurse must participate in the ratio of "at least one contact hour" for every two months of registration. It is the licensee's responsibility to maintain competence and to determine how much and what kind of continuing education will assist the licensee in maintaining competence.

Because the rules are being reorganized this subpart appears new. However, with the exception of item A, items B to G are essentially unchanged. The additions are noted below.

Item A. It is necessary to change the content criteria. The components of nursing are taken from the definition of the practice of professional nursing. The rules are applicable to the licensed practical nurse as well. Therefore, the content requirements should apply to both groups and the requirement that the activity must be related to a component of professional nursing is deleted.

The following statements support the position that it is reasonable to accept any continuing education activity that will enhance the licensee's ability to practice nursing and assist the licensees in the performance of their responsibilities.

1. Other boards of nursing accept content that is broad.
 - a. Iowa deems the following subject matter to be appropriate:
 - 1) nursing practice related to counseling, teaching, or care of clients in any setting;
 - 2) sciences upon which nursing practice, nursing education or nursing research is based, such as nursing theories and biological, physical, behavioral, computer, social or basic sciences;
 - 3) social, economic, and legal aspects of health care;
 - 4) management or administration of health care, health care personnel, or health care facilities;

- 5) education of patients or their significant others, students, or personnel in the health care field.
 - b. Texas defines continuing education to include programs beyond the basic preparation which are designed to promote and enrich knowledge, improve skills and develop attitudes for the enhancement of nursing practice.
 - c. Massachusetts defines appropriate subject matter to include the following:
 - 1) nursing science and practice;
 - 2) nursing education;
 - 3) research in nursing and health care;
 - 4) management, administration and supervision in health care delivery;
 - 5) social, economic, political, legal aspects of health care;
 - 6) teaching health care and consumer health education;
 - 7) requirements for a formal nursing program or a related field beyond that completed for original licensure;
 - 8) that which improves competency and is not specified on the foregoing list.
 - d. New Hampshire defines acceptable content to include the following:
 - 1) nursing art and science;
 - 2) nursing education, practice or research;
 - 3) research in health care;
 - 4) biological/physical/behavioral sciences;
 - 5) management, administration or supervision of health care delivery;
 - 6) teaching/learning processes;
 - 7) ethical/legal aspects of health care;
 - 8) content offered in basic nursing educational programs appropriate to the licensure category; and
 - 9) health care issues.
2. Nurses who are employed in management and teaching positions have communicated with the Board and frequently expressed that their needs for continuing education do not fall within the components of nursing. Based on the findings that nurses participate in continuing education for professional knowledge and professional advancement and that attendance was primarily job-related, it is reasonable to allow for a broad base of activities that will allow licensees to participate in activities that will assist licensees in the performance of their responsibilities.
3. Since 1980, many nurses have submitted letters opposing what they termed the "narrow approach" to content. They objected to the Board taking the position that unacceptable content included content that relates to professional development, to the managerial role, and to economic issues as they relate to nursing. As one nurse put it: "I would urge the Board to reconsider those topics which are so essential to the competent practice of nursing administration. I am further concerned that topics that have to do with professional development are being omitted. In a changing time in health care, it is essential that nurses be well informed about all the issues that are influencing their practice. These issues are not simple, nor do they have simple

solutions. It would behoove the nursing profession to be cognizant and competent in addressing these various issues. I have long been professionally concerned about nursing's inability to deal with broader issues and to continually restrict themselves through narrow interpretations on various fronts."

4. Cost-effective health care has become the motto in health care in the 1990s. Delivering quality patient care in a cost-effective manner is one of the goals for nurse managers. Since quality patient care is an issue that has a direct relationship to the Board's responsibility to the public, it is appropriate that this type of education be accepted for continuing education. An article in The Journal of Continuing Education in Nursing, November/December 1991, titled "Financial Management for Nurse Managers-The Bottom Line for Renewal," reported that a great majority of costs can be controlled on individual nursing units, but many clinically expert nurse managers lack the skills in financial management. It is important the nurse managers learn the skills of financial management so that they can balance cost with quality care.

It is necessary to specify unacceptable content so that the Board has a provision in the rule on which to base objections when it receives reports about content that is erroneous, outdated, or not generally accepted by the health care community. It is reasonable to have such a provision because the Board has received complaints in the past about programs that provided inaccurate information about the cause of AIDS and inaccurate nutritional values for certain foods and that advocated an approach of institutional care for mentally retarded persons. Unlike some other Minnesota health licensing boards, the Board was unable to address these concerns in the past because there was no rule on which to base an objection.

Item B. It is necessary to clarify that the Board will accept fractions of contact hours if the continuing education activity lasts more than one contact hour. It is reasonable to allow credit for an offering that lasts more than one contact hour but less than another full contact hour. Self-study courses, such as those offered in the American Journal of Nursing, award contact hours in decimals such as 1.5 and 1.8. As one Minnesota licensee living out of state wrote, "Continuing education activities in Michigan include contact hours expressed in fractions such as 6.4." She believes she should get credit for every minute during which she participated in the activity because she not only paid for the activity, she learned during the entire activity. It is appropriate to design a continuing education activity so that the objectives are met. The intent of the continuing education is for the licensee to learn. If it takes less than an additional 50 minutes to meet the objectives, it is appropriate to accept whatever amount of time it takes to meet the objectives.

Item C. The requirement that the objectives must be written in measurable terms is deleted. The language was changed to "written objectives that describe what a licensee can expect to learn." This change is necessary in order to be consistent with adult learning principles. It is reasonable to make this change because all licensees are adult learners.

Item E. It is necessary to clarify that an instructor is deemed qualified to teach a continuing education activity through preparation of the material for

presentation. An instructor needs to prepare for any presentation. The subject matter in some instances may be new to the instructor. However, knowledge can be gained on the subject through preparation. Therefore, it is reasonable to recognize preparation of the course content as a way for an instructor to qualify in order to teach the content.

Each time the rules have been revised, instructors have asked if they could receive credit for preparing a presentation for the first time. Several other boards of nursing were contacted regarding this. Delaware will not allow credit for continuing education course development. Nevada does not allow any contact hour credit for course development and contact hours are not granted if the attendee is paid for the time spent in a course. Kentucky will grant credit for a course the first time it is presented if the instructor attends the entire session. Iowa allows the licensee to contract with an approved provider of continuing education to pursue "learner directed self study." The licensee establishes the goals, and these may relate to independent study or development of course curriculum for later use in a course approved for continuing education hours. The licensee signs a contract with the provider and receives a completion certificate from the approved provider.

In many instances, the preparation of a continuing education activity or course is part of the licensee's job. If credit is given to some licensees for their work, then it would follow that nurses employed in other aspects of nursing should be given credit for their work. Based on the fact that other boards of nursing do not grant credit for teaching and that continuing education is designed to enhance or maintain licensees ability to practice (teaching nursing personnel is part of the practice of nursing), the Board decided that credit will not be given for preparation of continuing education activities.

Subp. 4 Application-submission Exceptions. Because of the new format, requirements in part 6310.2800 and procedures in part 6310.2900, the application submission statements have been moved to part 6310.2900, subpart 1.

The exceptions are not new. Currently, these statements are in part 6310.2800, subpart 6, K. and L. Because of the reorganization of the rules, the exceptions are placed here in part 6310.2800, subpart 4.

In clause B., it was necessary to add the sentence, "The initial certification must be based on predetermined standards for specialty certification assuring that the licensee has acquired knowledge and skill in the specialty." This was deemed necessary because the present rule only addressed recertification. It is reasonable to accept initial certification, as well as recertification, because the education and practice requirements are greater for initial certification than they are for recertification.

The list of the national nursing and medical associations was deleted. It is reasonable to do so because the current list is not inclusive and those listed were simply examples. In addition, each time an organization changes name, a change in rule is necessary to correct the name. This is an unnecessary process because the organizations named were examples only and it is costly to make rule changes. The deletion does not adversely affect the licensees since advanced practice certificates from organizations may still be used for renewal or registration.

Subp. 5. Late-application-fee Other acceptable continuing education activities. Late application fee has been moved to subp. 6a. and part 6310.2900, subp. 4.

It is necessary to clarify other continuing education activities that the Board will accept. The statements that support the reasonableness for other continuing education include the following:

1. Other boards allow for this. Therefore, nurses who maintain Minnesota registration and live in another state or nurses who apply for licensure by endorsement may have participated in these activities. New Hampshire allows credit for authorship of a published professional article or book, preparation and delivery of a professional paper, preparation and participation on a professional panel, participation in quality assurance or risk management studies, nursing or nursing-related grant writing or research, and completion of one or more credits in a school, college, or university. Texas allows for self-directed study. Self-directed study may include program development, auditing of academic courses, initial specialty certification, and authorship.
2. The Board has received requests in letters which are on file in the office that additional activities be included as acceptable continuing education.

It is reasonable to limit the number of hours to 10 for the following reasons:

1. The rules apply to both registered nurses and to licensed practical nurses.
2. Licensed practical nurses are required to complete 12 contact hours of continuing education every two years. Since two of the contact hours must be in infection control, this leaves only 10 hours for other activities.

Subp. 6. Because of the reorganization of the rules, the criteria for acceptable continuing education is moved to part 6310.2800, subpart 3 and 4. However, the actual deletions for this section are as follows:

Item A. The components of nursing are deleted. The rationale for deleting the components of professional nursing as the basis for the content of continuing education activities and proposing different content is provided above in subpart 3.

Item B. The duration of the activity is no longer limited to full contact hours. The rationale is provided above in subpart 3.

Item C. The deletion of the requirement that the objectives must be written in measurable terms is covered above in subpart 3.

Item D. The qualifications of the instructor were expanded, and the rationale was provided above in subpart 3.

Item E. The method to be utilized by the learner to determine whether learning has occurred is deleted. The following statements support the contention that it is reasonable to delete this rule:

1. When the Board conducted random audits of licensees' documents, it found that many licensees had not answered the questions on the form developed by the provider of the continuing education.
2. Providers of continuing education encouraged the deletion of this requirement. It takes a significant amount of time to prepare the materials that will be used by the licensees to determine if learning occurred. Licensees do not use the material to evaluate their learning. It is costly in terms of time and materials to develop an instrument that is not being used.
3. There is no evidence that the requirement enhances the learning of the licensee.
4. Nurses can be mandated to attend continuing education but nurses cannot be forced to learn. This is well documented in the literature.
5. In The Journal of Continuing Education in Nursing, May/June 1991, an article entitled "The Effects of Continuing Education on Nursing Practice: A Meta-Analysis" stated that, despite the amount of research conducted on the effect of continuing education on nursing practice, the authors still could not say with a great deal of confidence that continuing education had a positive effect on practice. If there is little evidence that continuing education has a positive effect on practice, it is unlikely that eliminating the form for licensees to use in determining whether learning occurred will have a significant impact on safe practice.

Item F. This item is unchanged.

Item G. The restriction that credit will not be granted for identical continuing education activities submitted during any single continuing education participation period is deleted. It is reasonable to delete this restriction because it is consistent with the task force's beliefs expressed under the scope section, namely, that the licensee can determine which activities will maintain or enhance competence. Based on the beliefs stated at the beginning of this section, the licensee is expected to determine what education is necessary to maintain competence. If repeating an activity is necessary to enhance or maintain the licensee's ability to practice safely, the Board should not have a rule that discourages participation in the activity. Since studies indicate that nurses selected continuing education because of a desire to improve or expand their professional knowledge, it is unlikely that the majority of licensees will take the same course repeatedly in a participation period. Some activities bear repeating. Health care facilities and other health care agencies require that certain continuing education activities be repeated on a yearly basis. Some of these activities include cardiopulmonary resuscitation, advanced neonatal life support, and advanced adult life support, inservices on safety, and inservices on infection control. Since health care facilities recognize the need to renew the knowledge and

skill on an annual basis, it is appropriate for the Board to accept these activities even if they are taken more than once in a participation period.

Item H. This item is unchanged.

Item I. The current requirement that "a grade indicating successful completion was obtained in an acceptable activity for which grades are granted" is deleted. It is reasonable to delete this provision because successful completion of other types of continuing education has not been required.

Item J. This item is unchanged. The rationale for retaining the language is provided above in subpart 3.

Item K. The activity or the provider of the activity language was changed. The explanation is found in subpart 4 above. The reference to allied health organizations as approvers of continuing education is deleted. It is reasonable to delete "allied health organizations" because there is no uniform agreement about which organizations are allied health organizations and the Board has been accepting all organizations submitted by licensess. There is no negative effect on licensees or the public to delete this portion of the rule. Licensees may continue to attend programs provided by organizations. As with other continuing education activities, the licensee needs to decide whether criteria identified in Subpart 3, items A to G are met by the activity.

Item L. The majority of the language in this item was retained. The portion that was deleted is covered in subpart 4 above.

Subp. 6a. Deadline for submission. The major portion of this rule is not new. Because of the reorganization of the rule, it has been moved from part 6310.2800, subpart 4 to this subpart. The part that is new content deals with the application deadline when it falls on a weekend or holiday. The application deadline is always the last day of a month. It is necessary to clarify for the licensee that, if the deadline falls on a non-working day, receipt on the first working day following the deadline will constitute timely submission. It is reasonable to accept applications on the day after a holiday or weekend because this is a common business practice. It gives the licensees the full amount of time to meet the deadline.

Subp. 7. True information. It is necessary to add the words "complete" and "accurate" for completeness. Other Board rules include the words "complete" and "accurate." For example, part 6340.0300 describes the application of nurse practitioners for prescribing authority. It is reasonable to be consistent in language throughout the rules of the Board.

The phrase "failure to comply...for any two registration periods" is deleted because it is not consistent with other rules of the Board. Applicants for licensure, for public health certificate, and for prescribing authority are required to provide true information at the first submission of the information.

Subp. 8. Records Retention of information. It is necessary to delete the word "records" and add "of information" to be consistent with the language in part 6310.2800, subpart 3, G. and subpart 4, A., (5). It is reasonable to do so because the retention of records generally means records retained by the

state. This rule informs the licensees about the length of time they should keep the documents that verify their participation in acceptable continuing education activities.

It is necessary to substitute the term "licensee" for "professional nurse" because these rules apply to practical nurses also. It is reasonable to use the term "licensee" since by definition this term means either a professional nurse or practical nurse. Throughout these rules the term "licensee" has been substituted when both professional and practical nurses are governed by the rule.

The clause "and obtain the data from the acceptable continuing education activity" is deleted because it is repetitive.

It is necessary to change the word "evidence" to "report" to be consistent with the language in other parts of the rules, such as in part 6310.2800, subpart 6a. Licensees report continuing education and do not submit evidence of continuing education unless they are audited. It is necessary for accuracy to use the term "report." It is reasonable to provide for consistency in language throughout the rules.

Subp. 9. Variance. It is necessary to provide for situations that are beyond the licensee's control. In many instances the licensee does not intend to violate the law or the rules of the Board. It is reasonable to have this type of provision so that one or more of the requirements can be waived in unusual circumstances. For example, licensees who miss the application deadline must pay a late application fee. However, the licensee has no control over the postal service. There are instances when mail has arrived many days later than the usual amount of time it takes for mail delivery. Some licensees have had their records of continuing education destroyed by fire. The licensees have participated in the continuing education required by the Board (one of the means the Board uses to protect the public). If the Board granted a variance and excused the licensee from submitting the documents that verify attendance at the continuing education activities, the protection of the public is not diminished. Very few licensees that have been audited have been found to have provided false information on their continuing education report form. This fact supports the contention that protection of the public would not be reduced. The licensee has the responsibility to provide convincing evidence to the Board. This assures that the variance will be applied in rare instances and not as a common practice.

6310.2900 REGISTRATION RENEWAL PROCEDURES.

Subpart 1. Service Application. It is necessary to use "application" instead of "service" because the rule is describing the procedure used by the Board in sending out applications and covers more than what constitutes valid service. It is reasonable to use a term that describes the content of the entire rule rather than just a portion of the rule.

The provisions in this subpart are not new except for the statement, "The board shall record on the application the date mailed and calculate the 30 days from that date. The provisions were moved from the part 6310.2800, subpart 4, and part 6310.2900, subparts 1 and 2. It is necessary to add the statement

indicated above so that the licensee is aware of the procedure followed by the Board. It is reasonable to indicate the date that the Board returned the application to the licensee so that the Board and the licensee are aware of the exact date when the 30 days have elapsed and when the licensee is in noncompliance with the rule.

Subp. 2. Application-mailing-date Fee. The information on application mailing date was moved to subpart 1. Some of the provisions in this subpart are not new. The provisions are moved from part 6310.2800, subparts 4 and 5, part 6310.2900, subpart 3, and part 6310.3600, subpart 2. It is necessary to add the statements listed below so that licensees are aware of the procedures established by the Board. It is reasonable to establish procedures so that the Board handles fees efficiently and in compliance with laws that govern depositing of fees. The following statements have been added:

"The board shall return a fee that is received without an application or is made out incorrectly.

"The licensee shall resubmit the fee with an application within 30 days or by the licensee's registration expiration date, whichever is later."

"The board shall record on the notice the date mailed and calculate the 30 days from that date."

"If the requirements for renewal of registration are not met, the fee is not refundable."

Subp. 3. Late-submission Report of continuing education. "Late submission" is moved to subpart 4. Most of the provisions in this subpart are not new. The provisions are moved from part 6310.2900, subpart 4, and part 6310.2800 subpart 6. L. For clarification, it is necessary to add, "The board shall require the name of the activity, the date of the activity, and the number of contact hours for each of the activities." It is necessary that licensees know what information they must report at the time of renewal. Because the continuing education requirement is set up on an honor system, it is reasonable to require the name of the activity to identify that the subject matter falls within the acceptable content accepted by the Board, that the number of contact hours meet the minimum requirement, and that the continuing education was taken during the participation period defined in part 6310.2600, subpart 4.

The details regarding infection control are added to comply with the requirements of Minnesota Statutes, section 214.12, subdivision 2. All boards affected by this legislation agreed to the number of contact hours required in this rule. Interested parties supported this proposal.

Subp. 4. Continuing-education-report-form Application deadline. The continuing education report form is moved to subpart 3. In general, the information in this subpart is not new. The provisions are moved from part 6310.2800, subpart 4 and 5, and part 6310.2900, subpart 3.

It is necessary to add, "If the last day of the month falls on a weekend or holiday, the application must be received in the board office by the next working day," so that licensees are informed about how the Board handles

applications when the deadline falls on a non-working day. At least twice each year, the application deadline falls on a non-working day. It is reasonable to consider timely submission on the next working day. This is a common business practice.

Subp. 5. **Incomplete application; notice.** The language that is deleted is in the passive voice and is vague. The licensee's responsibility and the actions to be taken by the licensee are not specified. It is necessary to state the rules in the active voice and identify the Board procedures as well as the corrective action required of the licensee. It is reasonable for the Board to have procedures so that materials received from the licensees are handled efficiently and so that licensees understand what actions they need to take when resubmitting their materials. The new language outlines the procedure to be followed by the Board, as well as the action to be taken by the licensee.

Subp. 6. **Initial-registration-and-first-registration Insufficient hours.** The rule statements regarding initial registration and first registration renewal are moved to subpart 10. Some of the provisions for insufficient hours are not new. They have been moved from subpart 8. However, it is necessary to provide for more than one option for failure to accrue the required number of contact hours and to allow this to be done more than once in a licensee's lifetime. Unexpected events occur in licensees' lives, some of which are not in their control. For example, continuing education activities are cancelled due to low enrollment. It is reasonable to add option A. and add to option B. Option B allows licensees to defer more than once in their lifetime. There is no evidence that failure to complete the required amount of continuing education causes incompetence. In a search of the literature, no evidence could be found that validated a specific number of contact hours to assure competence. The present rules require that the licensee be dealt with in the disciplinary process for failure to comply with the continuing education rules. This approach is burdensome to a system that has more serious situations to deal with. Providing more options for dealing with insufficient hours encourages participation in continuing education and allows the Board more time to deal with more serious violations of the laws and rules.

Subp. 7. **Substantiation-of-continuing-education-activities Noncompliance with continuing education requirement.** Substantiation of continuing education is moved to part 6310.3000. It is necessary to have consequences for enforcement of rules. It is necessary to indicate the consequence for noncompliance with any Board rules so that licensees know the consequences. Since a major portion of the requirements for renewal involve continuing education, it is reasonable to specify the consequence for noncompliance with this requirement. In other parts of these rules, the consequences for late submission of the application and/or fee are addressed. Alternatives for insufficient hours were provided above and one of the reasons for options was to provide the Board with time to deal with serious violations that may harm the public. However, it is appropriate to deal with a licensee in a disciplinary process who repeatedly fails to meet the continuing education requirements. It is reasonable to deal with a licensee in this manner because the purpose of the continuing education requirement is protection of the public. The Board would not be carrying out its responsibility to protect the public if a licensee was allowed to fail repeatedly in meeting the continuing education requirements.

Subp. 8. Insufficient-hours Nullification of incomplete registration renewal. The rule regarding insufficient hours was moved to subpart 6. It is necessary to specify in rule the consequence of failure to complete the renewal process so that licensees are aware of the consequences. It is reasonable to state the consequences this way because it is consistent with the rules for nullification found in the licensure, public health nurse, and nurse practitioners' prescribing authority rules.

Subp. 9. Substantiation-after-deferment Removal of name from list. The rules regarding substantiation after deferment has been moved to part 6310.3000, subpart 2. The provisions regarding removal of name from the list is not new. This provision has been moved from part 6310.3100, subpart 1. It is reasonable to place this provision in part 6310.2900 because it is a consequence of failure to renew and is not a part of reregistration.

Subp. 10. Noncompliance; audit Initial registration. Subpart, "Noncompliance; audit," has been moved to part 6310.3000. The initial registration provision is not new. It has been moved from part 6310.2900, subpart 6.

6310.3000 SUBSTANTIATION OF PARTICIPATION IN CONTINUING EDUCATION

Subpart 1. Substantiation of continuing education activity. There is little in these provisions that is different from the present rules. The provisions have been moved from part 6310.2900, subpart 7. The following have been deleted:

1. verification by means of a time schedule for those activities that last more than four hours;
2. evidence that the mechanism to determine if learning occurred was used;
3. the specific professional content area of the activity;
4. verification of a skill demonstration;
5. any additional documentation the Board deems necessary.

"Verification by means of a time schedule" is deleted because it implies that information regarding an activity that lasts more than four hours may be false. Because the Board does not approve continuing education, it is reasonable to accept the number of hours assigned by the provider or approver of the activity. This acceptance should apply to all hours. There is nothing in the literature on continuing education to support that different documentation is needed when an activity last more than four hours.

It is appropriate and reasonable to delete submission of evidence for 2, 3, and 4 because the criteria for acceptable continuing education no longer include the requirements that there must be a mechanism to determine if learning occurred, and that the content must relate to one of the components of professional nursing. The requirement that one of the continuing education activities include a demonstration of skill has been deleted as well.

Item 5 is deleted because the licensee would not know ahead of time what would be required and consequently may not have the information.

It is necessary to outline what must be submitted if a licensee reports other acceptable activities, such as publishing a book or article. According to part 6310.2800, subpart 8, each licensee is required to keep information documenting each continuing education activity submitted for renewal of registration. In order for the licensee to know what information to keep, the information must be listed in the rules. It is reasonable to list information that is consistent with the activity specified as acceptable in part 6310.2800, subpart 8.

Subp. 2. Substantiation after deferment. It is reasonable to continue to audit the information of licensees who have deferred hours. According to the present rules, all licensees with deferred contact hours are audited. Since 1978 only a few licensees have failed the audit. It is time-consuming for the Board to review all the documents on every licensee who has deferred. Since the rate of compliance is almost 100 percent, there is minimal risk to the public to change to random audit. The staff will have more time to carry out other activities that will be of more benefit in the protection of the public, such as explaining the requirements to licensees who do not understand, processing applications and printing licensees, permits and certificates within 10 days, and notifying individuals immediately when they have failed the licensing examination or failed to meet other requirements for licensure or renewal.

6310.3100 REREGISTRATION REQUIREMENTS

Subpart 1. Removal-of-name-from-list Reregistration application. The provision of names being removed from the list is not changed but moved to part 6310.2900, subpart 9. The provisions in this subpart are not new. The provisions are moved from subpart 2.

Subp. 2. Reregistration-requirements Fee. The reregistration requirements are moved to subpart 1. The fee provision remains in this subpart and only the phrasing has changed.

Subp. 2a. Continuing education. It is necessary to delete the reference to professional nurse because the requirements apply to practical nurses as well as professional nurses. It is reasonable to replace "professional nurse" with "licensee" because the rule applies to both professional and practical nurses and "licensee" refers to both.

A. It is necessary to clarify the number of contact hours that must be reported. This provision is reasonable because this change recognizes the difference in the number of hours required for those who are newly licensed or reregistered, and those who are renewing. For example, a registered nurse with a six-month period of initial registration is required to complete six contact hours of acceptable continuing education. A registered nurse in the regular renewal cycle of every 24 months is required to complete 24 contact hours of acceptable continuing education. If each licensee has to reregister, it is more equitable to require the renewal amount of continuing education in each instance because it is the amount that the licensee expected to report. The deferred hour provision is unchanged.

B. This provision is unchanged. Only the phrasing has changed.

C. The statement of need and reasonableness for the infection control hours are covered in part 6310.2600, subpart 5b.

D. This provision is unchanged. Only the phrasing has changed.

Subp. 2b. **Deferred contact hours.** It is necessary to delete the reference to professional nurse because the rules apply to both the professional nurse and the practical nurse. It is reasonable to substitute the generic term "licensee" because this term includes practical nurses as well as professional nurses.

It is necessary to change the part number reference so that the correct part is referred to.

Subp. 2c. **Acceptable nursing practice requirement.** This provision is moved from the current part 6310.3100, subpart 6. The definition for acceptable practice was moved to the definitions part 6310.2600, subpart 1a. It is necessary to change from 320 hours in four years to any practice within the previous two years because it is consistent with the two-year renewal cycle which was established on the premise that continuing education should be established on the basis of accruing continuing education every two years. In addition, the Board is concerned about consistency within the rules. Individuals may renew registration by meeting the continuing education requirement. The Board is proposing that for consistency the licensee can reregister by meeting continuing education requirements.

Subp. 6. **Additional continuing education in lieu of acceptable nursing practice requirement.** The explanation of acceptable nursing practice has been moved to part 6310.2600, subpart 1a.

There are nurses who renew registration by meeting the continuing education requirement but who do not work. There are nurses who do not renew because they are not working. When the latter apply for reregistration they must complete a refresher course if they have not practiced nursing 320 hours within the last four years. These requirements are inconsistent. Initially the Board explored the possibility of requiring employment as a requirement for renewal of registration. The Board considered this approach as a means of establishing consistent requirements for those nurses who renewed, having met the continuing education requirements but did not work in nursing and those nurses who did not renew and later applied for reregistration.

A significant number of nurses responded negatively to the approach of requiring employment in nursing as a renewal requirement. Because of the negative response, the Board explored other ways of treating nurses with consistency. Consistency may be established in another way. Rather than requiring a refresher course per se, allowing licensees to participate in continuing education for the same number of hours as those that renew provides for that consistency. However, it is reasonable to establish a point at which an individual would need to participate in a refresher course or the equivalent to a refresher course that includes clinical practice so that an assessment can be made regarding the individual's ability to practice safely. The ten-year point specified in the rules is reasonable because it is supported by an article in The Journal of Continuing Education in Nursing, January/February

1993. In the article, "Retention of Continuing Education Participants" the following statement was made:

"Due to rapid scientific and technological advancements, a nurse's basic educational preparation for practice becomes obsolete within 10 years. To maintain up-to-date skill, each nurse must commit to a program of lifelong learning."

A. It is reasonable to require the licensee to report the last date of employment in order to determine the number of contact hours that are required.

B. It is reasonable to require validation of the acceptable nursing practice in order to determine if the requirement has been met. It is reasonable to accept this validation from a wide variety of individuals since not all licensees are employed within health care institutions, such as hospitals and nursing homes.

C. See the rationale in the introduction of this subpart.

D. It is reasonable to set a limit to the number of hours required. There is no evidence to support the number of hours selected, but all refresher courses sponsored by educational institutions in Minnesota are at least 75 hours in length. In addition, groups that have provided feedback about the proposed rules, such as the Minnesota Nurses Association and the Minnesota Licensed Practical Nurses Association, supported the recommended number of hours.

Subp. 7. Refresher-course-requirement Permit to practice. The details on the refresher course are being deleted. It is reasonable to do so because a reference is made to the nursing abilities in the school approval rules, and this restricted individuals from taking the course outside of Minnesota. It is not reasonable to be restrictive. Refresher courses are available in other states. It is unreasonable to reject a refresher course simply because it is taught in another state. There is no evidence that a refresher course taught elsewhere is of lesser quality or does not prepare the participant as well for return to practice.

The permit provision is moved from the current subpart 8 and is authorized by Minnesota Statute, section 148.212 (d). The exception is addressed to be consistent with Minnesota Statute, section 148.271 (7).

Subp. 8. Permit-to-practice Licensees residing outside Minnesota. The permit provisions, with the exception of the statement, "To participate in the clinical component of a refresher course, a licensee must have a permit" are struck because the provisions are procedural and have been moved to part 6310.3200, subpart 5. The statement about the permit is moved to subpart 7.

The provision for licensees residing outside of Minnesota is not new. It is moved from the current subpart 9. The intent of this provision is to allow the licensee to reregister so that current registration may be reported to another board of nursing. The licensee does not intend to work in Minnesota. In the current rules, only the refresher course was waived. However, it is reasonable to waive the continuing education requirements as well. The requirements are those the Board deemed necessary to protect the public in Minnesota. It is the

other board's responsibility to safeguard the public in its jurisdiction. The provision regarding an out-of-state address reasonably assures that the licensee is not intending to practice in Minnesota. The additions provide clarification by specifying which of the reregistration requirements must be met.

6310.3200 REREGISTRATION PROCEDURES

In general, the provisions in this section have been moved from the present part 6310.3100 REQUIREMENTS and placed in this new section, which details the procedures to be followed by the board and the licensee.

Subpart 1. Reregistration application. The provisions in this subpart are in the current part 6310.3100, subpart 2. The only new statement is, "The board shall return an application that is received without a fee or an application that is incomplete." This is the Board's procedure, and it is reasonable to reflect this procedure in the rule so that licensees are aware of it.

Subp. 2. Fee. The provisions in this subpart are in the current part 6310.3100, subpart 2, C. and D.; and in part 6310.3600 subpart 2. The new statements are, "The fee must be made payable to the Minnesota Board of Nursing" and "The board shall return the fee if it is received without the application or if it is not made out correctly." It is necessary to include these statements because the fee must be payable to the Board of Nursing in order for the fees to be deposited. It is necessary to have a procedure for the handling of incorrect fees and fees without applications so that fees are handled in a consistent and businesslike manner. It is reasonable to inform licensees about how the check should be made out and the procedure that the Board will follow so that licensees are aware of the acceptable method of writing the check and what to expect if the fee is submitted without the application.

Subp. 3. Report of continuing education. This provision is moved from part 6310.3100, subpart 2a. The details about the report are reasonable because they are the same as those required for renewal of registration.

Subp. 4. Acceptable nursing practice requirement. This provision was moved from part 6310.3100, subpart 6. The addition is, "or in a statement submitted in writing which includes the information required by the Board on the verification of practice form." It is necessary to have an alternative to the form so that applicants do not have to wait for a form to be sent in the mail. This delays the reregistration process. The form itself is not the important issue. It is the information filled in on the form that is essential. This is a reasonable approach because it provides for flexibility in the submitting of the required information.

Subp. 5. Permit to practice. Part of this provision is moved from part 6310.3100, subpart 8. The portion regarding the statement of intent is new. It is necessary to broaden the requirement from an affidavit of enrollment to a statement of intent in order to accommodate the equivalents to the refresher course. An affidavit of intent is reasonable because it will cover a refresher course as well as any acceptable equivalent to a refresher course.

It is necessary to allow for the issuance of another permit. Previous experience has shown that sometimes the refresher courses are delayed or cancelled. The licensee does not have control over these events and should not be penalized. The licensee would be caught in an impossible situation if the permit expires before the licensee has had the opportunity to complete the clinical portion of the refresher course or equivalent. It is reasonable to issue the permit for another 90 days because this is the amount of time that was previously identified as the time necessary to meet the clinical portion of the refresher course.

Subp. 6. **Affidavit of successful completion of a refresher course or refresher course equivalent.** The concept of submission of an affidavit of successful completion is moved from part 6310.3100, subpart 7. It is necessary to allow for someone other than the refresher course coordinator to complete the affidavit because someone other than a refresher course coordinator must verify completion of refresher course equivalents. Refresher course coordinators are not involved in refresher course equivalents.

Subp. 7. **Out-of-state address.** The present rules did not specify the procedure to be followed by the licensee. It is reasonable to state the procedure so that the licensee is aware of the procedure.

Subp. 8. **Nullification and reapplication.** This provision is not new. It is moved from part 6310.3100, subpart 11.

Subp. 9. **Initial registration following reregistration.** This provision is not new. It is moved from part 6310.3100, subpart 12.

**CHAPTER 6320
BOARD OF NURSING
NURSING SCHOLARSHIPS**

This entire chapter is being deleted. In Executive Order No. 143, Governor Rudy Perpich transferred responsibility for administration of the nursing scholarship program to the Minnesota Higher Education Coordination Board, effective July 1, 1978. In 1989 the statutory authority for the rules, Minnesota Statutes, section 148.286, was repealed.

**CHAPTER 6330
BOARD OF NURSING
ADVANCED NURSING PRACTICE**

6330.0350 PROFESSIONAL NURSING ORGANIZATIONS WITH AUTHORITY TO CERTIFY.

It is necessary to make these changes in order to comply with the requirement stated in Chapter 6330. In part 6330.0500, subpart 1, the board is required to update the list of professional nursing organizations. The names of two of the organizations have changed. The rules are changed to reflect the changes in name.

BIBLIOGRAPHY

Consolvo, Carol Ann, and Peters, Marybeth, The Journal of Continuing Education in Nursing, "Financial Management for Nurse Managers-The Bottom Line for Renewal", pages 245-247, November/December, 1991.

Craft Et Al, The Journal of Continuing Education in Nursing, "Program Characteristics Influencing Nurse Selection of CE Offerings", pages 245-252, November/December, 1992.

DeHaven, Madeleine M., The Journal of Continuing Education in Nursing, "Compliance With Mandatory Continuing Education in Nursing: A Hospital -Based Study", pages 102-104, May/June, 1990.

DeSilets, Lynore Dutton, The Journal of Continuing Education in Nursing, "Motivational Reasons That Influence the Participation of RNs at CE Programs", page 231, September/October, 1990.

Gessner, Barbara A., The Journal of Continuing Education in Nursing, "Reading Activities of Staff Nurses From States With Mandatory or Voluntary Continuing Education", pages 76-80, March/April, 1992.

Gillies, Dee Ann, The Journal of Continuing Education in Nursing, "Retention of Continuing Education Participants", pages 17-22, January/February, 1993.

Hutton, Carol A., The Journal of Continuing Education in Nursing, "Impact of Mandatory Continuing Education: A Review of Research on Nurses' Attitudes and Perceived Outcomes", pages 209-213, November/December, 1987.

Rachal Et Al, The Journal of Continuing Education in Nursing, "Nurses and Adult Educational Philosophy: A Comparison of Nurses and Non-Nurses in a Graduate Adult Education Program", pages 253-258, November/December, 1992.

Thurston, Hester I., The Journal of Continuing Education in Nursing, "Mandatory Continuing Education: What the Research Tells Us", pages 6-14, January/February, 1992.

Urbano et al, The Journal of Continuing Education in Nursing, "What Really Motivates Nurses to Participate in Mandatory Professional Continuing Education?", pages 38-42, January/February, 1988.

Waddell, Donna L., The Journal of Continuing Education in Nursing, "The Effects of Continuing Education on Nursing Practice: A Meta-Analysis", pages 113-118, May/June, 1991.

Waddell, Donna L., The Journal of Continuing Education in Nursing, "Why Do Nurses Participate in Continuing Education? A Meta-Analysis", pages 52-56, March/April, 1993.

Yoder, Patricia S., The Journal of Continuing Education in Nursing, "State and Association/Certifying Boards CE Requirements", pages 3-6, January/February, 1993.

Webster's Third New International Dictionary, 1981.

New Webster's Expanded Dictionary, 1992 Edition.

The American Heritage Dictionary of the English Language, 1980 Edition.

Iowa Board of Nursing, Administrative Rules.

Massachusetts Board of Registration in Nursing, Regulation Filing and Publication, April 26, 1991.

New Hampshire Board of Nursing, Nurse Practice Act (4/1/88) and Administrative Laws (1/19/90).

Texas Board of Nurse Examiners, adopted rules, September 1, 1991.

Board of Nursing

April 28, 1993
Date

Joyce M. Schowalter
Joyce M. Schowalter
Executive Director