



## **Alabama Board of Nursing**

### **Inventory of the ABN Administrative Code**

Governor Ivey's Executive Order 735 directs each agency of the State of Alabama to establish an inventory of administrative rules and to solicit meaningful public comment on the inventory. The following is a complete inventory of Title 610 of the Alabama Administrative Code, commonly known as the ABN Administrative Code. We welcome public comment as we strive to ensure efficient, effective governance of the nursing profession.

Comments will be accepted through 4:30 p.m. on Wednesday, September 13, 2023, and may be directed to [redtapereduction@abn.alabama.gov](mailto:redtapereduction@abn.alabama.gov).

**Note:** Chapter 2 (Definitions) of the ABN Administrative Code has been repealed, and so is not inventoried here.

# Phase I: Administrative Rule Inventory for [Alabama Board of Nursing]

Due date: September 15, 2023 | Inventory current as of September 1, 2023

## Organization and Administration

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-1-.01	Implementation Of Nurse Practice Act	The Alabama Nurse Practice Act, <u>Code of Ala. 1975</u> , §§34-21-1, et seq. Provides that in order to safeguard life and health, licensure is <u>required</u> for any person practicing or offering to practice professional nursing or practical nursing in this state, for compensation. The act creates a Board of Nursing with regulatory authority, dictates the Board's composition and qualifications, methods of appointment and term of office. The act specifies Board functions and duties thus providing for the implementation of the Nurse Practice Act through the adoption of rules and regulations.	Code of Ala. 1975, §§34-21-1, et seq	0
610-X-1-.02	Composition of the Board	<p style="margin-left: 40px;">(1) The Alabama Board of Nursing is composed of eight registered nurses, four licensed practical nurses, and one consumer.</p> <p style="margin-left: 40px;">(a) Two of the eight registered nurse positions are designated for advanced practice nurses.</p> <p style="margin-left: 40px;">(b) Three of the registered nurse positions are designated for nurse administrators, staff, or practice-related registered nurses.</p> <p style="margin-left: 40px;">(c) Three of the registered nurse positions are designated for individuals with teaching experience in college or university nursing education programs.</p> <p style="margin-left: 40px;">(d) Two of the licensed practical nurse positions are nominated by the Alabama Federation of Licensed Practical Nurses.</p> <p style="margin-left: 40px;">(e) Two of the licensed practical nurse positions are</p>	Code of Ala. 1975, §34-21-2(a)-(g)	2

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		<p>nominated by the Licensed Practical Nurse Association of Alabama.</p> <p style="padding-left: 40px;">(2) The members of the Board are appointed by the Governor of the State of Alabama to serve for a period of four years. No member may be appointed to more than two consecutive terms.</p>		
610-X-1-.02	Composition of the Board	(3) The Governor <u>shall</u> appoint an eligible person to complete the unexpired term of any vacated Board position.	Code of Ala. 1975, §34-21-2(a).	0
610-X-1-.02	Composition of the Board	(4) Each registered nurse and licensed practical nurse <u>shall</u> be actively engaged in nursing immediately preceding and during appointment to the Board.	Code of Ala. 1975, §34-21-2(d)(4) and (e)(5).	0
610-X-1-.03	Officers of the Board	(1) The Board <u>shall</u> elect from its members a president, vice president and a secretary. The election of officers shall be held at the November meeting.	Code of Ala. 1975, §34-21-2(i)	0
610-X-1-.03	Officers of the Board	(2) The Vice-President <u>shall</u> fill any vacancy in the office of the president. The President <u>shall</u> appoint a member to fill a vacancy in the office of vice-president or secretary. The President's appointment is subject to Board approval.	Code of Ala. 1975, §34-21-2(j)(i)	0
610-X-1-.03	Officers of the Board	(3) The duties of the officers <u>shall</u> be as follows:	Code of Ala. 1975, §34-21-2(j)(i)	0

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		<p>(a) The president <u>shall</u> preside at meetings of the Board, appoint members to serve on committees as may be created, and serve as ex officio member of all committees.</p> <p>(b) The vice president <u>shall</u> preside in the absence of the president and <u>shall</u> assume the duties of the president when necessary.</p> <p>(c) The secretary shall be responsible for the minutes of the meetings and <u>shall</u> assume other duties at the discretion of the president.</p>		
610-X-1-.03	Officers of the Board	<p>(4) The elected officers of the Board comprise the Board’s Executive Committee. The Executive Committee is responsible for:</p> <p>(a) Developing the Board meeting agenda.</p> <p>(b) Facilitating evaluation of the Executive Officer.</p> <p>(c) Assuring Board representation at legislative hearings, meetings, sunset reviews and requested public presentations.</p> <p>(d) Participation in orientation of newly appointed Board members.</p>	Code of Ala. 1975, §34-21-2(j)(i)	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-1-.04	Meetings of The Board	<p>(1) A minimum of six regular meetings <u>shall</u> be held each year. The annual meeting <u>shall</u> be the November regular meeting.</p> <p>(a) Meeting notices <u>shall</u> be posted on the Secretary of State’s web site as <u>required</u> by the Alabama Open Meetings Act.</p> <p>(b) The Board may post meetings on the Board’s web site.</p> <p>(2) Special meetings may be called at the request of the president or upon the request of three members of the Board.</p>	Code of Ala. 1975, §34-21-2(i); 36-25A-3	1
610-X-1-.04	Meetings of The Board	<p>(3) A majority of the Board, including at least one officer, <u>shall</u> constitute a quorum at any meeting.</p>	Code of Ala. 1975, §34-21-2(i)	0
610-X-1-.04	Meetings of The Board	<p>(4) Requests to present information to the Board during a Board meeting <u>shall</u> be directed to the Executive Officer at least fourteen days prior to the meeting.</p>	Code of Ala. 1975, §34-21-2(j)(i)	1
610-X-1-.04	Meetings of The Board	<p>(5) The secretary or designee <u>shall</u> keep a record of all meetings. The minutes <u>shall</u> be transcribed and presented for approval or amendment at the next regular meeting. The minutes or a true copy thereof, certified by a majority of the Board, <u>shall</u> be open to public inspection. The minutes <u>shall</u> reflect:</p>	Code of Ala. 1975, §34-21-2(j)(12)	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(a) The time and place of each meeting of the Board. (b) Announcement of a quorum. (c) A statement of compliance with the Alabama Open Meetings Act. (d) Names of the Board members present and those who may be absent. (i) Late arrivals or early departures <u>shall</u> be documented in the minutes. (ii) Any Board member’s absence during deliberation or action on agenda items. (e) All official acts of the Board. (f) The vote of the individual Board members except when the votes are unanimous. When requested by a dissenting Board member, specific reasons for the dissenting vote <u>shall</u> be recorded in the minutes. (6) A roll call vote may be taken upon the request of a Board member.		
610-X-1-.04	Meetings of The Board	(7) All meetings of the Board <u>shall</u> be held in compliance with the Alabama Open Meetings Act.	Code of Ala. 1975, §36-25A-1, et seq.	0
610-X-1-.04	Meetings of The Board	(8) Meetings of the Board, except executive sessions, may be openly recorded provided the recording does not disrupt the conduct of the meeting. Requests to record Board meetings, or portions thereof, <u>shall</u> be directed to the	Code of Ala. 1975, §36-25A-6	1

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		Executive Officer at least 15 minutes prior to the beginning of the meeting to allow assistance with placement of equipment and personnel. Any disruption in the conduct of the meeting <u>shall</u> be addressed by either the Executive Officer, the President of the Board, or the Board members.		
610-X-1-.04	Meetings of The Board	(9) Board members <u>shall</u> be conducted in accord with Robert’s Rules of Order except as provided by law.	Code of Ala. 1975, §36-25A-5	1
610-X-1-.05	Information	Members of the general public may obtain information, make submissions or requests to the Executive Officer, Alabama Board of Nursing, P.O. Box 303900, Montgomery, Alabama 36130.	Code of Ala. 1975, §§34-21-2(j)(1) and 41-22-4	0
610-X-1-.06	Advisory Councils	(1) The Board may appoint advisory councils as deemed necessary.	Code of Ala. 1975, §34-21-3	0
610-X-1-.06	Advisory Councils	(2) The Board <u>shall</u> determine the functions or purposes of the advisory council, appoint the members and set the terms of membership.	Code of Ala. 1975, §34-21-3	0
610-X-1-.07	Rules and Regulations	All rules and regulations of the Board <u>shall</u> be adopted, amended or repealed in accordance with the Alabama Administrative Procedure Act, Code of Ala. 1975, §§41-22-1, et seq.	Code of Ala. 1975, §§34-21-2(j)(1), 41-22-5	0
610-X-1-.08	Petition for Adoption, Amendment or Repeal of a Rule	(1) Any interested person may petition the Board requesting the adoption of a new rule or the amendment or repeal of an existing rule. The petition <u>shall</u> be in writing and <u>shall</u> include:  (a) The name and address of the petitioner.	Code of Ala. 1975, §41-22-8	1

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		<p>(b) An exact statement of the proposed additional rule or amendment or identification of the rule to be repealed.</p> <p>(c) The pertinent facts, data, opinions or arguments in support of the petitioner's position.</p>		
610-X-1-.08	Petition for Adoption, Amendment or Repeal of a Rule	(2) Within sixty days after submission of a petition, the Board <u>shall</u> initiate rule-making proceedings or <u>shall</u> deny the petition in writing on the merits, stating its reasons for the denial; provided, however, that the Board may by written notice extend said period for thirty days when a regularly scheduled meeting occurs beyond the 60-day period.	Code of Ala. 1975, §41-22-8	0
610-X-1-.08	Petition for Adoption, Amendment or Repeal of a Rule	(3) A petition requesting adoption, amendment, or repeal of a rule <u>shall not</u> be considered by the Board if the subject of the petition is the same or similar to the subject presented in another petition considered by the Board within the previous twelve months.	Code of Ala. 1975, §41-22-8	1
610-X-1-.09	Declaratory Rulings	<p>Any persons substantially affected by a rule may petition the Board for a declaratory ruling with respect to the validity of a rule or the applicability to any person, property or state of facts of any rule or statute enforceable by it or with respect to the meaning and scope of any order of the Board.</p> <p>(1) The petition <u>shall</u> be in writing and <u>shall</u> include:</p> <p>(a) The name and address of the petitioner.</p> <p>(b) A statement of facts sufficient to show that the person seeking relief is substantially affected by the rule.</p>	Code of Ala. 1975, §41-22-11	1



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		(c) The rule, statute or order and the reasons for the questions.		
610-X-1-.09	Declaratory Rulings	(2) Failure of the Board to issue a declaratory ruling within forty-five days of date of receipt of request <u>shall</u> constitute a denial of the request.	Code of Ala. 1975, §41-22-11	0
610-X-1-.09	Declaratory Rulings	(3) Circumstances in which rulings <u>shall not</u> be issued include but are not necessarily limited to:  (a) Lack of jurisdiction.  (b) Lack of clarity of the issue presented.  (c) No clear answer determinable.	Code of Ala. 1975, §41-22-11	0
610-X-1-.10	Public Inspection of Rules	(1) All rules and other written statements of policy or interpretations formulated, adopted or used by the Board in the discharge of its functions <u>shall</u> be made available for public inspection and copying.	Code of Ala. 1975, §41-22-4	0
610-X-1-.10	Public Inspection of Rules	(2) All final orders, decisions and opinions of the Board <u>shall</u> be available for public inspection and copying except those expressly made confidential or privileged by statute or order of the court.  (3) Public records referenced in this rule may be obtained using the process described in rule 610-X-1-.11 and subject to the fees described in rule 610-X-4-.14.	Code of Ala. 1975, §41-22-4	0
610-X-1-.11	Public Records and Rosters	(1) The minutes of the Board, except those portions authorized by law to be kept confidential, the name of licensees, and other records determined to be public, <u>shall</u> be open to public inspection.	Code of Ala. 1975, §34-21-2(j); §36-25A-4; §36-12-40; 41-13-1	0

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610-X-1-.11	Public Records and Rosters	<p>(2) Members of the public who wish to either examine or obtain a public record(s) may do so in accordance with the following:</p> <p>(a) The examination of a public record(s) <u>shall</u> be in the office of the Board and under the supervision of the executive officer or an authorized designee.</p> <p>(b) Public records may be requested using the Board's public records request form. Questions may be directed to the Board's public records coordinator.</p> <p>(c) A fee <u>shall</u> be assessed for costs incurred in searching and producing records as described in rule 610-X-4-.14.</p>	Code of Ala. 1975, §34-21-2(j); §36-25A-4; §36-12-40; 41-13-1	2
610-X-1-.12	Board Member Compensation	(1) Each member of the Board <u>shall</u> receive daily compensation as authorized by the Board for each day that the member attends Board meetings or engages in other duties of the Board, including but not limited to hearings, survey visits, conferences, and other meetings.	Code of Ala. 1975, §34-21-2(m)	0
610-X-1-.12	Board Member Compensation	(2) At each September meeting, the Board <u>shall</u> set the amount of daily compensation to be received by Board members for the subsequent fiscal year.	Code of Ala. 1975, §34-21-2(m)	0
610-X-1-.12	Board Member Compensation	<p>(3) In addition to the daily compensation set by the Board, each member <u>shall</u> receive for expenses incurred in the discharge of Board duties the same per diem and travel allowance as is paid by law to state employees.</p> <p>(4) The President, if authorized by the Board, may receive an additional one day of daily compensation per month.</p>	Code of Ala. 1975, §34-21-2(m)	0
610-X-1-.13	Effective Date of Enhanced Nurse Licensure Compact	Any provisions of this Title published and adopted prior to January 1, 2020 which relates exclusively to interstate licensure and/or regulation of nurses in	Code of Ala. 1975, §34-21-120	1

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		accordance with the Enhanced Nurse Licensure Compact <u>shall</u> have an effective date of January 1, 2020.		
	Total Restrictive Terms:	33	Total Discretionary Restrictions:	12

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-3-.01	Definitions	<p>(1) Approved Program: A nursing education program that meets all of the standards as specified in these rules.</p> <p>(2) Articulation: A planned process between two or more educational programs or systems to assist students to make a smooth transition from one program to another without duplication in learning or coursework.</p> <p>(3) Clinical and Theoretical Competence: The possession of knowledge, skills, and abilities necessary to meet current standards of nursing practice and education as specified in Chapter 610-X-6, Standards of Nursing Practice, Chapter 610-X-3, Nursing Education Programs, Chapter 610-X-4, Licensure, Chapter 610-X-5, Advanced Practice Nursing Collaborative Practice, and Chapter 610-X-9, Advanced Practice Nursing.</p> <p>(4) Clinical Learning Experience: Organized plan of learning experiences, under the oversight of an experienced clinical supervisor, that provides student opportunities to integrate knowledge into assessment, planning, implementation, evaluation, and clinical reasoning of nursing care appropriate to the scope of practice for the level and type of program.</p> <p>(5) Pre-clinical Learning Experience: An organized plan occurring prior to the learning experience, with information to span the lifespan for varied clinical settings, to ensure a safe transition to nursing practice in complex environments with pre- and post-clinical conferences.</p> <p>(6) Simulation: A technique that amplifies “real-life” learning in an interactive manner with guided experiences that replicate significant</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	1

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		<p>aspects of reality of acute, chronic, and community health settings across the life-span.</p> <p>(7) Prelicensure Clinical Supervisor: A licensed registered nurse, acting in a supervisory capacity of clinical learning experiences, who is accessible to assign or prescribe a course of action, give procedural guidance, direction, and evaluation for a nursing student(s). This term may include assigned clinical faculty or adjunct faculty.</p> <p>(8) Preceptor (RN program or LPN program): a licensed nurse whose licensure is appropriate to the scope of practice with at least one year of experience, who is employed in a clinical setting and serves as a role model, resource person, and clinical educator to enhance the learning experiences of a student nurse.</p> <p>(9) Clinical Supervisor, Clinical Coordinator, or Preceptor (Advanced Practice Program): an advanced practice registered nurse, a physician, or other appropriately licensed, population-focused clinician who provides guidance, serves as a role model, resource, and clinical educator to enhance the learning experiences of an advanced practice nursing student.</p> <p>(10) Curriculum: An organized plan of study in nursing that includes both theoretical and clinical learning experiences essential for preparing students to be eligible upon graduation to apply for licensure as a registered nurse, licensed practical nurse, or certification and approval of an advanced practice nurse.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(11) Curriculum Outcomes: A common set of competencies expected of a program’s graduates upon completion of an organized plan of study. Outcomes are clear, measurable demonstrations of student learning.</p> <p>(12) Deficiency(ies): Failure of a nursing education program to meet one or more of the standards as stated in Chapter 610-X-3, Nursing Education Programs.</p> <p>(13) Distance Education: A formal educational process in which the majority of the instruction in a course/program occurs when instructors and students are not physically in the same location. The educational process may use various methodologies consistent with this chapter for communication, instruction, and evaluation.</p> <p>(14) Nursing Faculty: Registered professional nurse, with at least one graduate degree in nursing or a health-related field, appointed by the governing institution and who are employed full-time or part-time and are responsible for developing, implementing, evaluating, and updating nursing program curricula.</p> <p>(a) Nursing faculty for advanced practice nursing courses <u>must</u> meet national accreditation, certification, and educational standards for the specific program of study. This requirement does not apply to non-nursing faculty teaching non-nursing courses in an advanced practice curriculum.</p> <p>(15) Licensed Hospital: A facility described in Code of Ala. 1975, Section 22-21-20(1), other than a health maintenance organization, which has an organized medical staff or which employs the services of a medical director who is a physician licensed to practice medicine in</p>		

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		<p>Alabama. The term hospital <u>shall not</u> include the private offices of physicians or dentists, whether in individual, group, professional corporation, or professional association practice.</p> <p>(16) Nursing Program Administrator: Registered professional nurse with a master’s or higher degree in nursing who has primary accountability and responsibility for administration of the nursing program.</p> <p>(17) Survey: A comprehensive, Board-authorized on-site evaluation or review of a written report, and/or documents, for a proposed or existing program in prelicensure or advanced practice education that serves to assess the program’s compliance with the Board’s education standards.</p> <p>(18) Systematic Plan of Evaluation: A comprehensive written document that reflects ongoing evaluation of all program components that includes, but is not limited to, collection of objective data, evaluation of outcomes, and results in improvements based on evaluative data.</p> <p>(19) Unencumbered License: an active license that has no current stipulations, conditions, or limitations.</p> <p>(20) Governing Institution Administrator: Person with overall administrative authority for the instructional sites where the nursing program is located.</p> <p>(21) Prelicensure Program Pass Rate: The percentage of those graduates of a prelicensure program taking the national licensure examination during a calendar year who achieve a passing score on the national licensure examination during the calendar year.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(22) External Exam: A standardized means of testing readiness to practice nursing, usually administered following completion of a program of study in nursing education.</p> <p>(23) Notice of Deficiency: An official notice by the Board which identifies areas of deficiency and provides the expected date of correction. The notice may require follow-up site visits and submission of additional documents, evaluations, and reports.</p> <p>(24) Notice of Correction: An official notice by the Board notifying a nursing education program of the correction of previous areas of deficiency and current approval status of the nursing program.</p> <p>(25) Prelicensure program: a nursing education program that prepares graduates for licensure as a registered nurse or licensed practical nurse pursuant to Section 34-21-20, et. seq. of the Code of Ala. 1975.</p> <p>(26) Advanced practice program: a nursing education program that prepares graduates for approval to practice as an advanced practice nurse pursuant to Section 34-21-80, et. seq. of the Code of Ala. 1975.</p> <p>(27) Dual Role: preparation for two distinct patient population foci within a single advanced practice nursing education program of study.</p> <p>(28) Patient Population Focus/Foci: one of six areas of concentration [Family/Individual Across the Lifespan, Adult-Gerontology (Acute or Primary), Neonatal, Pediatrics (Acute or Primary), Women’s Health/Gender-Related, and Psych/Mental Health] within advanced practice nursing education programs.</p>		



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		<p>(29) Debriefing: an activity that follows a simulation experience, is led by a facilitator, encourages participant’s reflective thinking, and provides feedback regarding the participant’s performance.</p> <p>(30) Student Nurse Apprentice Program: A board approved nursing program that establishes a student nurse apprenticeship program within their curriculum plan which allows nursing students engaged in a registered apprenticeship, pursuant to the Alabama Industry Recognized and Registered Apprenticeship Program Act and Chapter 610-X-15.</p> <p>(31) Clinical Resource LPN (CRLPN): is an LPN with an unencumbered Alabama nursing license who has at least two years of experience within the past five years in a skilled care long-term care setting and who provides supervision, demonstration, and collaborative evaluation of practical nursing student performance with skilled care long-term care patients in a licensed health care facility.</p>		
610-X-3-.02	Standards for Approval	<p>(1) All Alabama prelicensure nursing education programs and advanced practice nursing education programs, including Alabama distance nursing education programs, <u>must</u> be approved by the Alabama Board of Nursing and accredited by a national nursing accrediting agency recognized by the U.S. Department of Education by January 1, 2023, or within five (5) years of Approval by the Board, in the case of a new program. If a program is unable to satisfy this requirement as the result of ineligibility for accreditation due to the existence of a deficiency or order issued by the Alabama Board of Nursing pursuant to this Chapter, the program <u>shall</u> establish candidacy for accreditation within six (6) months of successful resolution of the deficiency or satisfaction of the terms of the Order. Alabama advanced practice nursing education</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	1

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		<p>programs in operation prior to December 31, 2020, are considered in approved status. Advanced practice nursing education programs established in Alabama on or after January 1, 2021, <u>shall</u> obtain Board approval prior to implementation.</p> <p>(2) The governing institution, nursing program administrator, and nursing faculty are accountable for the standards, processes, and outcomes of the nursing education program.</p>		
610-X-3-.02	Standards for Approval	<p>(3) The governing institution offering the nursing program <u>shall</u> be:</p> <p>(a) A postsecondary education institution that is authorized to offer nursing education and is accredited by an organization recognized by the U.S. Department of Education.</p> <p>(b) Approved and licensed by the appropriate State of Alabama education agency(ies), as required by law.</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	0
610-X-3-.02	Standards for Approval	<p>(4) The governing institution <u>shall</u> provide support and resources sufficient to ensure achievement of student learning and program outcomes. Resources include, but are not limited to:</p> <p>(a) Financial.</p> <p>(b) Education program physical facilities, if appropriate.</p> <p>(c) Instructional and learning equipment.</p> <p>(d) Technology, to include simulation tools.</p> <p>(e) Administrative, instructional, and support personnel.</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	5

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610-X-3-.02	Standards for Approval	<p>(5) The governing institution’s administrator or program administrator <u>shall</u> notify the Board, in writing, of any substantive changes in the program, including, but not limited to:</p> <p>(a) Nursing program administrator.</p> <p>(b) Governing institution administrator, President, CEO, Chancellor, or Provost.</p> <p>(c) Governance structure of the institution.</p> <p>(d) Accreditation status and accreditation status reports related to the governing institution or nursing education program.</p> <p>(e) Ownership or merger of governing institution.</p> <p>(f) Name of the governing institution or nursing education program.</p> <p>(g) Relocation of the governing institution or nursing education program.</p> <p>(h) Significant curriculum changes.</p> <p>(i) Intent to close a program.</p> <p>(j) Expanding or collapsing, combining, or separating programs, including, but not limited to, prelicensure programmatic changes, and clinical/role populations preparing advanced practice registered nurses in an approved graduate nursing education degree program, specialty, or sub-specialty track.</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	15

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(k) Reduction in nursing program faculty size exceeding thirty percent.</p> <p>(l) Annual turnover in faculty greater than thirty percent.</p> <p>(m) The percentage of total nursing faculty (full-time, clinical, adjunct, part-time, and other) employed at the institution as full-time faculty falls below thirty percent.</p> <p>(n) Utilization of virtual or simulation lab in lieu of a “hands-on” lab for anatomy and physiology lab.</p> <p>(o) Utilization of virtual or simulation lab in lieu of any required direct clinical hours for national certification examination.</p>		
610-X-3-.02	Standards for Approval	(6) There <u>shall</u> be an organizational chart that depicts the authority, responsibility, and channels of communication between the nursing program and the governing institution and other comparable programs within the governing institution.	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	1
610-X-3-.02	Standards for Approval	<p>(7) A nursing education program <u>shall</u> be administered by a qualified program administrator who is accountable for the planning, implementation, and evaluation of the program.</p> <p>(a) Minimum qualifications of a nursing program administrator <u>shall</u> include:</p> <p>1. An active, unencumbered Alabama registered nurse license or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	2

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		<p>2. An earned graduate degree in nursing. Nursing program administrators for advanced practice nursing education programs should be doctoral prepared.</p> <p>3. Academic and experiential qualifications to administer a nursing education program.</p>		
610-X-3-.02	Standards for Approval	<p>(8) The governing institution and nursing program administrator <u>shall</u> provide sufficient numbers of qualified faculty to ensure that curriculum implementation and expected program outcomes are achieved and aligned with national nursing accrediting standards. Thirty-five percent of the total faculty, excluding adjunct faculty, are employed at the Institution as full-time faculty. Minimum qualifications of nurse faculty <u>shall</u> include:</p> <p>(a) An active, unencumbered Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.</p> <p>(b) An earned graduate degree in nursing or a related health field.</p> <p>(c) Academic and experiential qualifications to teach in the area assigned.</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	3
610-X-3-.02	Standards for Approval	<p>(9) Institutional and program policies, procedures, and other publications, whether written or electronic, <u>shall</u>:</p> <p>(a) Be written, accurate, and consistent as published, and publicly available.</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	7

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		<p>(b) Address students' abilities to assume clinical assignments including, but not limited to, educational preparedness and physical, mental, and emotional behaviors.</p> <p>(c) Provide opportunities for students to regularly participate in the development, evaluation, and continuous improvement of the program.</p> <p>(d) Provide for processes to manage and learn from student near misses and errors.</p> <p>(e) Provide for student remediation strategies at the beginning of each course and ensure students are aware of how to seek help.</p> <p>(f) Programs <u>shall</u> hold students accountable for professional behavior, including honesty and integrity while in their program of study.</p> <p>(g) Provide for availability of assistance for students with disabilities.</p>		
610-X-3-.02	Standards for Approval	<p>(10) All faculty are provided formal orientation and educated in basic instruction or teaching, adult learning principles, curriculum development, test item writing, and simulation standards, as appropriate to the faculty position.</p> <p>(a) The program <u>shall</u> provide substantive and periodic workshops and presentations devoted to faculty development.</p> <p>(11) Faculty participate in and are accountable for curriculum development, implementation, and evaluation.</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	1

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610-X-3-.02	Standards for Approval	<p>(12) The curriculum of a nursing education program <u>shall</u>:</p> <p>(a) Enable the student to develop the knowledge, skills, and abilities necessary for the level, scope, and standards of competent nursing practice expected at the level of licensure, approval, or certification.</p> <p>(b) Provide evidence-based, outcome-focused, and culturally-sensitive theoretical and clinical experiences specific to the expected scope of practice of graduates from each type of nursing education program.</p> <p>(c) Ensure distance education methods are consistent with the curriculum plan.</p> <p>(d) The curriculum course work of a prelicensure nursing education program <u>shall</u> have didactic and clinical learning experiences which include but are not limited to:</p> <ol style="list-style-type: none"> <li>1. Liberal arts and a sound foundation in biological, physical, social, and behavioral sciences supportive of the nursing education program.</li> <li>2. Anatomy and physiology with a corresponding lab. Utilizing a “virtual lab” in lieu of a ‘hands-on’ lab is considered a substantive change and <u>requires</u> Board notification.</li> <li>3. Nursing foundations, health assessment, pharmacology, nutrition, and community-based nursing.</li> </ol>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	11

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		<p>4. History and trends of nursing, cultural diversity, legal and ethical responsibilities, and nursing scope of practice responsibilities, including leadership, management, delegation, and health care delivery systems.</p> <p>5. Theoretical and clinical learning experiences across the lifespan in the areas of adult, medical/surgical, maternal/infant, child/pediatric, and psychiatric/mental health and community health nursing that includes simulation, laboratory time, and direct patient care in a licensed health care setting. Provided however, that community health clinical experiences may be conducted in a non-licensed setting. This does not prohibit additional experience in licensed non-health care setting. At least 50% of clinical experiences <u>shall</u> include direct patient care and include a variety of clinical settings sufficient to meet program outcomes.</p> <p>6. Simulation learning experiences conducted according to acceptable faculty training standards and guidelines which incorporate clinical objectives, student debriefing, and evaluation are acceptable components of the clinical experience. Unless otherwise authorized by the Board, Simulation <u>shall</u> not comprise more than 50% of the clinical learning experience. Programs utilizing simulation <u>shall</u> ensure:</p> <p>(i) There <u>shall</u> be a budget that will sustain the simulation activities and training of the faculty.</p> <p>(ii) Appropriate facilities for conducting simulation. This <u>shall</u> include educational and technological resources and equipment to meet the intended objectives of the simulation.</p> <p>(iii) Faculty involved in simulations, both didactic and clinical, are oriented and have training in the use of simulation.</p>		



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		<p>(iv) Simulation activities and evaluation criteria are linked to programmatic outcomes.</p> <p>(v) The simulation activities are managed by or management duties are assigned to an individual who demonstrates continued expertise and competence in the use of simulation through education in healthcare simulation or, effective August 1, 2024, is certified as a healthcare simulation educator.</p> <p>(vi) Students <u>shall</u> evaluate the simulation experience on an ongoing basis.</p> <p>7. Safe and Effective Care Environment, Health Promotion, prevention of illness, and health maintenance, Psychosocial Integrity, and Physiological Integrity across the lifespan.</p> <p>8. Microbiology for students pursuing an associate or baccalaureate degree.</p>		
610-X-3-.02	Standards for Approval	(13) The governing institution, nursing program administrator, and nursing faculty <u>are</u> accountable for selecting and evaluating the teaching methods, delivery modalities, and processes used to achieve expected program outcomes.	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	1
610-X-3-.02	Standards for Approval	<p>(14) Clinical supervision or preceptorship of students <u>shall</u> comply with the standards set forth in this chapter.</p> <p>(a) Clinical learning experiences <u>shall</u> be supervised by a registered nurse with knowledge of educational strategies and subject matter, and</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	7

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		<p>who is experienced in the clinical technologies essential to the safe practice of nursing.</p> <p>(b) The clinical supervisor or assigned clinical faculty <u>shall</u> hold an active, unencumbered license to practice professional nursing in Alabama, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.</p> <p>(c) The clinical supervisor or assigned clinical faculty <u>shall</u> be readily accessible to assign or prescribe a course of action, provide procedural guidance, direction, and evaluation for students engaged in the clinical learning experience.</p> <p>(d) The faculty-student ratio in clinical learning experiences <u>shall</u> be collaboratively determined by the professional nursing faculty, the School of Nursing administration, and the professional nurse administrator, or designee, in the clinical agency. In licensed hospitals that provide inpatient acute care, the faculty to student ratio <u>shall</u> not exceed 1:8 during clinical learning experiences. The faculty-student ratio <u>shall</u> be determined according to the:</p> <ol style="list-style-type: none"> <li>1. Complexity of the educational experience.</li> <li>2. Acuity of the patient(s).</li> <li>3. Physical layout of the clinical setting.</li> <li>4. Student's level of knowledge and skills necessary to provide safe patient care.</li> </ol>		

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		<p>(e) The nursing education program <u>shall</u> work with clinical agencies for the planning, implementation, and evaluation of clinical experiences.</p> <p>(f) Clinical learning experiences <u>shall</u> include the development of skills in clinical reasoning, management of care for groups of patients, and delegation to and supervision of other health care personnel performed in acute care and a variety of health care settings.</p> <p>(g) Nursing faculty <u>shall</u> maintain responsibility and accountability for planning, implementation, and evaluation of all student clinical learning experiences.</p>		
610-X-3-.02	Standards for Approval	(15) Nursing programs that offer only simulations or clinical testing <u>do not</u> meet the requirements for providing clinical learning experiences for nursing students.	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	1
610-X-3-.02	Standards for Approval	(16) Scores on external exams <u>shall not</u> be utilized as the sole criterion for barring a student from graduating from the nursing program who otherwise, has successfully completed all required coursework.	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	0
610-X-3-.02	Standards for Approval	(17) For licensed practical nursing students, a Clinical Resource LPN may be used to enhance, but not replace, faculty-directed clinical learning experiences. The supervising faculty member remains responsible for all students in the clinical setting, including those supervised by CRLPNs.	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	1
610-X-3-.03	Outcome Standards	(1) Graduates <u>shall</u> demonstrate theoretical and clinical competence for entry into practice.	Code of Ala. 1975, §§34-21-5	1
610-X-3-.03	Outcome Standards	(2) The Board-calculated prelicensure annual pass rate for each prelicensure program <u>shall</u> be published by the Board annually.	Code of Ala. 1975, §§34-21-	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-3-.03	Outcome Standards	<p>(3) Programs <u>shall</u> develop, maintain, and adhere to their written plan for the systematic evaluation of the program that is comprehensive, demonstrates ongoing evaluation, is based on program outcomes, and incorporates continuous improvement. The systematic evaluation plan <u>shall</u> include:</p> <p>(a) Collection, aggregation, analysis and trending of data.</p> <p>(b) Programmatic outcomes, levels of achievement, evaluative criteria, assignment of responsibility, frequency of assessment, methods of assessment, actions taken, and quantitative data collected.</p> <p>(c) Ongoing evaluation and revisions based on the evaluation.</p> <p>(d) A mechanism for accountability for academic integrity.</p>	2(j)(2)-(5) and 34-21-5 Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	5
610-X-3-.03	Outcome Standards	<p>(4) Programs <u>shall</u> maintain and produce, at the Board’s request:</p> <p>(a) An articulation plan for program graduates.</p> <p>(b) A plan for accepting new or transfer students that ensures that due consideration is given to all prior general and nursing coursework that an incoming student has completed successfully with other accredited institutions.</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	2
610-X-3-.03	Outcome Standards	<p>(5) Approved Nursing Education Programs <u>shall</u> be evaluated for continuing approval by the Board not less than every five (5) years, but may be evaluated more frequently based on deficiencies, identified areas of concern, or receipt of a complaint.</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	0

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		(a) Additional oversight of new programs <u>shall</u> take place throughout the first five (5) years of operation. This may include progress reports every 6 months on program, leadership, consistency of faculty, numbers of students, and trends of NCLEX pass rates, as well as the regularly collected annual reports.		
610-X-3-.03	Outcome Standards	<p>(6) Nursing programs <u>shall</u> complete the Nursing Education Annual Report in a format specified by the Board within the time specified.</p> <p>(7) The Board may review and analyze various sources of information regarding program performance, including, but not limited to:</p> <p>(a) Periodic Board survey visits, as necessary.</p> <p>(b) Board-recognized national nursing accreditation site visit reports, to include results of findings, pass rates, and other pertinent documents. The Board may accept all or partial evidence prepared by a program to meet national nursing accreditation requirements. The nursing program <u>shall</u>:</p> <p>1. Submit to the Board copies of accreditation related correspondence from the national nursing accrediting agency within 30 days of receipt.</p> <p>(c) Results of ongoing program evaluation.</p> <p>(d) Other sources of evidence regarding achievement of program outcomes, including, but not limited to:</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	2

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		<ol style="list-style-type: none"> <li>1. Student retention, attrition, and on-time program completion rates.</li> <li>2. Sufficient type and number of faculty, to include retention and turnover.</li> <li>3. Clinical learning experiences that are sufficient to achieve program outcomes (goals and course objectives) through the practice of nursing care or observational experiences.</li> <li>4. Degree of compliance with nursing program accrediting body requirements for national licensure examination pass rates as calculated and determined by the nursing program accrediting body.</li> <li>5. Trend data/action planning related to overall NCLEX performance and advanced practice certification exam performance.</li> <li>6. Performance improvement initiatives related to program outcomes.</li> <li>7. Program complaints/grievance review and resolution.</li> <li>(8) Education Program Annual Report.</li> <li>(9) Continuing approval will be granted upon the Board's verification that the program is in compliance with the Board's nursing education administrative rules in Chapter 610-X-3.</li> </ol>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-3-.04	Deficiencies	<p>(1) The Board <u>shall</u> conduct surveys and evaluations as often as necessary to determine compliance with all standards set forth in Chapter 610-X-3.</p> <p>(a) Warning signs that may trigger a focused site visit include:</p> <ol style="list-style-type: none"> <li>1. Complaints from students, faculty, and clinical agencies</li> <li>2. Turnover of program administrators defined by more than three administrators in a five-year period</li> <li>3. Frequent nursing faculty turnover</li> <li>4. Frequent reductions in numbers of nursing faculty</li> <li>5. Decreasing trends in NCLEX pass rates</li> </ol>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	0
610-X-3-.04	Deficiencies	<p>(2) The Board <u>shall</u>, upon determining that a program is not in compliance with standards set forth in Chapter 610-X-3, provide to the governing institution administrator and nursing program administrator a written notice of deficiencies that establishes a reasonable time, based upon the number and severity of deficiencies, to correct deficiencies.</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	0
610-X-3-.04	Deficiencies	<p>(3) A nursing education program that receives a Notice of Deficiency from the Board <u>shall</u> establish a written plan within the specified time and provide reports to the Board, as requested, to document progress in resolving deficiency(ies).</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	1
610-X-3-.04	Deficiencies	<p>(4) The Board may initiate action regarding any program that fails to correct identified deficiencies within the time specified by the Board, either through a formal hearing or Board-approved informal disposition. The Board may:</p>	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	0

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		<p>(a) Withdraw approval from the nursing education program, resulting in students who graduate after approval is withdrawn being ineligible to take the licensing examination.</p> <p>(b) Continue approval of the nursing education program for a specified time period.</p> <p>(c) Direct the nursing program administrator to notify students in writing of the Board’s decision.</p>		
610-X-3-.04	Deficiencies	(5) Programs under a notice of deficiency issued prior to January 1, 2018, <u>shall</u> continue with their plan of correction, as specified in the notice of deficiency.	Code of Ala. 1975, §§34-21-2(j)(2)-(5) and 34-21-5	1
610-X-3-.05	Additional Requirements for Advanced Practice Nursing Education Programs	(1) Alabama advanced practice nursing education programs in operation prior to December 31, 2020, are considered in approved status. Advanced practice nursing education programs established in Alabama on or after January 1, 2021, <u>shall</u> obtain Board approval prior to implementation.	Code of Ala. 1975, §§ 45-21-2(j)(1)-(5), 34-21-5, 34-21-84(a).	1
610-X-3-.05	Additional Requirements for Advanced Practice Nursing Education Programs	(2) The nursing education program <u>shall</u> ensure that clinical agencies, preceptors, planning, implementation, and evaluation of clinical experiences are provided for and/or available to students.	Code of Ala. 1975, §§ 45-21-2(j)(1)-(5), 34-21-5, 34-21-84(a).	1
610-X-3-.05	Additional Requirements for Advanced Practice Nursing Education Programs	(3) Students <u>shall</u> have content and supervised experiences in accordance with national accreditation, certification, and advanced practice nursing education requirements and standards for the advanced practice registered nurse role and patient population.	Code of Ala. 1975, §§ 45-21-2(j)(1)-(5), 34-21-5, 34-21-84(a).	1



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610-X-3-.05	Additional Requirements for Advanced Practice Nursing Education Programs	<p>(4) Dual role and patient population foci: advanced practice registered nurse programs <u>shall</u> include and address content and clinical experiences for both roles and patient populations. Students <u>shall</u> have documented clinical hours in accordance with certification agency requirements for each role and patient population.</p> <p>(a) Clinical hours between role and patient population <u>must</u> be documented and addressed as to the clinical preparation for the two areas of practice.</p>	Code of Ala. 1975, §§ 45-21-2(j)(1)-(5), 34-21-5, 34-21-84(a).	3
610-X-3-.05	Additional Requirements for Advanced Practice Nursing Education Programs	<p>(5) A copy of the current advanced practice curriculum and a copy of the clinical rotation plan <u>shall</u> be available to the Board on request.</p>	Code of Ala. 1975, §§ 45-21-2(j)(1)-(5), 34-21-5, 34-21-84(a).	1
610-X-3-.06	Establishing A New Program	<p>(1) Phase 1: A governing institution that plans to establish a new nursing education program <u>shall</u> submit to the Board a minimum of six (6) months in advance of the expected opening date:</p> <p>(a) A letter of intent identifying the governing institution, the type of nursing education program, and the status of approval from accrediting bodies and state agencies.</p> <p>(b) A feasibility study that includes:</p> <ol style="list-style-type: none"> <li>1. Purpose of establishing the new nursing education program.</li> <li>2. Availability of health care agencies with sufficient practice experiences to support the program. Letters of commitment and signed clinical contracts are acceptable documents for inclusion to demonstrate compliance with the standard.</li> </ol>	Code of Ala. 1975, §§ 34-21-2(j)(4) and 34-21-5	1

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		<p>3. Enrollment projections and identification of potential students.</p> <p>4. Availability of adequate educational facilities and practice sites for clinical learning experiences throughout the life span including evidence of clinical space availability for additional new students in the area.</p> <p>5. Assurance of adequate financial resources to support the initial and continuing program including submission of the proposed initial budget and continuing budget. Financial statements of the governing institution for the past two fiscal years are acceptable documents for inclusion to demonstrate evidence of financial stability of the governing institution.</p> <p>6. Plan and resources for recruiting and employing projected number of qualified faculty for theoretical and clinical instruction.</p> <p>7. Timeline for planning and implementation of the proposed program.</p> <p>8. Organizational structure of the governing institution and placement of proposed nursing education program within the overall organization.</p> <p>9. An articulation plan, including agreements, that addresses the transition of students and graduates to other educational institutions.</p> <p>(c) The Board <u>shall</u> review the letter of intent, feasibility study, and supporting documentation for completeness and compliance with rules</p>		

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610-X-3-.06	Establishing A New Program	<p>and regulations and may provide guidance regarding forward progress of the plan.</p> <p>(2) Phase II: The governing institution <u>shall</u> submit an application for approval to establish a new program at least three (3) months prior to expected review by the Board.</p> <p>(a) The application for Establishing a New Program <u>shall</u> include:</p> <ol style="list-style-type: none"> <li>1. Demonstration of the potential to meet all standards identified in this chapter, including seeking national nursing accreditation by an agency recognized by the U.S. Department of Education within five (5) years of initial approval.</li> <li>2. Verification that a nursing program administrator or nursing faculty member is employed to develop the nursing program.</li> <li>3. Verification of availability of qualified nursing faculty to support the proposed numbers of student admissions to the new nursing education program.</li> </ol> <p>(b) Curriculum plan that complies with the standards identified in this chapter, or related to advanced practice education, as required by the accrediting bodies, to include, but not limited to:</p> <ol style="list-style-type: none"> <li>1. Philosophy or Mission.</li> <li>2. Graduate competencies.</li> </ol>	Code of Ala. 1975, §§34-21-2(j)(4) and 34-21-5	5

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		<p>3. Curriculum sequence.</p> <p>4. Course descriptions and objectives, with number of credit hours for all courses.</p> <p>5. An articulation plan which enables students to advance to the next degree level, if applicable.</p> <p>(3) A survey may be conducted to amplify, clarify, and verify information in the application.</p>		
610-X-3-.06	Establishing A New Program	<p>(4) If all standards for approval are met, the program <u>shall</u> receive approval.</p> <p>(5) In the event that the proposed program submits an application that substantially satisfies the requirements for both Phases I and II applications, the Board, at its discretion, may grant approval for the program upon review of the initial application.</p>	Code of Ala. 1975, §§34-21-2(j)(4) and 34-21-5	0
610-X-3-.07	Closing A Program	<p>(1) A nursing program may be closed due to withdrawal of Board approval or may close voluntarily.</p> <p>(2) A governing institution seeking to close a nursing education program <u>shall</u> submit written notification to the Board at least six (6) months prior to the planned closing date.</p>	Code of Ala. 1975, §§34-21-2(j)(5) and 34-21-5	1
610-X-3-.07	Closing A Program	<p>(3) An acceptable nursing program closure plan <u>shall</u> be developed and submitted to the Board for approval within thirty days of nursing program closure notification. The governing institution <u>shall</u> ensure that all standards for nursing education programs are maintained, and all necessary courses are taught until the last student is transferred or graduated.</p>	Code of Ala. 1975, §§34-21-2(j)(5) and 34-21-5	2

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610-X-3-.07	Closing A Program	(4) The governing institution <u>shall</u> secure and provide for the permanent custody and storage of records of students and graduates. The Board <u>shall</u> be notified of the location and method of retrieving information from these records.	Code of Ala. 1975, §§34-21-2(j)(5) and 34-21-5	2
610-X-3-.07	Closing A Program	(5) Any nursing program under a closure plan <u>shall</u> submit to the Board confirmation, in writing, that the closure plan has been fully implemented when the closure plan has been completed.	Code of Ala. 1975, §§34-21-2(j)(5) and 34-21-5	1
610-X-3-.08	Distance Education (In-State and Out of State)	(1) An Alabama distance-learning prelicensure program or advanced practice education program <u>must</u> be approved by the Alabama Board of Nursing and accredited by a national nursing accrediting agency recognized by the U.S. Department of Education by January 1, 2022, or within five (5) years of Approval by the Board, in the case of a new program.	Code of Ala. 1975, §§34-21-2(j)(1), (2) and (4), 34-21-5, 32-21-84	2
610-X-3-.08	Distance Education (In-State and Out of State)	(2) The delivery of instruction by distance education methods <u>shall</u> enable students to meet the goals, competencies, and objectives of the education program and the standards of the Board, including supervised clinical learning experiences.	Code of Ala. 1975, §§34-21-2(j)(1), (2) and (4), 34-21-5, 32-21-84	1
610-X-3-.08	Distance Education (In-State and Out of State)	(3) A distance-learning program <u>shall</u> establish a means for assessing individual student and program outcomes.	Code of Ala. 1975, §§34-21-2(j)(1), (2) and (4), 34-21-5, 32-21-84	1
610-X-3-.08	Distance Education (In-State and Out of State)	(4) The governing institution of any distance-learning program offering courses in Alabama <u>shall</u> have institutional accreditation by an organization recognized by the U.S. Department of Education.	Code of Ala. 1975, §§34-21-2(j)(1), (2) and (4), 34-21-5, 32-21-84	1

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610-X-3-.08	Distance Education (In-State and Out of State)	(5) Distance-learning programs <u>shall</u> comply with all standards of this Chapter, including those related to clinical supervision of student learning experiences. The Board may request periodic reports for the purpose of data collection or to determine compliance with the provisions of this chapter.	Code of Ala. 1975, §§34-21-2(j)(1), (2) and (4), 34-21-5, 32-21-84	1
610-X-3-.08	Distance Education (In-State and Out of State)	(6) Nursing Faculty located outside of the state who are employed by the governing institution for delivery of instruction by distance education methods, online instruction, or satellite instruction for an Alabama nursing program <u>shall</u> meet the minimum qualifications for faculty as set forth in this Chapter, including a valid license to practice registered nursing issued by Alabama, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.	Code of Ala. 1975, §§34-21-2(j)(1), (2) and (4), 34-21-5, 32-21-84	1
610-X-3-.09	Out of State Programs Conducting Clinical Experience in Alabama	(1) The nursing program <u>shall</u> be a postsecondary education institution that is accredited by a national nursing accrediting agency recognized by the U.S. Department of Education by January 1, 2022.	Code of Ala. 1975, §§34-21-2(j)(1), (2) and (4), 34-21-5, 32-21-84	1
610-X-3-.09	Out of State Programs Conducting Clinical Experience in Alabama	(2) The governing institution offering the nursing program <u>shall</u> be a postsecondary education institution that is accredited by an organization recognized by the U.S. Department of Education.	Code of Ala. 1975, §§34-21-2(j)(1), (2) and (4), 34-21-5, 32-21-84	1
610-X-3-.09	Out of State Programs Conducting Clinical Experience in Alabama	(3) The nursing education program <u>shall</u> have full approval (local, state, federal, and regulatory board) in the state where located.	Code of Ala. 1975, §§34-21-2(j)(1), (2) and (4), 34-21-5, 32-21-84	1
610-X-3-.09	Out of State Programs Conducting Clinical Experience in Alabama	(4) A nursing education program based outside the state of Alabama that plans to provide students with clinical learning experiences in Alabama <u>shall</u> submit to the Board, within a minimum of fifteen (15) days in advance of the expected clinical learning experience, the following:	Code of Ala. 1975, §§34-21-2(j)(1), (2) and (4), 34-21-5, 32-21-84	1

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		<p>(a) A letter of intent identifying the governing institution, the type of nursing education program, and the status of approval from accrediting bodies and state where located. The letter <u>shall</u> include:</p> <ol style="list-style-type: none"> <li>1. Name of student and license number of the student (where applicable). Any student enrolled in a postlicensure program who is participating in clinical experiences in Alabama <u>shall</u> have a valid registered nurse license issued by Alabama, or a multistate license issued by a party state, as defined in Chapter 4 of these rules.</li> <li>2. Name and license number of the clinical supervisor. Clinical supervision <u>shall</u> meet the requirements set forth in this chapter.</li> <li>3. Name and location of the clinical facility and statement from the Director of Nursing/Chief Nursing Officer of the clinical facility regarding the availability of clinical learning experiences for instate and out-of-state nursing students.</li> <li>4. Learning outcomes expected of the student.</li> <li>5. Name and Alabama registered nurse license number or, in the case of nursing faculty licensed in another party state, multistate registered nurse license number of the nursing faculty responsible for the evaluation and oversight of the student's clinical learning experience.</li> </ol>		
610-X-3-.09	Out of State Programs Conducting Clinical Experience in Alabama	(5) Effective January 1, 2023, out of state nursing programs conducting clinical experiences in Alabama <u>shall</u> submit an annual out of state Program fee of \$500.00 in January of each calendar year, or upon submission of the program's letter of intent for that calendar year.	Code of Ala. 1975, §§34-21-2(j)(1), (2). (4) and	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-3-10	Nursing Education Program Hearing	<p>(1) The Board may utilize a hearing officer to conduct a hearing prior to withdrawing approval or denying approval of a nursing education program. Nursing education program hearings <u>shall</u> be conducted in compliance with the provisions of the Alabama Administrative Procedure Act, as may be amended from time to time.</p> <p>(2) The nursing education program may present written or oral evidence for the Board's consideration at any Board hearing.</p> <p>(3) The nursing education program may appeal the Board's withdrawal of program approval to the Montgomery County Circuit Court.</p>	(22), 34-21-5, 32-21-84  Code of Ala. 1975, §§34-21-2(j)(5) and 34-21-5	0
610-X-3-11	Withdrawal of Board Approval	<p>(1) If the Board withdraws approval from a nursing education program following an administrative hearing, the governing institution <u>shall</u> submit to the Board:</p> <p>(a) Within thirty (30) days of the effective date of the Board's order, a plan for transfer of students currently enrolled in the program.</p> <p>(b) Within ninety (90) days of the effective date of the Board's Order, a report detailing the transfer of students currently enrolled in the program. If unable to transfer students, a plan to teach out those students currently enrolled in the program.</p> <p>(c) Specific arrangements for the secure storage and access to academic records and transcripts.</p>	Code of Ala. 1975, §§34-21-2(j)(5) and 34-21-5	3



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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-3-.11	Withdrawal of Board Approval	(2) The governing institution <u>shall</u> notify students accepted and enrolled in the program, in writing, of the Board’s withdrawal of approval within thirty (30) days of the effective date of the Board’s Order.	Code of Ala. 1975, §§34-21-2(j)(5) and 34-21-5	1
610-X-3-.12	Degree Completion Programs	(1) The Board may approve programs for completion of nursing degrees by nursing students who have not successfully completed an approved nursing programs previously, provided that such completion awards a degree or certificate. Completion programs <u>shall</u> be requested to:  (a) Give due consideration to all prior passing coursework and clinical learning completed by a student.  (b) Ensure that each student’s clinical and didactic learning experiences prior to completion of the degree are substantially validated and are equivalent to those completed by students in other approved prelicensure nursing education	Code of Ala. 1975, §§34-21-2(j)(2) and (4) and 34-21-5.	0
610-X-3-.13	Student Nurse Apprenticeship Programs	(1) A Board approved prelicensure nursing education program pursuant to 610-X-15 and the Alabama Industry Recognized and Registered Apprenticeship Program Act may establish a student nurse apprenticeship program and award clinical credit hours toward the student nurse apprentice's program requirements, provided that the training is congruent with the clinical course in which the clinical credit hours are awarded.	Code of Ala. 1975, §§34-21-2(j)(2), (4) and (7) and 34-21-5.	0
610-X-3-.13	Student Nurse Apprenticeship Programs	(2) The nursing program initiating a student nurse apprenticeship program <u>shall</u> submit its curriculum and/or clinical training plan changes to the Board as an additional change.	Code of Ala. 1975, §§34-21-2(j)(2), (4) and (7) and 34-21-5.	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-3-.13	Student Nurse Apprenticeship Programs	(3) The nursing program <u>shall</u> validate the nursing apprentice's competency to perform and/or knowledge of the selected nursing tasks, skills or activities prior to initiating the apprenticeship and assignment of skills unless the nursing concepts are didactic only thereby requiring the clinical training and skills/Competency validation to occur at the clinical site by the journey worker.	Code of Ala. 1975, §§34-21-2(j)(2), (4) and (7) and 34-21-5.	1
610-X-3-.13	Student Nurse Apprenticeship Programs	(4) The nursing program <u>shall</u> notify the Board in writing when an apprenticeship agreement between the program, employer, and Office of Apprenticeship has been executed.	Code of Ala. 1975, §§34-21-2(j)(2), (4) and (7) and 34-21-5.	0
610-X-3-.13	Student Nurse Apprenticeship Programs	(5) The nursing program <u>shall</u> submit an eligible student nurse apprentice roster to the Board to include attestation of eligible student applicants seeking an apprenticeship permit.	Code of Ala. 1975, §§34-21-2(j)(2), (4) and (7) and 34-21-5.	0
610-X-3-.13	Student Nurse Apprenticeship Programs	(6) The nursing program <u>shall</u> notify the Board in writing when a nursing student apprentice withdraws from the program or apprenticeship.	Code of Ala. 1975, §§34-21-2(j)(2), (4) and (7) and 34-21-5.	0
610-X-3-.13	Student Nurse Apprenticeship Programs	(7) The nursing program <u>shall</u> retain clinical supervision oversight for all student nurse apprenticeships and monitor and evaluate their clinical activity periodically throughout each course.	Code of Ala. 1975, §§34-21-2(j)(2), (4) and (7) and 34-21-5.	1
610-X-3-.14	Designation As School of Practical Nursing	(1) A Licensed Practical Nurse's scope of practice is completely encompassed within the scope of practice of a Registered Nurse.  (2) At the discretion of the Board, an approved prelicensure Registered Nurse program may be considered a School of Practical Nursing for purposes of permitting a student to be eligible to apply for	Code of Ala. 1975, §§34-21-1(9) and 34-21-2(j)(4)	1

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		licensure as a Licensed Practical Nurse by educational equivalency; provided that:  (a) The student <u>shall</u> have successfully completed at least one year of the approved prelicensure Registered Nurse program; and  (b) A review of the student's transcript demonstrates that, in the judgment of the Alabama Board of Nursing, the student has successfully completed all of the required didactic and clinical coursework required for successful completion of an LPN program; and  (c) The student <u>shall</u> have successfully completed a Board approved course on the LPN scope of practice.		
	Total Restrictive Terms:	62	Total Discretionary Restrictions:	108

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## Licensure

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-4-.01	Definitions	<p>(1) Application(s): Form(s) and process(es) for applicants seeking licensure by examination, endorsement, reinstatement, or renewal.</p> <p>(a) Incomplete application: Missing requirements.</p> <p>(b) Complete application: Meets requirements.</p> <p>(c) Void application: Any incomplete application voided due to failure by the applicant to satisfy all requirements within one year of submission.</p> <p>(2) Board Lapsed: Action by the Board to lapse a license until certain conditions are met.</p> <p>(3) Continuing Education Earning Period: Period of time during which contact hours <u>shall</u> be accrued. Begins upon initial licensure or renewal of an individual nurse’s license during the renewal period and ends upon renewal of the individual nurse’s license during the next renewal period.</p> <p>(4) Coordinated License Information System: A licensing integrated database and process for collecting, storing, and sharing nurse licensure and enforcement information that includes all multistate licensed registered nurses and multistate licensed practical/vocational nurses. The system includes all disciplinary history of each nurse, as administered by a nonprofit organization and controlled by licensing boards.</p>	Code of Ala. 1975, §§34-21-2(j)(1), (4), (6), (13); 34-21-6; 34-21-20; 34-21-20.1; 34-21-23; 34-21-25; 34-21-40; 34-21-42; 34-21-121; 34-21-122; 34-21-125; 34-21-127	1

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## Licensure

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-4-.01	Definitions	<p>(5) Multistate License: A license to practice as a registered nurse or licensed practical nurse issued by a home state licensing board that allows a licensed nurse to practice in any state authorized to grant multistate licensure privileges under the Enhanced Nurse Licensure Compact. For purposes of these rules, the board <u>shall</u> recognize a valid multistate license as licensure to practice nursing in Alabama.</p> <p>(6) Lapsed License: Failure of licensee to renew; does not require examination for reinstatement.</p> <p>(7) Emergency: For purposes of this chapter, a declaration by the Governor of Alabama that an emergency impacting the public health, safety and welfare exists in Alabama.</p> <p>(8) Endorsement: The process of application for and method of licensure for a registered or licensed practical/ vocational nurse originally licensed as a nurse in a jurisdiction other than Alabama.</p> <p>(9) Supervision, Direct: Licensed registered nurse physically present in facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation.</p>	Code of Ala. 1975, §§34-21-2(j)(1), (4), (6), (13); 34-21-6; 34-21-20; 34-21-20.1; 34-21-23; 34-21-25; 34-21-40; 34-21-42; 34-21-121; 34-21-122; 34-21-125; 34-21-127	
610-X-4-.01	Definitions	<p>(10) Verification: The process of verifying original or current licensure in Alabama. The verification process <u>shall</u> be defined by the Board.</p> <p>(11) Primary Source Verification: Verification provided directly to the Board by the entity that is the original source of the document of educational credentials, certification, and/or licensure or an approved primary source organization recognized by the Board.</p>	Code of Ala. 1975, §§34-21-2(j)(1), (4), (6), (13); 34-21-6; 34-21-20; 34-21-20.1; 34-21-23; 34-21-25; 34-21-40; 34-	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(12) Disaster: A serious disruption, occurring over a relatively short time, of the functioning of a community or a society involving widespread human, material, economic, or environmental loss and impacts, which exceeds the ability of the affected community or society to cope using its own resources.</p> <p>(13) Public Health emergency: An emergency need for health care [medical] services to respond to a disaster or significant outbreak of an infectious disease, bioterrorist attack, or other significant or catastrophic event.</p> <p>(14) Emergency Operation Plan: A facility specific plan developed as described by the Emergency Management Standards set forth by the Joint Commission, which outlines emergency structures and processes to respond to a range of emergencies varying in scale, duration, and cause.</p> <p>(15) Home State: The party state which is the nurse’s primary state of residence.</p> <p>(16) Party State: Any state that has adopted the compact.</p> <p>(17) Remote State: A party state, other than the home state.</p> <p>(18) Rap Back: An electronic repository. A rap back system allows for state law enforcement to automatically notify the BON of subsequent arrests of licensees whose fingerprints have been retained in a criminal</p>	21-42; 34-21-121; 34-21-122; 34-21-125; 34-21-127	

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>history repository. Rap back eliminates the burden of requiring licensees to resubmit fingerprints upon renewal or reinstatement of licensure.</p> <p>(19) Multistate Licensure Privilege: A legal authorization associated with a multistate license that allows the practice of nursing as a registered nurse or Multistate licensed practical nurse in any state participating in the Enhanced Nurse Licensure Compact.</p> <p>(20) Single State license: A nurse license issued by a state participating in the Enhanced Nurse Licensure Compact that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other state.</p> <p>(21) Adverse Action: Any administrative, civil, equitable, or criminal action permitted by the law of a state which is imposed by a licensing board or other authority against a nurse, including actions against the license or multistate licensure privilege of an individual, including revocation, suspension, probation, monitoring of a licensee, limitations on the practice of the licensee, the bringing of a cease and desist action against the licensee, or any other encumbrance on licensure affecting the authorization of a nurse to practice.</p> <p>(22) Alternative Program: A nondisciplinary monitoring program approved by a licensing board. The Voluntary Disciplinary Alternative Program (VDAP) is an alternative program.</p> <p>(23) Credential Evaluation Service: an entity that assesses the educational credentials of graduates of nursing education programs</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		located outside the jurisdiction of the United States and evaluates those credentials for equivalency to educational credentials of graduates educated within the jurisdiction of the United States.		
610-X-4-.02	Qualifications of Applicants for Licensure	<p>(1) The applicant for licensure <u>shall</u>:</p> <p>(a) Be a high school graduate or the equivalent, as determined by the Board.</p> <p>(b) Be of good moral character. A criminal background check may be conducted by the Board at its discretion.</p> <p>(c) A criminal fingerprint or other biometric-based background check <u>shall</u> be conducted prior to issuance of multistate licensure or application by endorsement.</p> <p>(d) For registered nurse licensure, graduated or successfully completed all requirements for graduation from an approved registered nursing program in Alabama, or an approved registered nursing program located in another jurisdiction or territory that substantially meets the same educational criteria as Alabama programs. In the case of an applicant for licensure by endorsement, if the nursing education program did not include clinical experience sufficient to meet the same educational criteria as Alabama programs, the applicant’s continuing education and work experience in nursing may be considered, at the discretion of the Board.</p> <p>(e) For practical nurse licensure, granted or successfully completed an approved practical nursing program in Alabama, or an approved</p>	Code of Ala. 1975, §§34-21-20, 34-21-20.1; 34-21-21; 34-21-4234-21-22; 34-21-121; 34-21-122.	2



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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>practical nursing program located in another jurisdiction or territory that substantially meets the same educational criteria as Alabama programs.</p> <ol style="list-style-type: none"><li>1. In the case of an applicant for licensure by endorsement, if the nursing education program did not include clinical experience sufficient to meet the same educational criteria as Alabama programs, the applicant's continuing education and work experience in nursing may be considered, at the discretion of the Board.</li><li>2. Education training and/or service completed through the Air Force Basic Medical Technician Corpsman Program (BMTCP) - 4N051-5 Skill Level or the ARMY LPN Program 68WM6 is acceptable as completion of an approved nursing program and meets the licensed practical nursing education requirement.</li><li>3. Students in prelicensure Registered Nurse programs who have successfully completed all didactic coursework, skills, and clinical learning experiences necessary to fulfill the requirements of a Practical Nursing program may be eligible to apply for the NCLEX-PN for licensure as a practical nurse by education equivalency, at the discretion of the Board.<ol style="list-style-type: none"><li>(i) Following a review of the applicant's transcript to verify completion of all required clinical learning experiences, skills, and theory, the Board may authorize the applicant to sit for the NCLEX-PN exam, at its discretion, provided that the student <u>must</u> successfully complete an ABN- approved course on LPN scope of practice prior to receiving approval to sitting for the NCLEX-PN.</li></ol></li></ol>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-4-.02	Qualifications of Applicants for Licensure	(2) An applicant <u>shall</u> provide a valid social security number prior to the Board issuing a license.	Code of Ala. 1975, §§34-21-122(c)(11); 30-3-194	0
610-X-4-.02	Qualifications of Applicants for Licensure	(3) Be a citizen or legal resident of the United States. Individuals who are not legally present in the United States are not eligible for licensure.	Code of Ala. 1975, §§34-21-21(a); 34-21-22(a)	0
610-X-4-.02	Qualifications of Applicants for Licensure	(4) In the event that a nurse holding an Alabama single state license elects to apply for an Alabama multistate license, the licensee <u>shall</u> provide evidence of having earned sufficient continuing education credit. The continuing education credit requirement <u>shall</u> be prorated.	Code of Ala. 1975, §§34-21-2(j)(23); 34-21-21(e); 34-21-42	1
610-X-4-.02	Qualifications of Applicants for Licensure	(5) In the case of applicants for initial multistate licensure or initial licensure by endorsement, submit fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the Alabama Law Enforcement Agency or its successor entity. The application <u>must</u> be on file with the board prior to submission of fingerprints or other biometric data.	Code of Ala. 1975, §§34-21-20.1; 34-21-122	0
610-X-4-.02	Qualifications of Applicants for Licensure	(6) In addition to all other requirements for licensure as a registered nurse or licensed practical nurse, an applicant for a multistate license <u>shall</u> satisfy the following requirements:  (a) If a graduate of a foreign prelicensure education program not taught in English or if English is not the native language of the applicant, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening.	Code of Ala. 1975, §§34-21-122(c)	0

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		<p>(b) Is eligible for or holds an active, unencumbered license.</p> <p>(c) Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law.</p> <p>(d) Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis.</p> <p>(e) Is not currently enrolled in an alternative program.</p> <p>(f) Is subject to self-disclosure requirements regarding current participation in an alternative program.</p> <p>(g) Has a valid United States Social Security number.</p> <p>(7) An applicant who is ineligible for or is denied a multistate license may be eligible for single state licensure, at the discretion of the Board.</p>		
610-X-4-.03	Licensure by Examination	(1) The Board <u>shall</u> determine the official examination for licensure.	Code of Ala. 1975, §§34-21-20, 34-21-21, 34-21-22, 34-21-122	0
		(2) Each individual seeking entry into practice as a licensed nurse in Alabama <u>shall</u> give official evidence of having met a passing standard on the Board-designated official licensing examination.	Code of Ala. 1975, §§34-21-21(b)(1), 34-21-22(b)(1)	0

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			34-21-122(c)(4)	
610-X-4-.03	Licensure by Examination	(3) Applicants for Alabama multistate licensure <u>shall</u> declare Alabama the home state of residence. Each such applicant <u>must</u> provide evidence of residence in Alabama.	Code of Ala. 1975, §34-21-122(a) and (c); Interstate Commission of Nurse Licensure Compact Administrators Rule 402	1
610-X-4-.03	Licensure by Examination	(4) Examination performance for each applicant <u>shall</u> be measured as provided by the Board-approved testing service. In the event that examination data are lost or destroyed through circumstances beyond the control of the Board, the applicant <u>shall</u> be required to retake the examination in order to meet requirements for licensure.	Code of Ala. 1975, §§34-21-21(b)(1), 34-21-22(b)(1) 34-21-122(c)(4)	0
610-X-4-.03	Licensure by Examination	(5) A Pass-Fail designation <u>shall</u> be recorded as the official result. An applicant who fails the licensing examination <u>shall not</u> be licensed and is not authorized to practice nursing in Alabama.	Code of Ala. 1975, §§34-21-21(b)(1), 34-21-22(b)(1) 34-21-122(c)(4)	0
610-X-4-.03	Licensure by Examination	(6) Official results <u>shall</u> be released by the Board to the applicant and the program from which the applicant graduated. Results may be released electronically or by mail at the Board’s discretion. The Board <u>shall not</u> otherwise release individual examination results without written authorization from the applicant or licensee.	Code of Ala. 1975, §34-21-2(j)(1)	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-4-.03	Licensure by Examination	(7) An applicant who fails the licensing examination in another jurisdiction or territory <u>shall not</u> be eligible for licensure by examination in Alabama until eligibility has been established by the original jurisdiction or territory.	Code of Ala. 1975, §§34-21-2(j)(1)	1
610-X-4-.04	Application Process for Licensure by Examination	(1) The applicant <u>shall</u> submit to the Board an electronic completed application and the required fee(s).	Code of Ala. 1975, §§34-21-21, 34-21-22, 34-21-24	0
610-X-4-.04	Application Process for Licensure by Examination	(2) The applicant for multistate licensure <u>shall</u> provide evidence of legal residence in Alabama. This evidence may include, but is not limited to, a current: <ul style="list-style-type: none"> <li>(a) driver’s license with a home address;</li> <li>(b) voter registration card with a home address;</li> <li>(c) federal income tax return with a primary state of residence declaration;</li> <li>(d) military form no. 2058 (state of legal residence certificate); or</li> <li>(e) W2 form from the United States government or any bureau, division, or agency thereof, indicating residence.</li> </ul>	Code of Ala. 1975, §§34-21-122(a) and (c), 34-21-123(c) Interstate Commission of Nurse Licensure Compact Administrators Rule 402	1
610-X-4-.04	Application Process for Licensure by Examination	(3) A primary source official school transcript <u>shall</u> be submitted to the Board and <u>shall</u> indicate the date of completion of the program and/or date degree/certificate was conferred.	Code of Ala. 1975, §§34-21-2(j)(1) 34-21-21(a) 34-21-22(a)	0

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610-X-4-.04	Application Process for Licensure by Examination	(4) Multistate applicants <u>shall</u> be referred to a local approved agency where fingerprint or other biometric-based information is collected for state and federal criminal background checks. The state and federal results are transmitted to the Board. The Board will participate in the Federal Bureau of Investigation Rap Back system, or an entity performing a similar function, if available.	Code of Ala. 1975, §34-21-20.1	0
610-X-4-.04	Application Process for Licensure by Examination	(5) The Board <u>shall</u> determine the applicant’s eligibility to take the licensing examination.	Code of Ala. 1975, §§34-21-2(j)(1) and (6), 34-21-21(b)(1); 34-21-22(b)(1)	0
610-X-4-.04	Application Process for Licensure by Examination	(6) If the applicant for licensure by examination is issued a license during the renewal period for that license type, the license <u>shall</u> expire at the end of the next license period.	Code of Ala. 1975, §§34-21-2(j)(1) and (6), 34-21-23(a) and (b)	1
610-X-4-.04	Application Process for Licensure by Examination	(7) A first-time applicant for licensure by examination may request a nonrenewable temporary permit to practice nursing.  (a) The temporary permit is valid for a period of time determined by the Board.  (b) The temporary permit allows the applicant for licensure by examination to practice and use the title Nursing Graduate-PN Program (NG-PNP) or Nursing Graduate-RN Program (NG-RNP), as appropriate, subject to the following stipulations.  1. The Nursing Graduate <u>must</u> function under direct supervision of a currently licensed registered nurse.	Code of Ala. 1975, §§34-21-2(j)(1) and (6); 34-21-21(b)(3); 34-21-22(b)(3)	6

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>2. The Nursing Graduate <u>shall not</u> assume nor be assigned charge responsibilities.</p> <p>3. Nursing Graduates holding temporary permits <u>shall</u> practice only in Alabama.</p> <p>4. A temporary permit issued by a party state other than Alabama <u>does not</u> grant the holder a multistate licensure privilege.</p> <p>(c) A temporary permit issued by the Board to an applicant for licensure by examination <u>shall</u> immediately become null and void if one of the following conditions is met:</p> <ol style="list-style-type: none"> <li>1. The applicant fails the licensing examination.</li> <li>2. The expiration date on the permit is reached.</li> <li>3. A license is issued.</li> <li>4. The applicant is denied licensure.</li> </ol> <p>(d) The applicant who receives a temporary permit is <u>required</u> to:</p> <ol style="list-style-type: none"> <li>1. Provide every employer evidence of the temporary permit for visual inspection.</li> </ol>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>2. Provide to an employer validation of a current license upon receipt of the official license notice.</p> <p>3. Inform the employer of denial of licensure.</p> <p>4. Immediately inform the employer of failure of the licensing examination.</p> <p>(e) The Board <u>shall</u> issue notice of denial of licensure. Receipt of notice is presumed within five calendar days of mailing.</p> <p>(f) An applicant who is ineligible for or is denied a multistate license may be eligible for single state licensure, at the discretion of the Board.</p>		
610-X-4-.05	Applicant Request for Special Accommodation(s)	(1) An applicant for licensure by examination who is otherwise qualified <u>shall not</u> be deprived of the opportunity to take the examination solely by reason of disability.	Code of Ala. 1975, §34-21-2(j)(6); Title II of the Americans with Disabilities Act	0
610-X-4-.05	Applicant Request for Special Accommodation(s)	<p>(2) Written requests for modification of the procedures for administering the examination <u>shall</u> be submitted to the Board at the time of application for licensure. The written request <u>shall</u> include:</p> <p>(a) An evaluation of the disability by the applicant's licensed physician or licensed psychologist, including the DSM IV diagnosis if appropriate.</p>	Code of Ala. 1975, §34-21-2(j)(6); Title II of the Americans with Disabilities Act	1



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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(b) A statement from the director of the nursing education program addressing any accommodations made during the nursing education program.		
		(c) The specific accommodation being requested.		
610-X-4-.06	Graduates of Foreign Nursing Schools	<p>The applicant educated in a nursing education program outside of the jurisdiction of the United States <u>shall</u>:</p> <p>(1) Submit a completed electronic application and required fee(s).</p> <p>(2) Be <u>required</u> to pass the same licensure examination as applicants for licensure by examination in Alabama, unless the applicant has been licensed in another state by examination.</p> <p>(3) Be a graduate of a nursing education program approved by the proper authorities in the country where the program is located.</p> <p>(4) Correct any educational deficiencies by taking additional courses, as directed by the Board.</p> <p>(5) Have completed secondary school or its equivalent.</p> <p>(6) Provide a certified course-by-course report from a credential evaluation service acceptable to the Board, verifying that the applicant:</p> <p>(a) Has earned educational credentials equivalent to graduation from a governmentally accredited/approved, post-secondary general nursing program.</p>	Code of Ala. 1975, §§34-21-21(b), 34-21-22(b), 34-21-2(j)(1) and (6), 34-21-122(c)(2), (3) and (4).	2

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		<p>(b) Received both theory and clinical education in each of the following: nursing care of the adult which includes both medical and surgical nursing, maternal/infant nursing, nursing care of children, and psychiatric/mental health nursing.</p> <p>(7) In the case of an applicant for licensure by examination, the applicant <u>must</u> provide certification that the applicant has achieved an approved score on an English proficiency test acceptable to the Board, unless a substantial portion of the applicant’s nursing program of study, as determined by the Board, was conducted in English. At-home or online testing is not sufficient to satisfy this requirement.</p>		
610-X-4-.07	Licensure by Endorsement	<p>(1) The applicant for licensure by endorsement <u>shall</u>:</p> <p>(a) Have been duly licensed as a registered nurse or licensed practical/vocational nurse under the laws of another state or territory and <u>shall</u> meet the requirements for the licensure examination.</p> <ol style="list-style-type: none"> <li>1. The Board may deny consideration of an applicant who has a revoked license in another jurisdiction.</li> <li>2. The Board may deny consideration of an applicant who has a suspended license in another jurisdiction.</li> </ol>	Code of Ala. 1975, §§34-21-20.1, 34-21-21, 34-21-22, 34-21-25, 34-21-122, 34-21-123	2

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(b) Provide for official verification of licensure from original state of licensure or from a board recognized primary source.</p> <p>(c) Submit primary source evidence of completion of a nursing education program that included theoretical and clinical experience appropriate to the type of program. If the nursing education program did not include clinical experience, the applicant’s continuing education and work experience in nursing may be considered at the discretion of the Board.</p> <p>(d) Submit evidence of completion of twenty-four contact hours of approved continuing education. The Board <u>shall not</u> consider continuing education credits that were earned more than twenty-four months prior to application. Contact hours earned for initial licensure by endorsement <u>may not</u> be used toward the continuing education requirement for the next license renewal period.</p> <p>(e) Submit a complete electronic application and required fees.</p> <p>(f) Initial applicants for licensure by endorsement <u>shall</u> be referred to a local approved agency where fingerprint or other biometric-based information is collected for state and federal criminal background checks. The state and federal results are transmitted to the Board. The Board will participant in the Federal Bureau of Investigation Rap Back system, or an entity performing a similar function if available.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-4-.07	Licensure by Endorsement	<p>(2) The first-time applicant for single state licensure by endorsement may request a nonrenewable temporary permit to practice nursing. Temporary permits <u>shall</u> be valid in Alabama only.</p> <p>(a) If the applicant has an active license issued by another state or territory, a notarized copy of the license or of primary source verification of the license is acceptable as initial proof of licensure to obtain a temporary permit.</p> <p>(b) If the applicant was previously duly licensed by another state or a territory but at the time of application for licensure by endorsement into Alabama has a lapsed license, a temporary permit <u>may not</u> be issued.</p>		0
610-X-4-.07	Licensure by Endorsement	<p>(3) A licensed nurse licensed by endorsement during the continuing education earning period <u>shall</u>:</p> <p>(a) Accrue for the first license renewal one contact hour for each calendar month remaining in the license period.</p> <p>(b) Meet requirements for continuing education in accordance with other stipulations for license renewal set forth in these rules.</p>	Code of Ala. 1975, §§34-21-2(j)(23), 34-21-23(f)	1
610-X-4-.07	Licensure by Endorsement	<p>(4) If the applicant for licensure by endorsement is issued a license during the renewal period for that license type, the license <u>shall</u> expire at the end of the next license period.</p>	Code of Ala. 1975, §34-21-23	0
610-X-4-.07	Licensure by Endorsement	<p>(5) The applicant for multistate licensure <u>shall</u> provide evidence of legal residence in Alabama. This evidence may include, but is not limited to, a current:</p> <p>(a) driver's license with a home address;</p>	Code of Ala. 1975, §§34-21-122(a) and (c), 34-21-123(c)	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(b) voter registration card with a home address;</p> <p>(c) federal income tax return with a primary state of residence declaration;</p> <p>(d) military form no. 2058 (state of legal residence certificate); or</p> <p>(e) W2 form from the United States government or any bureau, division, or agency thereof, indicating residence.</p> <p>(6) A multistate licensed nurse who is changing primary state of residence to Alabama may continue to practice under the former home state's multistate license until he or she is issued an Alabama single state or multistate license.</p>	Interstate Commission of Nurse Licensure Compact Administrators Rule 402	
610-X-4-.08	Renewal of License	<p>(1) License Periods:</p> <p>(a) The Alabama single state registered nurse license <u>shall</u> be valid for two years beginning January 1 of each odd-numbered year and expiring December 31 of each even-numbered year.</p> <p>(b) The Alabama multistate registered nurse license <u>shall</u> be valid for two years beginning January 1 of each even-numbered year and expiring December 31 of each odd-numbered year.</p> <p>(c) All practical nurse licenses <u>shall</u> be valid for two years beginning January 1 of each even-numbered year and expiring December 31 of each odd-numbered year.</p>	Code of Ala. 1975, §34-21-23	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-4-.08	Renewal of License	(2) Continuing Education Earning Period: Period of time during which contact hours <u>shall</u> be accrued. Begins upon initial licensure or renewal of an individual nurse’s license during the renewal period and ends upon renewal of the individual nurse’s license during the next renewal period.	Code of Ala. 1975, §34-21-23	1
610-X-4-.08	Renewal of License	<p>(3) Renewal of License</p> <p>(a) Beginning in 2022, the renewal period <u>shall</u> be from 8:00 a.m. on September 1 to 4:30 p.m. on December 31 of the year the license expires.</p> <p>(b) Renewal notices may be transmitted electronically.</p> <p>(c) To be eligible for renewal, the applicant <u>shall</u>:</p> <ol style="list-style-type: none"> <li>1. Hold a valid, active Alabama license.</li> <li>2. Submit a completed electronic renewal application and required fee(s).</li> <li>3. Meet continuing education requirements.</li> </ol> <p>(i) A licensed nurse <u>shall</u>, for the first license renewal, earn four contact hours of Board-provided continuing education related to statutory and administrative frameworks for nursing regulation, scope of practice, and standards of practice and one contact hour for each calendar month remaining in the earning period up to a maximum of 24 contact hours including the four hours of Board-provided continuing education referenced in the section.</p>	Code of Ala. 1975, §§34-21-2(j)(1); 34-21-23	3

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(ii) A licensed nurse <u>shall</u> earn in each earning period not less than 24 contact hours of Board-approved or Board-recognized continuing education as a condition for renewal of license for the subsequent license period.</p> <p>(iii) Failure to meet the continuing education requirement <u>shall</u> be cause for the license to lapse.</p>		
610-X-4-.08	Renewal of License	(4) An active license is <u>required</u> to practice nursing. The licensee <u>shall</u> have evidence of the active license available for employer inspection by January 1 of the new license period.	Code of Ala. 1975, §§34-21-20, §34-21-23	0
610-X-4-.08	Renewal of License	(5) Failure to receive the renewal application or notice <u>shall not</u> relieve the licensee of the responsibility of renewing the license by the expiration date.	Code of Ala. 1975, §§34-21-2(j)(1) and (6), 34-21-23	0
610-X-4-.08	Renewal of License	(6) Any license not renewed as of December 31 of the renewal period <u>shall</u> lapse. Any individual who practices with a lapsed license <u>shall</u> be subject to penalties established under 610-X-8.	Code of Ala. 1975, §34-21-23	0
610-X-4-.08	Renewal of License	(7) Advanced practice nurses holding Alabama RN licenses <u>shall</u> renew approval to practice at the time of license renewal. Advanced practice nurses holding multistate RN licenses issued by party states <u>shall</u> renew approval to practice between September 1 and December 31 of odd-numbered years. Failure to meet the requirements of Chapter 610-X-5 or Chapter 610-X-9, as applicable, <u>shall</u> result in lapse of the advanced practice approval. The advanced practice approval <u>shall</u> expire prior to the RN license if the advanced practice nurse's national certification expires during the license period.	Code of Ala. 1975, §§34-21-23(f); 34-21-84	4

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(a) Alabama-licensed Certified Registered Nurse Practitioners (CRNP) and Certified Nurse Midwives (CNM) with prescriptive authority <u>shall</u> earn, as part of the required twenty-four (24) Board-approved or Board-recognized continuing education contact hours for license renewal, six contact hours of pharmacology content specific to prescriptive practice in the approved area for collaborative practice. Graduate pharmacology academic credit earned during the nurse practitioner or nurse midwife educational program prior to initial approval as a CRNP or CNM does not qualify as pharmacology continuing education for renewal of approval as a CRNP or CNM.</p> <p>(b) Alabama-licensed Certified Registered Nurse Anesthetists (CRNA) <u>shall</u> earn, as part of the required twenty-four (24) Board-approved or Board-recognized continuing education contact hours for license renewal, six contact hours of pharmacology. Graduate pharmacology academic credit earned during the nurse anesthetist educational program prior to initial approval as a CRNA does not qualify as pharmacology continuing education for renewal of approval as a CRNA.</p> <p>(c) Alabama-licensed Clinical Nurse Specialists (CNSs) <u>shall</u> earn, as part of the required twenty-four (24) Board-approved or Board-recognized continuing education contact hours for license renewal, six contact hours of pharmacology. Graduate pharmacology academic credit earned during the clinical nurse specialist program prior to initial approval as a CNS does not qualify as pharmacology continuing education for renewal of approval as a CNS.</p>		



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		<p>(d) If one year or less remains in the license period at the time of initial approval, continuing education contact hours specific to pharmacology are not required for the first advanced practice renewal.</p> <p>(e) If the applicant for advanced practice approval holding an Alabama single state RN license is granted approval during the renewal period for single state licensed registered nurses, the approval will expire at the end of the next even-numbered year license period or the national certification period, whichever comes first.</p> <p>(f) If the applicant for advanced practice approval holding a multistate registered nurse license is granted approval during the renewal period for multistate licensed registered nurses, the approval will expire at the end of the next odd-numbered year license period or the national certification period, whichever comes first.</p>		
610-X-4-.08	Renewal of License	(8) No later than June 30, 2020, Alabama-approved advanced practice nurses holding multistate licenses issued by party states other than Alabama <u>shall</u> notify the Board of their home state licensure status. Such nurses <u>shall not</u> be required to renew advanced practice approval in 2020; advanced practice approval <u>must</u> be renewed between September 1 and December 31 of every odd-numbered year thereafter.	Code of Ala. 1975, §§34-21-123(b); 34-21-84(a)	0
610-X-4-.08	Renewal of License	(9) If an advanced practice nurse holding a multistate registered nurse license issued by a party state other than Alabama fails to maintain RN licensure in his or her home state, the advanced practice approval <u>shall</u> immediately lapse.	Code of Ala. 1975, §34-21-84(a)	0
610-X-4-.08	Renewal of License	(10) Beginning January 1, 2020, and ending July 1, 2020, any eligible licensed practical nurse holding an Alabama single state license may elect to pay a one-time fee to convert the single state license to a	Code of Ala. 1975, §§34-21-21(e), 34-21-122	0

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		<p>multistate license. Following conversion, the multistate license <u>shall</u> be subject to all conditions of multistate licensure. Conversion from single state to multistate licensure <u>shall not</u> occur after July 1, 2020.</p> <p>(11) A licensed nurse may apply to convert his or her single state license to a multistate license during the single state license renewal period; however, the conversion application is not complete until all elements of the application are received by the Board, including, but not limited to, the criminal history record information report and required continuing education. If the application for conversion to a multistate license filed during the single state license renewal period is not complete prior to the end of the single state license renewal period, but the nurse’s application otherwise satisfies all requirements for renewal of the nurse’s single state license, the single state license may be renewed, at the discretion of the Board, pending completion of the conversion process.</p>		
610-X-4-.09	Special Provisions for Actively Deployed Licensed Nurses	<p>(1) When a licensed nurse who is actively serving in the military is deployed during the biennial renewal period, the license <u>shall</u> not lapse, provided that the following conditions are met:</p> <p>(a) The license was active at the time of deployment.</p> <p>(b) The licensee provides the Board a copy of the military activation or deployment orders, or other proof of active military service, in advance of deployment.</p> <p>(c) The licensee renews the license within sixty (60) days of return from deployment.</p>	Code of Ala. 1975, §31-12A-4	1

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610-X-4-.09	Special Provisions for Actively Deployed Licensed Nurses	<p>(2) In the event that a licensed nurse fails to notify the Board prior to deployment, the license <u>shall</u> lapse, if not renewed. However, the license may be reinstated or renewed without penalty or payment of the reinstatement or late renewal fee(s) under the following conditions:</p> <p>(a) The license was active at the time of deployment.</p> <p>(b) The application for reinstatement or renewal is made while still in the armed services or no later than six months after discharge from active service or return to inactive military status.</p> <p>(c) A copy of the military activation orders or other proof of active military service accompanies the application.</p> <p>(d) The renewal fee is paid.</p> <p>(e) If the required continuing education contact hours were not earned for renewal during the earning period, the licensed nurse <u>shall</u> be required to complete the required continuing education hours needed for renewal no later than six months after discharge from active service, return to inactive military status, or return from deployment.</p>	Code of Ala. 1975, §31-12A-4	2
610-X-4-.09	Special Provisions for Actively Deployed Licensed Nurses	<p>(3) The continuing education contact hours used for renewal <u>may not</u> be used for the next license renewal.</p>	Code of Ala. 1975, §§34-21-2(j)(1) and 34-21-23.	1
610-X-4-.09	Special Provisions for Actively Deployed Licensed Nurses	<p>(4) The continuing education contact hours for the next license renewal <u>may not</u> be prorated.</p>	Code of Ala. 1975, §§34-21-	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-4-.10	Reinstatement of a Lapsed License	<p>A lapsed license may be reinstated upon submission of an electronic completed application and compliance with the following:</p> <p>(1) Payment of current renewal and reinstatement fees, outstanding fees, and fines.</p> <p>(2) Evidence of completion of twenty-four contact hours of approved continuing education within the twenty-four months preceding application.</p> <p>(a) Contact hours earned for reinstatement of a lapsed license <u>may not</u> be used toward the continuing education requirement for the next license renewal.</p> <p>(b) A licensed nurse whose license is reinstated <u>shall</u> accrue for license renewal one contact hour for each calendar month remaining in the license period.</p> <p>(c) If the reinstatement of a lapsed license occurs during the renewal period for that license type, the expiration of the license <u>shall</u> be the end of the next license period.</p>	<p>2(j)(1) and 34-21-23.</p> <p>Code of Ala. 1975, §34-21-23(c)</p>	1
610-X-4-.11	Notice Requirements	<p>(1) The applicant, or licensed nurse <u>shall</u> notify the Board in writing of any requested name change. Appropriate legal documents <u>shall</u> be submitted prior to changing the name of the licensee on the license. The legal documents required for a name change are one of the following:</p>	<p>Code of Ala. 1975, §34-21-2(j)(1) and (6)</p>	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<ul style="list-style-type: none"> <li>(a) Marriage certificate.</li> <li>(b) Divorce decree substantiating the name change</li> <li>(c) Probate court records effecting a legal name change.</li> </ul>		
610-X-4-.11	Notice Requirements	(2) The applicant or licensed nurse <u>shall</u> notify the Board office in writing of any change in the reported address. The address of record is the last known address provided by the applicant or licensed nurse.	Code of Ala. 1975, §34-21-2(j)(1) and (6)	1
610-X-4-.11	Notice Requirements	(3) The Board’s notice to the licensed nurse of selection for audit of continuing education records is presumed received within five (5) days of mailing or electronic transmission to the address of record.	Code of Ala. 1975, §34-21-2(j)(1), 34-21-23(f)	0
610-X-4-.11	Notice Requirements	<p>(4) Advanced practice nurses, as defined by statute and regulation, <u>shall</u> submit to the Board, immediately upon receipt:</p> <ul style="list-style-type: none"> <li>(a) Evidence of authorization to test for the initial certification examination if requesting provisional approval for advanced practice nursing.</li> <li>(b) Evidence of current national certification by a Board-recognized national certifying body:                             <ul style="list-style-type: none"> <li>1. Upon successful completion of the initial certification examination.</li> <li>2. Upon recertification by a Board-recognized national certifying body.</li> </ul> </li> </ul>	Code of Ala. 1975, §34-21-84	1

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		(c) Notice of termination of an approved collaborative practice, if applicable.		
610-X-4-.11	Notice Requirements	(5) Current national certification by a Board-recognized certifying body is a prerequisite for approval to practice as a certified registered nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist. Failure to provide evidence by primary source verification of current national certification prior to the expiration of existing certification on file with the Board <u>shall</u> result in lapse of approval to practice as an advanced practice nurse and may result in disciplinary action pursuant to Chapter 610-X-8.	Code of Ala. 1975, §34-21-84	0
610-X-4-.11	Notice Requirements	(6) The Board's notice to the advanced practice nurse of approval to practice may be:  (a) A letter or other document granting provisional, temporary, or interim approval.  (b) A letter or other document granting full approval.	Code of Ala. 1975, §34-21-2(j)(1) and 34-21-84	0
610-X-4-.11	Notice Requirements	(7) Practicing as an advanced practice nurse subsequent to the expiration date of the advanced practice approval <u>shall</u> result in disciplinary action pursuant to Chapter 610-X-8. Failure to submit evidence to the Board of meeting the requirements of Chapter 610-X-5 or Chapter 610-X-9, as applicable, <u>shall</u> result in lapse of the advance practice approval.	Code of Ala. 1975, §§34-21-2(j)(1), 34-21-84, 34-21-88	0
610-X-4-.11	Notice Requirements	(8) Any nurse holding a multistate license issued by another state who becomes a resident of Alabama <u>shall</u> be required to notify the board of the change in state of primary residence and file an application for licensure by endorsement in Alabama, within thirty (30) days of the change having occurred.	Code of Ala. 1975, 34-21-123(c).	1

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610-X-4-.11	Notice Requirements	(9) Any nurse holding advanced practice approval in Alabama who holds a multistate license issued by another state <u>shall</u> notify the board of a change in state of primary residence, within thirty (30) days of the change having occurred.	Code of Ala. 1975, §34-21-123(c).	1
610-X-4-.12	Lost Continuing Education Card	The licensee <u>shall</u> promptly report, in writing, the loss of a continuing education card to the Board. A duplicate continuing education card requires an electronic completed application and appropriate fee(s).	Code of Ala. 1975, §34-21-23 (f) and 34-21-42	1
610-X-4-.13	Verification of Alabama Licensure	(1) The Board obtains primary source verification directly from educational programs or an organization recognized by the United States Department of Education prior to issuing a license.  (2) Upon receipt of an electronic written request and payment of the required fee, the Board’s designee <u>shall</u> provide written verification of Alabama licensure.  (3) The Board provides primary source verification to employers of nurses through an online subscription service and through license look-up services. Organizations that do not employ licensed nurses but subscribe to the online verification service are not designated primary source agents of the Board for verification purposes.	Code of Ala. 1975, §§34-21-2(j)(1), (6), (13), 34-21-24, 34-21-125	1
610-X-4-.13	Verification of Alabama Licensure	(4) Upon request and payment of appropriate fees by a nurse holding a multistate license issued by the board, the board <u>shall</u> provide a verification report including all data regarding the nurse maintained by the coordinated licensure information system, unless:  (a) Such information is not otherwise available to the board, or	Code of Ala. 1975, §34-21-125	1

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		<p>(b) The information is not available to the nurse under the laws of the state contributing the information to the coordinated licensure information system; or</p> <p>(c) The information has been designated as available only to other boards of nursing by the state contributing the information to the coordinated licensure information system.</p>		
610-X-4-.14	Fees	<p>(1) Fees and fines <u>are</u> non-refundable.</p> <p>(2) Fees <u>are</u> valid for 12 months from date of receipt.</p> <p>(3) Fees and fines may be paid by electronic means using a credit or debit card, if available. Other means of payment may be cashier's check, business check, money order, or certified check. The board may, at its discretion and subject to established guidelines, require that a single fee be paid by a combination of both electronic and other means.</p>	Code of Ala. 1975, §§34-21-2(j)(22), 34-21-24	2
610-X-4-.14	Fees	<p>(4) Personal checks <u>are only</u> acceptable when the individual applicant or licensed nurse's name is imprinted on the check. Personal checks that are not acceptable forms of payment are:</p> <p>(a) Counter checks.</p> <p>(b) Third-party checks.</p> <p>(c) On out-of-state banks.</p> <p>(d) Fees for license verification and Voluntary Disciplinary Alternative Program (VDAP).</p> <p>(e) Fines.</p> <p>(5) Payment, regardless of method, that is not honored by the financial institution may result in disciplinary action and reporting to the appropriate authorities for prosecution.</p> <p>(6) At its discretion, the Board may require that a fee or fine be paid using certified funds.</p>	Code of Ala. 1975, §34-21-8	1



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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(7) The statutory bad check charge applies to any personal check returned by the financial institution for insufficient funds.		
610-X-4-.14	Fees	(8) The Board <u>shall</u> set fees and charges annually. At each September meeting of the Board, the previous schedule of fees and charges <u>shall</u> be automatically readopted unless the Board proposes a revised schedule.	Code of Ala. 1975, §§34-21-2(j)(22), 34-21-24	0
610-X-4-.14	Fees	(9) The following schedule of fees and charges <u>apply</u> : Single State Licensure by Examination or Endorsement: \$ 100.00 Multistate Licensure by Examination or Endorsement: \$ 200.00 Temporary Permit: 50.00 Disaster Temporary Permit: 25.00 Biennial Renewal of Single State RN or LPN license: 100.00 Biennial Renewal of Multistate RN or LPN license: 200.00 Initial Approval for Advanced Practice: 175.00 Certificate of Qualification (Eligible for Collaborative Practice): 100.00 Add Collaborative Practice: 75.00 Biennial Approval of Advanced Practice: 75.00 Student Nurse Apprentice Permit 50.00 New Nursing Education Program Fee: 1,500.00 Initial and Renewal, Continuing Education Provider: 400.00 Reinstatement of Lapsed Single State License: 250.00 Reinstatement of Lapsed Multistate License: 350.00 Reinstatement of Lapsed Advanced Practice Approval: 75.00 Reinstatement of Lapsed Advanced Practice Approval (Non Alabama MSL RN): 150.00 Reinstatement of Lapsed Continuing Education Provider: 500.00 Reinstatement of Suspended License: 250.00 Reinstatement of Revoked License: 750.00	Code of Ala. 1975, §§34-21-2(j)(22), 34-21-24	1

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		<p>Late Continuing Education Audit Fee 1st Time: 150.00 2nd Time: 300.00                      Three or more times: 600.00                      Coordinated Licensing Information System Report: 50.00                      Voluntary Disciplinary Alternative Program: up to \$1,000.00                      Duplicate continuing education card: 25.00                      Non-Nurses Verification of License: 50.00                      Public Records Requests:                          Document retrieval and preparation:                          \$5.00 for the first hour or any portion thereof                          \$20.00 per each additional hour or any portion thereof                          per page fees: \$0.50 per page for copies produced on standard 8.5 X 11 paper                          Actual costs: Any costs incurred while processing or responding to a request, including but not limited to hardware necessary for producing electronic records, specialty paper, and costs incurred to search electronic databases.                      Resend Mail Fee: 25.00                      Group Online License Verification Service (annual fee):                          Level I: 100.00                          Level II: 750.00                          Level III: 1,500.00                          Level IV: 2000.00                      Processing Subpoena: 10.00                      Miscellaneous: up to \$100.00                      Consultation (per day): up to \$500.00                      Statutory Bad Check Charge: Maximum allowed by law                      Reactivation of retired single rate license within two years of retired status: 600.00</p>		

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		<p>Reactivation of retired multistate license within two years of retired status: 700.00</p> <p>Reactivation of retired single rate license following two years of retired status: 250.00</p> <p>Reactivation of retired multistate license following two years of retired status: 350.00</p> <p>Registration for continuing education courses provided by the Board: Up to \$100.00</p>		
610-X-4-.15	Annual Report of Employing Agencies	(1) No later than January 31 of each year, each employing agency's director of nursing or other appropriate authority <u>shall</u> submit an annual report that includes all persons employed as licensed nurses, including, but not limited to, personnel practicing nursing in Alabama under a multistate license, a single state license, or multistate licensure privilege, according to guidelines provided by the Board. Subscription to the Board's group online license service <u>shall</u> serve as the annual report of employing agencies.	Code of Ala. 1975, §34-21-2(j)(6)	0
610-X-4-.15	Annual Report of Employing Agencies	(2) Healthcare organizations that employ multistate licensees <u>shall</u> verify licensure through the Coordinated License Information system. The Board <u>shall</u> provide access to the Coordinated License Information System through its website.	Code of Ala. 1975, §§34-21-2(j)(6), 34-21-125	0
610-X-4-.16	Special Circumstances	(1) In the event the Governor proclaims a state of emergency impacting any part of Alabama, Code of Ala. 1975 Section 34-21-6 applies for the first thirty (30) days. An individual licensed to practice as a registered nurse or licensed practical nurse in another state may provide emergency assistance in Alabama for up to thirty (30) days subject to verification of licensure in the state where licensed, provided that the nurse has successfully passed the board selected nurse licensure examination required for licensure in Alabama. Any organization or	Code of Ala. 1975, §34-21-6	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		individual who provides employment or volunteer opportunities for the licensed nurse providing nursing services is responsible to ensure the validity of the nursing license.		
610-X-4-.16	Special Circumstances	(2) Should an emergency continue past thirty days, a temporary permit to practice as a registered nurse or licensed practical nurse in Alabama for ninety (90) days is <u>required</u> . An application for an emergency temporary permit to practice as a registered nurse or licensed practical nurse is required to be submitted to the Board electronically. Applicants for temporary permits are required to demonstrate that they have successfully completed the board selected nurse licensure examination required for licensure in Alabama.	Code of Ala. 1975, §§34-21-21(b)(3), 34-21-22(b)(3)	1
610-X-4-.16	Special Circumstances	(3) In the event of a state or nationally declared emergency in a jurisdiction outside Alabama, any individual licensed in the jurisdiction where the emergency occurred may apply electronically for a Disaster Temporary Permit to practice as a registered nurse or licensed practical nurse in Alabama in the manner prescribed by the Board. The Disaster Temporary Permit <u>shall</u> be valid for not more than ninety (90) days. Applicants for disaster temporary permits are <u>required</u> to demonstrate	Code of Ala. 1975, §§34-21-21(b)(3), 34-21-22(b)(3)	1
610-X-4-.16	Special Circumstances	(4) Any individual licensed to practice as a registered nurse or licensed practical nurse in another state is <u>required</u> to have an Alabama license if educational or consultative services extend beyond 30 calendar days in one year, unless the individual holds a valid multistate license issued by a party state other than Alabama.  (a) Providing nursing care at a camp in Alabama for longer than seven (7) days within a calendar year <u>requires</u> a license to practice nursing in Alabama.	Code of Ala. 1975, §§34-21-20, 34-21-6	3

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(b) Providing nursing care to and accompanying students from another state to Alabama for longer than seven (7) days within a calendar year <u>requires</u> a license to practice nursing in Alabama, unless the individual holds a valid multistate license issued by a party state other than Alabama.</p> <p>(c) Providing preparational services for an out of state organ transplant team is considered consultative services for the purposes of this rule.</p> <p>(d) Gratuitous Vaccine Administration with a Retired, Inactive, or Lapsed License</p> <p>1. Any individual holding an Alabama nursing license in a “retired,” “inactive” or “lapsed” status may administer vaccines in Alabama without compensation during a declared state or national pandemic, provided that the license is otherwise in good standing, has not been revoked or voluntarily surrendered, and was not encumbered at the time the license became retired, inactive or lapsed. A nurse so qualified is authorized to administer vaccines necessitated by the public health emergency. A nurse so qualified may administer authorized vaccines via the following routes of administration: oral intranasal, and subcutaneous, intradermal, or intramuscular injections, pursuant to a valid order or prescription by a legally authorized prescriber. Gratuitous vaccine administration is restricted to practice without compensation and does not include any other practice or nursing for compensation.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>2. Any entity that seeks to utilize the gratuitous vaccine administration services authorized in this section <u>shall</u> first verify licensure status of the nurse in every jurisdiction where the nurse holds or has held a registered nurse or where the nurse holds or has held a registered nurse or licensed practical or vocational nurse license. The nurse:</p> <p>(i) <u>Must</u> not have had a nursing license revoked or voluntarily surrendered in any state, territory, or country.</p> <p>(ii) <u>Must</u> not have had a suspended, probated, or otherwise encumbered license immediately prior to the time the license became lapsed, inactive, or retired.</p>		
610-X-4-.16	Special Circumstances	<p>(5) Telephonic or electronic services used to communicate with patients and provide direction regarding nursing and medical care require an active license to practice nursing in Alabama, or a valid multistate RN or LPN license issued by a party state other than Alabama, or a valid multistate RN or LPN license issued by a party state other than Alabama.</p>	Code of Ala. 1975, §§34-21-20, 34-21-120(b)(5), 34-22-122(a)	0
610-X-4-.16	Special Circumstances	<p>(6) A licensed nurse who retires or ceases nursing practice for any reason and has no intention to practice in the future may apply to the Board for an inactive license with a “retired” status.</p> <p>(a) The license will remain inactive unless the licensee reactivates the license.</p> <p>(b) Continuing education is not required to maintain an inactive license.</p>	Code of Ala. 1975, §34-21-23	2

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		<p>(c) In order to reactivate an inactive license, the applicant <u>shall</u> submit an electronic application, pay the required fees, and submit 24 contact hours of continuing education earned within two years of the date of the application.</p> <p>(d) A nurse currently participating in the Voluntary Disciplinary Alternative Program or holding licenses currently encumbered pursuant to discipline by the Board <u>shall not</u> be eligible to inactivate or retire the license.</p> <p>(e) If an applicant or an inactive license is currently the subject of an investigation or a pending disciplinary proceeding with the Board, the nurse <u>shall not</u> be eligible to inactivate or retire the license.</p>		
610-X-4-.16	Special Circumstances	<p>(7) In the event of a national emergency duly declared by federal officials, or in the event of a natural disaster or state of emergency duly proclaimed by the Governor, a certified registered nurse practitioner or certified nurse midwife may provide emergency treatment without immediate physician collaboration to patients within the affected areas of the state, provided that the treatment is within the individual's scope of education, training, and approved protocol. The certified registered nurse practitioner or certified nurse midwife in such circumstance <u>shall</u> make reasonable efforts to inform the collaborating physician of the location and type of emergency services being provided and <u>shall</u> act in conformance with the direction of local physicians. The authority granted under this paragraph <u>shall</u> extend only for the duration of the declared national emergency or state emergency or natural disaster.</p>	Code of Ala. 1975, §§34-21-6, 34-21-84	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-4-.16	Special Circumstances	(8) In the event that a licensed healthcare facility activates its emergency operation plan in response to a public health emergency, a licensed nurse or advanced practice nurse may act within such alternative standards of care delivery as are authorized by the Governor's Proclamation and alternative standards and scope of practice as are provided in the emergency operations plan, provided that any such practice is within the scope of practice, education, training, and national certification of the licensed nurse or advanced practice nurse and congruent with any limits imposed in the Code of Alabama and not addressed by the Governor's Proclamation. A certified registered nurse practitioner or certified nurse midwife may provide emergency treatment without immediate physician collaboration to patients within the affected areas of the public health emergency, provided that the treatment is within the individual's scope of education, training, and approved protocol. The certified registered nurse practitioner or certified nurse midwife in such circumstance <u>shall</u> make reasonable efforts to inform the collaborating physician of the location and type of emergency services being provided and <u>shall</u> act in conformance with the direction of local physicians. The authorization provided in this section <u>shall</u> be effective only for the duration of time during which the Governor's Proclamation and emergency operation plan are active.	Code of Ala. 1975, §§34-21-6, 34-21-84	1
610-X-4-.16	Special Circumstances	(9) In the event that a licensed healthcare facility activates its emergency operation plan in response to a community disaster, a licensed nurse or advanced practice nurse may act within such alternative clinical models or clinical department utilization as are provided in the emergency operations plan, provided that any such practice is within the scope of practice, education, training, and national certification of the licensed nurse or advanced practice nurse and	Code of Ala. 1975, §§34-21-6, 34-21-84	1



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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		congruent with any limits imposed in the Code of Alabama. A certified registered nurse practitioner or certified nurse midwife may provide emergency treatment without immediate physician collaboration to patients within the affected areas of the community disaster, provided that the treatment is within the individual's scope of education, training, and approved protocol. The certified registered nurse practitioner or certified nurse midwife in such circumstance <u>shall</u> make reasonable efforts to inform the collaborating physician of the location and type of emergency services being provided and <u>shall</u> act in conformance with the direction of local physicians. The authorization provided in this section <u>shall</u> be effective only for the duration of time during which the emergency operation plan is active.		
610-X-4-.16	Special Circumstances	<p>(10) Any applicant for initial licensure who possesses an active, unencumbered license in another state and who is the eligible spouse of a service member or other qualified individual, as defined in Section 31-1-6, Code of Ala. 1975, <u>shall</u>:</p> <p>(a) Be eligible to apply for a service member spouse temporary permit, which <u>shall</u> be valid for 365 days.</p> <p>(b) Be exempt from payment of the initial licensure fee provided for in Section 610-X-4-.14 of these rules.</p> <p>(c) The applicant is required to substantiate his or her eligibility by providing the following:</p> <ol style="list-style-type: none"> <li>1. A marriage certificate substantiating marriage to the service member.</li> </ol>	Code of Ala. 1975, §31-1-6	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-4-.16	Special Circumstances	<p>2. Official documentation of the qualified service member or other qualified individual’s relocation to the state.</p> <p>(11) Any applicant for initial approval as a certified registered nurse anesthetist or clinical nurse specialist, or any applicant for an initial certificate of qualification as a certified registered nurse practitioner or certified nurse midwife, who is approved to practice advanced practice nursing in another state and is the eligible spouse of a service member or other qualified individual, as defined in Section 31-1-6, Code of Ala. 1975, <u>shall</u>:</p> <p>(a) Be eligible to apply for service member spouse temporary advanced practice approval, which <u>shall</u> be valid for 365 days.</p> <p>(b) Be exempt from payment of the initial advanced practice approval or certificate of qualification fee provided for in Section 610-X-4-.14 of these rules.</p> <p>(c) The applicant is required to substantiate his or her eligibility by providing the following:</p> <ol style="list-style-type: none"> <li>1. A marriage certificate substantiating marriage to the service member.</li> <li>2. Official documentation of the qualified service member or other qualified individual’s relocation to the state.</li> </ol>	Code of Ala. 1975, §§31-1-6, 34-21-84	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-4-.17	Multistate Licensure Privilege	(1) The holder of a multistate licensure privilege practicing in Alabama <u>shall</u> comply with the practice laws of the state in which the client is located at the time the service is provided. The practice of nursing is not limited to patient care, and <u>shall</u> include all nursing practice.	Code of Ala. 1975, §§34-21-20, 34-21-120(b)(5), 34-22-122(a) and (e)	0
610-X-4-.17	Multistate Licensure Privilege	(2) The practice of nursing in Alabama under a multistate licensure privilege <u>shall</u> subject the nurse to the jurisdiction of the Alabama Board of Nursing, Alabama courts, and the laws of the party state in which the client is located at the time service is provided	Code of Ala. 1975, §§34-21-20, 34-21-120, 34-22-122(a) and (e)	0
610-X-4-.17	Multistate Licensure Privilege	(3) If adverse action is taken by the home state against the multistate license of a nurse, the nurse's multistate licensure privilege to practice in Alabama <u>shall</u> be deactivated until all encumbrances have been removed from the multistate license. Deactivation of a multistate licensure privilege based on this section occurs by operation of law.	Code of Ala. 1975, §§34-21-124(b)	0
610-X-4-.18	Coordinated Licensure Information System	(1) Regarding all licensed registered nurses and licensed practical nurses, the board <u>shall</u> participate in the coordinated licensure information system, to include licensure and disciplinary history of each nurse.	Code of Ala. 1975, §§34-21-2(6), 34-21-125.	0
610-X-4-.18	Coordinated Licensure Information System	(2) The board <u>shall</u> promptly report to the coordinated licensure information system an adverse action, any current significant investigative information, denials of applications with the reasons for the denials, and the nurse's current participation in the Voluntary Disciplinary Alternative Program, if applicable.  (a) Information regarding the participation of a licensee in the Voluntary Disciplinary Alternative Program <u>shall</u> be made available solely to other state boards of nursing and <u>shall not</u> be disclosed to the public by the coordinated licensure information system.	Code of Ala. 1975, §§34-21-25(j)(6); 34-21-125	0

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		(b) Upon successful completion of the Voluntary Disciplinary Alternative Program, all information regarding participation of the licensee in the Voluntary Disciplinary Alternative Program <u>shall</u> be expunged from the coordinated licensure information system.		
610-X-4-.18	Coordinated Licensure Information System	(3) Nonpublic or confidential data submitted to the coordinated licensure information system by the board <u>may not</u> be distributed to any nonparty state, organization, person, or entity, or any foreign government or an agent, entity, or representative of a foreign government, without the express written approval of the board.	Code of Ala. 1975, §34-21-125	0
	Total Restrictive Terms:	80	Total Discretionary Restrictions:	59

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## Advanced Practice Nursing – Collaborative Practice

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-5-.01	Definitions	<p>(1) Board of Medical Examiners: The State Board of Medical Examiners established pursuant to Code of Ala. 1975, §34-24-53.</p> <p>(2) Board of Nursing: The Board of Nursing established under Code of Ala. 1975, §34-21-2.</p> <p>(3) Advanced Practice Nurse in Collaborative Practice: A registered nurse who has gained additional knowledge and skills through successful completion of an organized program of nursing education that prepares nurses for advanced practice roles and has been approved by the Board of Nursing to engage in the practice of advanced practice nursing. Two categories of advanced practice nurses are subject to the requirements of collaborative practice:</p> <p>(a) Certified registered nurse practitioners (CRNP).</p> <p>(b) Certified nurse midwives (CNM).</p> <p>(4) Advanced Practice Nursing – collaborative practice: The delivery of health care services by registered nurses who have gained additional knowledge and skills through successful completion of an organized program of nursing education that prepares nurses for advanced practice roles as certified registered nurse practitioners or certified nurse midwives:</p> <p>(a) Practice as a certified registered nurse practitioner (CRNP) is the performance of nursing skills by a registered nurse who has</p>	Code of Ala. 1975, §§34-21-81, 34-21-84, 34-21-85	5

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## Advanced Practice Nursing – Collaborative Practice

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		<p>demonstrated by certification advanced knowledge and skills in the delivery of nursing services within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client.</p> <p>(b) Practice as a certified nurse midwife (CNM) is the performance of nursing skills by a registered nurse who has demonstrated by certification advanced knowledge and skills relative to the management of women's health care focusing on pregnancy, childbirth, the postpartum period, care of the newborn, family planning and gynecological needs of women, within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client.</p> <p>(5) Collaboration: A formal relationship between one or more certified registered nurse practitioners or certified nurse midwives and a physician or physicians under which these nurses may engage in advanced practice nursing as evidenced by written protocols approved according to the requirements of Code of Ala. 1975, Section 34-21-80 et seq. or exempted according to requirements of this statute. The term collaboration does not require direct, on-site supervision of the activities of a certified registered nurse practitioner or a certified nurse midwife by the collaborating physician. The term does <u>require</u> such professional medical oversight and direction as may be required by the rules and regulations of the Board of Nursing and the State Board of Medical Examiners.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(6) Physician or Collaborating Physician: A doctor of medicine or a doctor of osteopathy licensed to practice medicine in Alabama who agrees in writing to practice in collaboration with one or more certified registered nurse practitioners or certified nurse midwives according to the rules and regulations adopted by the Board of Nursing and the State Board of Medical Examiners.</p> <p>(7) Joint Committee Of The Board Of Nursing And The State Board Of Medical Examiners For Advanced Practice Nurses.</p> <p>The Joint Committee of the Board of Nursing and the State Board of Medical Examiners for Advanced Practice Nurses is a committee composed of the following, pursuant to Code of Ala. 1975, section 34-21-80 et seq.</p> <p>(a) Two physicians licensed to practiced medicine in the State of Alabama;</p> <p>(b) One registered nurse licensed to practice professional nursing in the State of Alabama;</p> <p>(c) One licensed physician engaged in collaborative practice with a certified registered nurse practitioner or a certified nurse midwife in the State of Alabama;</p> <p>(d) One certified registered nurse practitioner engaged in advanced practice nursing with a physician in the State of Alabama; and Nursing</p>		

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## Advanced Practice Nursing – Collaborative Practice

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(e) One certified nurse midwife engaged in advanced practice with a physician in the State of Alabama.</p> <p>(8) Legend Drug: Any drug, medicine, chemical or poison bearing on the label the words, "Caution, federal law prohibits dispensing without prescription" or similar words indicating that such drug, medicine, chemical, or poison may be sold or dispensed only upon the prescription of a licensed practitioner, except that the term legend drug will not include any drug, substance, or compound which is listed in Schedules I through V of the Alabama Uniform Controlled Substances Act.</p> <p>(9) Prescribe or prescribing. The act of issuing a prescription for a legend drug.</p> <p>(10) Prescription: An order for a legend drug which is issued and signed by a practitioner authorized by law to prescribe and administer such drugs and is intended to be filled, compounded, or dispensed by a pharmacist.</p> <p>(11) Protocol: A document approved according to Code of Ala. 1975, Section 34-21-81, establishing the permissible functions and activities to be performed by certified registered nurse practitioners and certified nurse midwives and signed by collaborating physicians and any nurse practitioners or nurse midwives practicing with those physicians.</p> <p>(12) Medical Oversight: Concurrent and on-going collaboration between a physician and a CRNP or CNM and documentation of time together in a practice site; may include but is not limited to direct</p>		



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## Advanced Practice Nursing – Collaborative Practice

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		<p>consultation and patient care, discussion of disease processes and medical care, review of patient records, protocols and outcome indicators, and other activities to promote positive patient outcomes.</p> <p>(13) Quality Assurance: Documented evaluation of the clinical practice of the certified registered nurse practitioner or certified nurse midwife against defined quality outcome measures, using a meaningful selected sample of patient records, which will identify areas needing improvement, set performance goals, and assess progress towards meeting established goals, with a summary of findings, conclusions, and, if indicated, recommendations for change. The physician’s signature on the patient record does not constitute quality improvement monitoring.</p> <p>(14) Principal Practice Site: The main location at which the collaborating physician is engaged in the practice of medicine.</p> <p>(15) Remote Practice Site: An approved site for collaborative practice without an approved collaborating or covering physician on-site. The collaborating physician’s principal practice site, acute care hospitals, skilled nursing facilities, licensed special-care assisted living facilities and licensed assisted living facilities are not remote practice sites for the purpose of these rules.</p> <p>(16) Readily Available: Response by the collaborating or covering physician by telephone, telecommunication, or radio for consultation, referral, or direct medical intervention as indicated by the needs of a patient and based on usual and customary standards of medical practice.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(17) Direct Medical Intervention: Physical presence of a physician to attend the patient as defined in the collaborative practice protocol.</p> <p>(18) Covering Physician. A doctor of medicine or a doctor of osteopathy licensed to practice medicine in Alabama who agrees in writing to be readily available to collaborate with and provide medical oversight to one or more certified registered nurse practitioners or certified nurse midwives and, if indicated, to provide medical intervention to patients during the absence of the Collaborating Physician. The covering physician <u>shall</u> be either a member of the same medical practice, practice group, or multidisciplinary medical team, or of the same or similar practice specialty as the collaborating physician and <u>shall</u> abide by the rules and regulations adopted by the Board of Nursing and the Board of Medical Examiners.</p>		
610-X-5-.02	Terms And Functions Of The Joint Committee	(1) The registered nurse members of the Joint Committee <u>shall</u> be appointed to three-year terms by the Board of Nursing in accordance with Code of Ala. 1975, Section 34-21-80 et seq.	Code of Ala. 1975, §§34-21-82, 34-21-85, 34-21-87.	0
610-X-5-.02	Terms And Functions Of The Joint Committee	(2) The physician members of the Joint Committee <u>shall</u> be appointed to three-year terms by the State Board of Medical Examiners in accordance with Code of Ala. 1975, Section 34-21-80 et seq.	Code of Ala. 1975, §34-21-82	0
610-X-5-.02	Terms And Functions Of The Joint Committee	<p>(3) Terms of Joint Committee members <u>shall</u> begin on October 1.</p> <p>(4) Joint Committee members may be reappointed to one additional term of three years by the respective board.</p>	Code of Ala. 1975, §34-21-82	0
610-X-5-.02	Terms And Functions Of The Joint Committee	(5) There <u>shall</u> be a minimum of four Joint Committee members with two representatives from each appointing Board present at a meeting to constitute a quorum for voting.	Code of Ala. 1975, §34-21-82	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-5-.02	Terms And Functions Of The Joint Committee	<p>(6) The Joint Committee <u>shall</u> have the authority to recommend to the Board of Nursing and State Board of Medical Examiners:</p> <p>(a) Rules and regulations governing the collaborative relationship between physicians and certified registered nurse practitioners and certified nurse midwives engaged in advanced practice nursing.</p> <p>(b) Model practice protocols to be used by the certified registered nurse practitioner and certified nurse midwife.</p> <p>(c) A formulary of legend drugs that may be prescribed by a certified registered nurse practitioner and a certified nurse midwife.</p>	Code of Ala. 1975, §§34-21-85, 34-21-87	0
610-X-5-.02	Terms And Functions Of The Joint Committee	(7) The Joint Committee <u>shall</u> perform other duties as directed by the Board of Nursing and State Board of Medical Examiners.	Code of Ala. 1975, §34-21-81	1
610-X-5-.03	Qualifications For Approval To Practice As A Certified Nurse Practitioner	<p>(1) The applicant for approval to practice as a certified registered nurse practitioner <u>shall</u> have:</p> <p>(a) An active Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules, unless authorized by the Board.</p> <p>(b) Met all requirements for completion of or graduation from an organized program of study and clinical experience beyond the basic educational preparation as a registered nurse that prepares nurse practitioners and is recognized by the Board of Nursing and the appropriate specialty-certifying agency.</p>	Code of Ala. 1975, §§34-21-81, 34-21-84	4

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		<p>(c) At least a master’s or higher degree in advanced practice nursing from an accredited program recognized by the Board.</p> <p>(d) Current certification as a certified registered nurse practitioner granted by a national certifying agency recognized by the Board of Nursing in the clinical specialty consistent with educational preparation and appropriate to the area of practice</p> <p>(2) The applicant for initial approval as a certified registered nurse practitioner who meets one of the following criteria is exempt from the requirement for a master’s degree in nursing:</p> <p>(a) Graduation prior to 1996 from a Board-recognized post-baccalaureate program preparing nurse practitioners.</p> <p>(b) Graduation prior to 1984 from a non-baccalaureate program preparing nurse practitioners.</p> <p>(3) The Board of Nursing may grant a waiver of the master’s degree requirement at its discretion.</p> <p>(4) Effective January 1, 2024, have obtained continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.</p>		
610-X-5-.04	Qualifications For Physicians In Collaborative Practice With	(1) The physician in collaborative practice with a certified registered nurse practitioner <u>shall</u> have:	Code of Ala. 1975, §34-21-83	4

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	Certified Registered Nurse Practitioners	<p>(a) Possess a current, unrestricted license to practice medicine in the State of Alabama.</p> <p>(b) Have satisfied one of the following experience requirements:</p> <ol style="list-style-type: none"> <li>1. Have practiced medicine for at least three years.</li> <li>2. Have practiced medicine for at least one year and certified by one or more of the specialty boards recognized by the American Board of Medical Specialties or the American Osteopathic Association; or</li> <li>3. Have practiced medicine for at least one year and the collaboration’s practice site is limited solely to a general acute care hospital, a critical access hospital, or a specialized hospital licensed as such by the Alabama Department of Public Health.</li> </ol> <p>(c) Effective January 1, 2024, have obtained continuing medical education prescribed by the Board of Medical Examiners regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.</p> <p>(d) Paid all collaborative practice fees due to the Board of Medical Examiners and submitted to the Board of Medical Examiners the appropriate form.</p>		

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		(2) The State Board of Medical Examiners, in its discretion, may waive the practice requirements in 1(b).		
610-X-5-.04	Qualifications For Physicians In Collaborative Practice With Certified Registered Nurse Practitioners	(3) A physician entering into a collaborative practice arrangement with a certified registered nurse practitioner, including those who have been granted temporary approval to practice as a certified registered nurse practitioner under the provisions of Rule 540-X-8-.07, <u>shall</u> notify the State Board of Medical Examiners in writing of the date for commencement of the collaborative practice agreement using the “Commencement of Collaborative Practice” form. The Collaborative Practice Fee <u>must</u> accompany the “Commencement of Collaborative Practice” form.	Code of Ala. 1975, §34-21-83	1
610-X-5-.04	Qualifications For Physicians In Collaborative Practice With Certified Registered Nurse Practitioners	(4) A physician in a collaborative practice which is voluntarily terminated by either party is responsible for notifying the Board of Medical Examiners of the date on which the collaborative practice agreement terminates. Notification to the Board of Medical Examiners by the Alabama Board of Nursing that a Certified Registered Nurse Practitioner has voluntarily terminated a collaborative practice agreement will meet the notification requirement and <u>will result in</u> termination of the physician’s approval to practice under the collaborative practice agreement.  (5) The Board of Medical Examiners may decline to consider an application where the physician is under investigation for a potential violation of the Code of Alabama, Sections 20-2-54, 34-21-25, or 34-24-360, or any rule of the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama.	Code of Ala. 1975, §34-21-83	2
610-X-5-.04	Qualifications For Physicians In Collaborative Practice With	(6) Effective January 1, 2024, all collaborating physicians <u>shall</u> obtain continuing medical education prescribed by the Board of Medical	Code of Ala. 1975, §34-21-83	1

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	Certified Registered Nurse Practitioners	Examiners regarding the rules and statutes governing collaborative practice in Alabama every forty-eight months (48) following commencement of the collaborative practice		
610-X-5-.05	Limitations Upon Utilization Of Certified Registered Nurse Practitioners	<p>(1) A physician may enter into collaborative agreements with certified registered nurse practitioners not exceeding a cumulative three hundred and sixty (360) hours (nine FTEs) per week. The physician <u>shall</u> not collaborate with or supervise any combination of certified registered nurse practitioners, certified nurse midwives and/or Physician Assistants exceeding three hundred and sixty (360) hours per week (nine full-time equivalent positions). "One full-time equivalent" (FTE) is herein described as a person/persons collectively working forty hours a week, excluding time on call.</p> <p>(a) A physician collaborating with more than four FTEs per week <u>shall</u> engage in documented quality assurance review with each CRNP every month for six (6) months following the commencement of a collaborative practice with a new CRNP.</p> <p>(b) A physician <u>shall</u> disclose to the Board of Medical Examiners the existence of all collaborative and supervisory agreements to which the physician is a party, including collaborative and supervisory agreements in other states, and <u>shall not</u> be eligible to collaborate with or supervise any combination of certified registered nurse practitioners, certified nurse midwives and/or Physician Assistants exceeding three hundred and sixty (360) hours per week (nine full-time equivalent positions), inclusive of collaborative and supervisory agreements existing in other states. Agreements with an individual certified registered nurse practitioner, certified nurse midwife, and/or Physician Assistants in</p>	Code of Ala. 1975, §34-21-87	3

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		<p>multiple states shall only be counted once for purposes of calculating the total number of full-time equivalent positions.</p> <p>(2) Employees of the Alabama Department of Public Health and county health departments are specifically exempt from the requirements of paragraph (1) of this rule.</p> <p>(3) Effective October 5, 2018, CRNPs practicing under approved limited protocols, specified and approved by the Board of Nursing and the Board of Medical Examiners, may be specifically exempt from the FTE requirements of paragraph (1) of this rule, or as specified in the limited protocol, as determined by the Board of Nursing and the Board of Medical Examiners.</p> <p>(4) A physician in collaborative practice may request approval from the Joint Committee for additional full-time certified registered nurse practitioner positions, with consideration given to the following factors, to ensure that an acceptable standard of care is rendered:</p> <p>(a) Availability of the physician.</p> <p>(b) Practice settings and staffing needs for extended hours of service.</p> <p>(c) Risk to patients.</p> <p>(d) Educational preparation, specialty and experience of the parties in the collaborative practice.</p>		



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		<p>(e) Complexity and risk of procedures to be performed.</p> <p>(5) Any certified registered nurse practitioner engaged in practice with a collaborating physician prior to the effective date of this rule <u>may not</u> be denied approval for continued collaborative practice with that physician based on the ratio established in this rule.</p>		
610-X-5-.05	Limitations Upon Utilization Of Certified Registered Nurse Practitioners	<p>(6) A physician in collaboration with CRNP, CNM or supervising Physician Assistant personnel totaling 360 hours per week (nine (9) FTEs) may request a transitional allowance increasing the total weekly hours for the purpose of orientation of the incoming CRNP. The transitional allowance <u>shall not</u> exceed 45 days. The physician <u>shall</u> request the transitional allowance in writing and specify the starting date for this FTE allowance.</p>	Code of Ala. 1975, §34-21-87	1
610-X-5-.06	Application For Approval To Practice As A Certified Registered Nurse Practitioner	<p>(1) The applicant for approval to practice as a certified registered nurse practitioner <u>shall</u> submit to the Board:</p> <p>(a) The required fee(s) and a completed application including the standard protocol to be followed by the certified registered nurse practitioner and each collaborating physician, unless application is made for an exemption from a collaborative practice agreement as provided for in Rule 610-X-5-.07.</p> <p>(b) An official transcript of education for advanced practice nursing as a nurse practitioner that indicates the date of completion of the program and the date degree or certificate was conferred if the dates are not the same.</p>	Code of Ala. 1975, §§34-21-84, 34-21-85	1

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		<p>(c) Official evidence of current certification as a nurse practitioner by the respective specialty-certifying agency appropriate to the applicant’s educational preparation, proposed clinical area of practice, and proposed collaborating physician’s area of practice.</p> <p>(2) The Board of Nursing may decline to consider an applicant who is under investigation for a potential violation of the Code of Ala. 1975, Section 34-21-25 and the Alabama Board of Nursing Administrative Code, Chapter 610-X-8.</p>		
610-X-5-.07	Authorization For Practice As A Certified Registered Nurse Practitioner	<p>(1) The Board of Nursing may grant a certificate of qualification for advanced practice nursing as a certified registered nurse practitioner to applicants who meet the requirements of 610-X-5-.03.</p> <p>(2) Use of the designation “CRNP” or of any titles that imply that they are certified registered nurse practitioners <u>shall</u> be restricted to those registered nurses who have been issued certificates of qualification by the Board of Nursing and either:</p> <p>(a) Have current approval for collaborative practice in the state of Alabama;</p> <p>(b) Are employed by the United States government and working in federal facilities; or</p> <p>(c) Hold teaching positions in nurse practitioner education programs recognized by the Alabama Board of Nursing.</p>	Code of Ala. 1975, §§34-21-84, 34-21-85, 34-21-90	1

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610-X-5-.07	Authorization For Practice As A Certified Registered Nurse Practitioner	<p>Prior to approval as a CRNP, the registered nurse may use only the designation or title granted by the national certifying agency.</p> <p>(3) When for any reason the collaborative practice agreement with the physician designated in the application for approval is terminated, then approval of such certified registered nurse practitioner and collaborating physician designated in the application <u>is</u> automatically withdrawn.</p> <p>(a) The certified registered nurse practitioner and the physician <u>shall</u> each inform their respective board in writing of the effective date of the termination of the collaborative practice agreement and the reasons for such termination. Failure to notify the respective board of termination may be considered a violation of these rules and regulations.</p> <p>(b) The certified registered nurse practitioner <u>shall</u> notify the Board of Nursing using the designated on-line form for terminating a collaboration.</p> <p>(c) A certified registered nurse practitioner in a collaborative practice which is voluntarily terminated by either party is responsible for notifying the Board of Nursing of the date on which the collaborative practice agreement terminates. Notification to the Board of Nursing by the Alabama Board of Medical Examiners that a physician has voluntarily terminated a collaborative practice agreement will meet the notification requirement and will result in termination of the certified registered nurse practitioner’s approval to practice under the collaborative practice agreement.</p>	Code of Ala. 1975, §§34-21-85 and 34-21-90	3

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610-X-5-.07	Authorization For Practice As A Certified Registered Nurse Practitioner	<p>(4) The advanced practice approval shall expire prior to the RN license if the nurse practitioner’s national certification expires during the license period.</p> <p>(5) Approval for advanced practice may be continued at the time of renewal, upon verification of:</p> <p>(a) Meeting the requirements of Rule 610-X-5-.03.</p> <p>(b) Continued collaboration with the approved physician(s) or eligibility for continued exemption from collaboration.</p> <p>(c) Payment of the advanced practice renewal fee.</p> <p>(d) Six contact hours of pharmacology content specific to prescriptive practice in the approved area for collaborative practice. Graduate pharmacology academic credit earned during the nurse practitioner educational program prior to initial approval as a CRNP does not qualify as pharmacology continuing education for renewal of approval as a CRNP.</p> <p>(e) Effective January 1, 2024, documented evidence of completion of continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.</p>	Code of Ala. 1975, §34-21-84	2

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610-X-5-.07	Authorization For Practice As A Certified Registered Nurse Practitioner	(6) Failure to meet the requirements for renewal <u>shall</u> result in lapse of the advanced practice approval.	Code of Ala. 1975, §34-21-84	0
610-X-5-.07	Authorization For Practice As A Certified Registered Nurse Practitioner	(7) A nurse who fails to attain or maintain national certification as a nurse practitioner from a national certifying agency <u>shall</u> :  (a) Immediately notify the Board of Nursing.  (b) Not practice as or use the title of certified registered nurse practitioner until approved by the Board of Nursing.	Code of Ala. 1975, §§34-21-81 and 34-21-84	1
610-X-5-.08	Temporary Approval To Practice As A Certified Registered Nurse Practitioner	(1) The applicant for approval to practice as a certified registered nurse practitioner may be granted temporary approval for practice under the following stipulations until such time as the application is approved or denied by the Board of Nursing and the Board of Medical Examiners.  (a) The applicant <u>shall</u> meet the requirements of Rules 610-X-5-.03 and 610-X-5-.06  (b) The collaborating physician <u>shall</u> meet the qualifications established in Rule 610-X-5-.04.  (c) Temporary approval is limited to the standard protocol and formulary approved by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners and does not include the authority to:  (i) Perform additional skills as provided in Rule 610-X-5-.11.	Code of Ala. 1975, §§34-21-84, 34-21-85, 34-21-87	3

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610-X-5-.08	Temporary Approval To Practice As A Certified Registered Nurse Practitioner	<p>(ii) Prescribe drugs that are listed in the standard formulary with “Restrictions.”</p> <p>(2) Provisional Approval: An Alabama-license registered nurse who meets the requirements of Rules 610-X-5-.03 and 610-X-5-.06 with the exception of national certification, and who has applied for initial certification may be granted temporary approval under paragraph (1)(c) of this rule with these additional stipulations.</p> <p>(a) Practice under the on-site supervision of an approved certified registered nurse practitioner or a licensed physician.</p> <p>(b) During the period of provisional approval, there <u>shall</u> be one hundred percent review of patient cases by the collaborating physician.</p> <p>(c) The nurse practitioner with provisional approval may use the designation “Graduate Registered Nurse Practitioner.”</p> <p>(d) Provisional approval to practice is limited to a maximum of six months and <u>shall</u> expire immediately upon:</p> <p>(i) Notification of approval by the Board of Nursing.</p> <p>(ii) Notification of failing the certification exam.</p> <p>(3) Interim Approval: If the relationship with the collaborating physician is terminated, a certified registered nurse practitioner approved to practice under the provisions of these rules may continue in</p>	Code of Ala. 1975, §34-21-84	3

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		a collaborative practice with an interim physician after application for approval until such time as the new application is approved or denied, provided the interim physician meets the qualifications established in Rule 610-X-5-.04.		
610-X-5-.08	Temporary Approval To Practice As A Certified Registered Nurse Practitioner	(4) An applicant for approval to practice as a certified registered nurse practitioner may be granted temporary approval when either the collaborating physician or certified registered nurse practitioner applicant is under investigation by a state or federal authority. The temporary approval <u>shall</u> remain in force until the application has been approved, denied, or withdrawn. However, the Board of Nursing or Board of Medical Examiners may decline to approve the application until the investigation has been concluded. The Board of Medical Examiners may withdraw temporary approval in accordance with Rule 540-X-8-.13	Code of Ala. 1975, §§34-21-83, 34-21-84, 34-21-85	1
610-X-5-.09	Requirements For Collaborative Practice By Physicians And Certified Registered Nurse Practitioners	(1) The collaborating physician <u>shall</u> :  (a) Provide professional medical oversight and direction to the certified registered nurse practitioner.  (b) Be readily available for direct communication or by radio, telephone or telecommunications.  (c) Be readily available for consultation or referrals of patients from the certified registered nurse practitioner.  (d) Be readily available at each remote practice site.	Code of Ala. 1975, §34-21-85	4
610-X-5-.09	Requirements For Collaborative Practice By	(2) In the event the collaborating physician is not readily available, provisions <u>shall</u> be made for professional medical coverage by a covering	Code of Ala. 1975, §34-21-87	3

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	Physicians And Certified Registered Nurse Practitioners	physician who is readily available, who is pre-approved by the Board of Medical Examiners, and who is familiar with these rules. The collaborating physician <u>shall</u> certify to the Board of Medical Examiners at least annually that any approved covering physician continues to agree to serve in that capacity and <u>shall</u> inform the Board of Medical Examiners of the termination of a covering physician within ten (10) days of the termination.		
610-X-5-.09	Requirements For Collaborative Practice By Physicians And Certified Registered Nurse Practitioners	<p>(3) In the event of an unanticipated, permanent absence of a collaborating physician, a previously approved covering physician may be designated as a temporary collaborating physician for a period of up to sixty (60) days. During the sixty (60) day time period, an application designating a new collaborating physician should be submitted for approval.</p> <p>(4) The certified registered nurse practitioner’s scheduled hours in patient homes, facilities licensed by the Alabama Department of Public Health, facilities certified by the Alabama Department of Mental Health, and, effective October 5, 2018, when practicing under specified limited protocols, are not subject to the required minimum hours for physician presence.</p>	Code of Ala. 1975, §34-21-85 and 34-21-87	0
610-X-5-.09	Requirements For Collaborative Practice By Physicians And Certified Registered Nurse Practitioners	<p>(5) The collaborating physician <u>shall</u>:</p> <p>(a) Have no additional requirement for documentation of on-site collaboration when working in the same facility with the certified registered nurse practitioner (CRNP).</p>	Code of Ala. 1975, §34-21-85	7



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		<p>(b) Be present for not less than ten percent (10%) of the CRNP’s scheduled hours in an approved practice site with CRNP who has less than two (2) years (4,000 hours) of collaborative practice experience:</p> <p>(i) Since initial certification; or</p> <p>(ii) In the collaborating physician’s practice specialty.</p> <p>(c) Maintain documentation of the CRNP’s two (2) years (4,000 hours) of collaborative practice experience for the duration of the collaborative practice and for three (3) years following the termination of the collaborative practice agreement.</p> <p>(d) Visit remote practice sites no less than twice annually.</p> <p>(e) Meet no less than quarterly with the CRNP who has more than two (2) years (4,000 hours) of collaborative practice experience.</p> <p>(f) Complete quarterly quality assurance with each CRNP. Documentation of any quality assurance review required by this chapter <u>shall</u> be maintained by the collaborating physician for the duration of the collaborative practice and for three years following the termination of the collaborative practice agreement.</p> <p>(g) Allow a pre-approved covering physician to be present in lieu of the collaborating physician.</p>		

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610-X-5-.09	Requirements For Collaborative Practice By Physicians And Certified Registered Nurse Practitioners	(6) The collaborating physician <u>shall</u> provide notice in writing to the State Board of Medical Examiners of the commencement or termination of a collaborative practice agreement as required by Rule 540-X-8-.04.	Code of Ala. 1975, §§34-21-85 and 34-21-87	1
610-X-5-.09	Requirements For Collaborative Practice By Physicians And Certified Registered Nurse Practitioners	(7) The Joint Committee may, at its discretion, waive the requirements of written verification of physician availability upon documentation of exceptional circumstances. Employees of the Alabama Department of Public Health and county health departments are exempt from the requirements of written verification of physician availability.	Code of Ala. 1975, §34-21-85	0
610-X-5-.09	Requirements For Collaborative Practice By Physicians And Certified Registered Nurse Practitioners	<p>(8) A written standard protocol specific to the specialty practice area of the certified registered nurse practitioner and the specialty practice area of the collaborating physician, approved and signed by both the collaborating physician and the certified registered nurse practitioner, <u>shall</u>:</p> <p>(a) Identify all sites where the certified registered nurse practitioner will practice within the collaboration protocol.</p> <p>(b) Identify the physician’s principal practice site.</p> <p>(c) Be maintained at each practice site and be on file with the Board of Nursing and Board of Medical Examiners.</p> <p>(d) Include a formulary of drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered, and implemented by the certified registered nurse practitioner consistent with these rules and which are appropriate for the collaborative practice setting.</p>	Code of Ala. 1975, §§34-21-85 and 34-21-87	8

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		<p>(e) Include a pre-determined plan for emergency services.</p> <p>(f) Specify the process by which the certified registered nurse practitioner <u>shall</u> refer a patient to a physician other than the collaborating physician.</p> <p>(g) Specify a plan for quality assurance management defined quality outcome measures for evaluation of the clinical practice of the certified registered nurse practitioner and include review of a meaningful sample of medical records plus all adverse outcomes.</p> <p>(h) Documentation of quality assurance review <u>shall</u> be readily retrievable, identify records that were selected for review, include a summary of findings, conclusions, and, if indicated, recommendations for change. Quality assurance monitoring may be performed by designated personnel, with final results presented to the physician and certified registered nurse practitioner for review. The certified registered nurse practitioner <u>shall</u> maintain a copy of the plan for quality assurance, in a form prescribed by the Board, on file with the Board of Nursing. The collaborating physician <u>shall</u> maintain an updated copy of the plan for quality assurance on file with the Board of Medical Examiners.</p>		
610-X-5-.09	Requirements For Collaborative Practice By Physicians And Certified Registered Nurse Practitioners	(9) The physician <u>shall</u> maintain independent medical judgment related to the practice of medicine at all times, irrespective of employment structure or business model.	Code of Ala. 1975, §34-21-83	0
610-X-5-.09	Requirements For Collaborative Practice By	(10) Irrespective of the location of the principal practice site and any remote site(s) of the collaboration, all services provided to patients and actions incident to services provided to patients of the collaborative	Code of Ala. 1975, §§34-21-80, et seq,	2

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	Physicians And Certified Registered Nurse Practitioners	practice <u>shall</u> be deemed to have occurred in the state where the patient is located at the time of service or action incident to the service. The collaborating physician, covering physician, and certified registered nurse practitioner <u>shall</u> comply with all applicable Alabama laws, rules, and regulations pertaining to services and actions incident to services provided to Alabama patients of the collaborative practice. Actions incident to services include, but are not limited to, professional medical oversight and direction to the certified registered nurse practitioner regarding Alabama patients, consultation, or referral of Alabama patients from the certified registered nurse practitioner, quality assurance review of the medical records of Alabama patients, and maintenance of documentation pursuant to this chapter. The collaborating physician <u>shall</u> maintain all documentation required pursuant to this chapter for the duration of the collaborative practice and for three years following the termination of the collaborative practice agreement.		
610-X-5-.10	Standards Of Practice For Certified Registered Nurse Practitioners	The certified registered nurse practitioner <u>shall</u> practice in accordance with national standards and functions identified by the appropriate specialty-certifying agency as recognized by the Board of Nursing and as congruent with Alabama law.	Code of Ala. 1975, §§34-21-81; 34-21-84; 34-21-85, 34-21-87	0
610-X-5-.11	Functions And Activities Of Certified Registered Nurse Practitioners	(1) The certified registered nurse practitioner is responsible and accountable for the continuous and comprehensive management of a broad range of health services for which the certified registered nurse practitioner is educationally prepared and for which competency is maintained, with physician collaboration as described in these rules. These services include but are not restricted to the following:	Code of Ala. 1975, §§34-21-81, 34-21-84, 34-21-85, 34-21-86, 34-21-87, 34-21-93.1	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(a) Evaluate current health status and risk factors of individuals based on comprehensive health history and comprehensive physical examinations and assessments.</p> <p>(b) Formulate a working diagnosis, develop and implement a treatment plan, evaluate and modify therapeutic regimens to promote positive patient outcomes.</p> <p>(c) Prescribe, administer and provide therapeutic measures, tests, procedures, and drugs.</p> <p>(d) Counsel, teach and assist individuals and families to assume responsibility for self-care in prevention of illness, health maintenance, and health restoration.</p> <p>(e) Consult with and refer to other health care providers as appropriate.</p>		
610-X-5-.11	Functions And Activities Of Certified Registered Nurse Practitioners	<p>(2) A standard protocol approved by the Board of Nursing and State Board of Medical Examiners shall address permissible functions and activities specific to the advanced practice of the certified registered nurse practitioner.</p> <p>(3) A certified registered nurse practitioner may, after the successful completion of an organized program of study and supervised clinical practice, carry out functions beyond the nurse practitioner educational preparation provided the functions are approved by the Board of Nursing as being within the legal scope of practice for a certified</p>	Code of Ala. 1975, §§34-21-85, 34-21-86, 34-21-87	4

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		<p>registered nurse practitioner. Such functions <u>shall</u> be submitted to the Joint Committee for consideration for inclusion on the standard protocol.</p> <p>(4) Requests for additional functions to be added to the protocol may be submitted to the Joint Committee for consideration.</p> <p>(5) A certified registered nurse practitioner may write admission orders for inpatients as directed by the physician and subsequent orders in accordance with established protocols and institutional policies.</p>		
610-X-5-.12	Prescriptions And Medication Orders By Certified Registered Nurse Practitioners	<p>(1) Certified registered nurse practitioners engaged in collaborative practice with physicians may be granted prescriptive authority upon submission of evidence of completion of an academic course in pharmacology or evidence of integration of pharmacology theory and clinical application in the certified registered nurse practitioner curriculum.</p> <p>(2) Certified registered nurse practitioners practicing under protocols approved in the manner prescribed by Code of Ala. 1975, section 34-21-80 et seq. may prescribe legend drugs to their patients, subject to the following conditions:</p> <p>(a) The drug <u>shall</u> be included in the formulary recommended by the Joint Committee and adopted by the Board of Nursing and the State Board of Medical Examiners.</p> <p>(b) The drug type, dosage, quantity prescribed, and number of refills <u>shall</u> be authorized in an approved protocol signed by the collaborating physician and the certified registered nurse practitioner. This</p>	Code of Ala. 1975, §34-21-86	1

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		<p>requirement may be met if written prescriptions adhere to the standard recommended doses of legend drugs as identified in the Physician’s Desk Reference or Product Information Insert, and do not:</p> <ul style="list-style-type: none"> <li>(i) Exceed the recommended treatment regimen periods.</li> <li>(ii) Include United States Food and Drug Administration (FDA) non-approved supplements, drug products, medication, and off label medications.</li> <li>(c) Drugs and medications that do not have FDA approval may be prescribed through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial.</li> <li>(d) “Off Label” use or prescription of FDA-approved medications for uses other than that indicated by the FDA, is permitted when such practices are: <ul style="list-style-type: none"> <li>(i) Within the current standard of care for treatment of disease or condition.</li> <li>(ii) Supported by evidence-based research.</li> <li>(iii) Approved by the collaborating physician and entered into the patient record.</li> </ul> </li> </ul>		
610-X-5-.12	Prescriptions And Medication Orders By Certified Registered Nurse Practitioners	(3) A certified registered nurse practitioner shall not initiate a call-in prescription in the name of a collaborating physician for any drug, whether legend or controlled substance, which the certified registered	Code of Ala. 1975, §34-21-86	0

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		<p>nurse practitioner is not authorized to prescribe under the protocol signed by the collaborating physician and certified registered nurse practitioner and approved under this section unless the drug is specifically ordered for the patient by the physician, either in writing or by a verbal order which has been transcribed in writing, and which has been signed by the physician within seven working days or as otherwise specified by the Board of Nursing and the State Board of Medical Examiners.</p> <p>(4) A written prescription for any drug that the certified registered nurse practitioner is authorized to prescribe may be called in to a pharmacy, provided the prescription is entered into the patient’s record and signed by the certified registered nurse practitioner.</p>		
610-X-5-.12	Prescriptions And Medication Orders By Certified Registered Nurse Practitioners	<p>(5) The certified registered nurse practitioner in collaborative practice with prescriptive privileges <u>shall not</u> engage in prescribing for:</p> <p>(a) Self.</p> <p>(b) Immediate family members.</p> <p>(c) Individuals who are not patients of the practice, except in cases where a certified registered nurse practitioner is prescribing for the sexual partner(s) of a patient in accordance with an Expedited Partner Therapy (EPT) protocol for the prevention of transmission and spread of sexually transmitted disease(s).</p> <p>(6) The certified registered nurse practitioner who is in collaborative practice and has prescriptive privileges may receive and sign for samples</p>	Code of Ala. 1975, §§34-21-85, 34-21-86	1



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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-5-.12	Prescriptions And Medication Orders By Certified Registered Nurse Practitioners	<p>of legend drugs that are authorized in the approved formulary for the collaborative practice, provided the certified registered nurse practitioner complies with all applicable state and federal laws and regulations</p> <p>(7) When prescribing legend drugs a certified registered nurse practitioner <u>shall</u> use a prescription format that includes all of the following:</p> <p>(a) The name, medical practice site address, and telephone number of the collaborating physician or covering physician.</p> <p>(b) The name of the certified registered nurse practitioner.</p> <p>(c) The medical practice site address and telephone number of the certified registered nurse practitioner if different from that of the collaborating physician.</p> <p>(d) The certified registered nurse practitioner’s registered nurse license number assigned by the Board of Nursing.</p> <p>(e) The words “Product Selection Permitted” printed on one side of the prescription form directly beneath a signature line.</p> <p>(f) The words “Dispense as written” printed on one side of the prescription form directly beneath a signature line.</p> <p>(g) The date the prescription is issued to the patient.</p>	Code of Ala. 1975, §§34-21-85, 34-21-86	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-5-.13	Reinstatement Of Lapsed	<p>(1) Lapsed approval as a certified registered nurse practitioner may be reinstated upon submission of a completed application and compliance with the following:</p> <p>(a) An active Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.</p> <p>(b) Payment of current renewal and reinstatement fees, as well as outstanding fees and fines, if applicable.</p> <p>(c) Official evidence of current national certification as a certified registered nurse practitioner by a national certifying agency recognized by the Board.</p> <p>(d) Documented evidence of completion of six contact hours of pharmacology content specific to prescriptive practice in the approved area for collaborative practice earned within the 24 months immediately preceding application.</p>	Code of Ala. 1975, §34-21-84	1
610-X-5-.13	Reinstatement Of Lapsed	<p>(2) In the case of an Alabama-licensed advanced practice nurse, if the reinstatement of a lapsed approval for advanced practice occurs during the renewal period for registered nurses, the expiration of the advanced practice approval <u>shall</u> be the expiration date of the RN license or the expiration date of the licensee’s national certification as a certified registered nurse practitioner, whichever occurs first.</p> <p>(3) Effective January 1, 2024, have obtained continuing education prescribed by the Board of Nursing regarding the rules and statutes</p>	Code of Ala. 1975, §34-21-84	2

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		governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.		
610-X-5-.14	Qualifications For Approval As A Certified Nurse Midwife	<p>(1) The applicant for approval to practice as a certified nurse midwife <u>shall</u> have:</p> <p>(a) An active Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules, unless authorized by the Board.</p> <p>(b) Met all requirements for completion of or graduation from an organized program of study and clinical experience beyond the basic educational preparation as a registered nurse, that prepares nurse midwives and is recognized by the Board of Nursing and the appropriate specialty certifying agency.</p> <p>(c) At least a master’s or higher degree in advanced practice nursing from an accredited program recognized by the Board. The applicant for initial approval as a nurse midwife who meets one of the following criteria is exempt from the requirement for a master’s degree in nursing:</p> <p>(i) Graduation prior to 1996 from a Board recognized post-baccalaureate program preparing nurse midwives.</p> <p>(ii) Graduation prior to 1984 from a non-baccalaureate program preparing nurse midwives.</p>	Code of Ala. 1975, §§34-21-81, 34-21-84	4

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		<p>(iii) The Board of Nursing may grant a waiver of the master’s degree requirement at its discretion.</p> <p>(d) Current certification as a certified nurse midwife by the American Midwifery Certification Board.</p> <p>(e) Effective January 1, 2024, obtained continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.</p>		
610-X-5-.15	Qualifications For Physicians In Collaborative Practice With Certified Nurse Midwives	<p>(1) The physician in collaborative practice with a certified nurse midwife <u>shall</u>:</p> <p>(a) Possess a current unrestricted license to practice medicine in the State of Alabama.</p> <p>(b) Practiced medicine, including the active practice of obstetrics and/or gynecology, for at least one year, if the physician is certified by or eligible for board certification by a specialty board approved by the American Medical Association or by the American Osteopathic Association; or have practiced medicine, including the active practice of obstetrics and/or gynecology, for at least three years.</p> <p>(c) Paid all collaborative practice fees due to the Board of Medical Examiners and submitted to the Board of Medical Examiners the appropriate form.</p>	Code of Ala. 1975, §34-21-83	3

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		(2) The State Board of Medical Examiners, in its discretion, may waive the practice requirements in 1(b).		
610-X-5-.15	Qualifications For Physicians In Collaborative Practice With Certified Nurse Midwives	(3) A physician entering into a collaborative practice arrangement with a certified nurse midwife, including those who have been granted temporary approval to practice as a certified nurse midwife under the provisions of Rule 540-X-8-.21, <u>shall</u> notify the State Board of Medical Examiners in writing of the date for commencement of the collaborative practice agreement using the Commencement of Collaborative Practice” form. The Collaborative Practice fee <u>must</u> accompany the “Commencement of Collaborative Practice” form.	Code of Ala. 1975, §34-21-83	1
610-X-5-.15	Qualifications For Physicians In Collaborative Practice With Certified Nurse Midwives	(4) A physician in a collaborative practice which is voluntarily terminated by either party is responsible for notifying the Board of Medical Examiners of the date on which the collaborative practice agreement terminates. Notification to the Board of Medical Examiners by the Alabama Board of Nursing that a Certified Nurse Midwife has voluntarily terminated a collaborative practice agreement will meet the notification requirement and <u>will result</u> in termination of the physician’s approval to practice under the collaborative practice agreement.  (5) The Board of Medical Examiners may decline to consider an application where the physician is under investigation for a potential violation of the Code of Alabama, Sections 20-2-54, 34-21-25, or 34-24-360, or any rule of the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama.	Code of Ala. 1975, §34-21-83	2
610-X-5-.15	Qualifications For Physicians In Collaborative Practice With Certified Nurse Midwives	(6) Effective January 1, 2024, all collaborating physicians <u>shall</u> obtain continuing medical education prescribed by the Board of Medical Examiners regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or	Code of Ala. 1975, §34-21-83	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-5-.16	Limitations Upon Utilization Of Certified Nurse Midwives	<p>within twelve (12) months of commencement of the collaborative practice.</p> <p>(1) A physician may enter into a collaborative agreement with certified nurse midwives not exceeding a cumulative three hundred and sixty (360) hours (nine FTEs) per week. The physician <u>shall not</u> collaborate with or supervise any combination of certified registered nurse practitioners, certified nurse midwives and/or assistants to physicians Physician Assistants exceeding three hundred and sixty (360) hours per week (nine full-time equivalent positions). "One full-time equivalent" (FTE) is herein described as a person/persons collectively working forty hours a week, excluding time on call.</p> <p>(a) A physician collaborating with more than four FTEs per week <u>shall</u> engage in documented quality assurance review with each CRNP every month for six (6) months following the commencement of a collaborative practice with a new CNM.</p> <p>(b) A physician <u>shall</u> disclose to the Board of Medical Examiners the existence of all collaborative and supervisory agreements to which the physician is a party, including collaborative and supervisory agreements in other states, and <u>shall not</u> be eligible to collaborate with or supervise any combination of certified registered nurse practitioners, certified nurse midwives and/or assistants to physicians Physician Assistants exceeding three hundred and sixty (360) hours per week (nine full-time equivalent positions), inclusive of collaborative and supervisory agreements existing in other states. Agreements with an individual certified registered nurse practitioner, certified nurse midwife, and/or Physician Assistants in multiple states <u>shall</u> only be counted once for</p>	Code of Ala. 1975. §34-21-87	3

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		<p>purposes of calculating the total number of full-time equivalent positions.</p> <p>(2) Employees of the Alabama Department of Public Health and county health departments are specifically exempt from the requirements of paragraph (1) of this rule.</p> <p>(3) A physician in collaborative practice may request approval for additional full-time certified nurse midwife positions by the Joint Committee, with consideration given to the following factors to ensure that an acceptable standard of care is rendered:</p> <p>(a) Availability of the physician.</p> <p>(b) Practice settings and staffing needs for extended hours of service.</p> <p>(c) Risk to patients.</p> <p>(d) Educational preparation, specialty and experience of the parties in the collaborative practice.</p> <p>(e) Complexity and risk of procedures to be performed.</p>		
610-X-5-.16	Limitations Upon Utilization Of Certified Nurse Midwives	<p>(4) A physician in collaboration with CRNP, CNM or supervising Physician Assistant personnel totaling 360 hours per week (nine (9) FTEs) may request a transitional allowance increasing the total weekly hours for the purpose of orientation of the incoming CNM. The transitional allowance <u>shall not</u> exceed 45 days. The physician <u>shall</u> request the</p>	Code of Ala. 1975, §34-21-87	2

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		<p>transitional allowance in writing and specify the starting date for this FTE allowance.</p> <p>(5) Any certified nurse midwife engaged in practice with a collaborating physician prior to the effective date of this rule <u>may not</u> be denied approval for continued collaborative practice with that physician based on the ratio established in this rule.</p>		
610-X-5-.17	Application For Approval To Practice As A Certified Nurse Midwife	<p>(1) The applicant for approval to practice as a certified nurse midwife <u>shall</u> submit to the Board:</p> <p>(a) The required fee(s) and a completed application including the standard protocol to be followed by the certified nurse midwife and each collaborating physician, unless application is made for an exemption from a collaborative practice agreement as provided in Rule 610-X-5-.18.</p> <p>(b) An official transcript of education for advanced practice nursing as a nurse midwife that indicates the date of completion of the program and the date the degree or certificate was conferred if the dates are not the same.</p> <p>(c) Official evidence of current certification as a certified nurse midwife by the American College of Nurse Midwives Certification Council.</p> <p>(2) The Board of Nursing may decline to consider an applicant who is under investigation for a potential violation of the Code of Ala. 1975, Section 34-21-25 and the Alabama Board of Nursing Administrative Code, Chapter 610-X-8.</p>	Code of Ala. 1975, §§34-21-84, 34-21-85	2



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610-X-5-.18	Authorization For Practice As A Certified Nurse Midwife	<p>(1) The Board of Nursing may grant a certificate of qualification for advanced practice nursing as a nurse midwife to applicants who meet all requirements of 610-X-5-.14.</p> <p>(2) Use of the designation “CNM” or of any titles that imply that they are certified nurse midwives <u>shall</u> be restricted to those registered nurses who have been issued certificates of qualification by the Board of Nursing and either:</p> <p>(a) Have current approval for collaborative practice in the state of Alabama.</p> <p>(b) Are employed by the United States government and working in federal facilities.</p> <p>(c) Hold teaching positions in nurse midwife education programs recognized by the Alabama Board of Nursing.</p> <p>Prior to approval as a CNM, the registered nurse may use only the designation or title granted by the national certifying agency.</p>	Code of Ala. 1975, §§34-21-84, 34-21-85, 34-21-90	1
610-X-5-.18	Authorization For Practice As A Certified Nurse Midwife	<p>(3) When for any reason the collaborative practice agreement with the physician designated in the application for approval is terminated, then approval of such certified nurse midwife and collaborating physician designated in the application <u>is</u> automatically withdrawn.</p> <p>(a) The certified nurse midwife and the physician <u>shall</u> each inform their respective board in writing of the effective date of the termination of the collaborative practice agreement and the reasons for such</p>	Code of Ala. 1975, §§34-21-85 and 34-21-90	3

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		<p>termination. Failure to notify the respective board of termination may be considered a violation of these rules and regulations.</p> <p>(b) The certified nurse midwife <u>shall</u> notify the Board of Nursing using the designated on-line form for terminating a collaboration.</p> <p>(c) A certified nurse midwife in a collaborative practice which is voluntarily terminated by either party is responsible for notifying the Board of Nursing of the date on which the collaborative practice agreement terminates. Notification to the Board of Nursing by the Alabama Board of Medical Examiners that a physician has voluntarily terminated a collaborative practice agreement will meet the notification requirement and will result in termination of the certified nurse midwife’s approval to practice under the collaborative practice agreement.</p>		
610-X-5-.18	Authorization For Practice As A Certified Nurse Midwife	<p>(4) The advanced practice approval <u>shall</u> expire prior to the RN license if the advanced practice national specialty certification expires during the license period.</p> <p>(5) Approval for advance practice may be continued at the time of renewal, upon verification of:</p> <p>(a) Meeting the requirements of Rule 610-X-5-.14.</p> <p>(b) Continued collaboration with the approved physician(s) or eligibility for continued exemption from collaboration.</p> <p>(c) Payment of the advanced practice nursing renewal fee</p>	Code of Ala. 1975, §34-21-84	1

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		<p>(d) Six contact hours of pharmacology content specific to prescriptive practice in the approved area for collaborative practice. Graduate pharmacology academic credit earned during the nurse midwife educational program prior to initial approval as a CNM does not qualify as pharmacology continuing education for renewal of approval as a CNM.</p> <p>(e) Effective January 1, 2024, documented evidence of completion of continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.</p>		
610-X-5-.18	Authorization For Practice As A Certified Nurse Midwife	(6) Failure to meet the requirements for renewal <u>shall</u> result in lapse of the advanced practice approval.	Code of Ala. 1975, §34-21-84	0
610-X-5-.18	Authorization For Practice As A Certified Nurse Midwife	<p>(7) A nurse who fails to attain or maintain national certification as a nurse midwife from the American College of Nurse Midwives Certification Council <u>shall</u>:</p> <p>(a) Immediately notify the Board of Nursing.</p> <p>(b) Not practice or use the title of certified nurse midwife until approved by the Board of Nursing.</p>	Code of Ala. 1975, §§34-21-81, 34-21-84	1
610-X-5-.19	Temporary Approval As A Certified Nurse Midwife	(1) The applicant for approval to practice as a certified nurse midwife may be granted temporary approval for practice under the following stipulations until such time as the application is approved or denied by the Board of Nursing and the Board of Medical Examiners.	Code of Ala. 1975, §§34-21-84, 34-21-85, 34-21-87	1

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		<p>(a) The applicant <u>shall</u> meet the requirements of Rules 610-X-5-.14 and 610-X-5-.17.</p> <p>(b) The collaborating physician <u>shall</u> meet the qualifications established in Rule 610-X-5-.15.</p> <p>(c) Temporary approval is limited to the standard protocol and formulary, including oxytocics, approved by the Joint Committee of the Alabama Board of Nursing and the Alabama State Board of Medical Examiners and does not include the authority to:</p> <p>(i) Perform additional skills as provided in Rule 610-X-5-.22.</p> <p>(ii) Prescribe drugs other than oxytocics that are defined in the standard formulary with “Restrictions.”</p>		
610-X-5-.19	Temporary Approval As A Certified Nurse Midwife	<p>(2) Provisional Approval: An Alabama-licensed registered nurse who meets the requirements of Rules 610-X-5-.14 and 610-X-5-.17 with the exception of national certification, and who has applied for initial certification may be granted temporary approval under paragraph (1)(c) of this rule with these additional stipulations.</p> <p>(a) Practice under the on-site supervision of an approved certified nurse midwife or a licensed physician.</p> <p>(b) During a minimum of the first thirty days of practice or until satisfactory clinical skills are demonstrated, the collaborating physician or covering physician <u>shall</u> be in attendance at all deliveries by the nurse</p>	Code of Ala. 1975, §34-21-84	3

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		<p>midwife. The nurse midwife <u>shall</u> contact the collaborating physician or the physician providing medical coverage.</p> <p>(c) The nurse midwife with provisional approval may use the designation “Graduate Nurse Midwife.”</p> <p>(d) Provisional approval to practice is limited to a maximum of six months and <u>shall</u> expire immediately upon:</p> <p>(i) Notification of approval by the Board of Nursing</p> <p>(ii) Notification of failing the certification exam.</p> <p>(3) Interim Approval: If the relationship with the collaborating physician is terminated, a certified nurse midwife approved to practice under the provisions of these rules may continue in a collaborative practice with an interim physician after application for approval until such time as the new application is approved or denied, provided all requirements and stipulations for temporary approval cited in paragraph (1) are met.</p>		
610-X-5-.19	Temporary Approval As A Certified Nurse Midwife	<p>(4) An applicant for approval to practice as a certified nurse midwife may be granted temporary approval when either the collaborating physician or certified nurse midwife applicant is under investigation by a state or federal authority. The temporary approval <u>shall</u> remain in force until the application has been approved, denied, or withdrawn. However, the Board of Nursing or Board of Medical Examiners may decline to approve the application until the investigation has been</p>	Code of Ala. 1975, §§34-21-83, 34-21-84, 34-21-85	1

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610-X-5-.20	Requirements For Collaborative Practice By Physicians And Certified Nurse Midwives	<p>concluded. The Board of Medical Examiners may withdraw temporary approval in accordance with Rule 540-X-8-.13.</p> <p>(1) The collaborating physician <u>shall</u>:</p> <p>(a) Provide professional medical oversight and direction to the certified nurse midwife.</p> <p>(b) Be readily available for direct communication or by radio, telephone or telecommunications.</p> <p>(c) Be readily available for consultation or referrals of patients from the certified nurse midwife.</p> <p>(d) Be readily available during labor management to provide direct medical intervention and to attend deliveries if needed.</p> <p>(e) Be readily available at each remote practice site.</p>	Code of Ala. 1975, §34-21-85	5
610-X-5-.20	Requirements For Collaborative Practice By Physicians And Certified Nurse Midwives	<p>(2) In the event the collaborating physician is not readily available, provisions <u>shall</u> be made for professional medical oversight and direction by a covering physician who is readily available, who is pre-approved by the Board of Medical Examiners, and who is familiar with these rules. The collaborating physician <u>shall</u> certify to the Board of Medical Examiners at least annually that any approved covering physician continues to agree to serve in that capacity and <u>shall</u> inform the Board of Medical Examiners of the termination of a covering physician within ten (10) days of the termination.</p>	Code of Ala. 1975, §34-21-87	3

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610-X-5-.20	Requirements For Collaborative Practice By Physicians And Certified Nurse Midwives	<p>(3) In the event of an unanticipated, permanent absence of a collaborating physician, a previously approved covering physician may be designated as a temporary collaborating physician for a period of up to sixty (60) days. During the sixty (60) day time period, an application designating a new collaborating physician should be submitted for approval.</p> <p>(4) The certified nurse midwife’s scheduled hours in patient homes, facilities licensed by the Alabama Department of Public Health and facilities certified by the Alabama Department of Mental Health are not subject to the required minimum hours for physician presence.</p>	Code of Ala. 1975, §§34-21-85, 34-21-87	0
610-X-5-.20	Requirements For Collaborative Practice By Physicians And Certified Nurse Midwives	<p>(5) The collaborating physician <u>shall</u>:</p> <p>(a) Have no additional requirement for documentation of on-site collaboration when working in the same facility with the certified nurse midwife (CNM).</p> <p>(b) Be present for not less than ten percent (10%) of the CNM’s scheduled hours in an approved practice site with CNM who has less than two (2) years (4,000 hours) of collaborative practice experience:</p> <p>(i) Since initial certification, or</p> <p>(ii) In the collaborating physician’s practice specialty.</p> <p>(c) Maintain documentation of the CNM’s two (2) years (4,000 hours) of collaborative practice experience for the duration of the collaborative practice and for three (3) years following the termination of the collaborative practice agreement.</p>	Code of Ala. 1975, §34-21-85	5

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		<p>(d) Visit remote practice sites no less than twice annually.</p> <p>(e) Meet no less than quarterly with the CNM who has more than two (2) years (4,000 hours) of collaborative practice experience.</p> <p>(f) Complete quarterly quality assurance with each CNM. Documentation of any quality assurance review required by this chapter <u>shall</u> be maintained by the collaborating physician for the duration of the collaborative practice and for three years following the termination of the collaborative practice agreement.</p> <p>(g) Allow a pre-approved covering physician to be present in lieu of the collaborating physician.</p>		
610-X-5-.20	Requirements For Collaborative Practice By Physicians And Certified Nurse Midwives	(6) The collaborating physician <u>shall</u> provide notice in writing to the State Board of Medical Examiners of the commencement or termination of a collaborative practice agreement as required by Rule 540-X-8-.18(4)	Code of Ala. 1975, §§34-21-85, 34-21-87	1
610-X-5-.20	Requirements For Collaborative Practice By Physicians And Certified Nurse Midwives	(7) The Joint Committee may, at its discretion, waive the requirements of written verification of physician availability upon documentation of exceptional circumstances. Employees of state and county health departments are exempt from the requirements of written verification of physician availability.	Code of Ala. 1975, §34-21-85	0
610-X-5-.20	Requirements For Collaborative Practice By Physicians And Certified Nurse Midwives	(8) A written standard protocol specific to the specialty practice area of the certified nurse midwife and the specialty practice area of the collaborating physician, approved and signed by both the collaborating physician and the certified nurse midwife <u>shall</u> :	Code of Ala. 1975, §§34-21-85, 34-21-87	8



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		<p>(a) Identify all sites where the certified nurse midwife will practice within the collaboration protocol.</p> <p>(b) Identify the physician’s principal practice site.</p> <p>(c) Be maintained at each practice site and on file with the Board of Nursing and the Board of Medical Examiners.</p> <p>(d) Include a formulary of drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered, and implemented by the certified nurse midwife consistent with these rules and which are appropriate for the collaborative practice setting.</p> <p>(e) Include a pre-determined plan for emergency services.</p> <p>(f) Specify the process by which the certified nurse midwife <u>shall</u> refer a patient to a physician other than the collaborating physician.</p> <p>(g) Specify a plan for quality assurance management with defined quality outcome measures for evaluation of the clinical practice of the certified nurse midwife and include review of a meaningful sample of medical records plus all adverse outcomes.</p> <p>(h) Documentation of quality assurance review <u>shall</u> be readily retrievable, identify records that were selected for review, include a summary of findings, conclusions, and, if indicated, recommendations for change. Quality assurance monitoring may be performed by designated personnel, with final results presented to the physician and</p>		

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		certified nurse midwife for review. The certified nurse midwife <u>shall</u> maintain a copy of the plan for quality assurance, in a form prescribed by the Board, on file with the Board of Nursing. The collaborating physician <u>shall</u> maintain an updated copy of the plan for quality assurance on file with the Board of Medical Examiners.		
610-X-5-.20	Requirements For Collaborative Practice By Physicians And Certified Nurse Midwives	(9) The physician <u>shall</u> maintain independent medical judgment related to the practice of medicine at all times, irrespective of employment structure or business model.	Code of Ala. 1975, §34-21-83	0
610-X-5-.20	Requirements For Collaborative Practice By Physicians And Certified Nurse Midwives	(10) Irrespective of the location of the principal practice site and any remote site(s) of the collaboration, all services provided to patients and actions incident to services provided to patients of the collaborative practice <u>shall</u> be deemed to have occurred in the state where the patient is located at the time of service or action incident to the service. The collaborating physician, covering physician, and certified nurse midwife <u>shall</u> comply with all applicable Alabama laws, rules, and regulations pertaining to services and actions incident to services provided to Alabama patients of the collaborative practice. Actions incident to services include, but are not limited to, professional medical oversight and direction to the certified nurse midwife regarding Alabama patients, consultation, or referral of Alabama patients from the certified registered nurse practitioner, quality assurance review of the medical records of Alabama patients, and maintenance of documentation pursuant to this chapter. The collaborating physician <u>shall</u> maintain all documentation required pursuant to this chapter for the duration of the collaborative practice and for three years following the termination of the collaborative practice agreement.	Code of Ala. 1975, §34-21-80, et seq.	0

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610-X-5-.21	Standards Of Practice For Certified Nurse Midwives	The certified nurse midwife <u>shall</u> practice in accordance with the standards and functions developed by the American College of Nurse Midwives as recognized by the Board of Nursing and as congruent with Alabama law.	Code of Ala. 1975, §§ 34-21-81, 34-21-84, 34-21-85, 34-21-86, 34-21-87	1
610-X-5-.22	Functions And Activities Of Certified Nurse Midwives	<p>(1) The certified nurse midwife is responsible and accountable for the continuous and comprehensive management of women’s health care focusing on pregnancy, childbirth, the post-partum period, care of the newborn, family planning and gynecological needs for which the certified nurse midwife is educationally prepared and for which competency is maintained, with physician collaboration as described in these rules. These services include but are not restricted to the following:</p> <p>(a) Evaluate current health status and risk factors of individuals based on comprehensive health history and comprehensive physical examinations and assessments.</p> <p>(b) Formulate a working diagnosis, develop and implement a treatment plan, evaluate and modify therapeutic regimens to promote positive patient outcomes.</p> <p>(c) Prescribe, administer and provide therapeutic measures, tests, procedures, and drugs.</p> <p>(d) Counsel, teach and assist individuals/families to assume responsibility for self-care in prevention of illness, health maintenance, and health restoration.</p>	Code of Ala. 1975, §§34-21-81, 34-21-84, 34-21-85, 34-21-86, 34-21-87, 34-21-93.1	0

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		(e) Consult with and refer to other health care providers as appropriate.		
610-X-5-.22	Functions And Activities Of Certified Nurse Midwives	<p>(2) A standard protocol approved by the Board of Nursing and State Board of Medical Examiners <u>shall</u> address permissible functions and activities specific to the advance practice of the certified nurse midwife.</p> <p>(3) A certified nurse midwife may, after the successful completion of an organized program of study and supervised clinical practice, carry out functions beyond the nurse midwifery educational preparation provided the functions are approved by the Board of Nursing as being within the legal scope of practice for a certified nurse midwife. Such functions will be submitted to the Joint Committee for consideration for inclusion on the standard protocol.</p> <p>(4) Requests for additional functions to be added to the protocol may be submitted to the Joint Committee for consideration.</p> <p>(5) A certified nurse midwife may write admission orders for inpatients and subsequent orders in accordance with established protocols and institutional policies.</p>	Code of Ala. 1975, §§34-21-85, 34-21-86, 34-21-87	1
610-X-5-.23	Prescriptions And Medication Orders By Certified Nurse Midwives	(1) Certified nurse midwives engaged in collaborative practice with physicians may be granted prescriptive authority upon submission of evidence of completion of an academic course in pharmacology or evidence of integration of pharmacology theory and clinical application in the certified nurse midwifery curriculum.	Code of Ala. 1975, §34-21-86	1
610-X-5-.23	Prescriptions And Medication Orders By Certified Nurse Midwives	(2) Certified nurse midwives practicing under protocols approved in the manner prescribed by Code of Ala. 1975, section 34-21-80 et seq. may	Code of Ala. 1975, §34-21-86	0

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		<p>prescribe legend drugs to their patients, subject to the following conditions:</p> <p>(a) The drug <u>shall</u> be included in the formulary recommended by the Joint Committee and adopted by the Board of Nursing and the State Board of Medical Examiners.</p> <p>(b) The drug type, dosage, quantity prescribed, and number of refills <u>shall</u> be authorized in an approved protocol signed by the collaborating physician and the certified nurse midwife. This requirement may be met if written prescriptions adhere to the standard recommended doses of legend drugs, as identified in the Physician’s Desk Reference or Product-Information Insert, and do not:</p> <p>(i) Exceed the recommended treatment regimen periods.</p> <p>(ii) Include United States Food and Drug Administration (FDA) non-approved supplements, drug products, medication, and off label medications.</p> <p>(c) Drugs and Medications that do not have FDA approval may be prescribed through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial.</p> <p>(d) “Off Label” use or prescription of FDA-approved medications for uses other than that indicated by the FDA, is permitted when such practices are:</p>		

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		(i) Within the current standard of care for treatment of disease or condition.  (ii) Supported by evidence-based research.  (iii) Approved by the collaborating physician and entered into the patient record.		
610-X-5-.23	Prescriptions And Medication Orders By Certified Nurse Midwives	(3) A certified nurse midwife <u>shall not</u> initiate a call-in prescription in the name of a collaborating physician for any drug, whether legend or controlled substance, which the certified nurse midwife is not authorized to prescribe under the protocol signed by the collaborating physician and certified nurse midwife and approved under this section unless the drug is specifically ordered for the patient by the physician, either in writing or by a verbal order which has been transcribed in writing, and which has been signed by the physician within seven working days or as otherwise specified by the Board of Nursing and the State Board of Medical Examiners.	Code of Ala. 1975, §34-21-86	1
610-X-5-.23	Prescriptions And Medication Orders By Certified Nurse Midwives	(4) A written prescription for any drug that the certified nurse midwife is authorized to prescribe may be called in to a pharmacy, provided the prescription is entered into the patient’s record and signed by the certified nurse midwife.	Code of Ala. 1975, §34-21-86	0
610-X-5-.23	Prescriptions And Medication Orders By Certified Nurse Midwives	(5) The certified nurse midwife in collaborative practice with prescriptive privileges <u>shall not</u> engage in prescribing for:  (a) Self.  (b) Immediate family members.	Code of Ala. 1975, §34-21-86	1

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		(c) Individuals who are not patients of the practice, except in cases where a certified registered nurse midwife is prescribing for the sexual partner(s) of a patient in accordance with an Expedited Partner Therapy (EPT) protocol for the prevention of transmission and spread of sexually transmitted disease(s).		
610-X-5-.23	Prescriptions And Medication Orders By Certified Nurse Midwives	(6) The certified nurse midwife who is in collaborative practice and has prescriptive privileges may receive and sign for samples of legend drugs that are authorized in the approved formulary for the collaborative practice, provided the certified nurse midwife complies with all applicable state and federal laws and regulations.	Code of Ala. 1975, §34-21-86	0
610-X-5-.23	Prescriptions And Medication Orders By Certified Nurse Midwives	<p>(7) When prescribing legend drugs a certified nurse midwife <u>shall</u> use a prescription format that includes all of the following:</p> <p>(a) The name, medical practice site address and telephone number of the collaborating physician or covering physician.</p> <p>(b) The name of the certified nurse midwife.</p> <p>(c) The medical practice site address and telephone number of the certified nurse midwife if different from that of the collaborating physician.</p> <p>(d) The certified nurse midwife’s registered nurse license number assigned by the Board of Nursing.</p> <p>(e) The words “Product Selection Permitted” printed on one side of the prescription form directly beneath a signature line.</p>	Code of Ala. 1975, §34-21-86	1

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		(f) The words “Dispense as written” printed on one side of the prescription form directly beneath a signature line.		
		(g) The date the prescription is issued to the patient.		
610-X-5-.24	Reinstatement Of Lapsed Approval For Practice As A Certified Nurse Midwife	<p>(1) Lapsed approval as a certified nurse midwife may be reinstated upon submission of a completed application and compliance with the following:</p> <p>(a) An active Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.</p> <p>(b) Payment of current renewal and reinstatement fees, as well as outstanding fees and fines, if applicable.</p> <p>(c) Official evidence of current national certification as a certified nurse midwife by a national certifying agency recognized by the Board.</p> <p>(d) Documented evidence of completion of six contact hours of pharmacology content specific to prescriptive practice in the approved area for collaborative practice earned within the 24 months immediately preceding application.</p>	Code of Ala. 1975, §34-21-84	0
610-X-5-.24	Reinstatement Of Lapsed Approval For Practice As A Certified Nurse Midwife	<p>(2) In the case of an Alabama-licensed advanced practice nurse, if the reinstatement of a lapsed approval for advanced practice occurs during the renewal period for registered nurses, the expiration of the advanced practice approval <u>shall</u> be the expiration date of the RN license or the expiration date of the licensee’s national certification as a certified nurse midwife, whichever occurs first.</p>	Code of Ala. 1975, §34-21-84	0



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	Reinstatement Of Lapsed Approval For Practice As A Certified Nurse Midwife	(3) Effective January 1, 2024, <u>have</u> obtained continuing education prescribed by the Board of Nursing regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice.	Code of Ala. 1975, §34-21-84	1
610-X-5-.25	Grounds For Termination Of Approval Of A Collaborative Practice	<p>(1) The following acts may constitute grounds for the termination of the advanced practice approval for the collaborating practice of a physician and a certified registered nurse practitioner or certified nurse midwife:</p> <p>(a) Prescribing by a certified registered nurse practitioner or certified nurse midwife in violation of §§20-2-54, 20-2-254, 20-2-260, and 34-21-80 through 34-21-93 of the Code of Ala. 1975, as amended, or the rules of the State Board of Medical Examiners.</p> <p>(b) For a certified registered nurse practitioner or certified nurse midwife to knowingly engage in any act or render any services not authorized in his or her protocol.</p> <p>(c) Failure of a certified registered nurse practitioner or certified nurse midwife to maintain current licensure and advanced practice approval with the Board of Nursing.</p> <p>(d) Failure of a certified registered nurse practitioner or certified nurse midwife to comply with any statute or rule governing collaborative practice.</p>	Code of Ala. 1975, §34-21-88	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Total Restrictive Terms:	80	Total Discretionary Restrictions:	130

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-6-.01	Definitions	<p>(1) Accountability: The state of being answerable or responsible for action.</p> <p>(2) Assessment, Comprehensive: The systematic collection and analysis of data, including the physical, psychological, social, cultural, and spiritual aspects of the patient by the registered nurse for the purpose of judging a patient’s health and illness status and actual or potential health needs. Comprehensive assessment includes patient history, physical examination, analysis of the data collected, and development, implementation, and evaluation of the patient’s plan of care.</p> <p>(3) Assessment, Focused: An appraisal of a patient’s status and specific complaint through observation and collection of objective and subjective data by the registered nurse or licensed practical nurse. Focused assessment may contribute to a comprehensive assessment performed by the registered nurse and involves identification of normal and abnormal findings, and anticipation and recognition of changes or potential changes in the patient’s health status.</p> <p>(4) Assignment, Licensed Nurse: The transfer of responsibility and accountability for nursing activities from one licensed nurse to another.</p> <p>(5) Assignment, Unlicensed Individual: The assignment of tasks from a licensed nurse to unlicensed assistive personnel. The licensed nurse making the assignment retains accountability for accurate and timely completion and outcome of the tasks.</p>	Code of Ala. 1975, §§34-21-2(j)(23)	0

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		<p>(6) Medication Assistant, Certified (MAC) Assignment: The assignment by a licensed nurse of medication administration duties to a MAC.</p> <p>(7) Delegation: The act of authorizing a competent individual to perform selected nursing activities supportive to registered nurses or licensed practical nurses in selected situations, while retaining accountability for the outcome, if the delegation is to an unlicensed individual.</p> <p>(8) Dual Relationship: Any time a licensed nurse interacts with a patient outside the nurse-patient relationship.</p> <p>(9) Hospital: A facility described in Code of Ala. 1975, Section 22-21-20(1), other than a health maintenance organization, which has an organized medical staff, or which employs the services of a medical director who is a physician licensed to practice medicine in Alabama. The term hospital <u>shall not</u> include the private offices of physicians or dentists, whether in individual, group, registered corporation, or registered association practice.</p> <p>(10) Legally Authorized Prescriber: Healthcare professional who is authorized by law to prescribe medications or other treatment modalities.</p> <p>(11) May: Power, privilege, or right retained by the Board.</p>		

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		<p>(12) <u>May not</u>: Prohibition.</p> <p>(13) Moderate Sedation: The administration of pharmacological agent(s) for the purpose of inducing a medically controlled state of depressed consciousness limited to short periods of time and used for diagnostic and therapeutic procedures that:</p> <p>(a) Allow protective reflexes to be maintained.</p> <p>(b) Retain the patient’s ability to maintain a patent airway, respiratory rate, and rhythm.</p> <p>(c) Permit expected responses by the patient to physical stimulation and verbal command.</p> <p>(14) Organized Program of Study: An organized sequence of learning activities that provides the instructional foundation (didactic and clinical) for participants to achieve the desired learning outcomes in a given subject matter.</p> <p>(15) Professional Boundary: Behavior of the licensed nurse in maintaining a therapeutic relationship with a patient for the patient’s benefit, rather than behavior that shifts the focus to the licensed nurse.</p> <p>(16) Qualified Instructor: An individual with the knowledge, skills, ability, experience, and expertise to present the selected topic.</p>		

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		<p>(17) Responsibility: The charge to do something that is expected performance.</p> <p>(18) <u>Shall</u>: Duty, requirement, or condition.</p> <p>(19) Supervised Clinical Practice: A systematic plan for practicing the behavior or skill related to the standardized procedure under the supervision of a qualified instructor for the purpose of mastering the procedure.</p> <p>(20) Supervision, Direct: Responsible licensed nurse is physically present in the facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation. Direct supervision by a registered nurse is <u>required</u> for new graduates practicing on a temporary permit.</p> <p>(21) Supervision, Indirect: Responsible licensed nurse is available for periodic inspection and evaluation through physical presence, electronic or telephonic communication for direction, consultation, and collaboration.</p> <p>(22) Standardized Procedure: Written policies and protocols establishing the permissible functions, activities, and level of supervision of registered nurses and licensed practical nurses for practice beyond basic nursing education preparation.</p>		

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		<p>(23) Standardized Procedure Report: Document submitted annually to the Board of Nursing identifying the facility’s current practices and procedures beyond basic education.</p> <p>(24) Unencumbered license: An active license that has no current stipulations, conditions, or limitations.</p> <p>(25) Standard Precautions: Recommendations issued by the Centers for Disease Control and Prevention (CDC) to minimize the risk of transmission of pathogens.</p> <p>(26) Telehealth nursing: The practice of distance nursing care using telecommunications technology.</p>		
610-X-6-.02	Standards Of Practice	<p>(1) The RN, LPN, or APRN <u>shall</u> comply with the standards of practice within these rules, national standards of practice according to the nursing role including, but not limited to, the following:</p> <p>(a) Practicing within their legal scope of practice as defined in the Alabama Nurse Practice Act and the Alabama Board of Nursing Administrative Code.</p> <p>(b) Accepting responsibility for individual nursing actions, competence, decisions, standards or practice, and behavior in the course of nursing practice and the exercise of appropriate nursing judgment.</p>	Code of Ala. 1975, §§34-21-1(9), 34-21-2(j)(23), 34-21-81, 34-21-84	12

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		<p>(c) Maintaining competence through on-going learning and application of knowledge in nursing practice and skills in the area of practice to maintain ability to manage risks and potential complications.</p> <p>(d) Executing medical regimens according to approved medical protocols, standardized procedures, and standing orders, including administering medications and treatments prescribed by a legally authorized prescriber.</p> <p>(e) Identifying changes in patient health status and taking appropriate action, to include preventive measures to protect patient, self, and others.</p> <p>(f) Documenting nursing interventions and responses to care in an accurate, timely, thorough, and clear manner.</p> <p>(g) Providing patient surveillance and monitoring.</p> <p>(h) Maintaining professional boundaries.</p> <p>(i) Providing care supportive to or restorative of life and well-being and end of life care.</p> <p>(j) Conducting and documenting comprehensive and/or focused assessments, to include evaluations of patient care.</p> <p>(k) Consulting with or referring patients to other healthcare providers to resolve situations beyond the expertise of the licensed nurse.</p>		



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		<p>(l) Collaborating on planning and care of patients to include health maintenance, patient teaching, counseling, collaborative planning, prevention of illness, rehabilitation, and discharge planning.</p> <p>(m) Delegating to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely.</p>		
610-X-6-.03	Standards For Conduct And Accountability	<p>The registered nurse or licensed practical nurse <u>shall</u>:</p> <p>(1) Have knowledge and understanding of the laws and rules regulating nursing.</p> <p>(2) Function within the legal scope of nursing practice.</p> <p>(3) Obtain instruction and supervision as necessary, when implementing new or unfamiliar nursing techniques or practices.</p> <p>(4) Be responsible and accountable for the quality of nursing care delivered to patients, based on and limited to scope of education, demonstrated competence, and nursing experience.</p> <p>(5) Be responsible for monitoring and evaluating the quality of patient care delivered by personnel under the individual nurse’s supervision.</p> <p>(6) Be responsible and accountable for the delegation of selected nursing activities in selected situations to unlicensed individuals.</p>	Code of Ala. 1975, §§ 34-21-1(9), 34-21-2(j)(23)	17

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		<p>(7) Accept individual responsibility and accountability for judgments, actions, and nursing competency, remaining current with technology and practicing consistent with facility policies and procedures.</p> <p>(8) Accept individual responsibility and accountability for recognition and appropriate nursing action following a change in the patient’s mental or physical status.</p> <p>(9) Practice in compliance with current CDC Standard Precautions and Infection Control, including aseptic technique.</p> <p>(10) Practice without discrimination on the basis of age, race, religion, gender, national origin, sexual orientation, patient diagnosis, or disability.</p> <p>(11) Respect the dignity and rights of patients and their significant others, including, but not limited to:</p> <p>(a) Privacy.</p> <p>(b) Safety.</p> <p>(c) Protection of confidential information, unless disclosure is required by law.</p> <p>(d) Freedom from exploitation of physical, mental, sexual, or financial boundaries.</p>		

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		<p>(e) Protection of real and personal property.</p> <p>(f) Behavior that is therapeutic and places the patient’s interests before the nurse’s interests.</p> <p>(12) Collaborate with other members of the health care team.</p> <p>(13) Accept individual responsibility and accountability to avoid personal disruptive behaviors that negatively impact patient care and the nursing profession.</p> <p>(14) Accept individual responsibility and accountability for timely reporting of illegal, substandard, unethical, unsafe, or incompetent nursing practice directly to the Board of Nursing.</p> <p>(15) Accept individual responsibility and accountability for accurate, complete, and legible documentation related to:</p> <p>(a) Patient care records.</p> <p>(b) Health care employment.</p> <p>(c) Licensure and other credentials.</p> <p>(d) Continuing education records.</p>		

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		<p>(16) Accept individual responsibility and accountability for the assignment of tasks to others.</p> <p>(17) Accept individual responsibility and accountability for proper delegation of nursing care activities to other health care workers.</p> <p>(18) Assess individual competency when assigning selected components of nursing care to other health care workers, including, but not limited to:</p> <p>(a) Knowledge, skills, and experience.</p> <p>(b) Complexity of assigned tasks.</p> <p>(c) Health status of the patient.</p>		
610-X-6-.04	Practice Of Professional Nursing (Registered Nurse Practice)	<p>(1) The practice of professional nursing includes the performance, for compensation, of any act in the care and counselling of persons or in the promotion and maintenance of health and prevention of illness and injury based upon the nursing process which includes systematic data gathering, assessment, appropriate nursing judgment and evaluation of human responses to actual or potential health problems through such services as case finding, health teaching, and health counselling; and provision of care supportive to or restorative of life and well-being, and executing medical regimens including administering medications and treatments prescribed by a licensed or otherwise legally authorized physician or dentist. A nursing regimen <u>shall</u> be consistent with and <u>shall not vary</u> any existing medical regimen. Additional acts requiring appropriate education and training designed to maintain access to a level</p>	Code of Ala. 1975, §§34-21-1(9)(a), 34-21-2(j)(23), 34-21-81, 34-21-84.	3

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		<p>of health care for the consumer may be performed under emergency or other conditions which are recognized by the nursing and medical professions as proper to be performed by a registered nurse.</p> <p>(2) The scope of an individual registered nurse's level of practice includes, but is not limited to:</p> <p>(a) License status, including Board approval for advanced practice as detailed in Chapters 610-X-5 and 610-X-9 of these rules.</p> <p>(b) Educational preparation, initial and continued.</p> <p>(c) State and federal statutes and regulations.</p> <p>(d) State and national standards appropriate to the scope and the type of practice.</p> <p>(e) Nursing experience.</p> <p>(f) Demonstrated competence.</p> <p>(g) Facility policy and procedures, Board approved standardized procedures and approved medical protocols.</p>		
610-X-6-.04	Practice Of Professional Nursing (Registered Nurse Practice)	<p>(3) Practice as an advanced practice nurse (APRN) <u>requires</u> educational preparation, appropriate certification, and Board approval to practice, as outlined in Chapters 610-X-5 and 610-X-9 of these rules. The APRN <u>shall</u> comply with the standards for RNs as specified in these rules. Standards for a specific role and population focus of APRNs</p>	Code of Ala. 1975, §§34-21-1(9)(a), 34-21-2(j)(23), 34-21-81, 34-21-84.	1

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		supersede standards for RNs where conflict between the standards, if any, exists.		
610-X-6-.04	Practice Of Professional Nursing (Registered Nurse Practice)	(a) The APRN in collaborative practice <u>may not</u> discontinue treatment of a patient, as long as further treatment is medically indicated, without giving the patient reasonable written notice and sufficient opportunity to make alternative arrangements for care.	Code of Ala. 1975, §§34-21-1(9)(a), 34-21-2(j)(23), 34-21-81, 34-21-84.	1
610-X-6-.05	Practice Of Practical Nursing (Licensed Practical Nurse Practice)	<p>(1) The practice of practical nursing includes the performance, for compensation, of acts designed to promote and maintain health, prevent illness and injury, and provide care utilizing standardized procedures and the nursing process, including administering medications and treatments, under the direction of a licensed professional nurse or a licensed or otherwise legally authorized physician or dentist. Such practice <u>requires</u> basic knowledge of the biological, physical, and behavioral sciences and of nursing skills but does not require the substantial specialized skill, independent judgment, and knowledge required in the practice of professional nursing. Additional acts requiring appropriate education and training may be performed under emergency or other conditions which are recognized by the nursing and medical professions as proper to be performed by a licensed practical nurse.</p> <p>(2) The scope of an individual licensed practical nurse's level of practice includes, but is not limited to:</p> <p>(a) License status.</p> <p>(b) Educational preparation, initial and continued.</p>	Code of Ala. 1975, §§34-21-1(9)(b), 34-21-2(j)(23)	2

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		<p>(c) State and federal statutes and regulations.</p> <p>(d) State and national standards appropriate to the scope and the type of practice.</p> <p>(e) Nursing experience. Assumption of responsibility for recognizing personal limits of knowledge and experience.</p> <p>(f) Demonstrated competence.</p> <p>(g) Facility policy and procedures, Board approved standardized procedures, and approved medical protocols.</p>		
610-X-6-.06	Standards For Documentation	<p>(1) The standards for documentation of nursing care provided to patients by licensed nurses are based on principles of documentation, regardless of the documentation format.</p> <p>(2) Documentation of nursing care <u>shall</u> be:</p> <p>(a) Legible.</p> <p>(b) Accurate.</p> <p>(c) Complete. Complete documentation includes reporting and documenting on appropriate records a patient's status, including signs and symptoms, responses, treatments, medications, other nursing care rendered, communication of pertinent information to other health team members, and unusual occurrences involving the patient. A signature of</p>	Code of Ala. 1975, §§34-21-1(9), 34-21-2(j)(23)	1

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		<p>the writer, whether electronic or written, is <u>required</u> in order for the documentation to be considered complete.</p> <p>(d) Timely.</p> <p>1. Charted at the time or after the care, to include medications. Charting prior to care being provided, including medications, violates principles of documentation.</p> <p>2. Documentation of patient care that is not in the sequence of the time the care was provided <u>shall</u> be recorded as a “late entry,” including a date and time the late entry was made, as well as the date and time the care was provided.</p> <p>(e) A mistaken entry in the record by a licensed nurse <u>shall</u> be corrected by a method that does not obliterate, white-out, or destroy the entry.</p> <p>(f) Corrections to a record by a licensed nurse <u>shall</u> include the name or initials of the individual making the correction.</p>		
610-X-6-.07	Standards For Medication Administration And Safety	<p>(1) The registered nurse or licensed practical nurse <u>shall</u> have applied knowledge of medication administration and safety, including but not limited to:</p> <p>(a) Drug action.</p> <p>(b) Classifications.</p>	Code of Ala. 1975, §§34-21-2(j)(23)	1



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		<ul style="list-style-type: none"> <li>(c) Expected therapeutic benefit of medication.</li> <li>(d) Expected monitoring.</li> <li>(e) Indications based on existing patient illness or injury processes.</li> <li>(f) Contraindications based on presence of additional known patient illnesses, disease processes, or pre-existing conditions.</li> <li>(g) Possible side effects and interventions for same.</li> <li>(h) Adverse reactions and interventions for same.</li> <li>(i) Emergency interventions for anaphylactic reactions.</li> <li>(j) Safety precautions, including but not limited to:                             <ul style="list-style-type: none"> <li>1. Right patient.</li> <li>2. Right medication.</li> <li>3. Right time.</li> <li>4. Right dose.</li> <li>5. Right route.</li> <li>6. Right reason.</li> </ul> </li> </ul>		

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		7. Right documentation.  (k) Interactions with other drugs, foods, or complementary therapies.  (l) Calculation of drug dosages.  (m) Federal and state legal requirements related to storage of controlled substances.  (n) Healthcare facility policy and procedure on secure storage of all medications.  (o) Patient education specific to medication.		
610-X-6-.07	Standards For Medication Administration And Safety	(2) The licensed nurse <u>shall</u> exercise decision-making skills when administering medications, to include but not limited to:  (a) Whether medications should be administered.  (b) Assessment of patient’s health status and complaint prior to and after administering medications, including as needed (PRN) medications.  (c) When to contact the prescriber.  (d) Education of patient, family, and caregiver regarding prescribed medication.	Code of Ala. 1975, §34-21-2(j)(23).	1

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610-X-6-.07	Standards For Medication Administration And Safety	<p>(3) The licensed nurse <u>shall</u> exhibit skills when administering medications, including but not limited to:</p> <p>(a) Physical ability to open medication packaging and access delivery systems.</p> <p>(b) Read, write, and comprehend English.</p> <p>(c) Read, write, and comprehend scientific phrases relevant to administration of medication.</p> <p>(d) Measuring medication dosages.</p> <p>(e) Math calculations.</p> <p>(f) Routes of administration.</p> <p>(g) Proper usage of technical equipment for medication administration.</p>	Code of Ala. 1975, §34-21-2(j)(23).	1
610-X-6-.07	Standards For Medication Administration And Safety	<p>(4) Documentation of medication administration <u>shall</u> comply with the principles of documentation and include safety precautions of medication administration, controlled drug records per federal and state law, and facility policy.</p>	Code of Ala. 1975, §34-21-2(j)(23).	1
610-X-6-.07	Standards For Medication Administration And Safety	<p>(5) Administration of medications by routes beyond basic educational preparation, including but not limited to intrathecal, intracavitary, and intraosseous, <u>require</u> a standardized procedure.</p>	Code of Ala. 1975, §34-21-2(j)(23).	1

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		(6) The topical, intradermal, subcutaneous, or intramuscular administration of a local anesthetic agent in a specified amount designated by order of a licensed physician or dentist and in compliance with the Food and Drug Administration regulations may be performed by a licensed nurse when they meet the requirements of Rule 610-X-6-.04 or 610-X-6-.05 respectively.		
610-X-6-.07	Standards For Medication Administration And Safety	<p>(7) The monitoring and adjustment of local anesthetic agent(s) and analgesic agent(s) infusing via an epidural, brachial plexus, intrathecal or femoral catheter placed by a qualified certified registered nurse anesthetist or qualified licensed physician may be performed by a registered nurse, with the use of an electronic pump or infusion reservoir, as ordered by a legally authorized prescriber.</p> <p>(a) The registered nurse is authorized to replace and refill reservoirs with a solution prepared by a licensed registered pharmacist. The registered nurse is authorized to adjust infusion rates at the direction of a physician licensed to practice medicine or a certified registered nurse anesthetist.</p> <p>(b) A standardized procedure is <u>required</u> for monitoring and adjustment of epidural, intrathecal, brachial plexus, and femoral catheter infusions of local anesthetics and analgesics.</p> <p>(c) The organized program of study <u>shall</u> include:</p> <ol style="list-style-type: none"> <li>1. Advanced cardiac life support or other comparable certification.</li> <li>2. Review of pertinent anatomy, physiology, and pathophysiology.</li> </ol>	Code of Ala. 1975, §34-21-2(j)(23).	1

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		<ul style="list-style-type: none"> <li>3. Electronic pump/reservoir management.</li> <li>4. Theory of epidural analgesia.</li> <li>5. Neurological assessment.</li> <li>6. Recognition and management of complications.</li> <li>7. Pharmacokinetics and pharmacodynamics</li> <li>8. Annual review and competency evaluation.</li> <li>(d) The registered nurse <u>is not</u> authorized to administer bolus dosages via an epidural, intrathecal, or brachial plexus catheter.</li> <li>(8) Intravenous chemotherapeutic agents may be administered by a registered nurse, following participation in:                             <ul style="list-style-type: none"> <li>(a) An organized program of study.</li> <li>(b) Supervised clinical practice.</li> <li>(c) Demonstrated clinical competence.</li> <li>(d) Annual evaluation of competence.</li> </ul> </li> </ul>		
610-X-6-.08	Standards For Moderate Sedation	(1) After a patient assessment and verification of the physical presence of a physician, dentist, or certified registered nurse anesthetist	Code of Ala. 1975, §§34-21-	1

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		<p>and licensed or unlicensed assistive personnel in the procedural area, the registered nurse may administer ordered medications for the purpose of inducing moderate sedation that allows the patient to be aroused and to retain reflexes for short-term therapeutic or diagnostic procedures, pursuant to facility policies and procedures.</p> <p>(2) The minimum <u>requirements</u> for a registered nurse to perform moderate sedation and associated monitoring includes; successful completion of an organized program of study, supervised clinical practice, and demonstrated clinical competence.</p>	1(9)(a), 34-21-2(j)(23)	
610-X-6-.08	Standards For Moderate Sedation	<p>(3) The minimum training for the registered nurse managing the care of patients receiving moderate sedation <u>shall</u> include:</p> <p>(a) Anatomy, physiology, pharmacology, cardiac arrhythmia recognition, and complications related to sedation and medications.</p> <p>(b) Total patient care requirements to be assessed during moderate sedation and recovery, including but not limited to the following physiologic measurements:</p> <ol style="list-style-type: none"> <li>1. Respiratory rate.</li> <li>2. Oxygen saturation.</li> <li>3. Blood pressure.</li> <li>4. Cardiac rate and rhythm.</li> </ol>	Code of Ala. 1975, §§34-21-1(9)(a), 34-21-2(j)(23)	1

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		<p>5. Level of consciousness.</p> <p>(c) Principles of oxygen delivery, respiratory physiology, transport, uptake and demonstration of the ability to use oxygen delivery devices.</p> <p>(d) Anticipation and recognition of potential complications of sedation in relation to the type of medication being administered.</p> <p>(e) Requisite knowledge and skills to assess and intervene in the event of complications or undesired outcomes and to institute nursing interventions, in compliance with orders or institutional protocols or guidelines.</p> <p>(f) Demonstration of skill in airway management resuscitation.</p>		
610-X-6-.08	Standards For Moderate Sedation	(4) The registered nurse managing and monitoring the patient receiving moderate sedation <u>shall</u> have no other responsibilities during the procedure that would leave the patient unattended or compromise continuous monitoring.	Code of Ala. 1975, §§34-21-1(9)(a), 34-21-2(j)(23)	1
610-X-6-.08	Standards For Moderate Sedation	<p>(5) The registered nurse <u>shall</u> ensure safety considerations, including but not limited to continuous monitoring of:</p> <p>(a) Blood pressure</p> <p>(b) Cardiac rate and rhythm</p> <p>(c) Continuous intravenous access</p> <p>(d) Level of consciousness</p>	Code of Ala. 1975, §§34-21-1(9)(a), 34-21-2(j)(23)	1

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		(e) Oxygen saturation (f) Respiratory rate		
610-X-6-.08	Standards For Moderate Sedation	(6) The registered nurse <u>shall</u> have advanced cardiac life support (ACLS) or comparable certification.	Code of Ala. 1975, §§34-21-1(9)(a), 34-21-2(j)(23)	1
610-X-6-.08	Standards For Moderate Sedation	(7) The registered nurse <u>may not</u> administer medications for moderate sedation if the following are not available:  (a) Physical presence of a physician, dentist, or certified registered nurse anesthetist and licensed or unlicensed assistive personnel.  (b) Immediate availability of monitors, defibrillator, airway devices including suction, and emergency medications.	Code of Ala. 1975, §§34-21-1(9)(a), 34-21-2(j)(23)	1
610-X-6-.09	Standards For Patient Assessment	(1) Patient assessment <u>shall</u> be provided in accordance with the definitions of professional nursing and practical nursing, as defined in the Alabama Nurse Practice Act, Section 34-21-1.	Code of Ala. 1975, §§34-21-1(9), 34-21-2(j)(23)	1
610-X-6-.09	Standards For Patient Assessment	(2) The registered nurse <u>shall</u> conduct and document comprehensive and focused nursing assessments of the health status of patients by:  (a) Collecting objective and subjective data from observations, physical examinations, interviews, and written records in an accurate and timely manner, as appropriate to the patient’s health care needs.  (b) Analysis and reporting of data collected.	Code of Ala. 1975, §§34-21-1(9)(a), 34-21-2(j)(23)	1



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		<p>(c) Developing a plan of care based upon the patient assessment.</p> <p>(d) Modifying the plan of care based upon the evaluation of patient responses to the plan of care, including:</p> <ol style="list-style-type: none"> <li>1. Anticipating and recognizing changes or potential changes in patient status.</li> <li>2. Identifying signs and symptoms of deviation from current health status.</li> <li>3. Implementing changes in interventions.</li> </ol>		
610-X-6-.09	Standards For Patient Assessment	<p>(3) The licensed practical nurse practicing under the supervision of an RN, APRN, physician, or other authorized health care provider <u>shall</u> deliver and participate in nursing care, to include:</p> <p>(a) Completing independent or comprehensive patient assessments of the health status of the patient under approved standardized procedures.</p> <p>(b) Collecting objective and subjective data from observations, nursing examinations, interviews, and written records in an accurate and timely manner, as appropriate to the patient’s health care needs.</p> <p>(c) Distinguishing abnormal from normal data.</p> <p>(d) Recording and reporting the data.</p>	Code of Ala. 1975, §§34-21-1(9)(b), 34-21-2(j)(23)	1

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		<p>(e) Anticipating and recognizing changes or potential changes in patient status; identifying signs and symptoms of deviation from current health status.</p> <p>(f) Reporting findings of the focused nursing assessment to the registered nurse, licensed physician, advanced practice nurse, or dentist.</p> <p>(g) Participating and contributing to the development, modification, and implementation of a patient centered healthcare plan for unstable, unpredictable, or emergent patients to include the evaluation of patient responses, and identification of patient needs and goals.</p> <p>(h) The licensed practical nurse may plan the nursing care for a patient whose condition is stable or predictable consistent with state and federal regulations.</p>		
610-X-6-.10	Patient Care Orders	<p>(1) The licensed nurse may receive handwritten, verbal, or electronic medical orders from the legally authorized prescriber relayed by another licensed or registered health care professional, or registered or certified medical assistant.</p> <p>(2) The licensed nurse may implement approved medical protocols and standing orders at the direction of a legally authorized prescriber.</p>	Code of Ala. 1975, §§34-21-1 (9), 34-21-2(j)(23)	0
610-X-6-.10	Patient Care Orders	<p>(3) The licensed nurse <u>shall</u> follow the facility policy and procedures on verifying and implementing electronic orders.</p>	Code of Ala. 1975, §§34-21-1 (9), 34-21-2(j)(23)	1

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610-X-6-.11	Assignment, Delegation And Supervision	(1) The registered nurse <u>shall</u> be accountable and responsible for the assignment of nursing activities and tasks to other health care workers based on, but not limited to: <ul style="list-style-type: none"> <li>(a) Knowledge, skills, and experience.</li> <li>(b) Complexity of assigned tasks.</li> <li>(c) Health status of the patient.</li> </ul>	Code of Ala. 1975, §§34-21-1(9)(a), 34-21-2(j)(23)	1
610-X-6-.11	Assignment, Delegation And Supervision	(2) Assignments <u>may not</u> exceed the scope of an individual licensed nurse’s scope of practice, including, but not limited to: <ul style="list-style-type: none"> <li>(a) Educational preparation, initial and continued.</li> <li>(b) License status.</li> <li>(c) State and federal statutes and regulations.</li> <li>(d) State and national standards appropriate to the type of practice.</li> <li>(e) Nursing experience.</li> <li>(f) Demonstrated competence.</li> <li>(g) Consideration for patient safety.</li> <li>(h) Knowledge, skills, and ability to manage risks and potential complications.</li> </ul>	Code of Ala. 1975, §§34-21-1(9), 34-21-2(j)(23)	1

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610-X-6-.11	Assignment, Delegation And Supervision	<p>(3) The licensed nurse <u>shall</u> delegate only after considering various factors, including but not limited to:</p> <p>(a) Knowledge, skills, and experience of the person receiving the delegation.</p> <p>(b) Complexity of the delegated tasks.</p> <p>(c) Health status of the patient.</p>	Code of Ala. 1975, §§34-21-1 (9), 34-21-2(j)(23)	1
610-X-6-.11	Assignment, Delegation And Supervision	<p>(4) Tasks delegated to unlicensed assistive personnel <u>may not</u> include tasks that <u>require</u>:</p> <p>(a) The exercise of independent nursing judgment or intervention.</p> <p>(b) Invasive or sterile procedures.</p> <p>1. Finger sticks are not an invasive or sterile procedure within the meaning of these rules.</p> <p>2. Peripheral venous phlebotomy for laboratory analysis is not an invasive or sterile procedure within the meaning of these rules.</p> <p>(c) Assistance with medications, except as provided in Chapter 610-X-7.</p>	Code of Ala. 1975, §§34-21-1 (9), 34-21-2(j)(23)	1
610-X-6-.11	Assignment, Delegation And Supervision	<p>(5) Supervision <u>shall</u> be provided to individuals to whom nursing functions or responsibilities are delegated or assigned.</p>	Code of Ala. 1975, §§34-21-1 (9), 34-21-2(j)(23)	1

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610-X-6-.11	Assignment, Delegation And Supervision	(6) The practice of licensed practical nursing <u>shall</u> be directed by a registered nurse, physician, or dentist.	Code of Ala. 1975, §§34-21-1(9)(b), 34-21-2(j)(23)	0
610-X-6-.11	Assignment, Delegation And Supervision	(7) A licensed practical nurse or unlicensed individual <u>may not</u> supervise, direct, or evaluate the nursing care provided by the registered nurse.	Code of Ala. 1975, §§34-21-1(9), 34-21-2(j)(23)	0
610-X-6-.12	Practice Beyond Basic Nursing Education: Standardized Procedures	<p>(1) For practice beyond basic education that has not been previously approved by the Board, a standardized procedure is <u>required</u> for the licensed nurse in any practice setting.</p> <p>(a) Approval is not required for an acute care hospital prior to implementation, except for standardized procedures related to rapid sequence intubation (RSI), provided that the facility submits a standardized procedure application for each standardized procedure within sixty (60) days of implementation.</p> <p>(b) Practice beyond basic education in home health, hospice, physician offices, and other locations outside a licensed hospital <u>requires</u> approval by the Board prior to implementation.</p> <p>(2) A complete Standardized Procedure Application <u>shall</u> be submitted to the Board for practice beyond basic education preparation required in rule, practice not previously approved by the Board, and <u>shall</u> include:</p> <p>(a) Approval from the submitting facility, as evidenced by signatures on the application form of:</p>	Code of Ala. 1975, §§34-21-1(9), 34-21-2(j)(23)	4

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		<ol style="list-style-type: none"> <li>1. The chief nursing officer or, if no such position exists within a facility, an Alabama-licensed registered nurse who has oversight responsibility for the procedure.</li> <li>2. The Alabama-licensed chief medical officer or an Alabama-licensed physician.</li> <li>3. The chief executive officer for the Alabama organization.               <ol style="list-style-type: none"> <li>(b) The policy and procedure.</li> <li>(c) The organized program of study by a qualified instructor with the method of evaluation of learning specified.</li> <li>(d) The plan for supervised clinical practice.</li> <li>(e) The plan for demonstration of competence, initially and at periodic intervals, during which the nurse demonstrates the knowledge, skills, and ability to perform the procedure safely and to manage any complications.</li> </ol> </li> <li>(3) Any licensed nurse providing patient care in a licensed hospital <u>shall</u> comply with the standardized procedure(s) of that licensed hospital.               <ol style="list-style-type: none"> <li>(a) Any licensed nurse who has completed training and demonstrated competency validation in a standardized procedure in a</li> </ol> </li> </ol>		

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		<p>healthcare facility may perform the standardized procedure in a new facility, provided that:</p> <ol style="list-style-type: none"> <li>1. The licensed nurse demonstrates initial training, through educational records.</li> <li>2. The new facility validates the licensed nurse’s competency, based on the new facility’s policy and procedure and assesses the licensed nurse’s knowledge, skills, and ability to perform the procedure safely and to manage patient complications.</li> </ol> <p>(4) Board action on a proposed standardized procedure may include, but is not limited to:</p> <ol style="list-style-type: none"> <li>(a) Approval.</li> <li>(b) Approval as a pilot project for a period of time not to exceed twelve months, with reports to the Board at intervals specified by the Board.</li> <li>(c) Denial of the request.</li> </ol> <p>(5) The Board may decline to consider a proposed standardized procedure, if the subject of the proposed standardized procedure is the same or similar to the proposed standardized procedure presented in another request that has been considered by the Board within the previous twelve months.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(6) The chief nursing officer or, if no such position exists within a facility, an Alabama-licensed registered nurse with oversight responsibility for facility that employs licensed nurses in clinical areas, with the exception of K-12 public schools, <u>shall</u> review the facility's standardized procedure report and acknowledge the review, as specified by the Board.		
610-X-6-.13	Standards For Wound Assessment And Care	<p>(1) It is within the scope of a licensed nurse practice to perform wound assessments, including but not limited to staging of a wound and making determinations as to whether wounds are present on admission to a healthcare facility, pursuant to an approved standardized procedure, outlined in Rule 610-X-6-.12, Standardized Procedures, including supervised clinical practice and demonstrated clinical competence, initially and at periodic intervals.</p> <p>(2) The minimum training for the licensed nurse who performs selected tasks associated with wound assessment and care <u>shall</u> include:</p> <ul style="list-style-type: none"> <li>(a) Anatomy, physiology, and pathophysiology.</li> <li>(b) Fluid and electrolyte balance.</li> <li>(c) Equipment and procedures used in wound assessment and care.</li> <li>(d) Chronic wound differentiation.</li> <li>(e) Risk identification.</li> </ul>	Code of Ala. 1975, §§34-21-1(9), 34-21-2(j)(23)	2



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		<ul style="list-style-type: none"> <li>(f) Measurement of wound.</li> <li>(g) Stage of wound.</li> <li>(h) Condition of the wound bed, including:                             <ul style="list-style-type: none"> <li>(i) Tissues.</li> <li>(ii) Exudate.</li> <li>(iii) Edges.</li> <li>(iv) Infection.                                     <ul style="list-style-type: none"> <li>(i) Skin surrounding the wound.</li> <li>(j) Pain.</li> </ul> </li> <li>(k) Complications, prevention, and nursing intervention.</li> <li>(l) Identification of any contributing factors, including but not limited to:                                     <ol style="list-style-type: none"> <li>1. Perfusion/oxygenation.</li> <li>2. Nutritional status.</li> <li>3. Infection.</li> <li>4. Medications.</li> <li>5. Diabetes.</li> </ol> </li> <li>(m) Photographing wounds.</li> </ul> </li> </ul>		

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610-X-6-.13	Standards For Wound Assessment And Care	<p>(3) The licensed nurse may provide wound care beyond their basic education, in accordance with an order from an authorized prescriber and after successful completion of an organized program of study, supervised clinical practice, and demonstrated clinical competence, initially and at periodic intervals.</p> <p>(4) The minimum training for the licensed nurse performing selected tasks associated with wound care <u>shall</u> include:</p> <p>(a) Dressing changes, including authorized prescriber ordered medication or topical treatment or topical dressing, including:</p> <ol style="list-style-type: none"> <li>1. Chemical debridement.</li> <li>2. Enzymatic debridement.</li> <li>3. Autolytic debridement.</li> <li>4. Application and maintenance of wound vac therapy.</li> </ol> <p>(b) Systemic support, including but not limited to</p> <ol style="list-style-type: none"> <li>1. Adequate diet.</li> <li>2. Hydration.</li> <li>3. Turning and repositioning.</li> </ol>	Code of Ala. 1975, §§34-21-1(9), 34-21-2(j)(23)	1

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		4. Reducing shear and friction with movement.		
		5. Incontinence care.		
610-X-6-.13	Standards For Wound Assessment And Care	(5) Sharp debridement <u>is</u> reserved for registered nurses with national certification that included didactic instruction, supervised clinical practice, and demonstration of competency, initially and at periodic intervals.	Code of Ala. 1975, §§34-21-1 (9), 34-21-2(j)(23)	1
610-X-6-.14	Intravenous (IV) Therapy By Licensed Practical Nurses	(1) A licensed facility may develop a standardized procedure, as defined in Rule 610-X-6-.12, for intravenous (IV) therapy by a licensed practical nurse.  (2) The minimum requirements for a licensed practical nurse to perform IV therapy includes successful completion of an organized program of study, supervised clinical practice, and demonstrated clinical competence, initially and at periodic intervals, according to the requirements of Rule 610-X-6-.12.	Code of Ala. 1975, §§34-21-1 (9), 34-21-2(j)(23)	1
610-X-6-.14	Intravenous (IV) Therapy By Licensed Practical Nurses	(3) The minimum training for the licensed practical nurse who performs selected tasks associated with IV therapy <u>shall</u> include:  (a) Anatomy and physiology.  (b) Fluid and electrolyte balance.  (c) Equipment and procedures utilized in intravenous therapy.  (d) Complications, prevention, and nursing intervention.  (e) Introducing a peripheral intravenous device on an adult patient.	Code of Ala. 1975, §§34-21-1 (9), 34-21-2(j)(23)	1

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		<p>(f) Set-up, replacement, and removal of intravenous tubing for gravity flow and/or pump infusion.</p> <p>(g) Intravenous fluid infusion calculations and adjustment of flow rates on intravenous fluids and administration of intravenous medications by piggyback.</p> <p>(h) Procedures for reconstituting and administering intravenous medications via piggyback, including but not limited to pharmacology, compatibilities, and flow rates.</p>		
610-X-6-.14	Intravenous (IV) Therapy By Licensed Practical Nurses	<p>(4) Medications may be administered by licensed practical nurses through a peripheral intravenous catheter by intravenous push, provided the following criteria are met:</p> <p>(a) A complete standardized procedure application is submitted and approved by the Board prior to implementation.</p> <p>(b) The medication(s) does not require the substantial skill, judgment, and knowledge of a registered nurse.</p> <p>(c) On-site supervision by a registered nurse any time an IV push medication therapy is performed by a licensed practical nurse.</p> <p>1. The registered nurse is <u>required</u> to be physically present and immediately available in the facility.</p>	Code of Ala. 1975, §§34-21-1 (9), 34-21-2(j)(23)	1

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		<p>2. Heparin (10 units: 1 ml) flush or saline flush via a peripheral IV line is not a medication within the meaning of these rules.</p> <p>(d) Medications that may be administered by peripheral IV push by a licensed practical nurse, if identified in the licensed hospital's standardized procedure include, but are not limited to the following:</p> <ol style="list-style-type: none"> <li>1. H2 blockers.</li> <li>2. Analgesics.</li> <li>3. Antiemetics.</li> <li>4. Antibiotics.</li> <li>5. Fifty percent (50%) dextrose in an emergency situation.</li> </ol>		
610-X-6-.14	Intravenous (IV) Therapy By Licensed Practical Nurses	<p>(5) The minimum training for the licensed practical nurse who performs selected tasks associated with IV push therapy <u>shall</u> include:</p> <p>(a) Pharmacology of specific drugs and reversal agents, if applicable, including but not limited to:</p> <ol style="list-style-type: none"> <li>1. Classification.</li> <li>2. Indications.</li> <li>3. Usual IV dosage.</li> </ol>	Code of Ala. 1975, §§34-21-1(9), 34-21-2(j)(23)	1

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		<ol style="list-style-type: none"> <li>4. Dilution.</li> <li>5. Contraindications and precautions.</li> <li>6. Side effects.</li> <li>7. Antidote, if applicable.</li> <li>8. Nursing considerations and implications.</li> </ol> <p>(b) Procedure for reconstituting medications including compatibilities.</p> <p>(c) Technique of medication administration by IV push.</p>		
610-X-6-.14	Intravenous (IV) Therapy By Licensed Practical Nurses	<p>(6) Tasks that <u>shall not</u> be performed by a licensed practical nurse include:</p> <ol style="list-style-type: none"> <li>(a) Initiation of intravenous therapy in a neonate.</li> <li>(b) Administration of:               <ol style="list-style-type: none"> <li>1. Solutions requiring titration. Solutions, such as heparin drips, that <u>require</u> changes based on lab results subject to written orders or protocol, are not solutions requiring titration for purposes of these rules.</li> <li>2. Plasma volume expanders.</li> <li>3. Fibrinolytic or thrombolytic agents.</li> </ol> </li> </ol>	Code of Ala. 1975, §§34-21-1 (9), 34-21-2(j)(23)	1

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		<p>4. GP-II-B-III-A inhibitors, also known as platelet-aggregate inhibitors.</p> <p>5. Hyperalimentation administered by routes other than peripheral intravenous catheter.</p> <p>6. IV medications for the purposes of moderate sedation or anesthesia.</p> <p>7. IV medications via push or bolus through a central line including a peripherally inserted central catheter (PICC).</p> <p>8. IV push insulin or chemotherapeutic agents. This does not preclude hanging a pre-mixed bag of fluids containing additives, except for insulin and chemotherapeutic agents.</p> <p>9. Any other drugs deemed to be inappropriate by the licensed hospital's standardized procedure.</p> <p>(c) Accessing or programming an implanted IV infusion pump.</p> <p>(d) Performance of the repair of a central venous route access device.</p> <p>(e) Performance of therapeutic phlebotomy.</p>		

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		<p>(f) Direct access of a central venous route access device, including but not limited to:</p> <ol style="list-style-type: none"> <li>1. Implanted ports for intravenous therapy.</li> <li>2. Lines used for hemodynamic monitoring.</li> <li>3. Central venous catheters and devices, including Groshong catheters, Hickman catheters, and peripherally inserted central catheters (PICC). These rules do not prohibit licensed practical nurses from administering medications via piggyback or in secondary solutions via central lines.</li> </ol>		
610-X-6-.14	Intravenous (TV) Therapy By Licensed Practical Nurses	<p>(7) Each facility in which licensed practical nurses will perform selected tasks associated with administration of blood and blood components <u>shall</u> have an approved standardized procedure on file with the Board, prior to implementation. The minimum training for those licensed practical nurses who perform selected tasks associated with administration of blood and blood components <u>shall</u> include:</p> <ol style="list-style-type: none"> <li>(a) Anatomy and physiology.</li> <li>(b) Fluid and electrolyte balance.</li> <li>(c) Equipment and procedures utilized in blood and blood components administration therapy.</li> <li>(d) Complications, prevention, and nursing intervention.</li> </ol>	Code of Ala. 1975, §§34-21-1 (9), 34-21-2(j)(23)	1



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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-6-.15	Telecommunication For Pronouncement Of Patient Death	<p>(1) The licensed nurse may receive pronouncement of a patient’s death from a physician via telecommunication without a physical examination of the patient by that physician.</p> <p>(2) The facility policy <u>shall</u> specify the permissible patient conditions for which the licensed nurse in a specific health care facility or agency may receive the pronouncement of a patient’s death by telecommunication.</p>	Code of Ala. 1975, §§22-31-2, 34-21-1 (9), 34-21-2(j)(23)	1
610-X-6-.16	Telehealth Nursing	<p>(1) The licensed nurse <u>must</u> hold an active Alabama license or multistate license issued by a party state other than Alabama, as defined in Chapter 4 of these rules, in order to practice telenursing in the State of Alabama. The licensed nurse <u>shall</u> adhere to the existing Alabama Nurse Practice Act and Alabama Administrative Code.</p> <p>(2) Telenursing practice can take place in varied practice settings. The individual nurse is responsible for:</p> <p>(a) Having knowledge and understanding of the laws and rules regulating telenursing.</p> <p>(b) Functioning within the legal scope of nursing practice for Alabama licensed nurses.</p> <p>(c) Maintaining competency in the area of practice.</p> <p>1. Competency should include how to use telehealth technologies and medical devices in the practice of nursing at a distance.</p>	Code of Ala. 1975, §34-21-2(j)(23)	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(d) The licensed nurse shall follow the facility specific policy of the permissible activities of telenursing.		
	Total Restrictive Terms:	44	Total Discretionary Restrictions:	74

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-7-.01	Definitions	<p>(1) Delegation: The act of authorizing a competent individual to perform selected nursing activities supportive to licensed nurses in selected situations while retaining the accountability for the outcome if the delegation is to an unlicensed individual.</p> <p>(2) Medication Assistant, Certified (MAC): Mental health worker or unlicensed assistive personnel who has successfully completed a Board-approved curriculum for assistance with medications, or a comparable program in another state, and holds a valid medication assistant certification (MACE).</p> <p>(3) Medication Assistant Supervisor (MAS): A licensed nurse who supervises Medication Assistant, Certified (MAC).</p> <p>(4) Registered Nurse First Assistant (RNFA): A registered nurse who, through additional education and supervised clinical practice, has acquired knowledge, skills, and judgment specific to providing assistance during a surgical procedure, as directed by the attending surgeon and as defined in standardized procedures.</p> <p>(5) Sexual Assault Nurse Examiner (SANE): A registered nurse who, through additional education and supervised clinical practice, has acquired knowledge, skills, and judgment specific to providing health services to sexual assault or rape victims, including a forensics examination.</p>	Code of Ala. 1975, §§34-21-6, 34-21-2(j)(8), (23)	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-7-.02	Delegation By School Nurses	<p>(1) The school nurse is accountable and responsible for the nursing care delivered to students under the nurse’s jurisdiction.</p> <p>(2) Over-the-counter (OTC) medications may be administered to school children by the school nurse with a parent’s written authorization and without a physician’s authorization, unless the school system policy <u>requires</u> a physician authorization. Parental authorization requirements <u>require</u> the following documentation:</p> <p>(a) The purpose of the OTC medication.</p> <p>(b) The circumstances under which the over-the-counter medication can be administered.</p> <p>(3) Licensed nurses who provide nursing care in the school setting through the twelfth grade may delegate specific tasks to unlicensed assistive personnel.</p> <p>(4) The registered nurse is accountable for determining the tasks that may be safely performed by the unlicensed assistive personnel following appropriate training and demonstration of competency.</p> <p>(5) Delegation of the use of the vagal nerve stimulator (VNS) in selected cases is not prohibited.</p>	Code of Ala. 1975, §§34-21-6, 34-21-2(j)(23).	1
610-X-7-.02	Delegation By School Nurses	<p>(6) The specific delegated tasks <u>shall not</u> require the exercise of independent nursing judgment or intervention. Specific tasks that <u>require</u> independent nursing judgment or intervention that shall not be delegated include, but are not limited to:</p>	Code of Ala. 1975, §§34-21-6, 34-21-2(j)(23).	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<ul style="list-style-type: none"> <li>(a) Catheterization, clean or sterile.</li> <li>(b) Administration of injectable medications, other than premeasured medication for allergic reactions, premeasured injection for opioid-related drug overdose and treatment of diabetes symptoms with insulin and glucagon, as described in Alabama Administrative Code 610-X-7-.10.</li> <li>(c) Administration of rectal or vaginal medications.</li> <li>(d) Calculation of medication dosages other than measuring a prescribed amount of liquid medication or breaking a scored tablet.</li> <li>(e) Tracheotomy care, including suctioning.</li> <li>(f) Gastric tube insertion, replacement, or feedings.</li> <li>(g) Invasive procedures or techniques.</li> <li>(h) Sterile procedures.</li> <li>(i) Ventilator care.</li> <li>(j) Receipt of verbal or telephone orders from a licensed prescriber.</li> </ul>		
610-X-7-.02	Delegation By School Nurses	(7) The task of providing prescribed oral, topical, ear, eye, nasal, and inhalation medications to a student through twelfth grade may be delegated to unlicensed assistive personnel by the school nurse <u>only</u> when the following conditions are met:	Code of Ala. 1975, §§34-21-6, 34-21-2(j)(23).	1

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		<p>(a) The school nurse identifies the appropriate individual(s) to assist in providing prescribed medications.</p> <p>(b) The unlicensed assistive personnel selected by the school nurse <u>shall</u> attend a minimum seven-hour course of instruction that includes a curriculum approved by the Board and have demonstrated competency to perform the delegated task.</p> <p>(c) The school nurse <u>shall</u> provide periodic and regular evaluation and monitoring of the individual performing the delegated tasks.</p> <p>(d) The school nurse <u>shall</u> routinely and periodically conduct quality monitoring of the tasks performed by the unlicensed assistive personnel, including but not limited to:</p> <ol style="list-style-type: none"> <li>1. Training.</li> <li>2. Competency.</li> <li>3. Documentation.</li> <li>4. Error reporting.</li> <li>5. Performance of the seven (7) rights of medication administration.</li> </ol>		

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		(8) The school nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to unlicensed assistive personnel.		
610-X-7-.02	Delegation By School Nurses	(9) The School Nurse Administrator, or his or her designee, <u>shall</u> conduct on-site compliance monitoring no less than once every three (3) years.	Code of Ala. 1975, §§34-21-6, 34-21-2(j)(23).	1
610-X-7-.02	Delegation By School Nurses	(10) The School Nurse Consultant or School Nurse Administrator <u>shall</u> submit a report(s) to the Alabama Board of Nursing in a format specified by the Board upon request. The report <u>shall</u> include, but not be limited to, the results of all compliance monitoring conducted during the designated reporting period.	Code of Ala. 1975, §§34-21-6, 34-21-2(j)(23).	1
610-X-7-.03	State Of Alabama Independent Living (SAIL) Program	<p>(1) Registered nurses employed by the State of Alabama Independent Living (SAIL) Program administered by the Department of Rehabilitation Services may delegate tasks to a patient’s designated caregiver if each of the following conditions is met:</p> <p>(a) The Department of Rehabilitation Services, in conjunction with the registered nurse, approves the patient’s designated caregiver to receive delegation.</p> <p>(b) The registered nurse is accountable for determining the tasks that may be safely performed by the patient’s designated caregiver.</p> <p>(c) The registered nurse identifies the training needs of the patient’s designated caregiver and assures that the training is appropriate for the task to be delegated.</p>	Code of Ala. 1975, §§34-21-6, 34-21-2(j)(23).	4

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		<p>(d) The patient’s designated caregiver demonstrates competency to perform the delegated task.</p> <p>(2) The specific delegated tasks <u>shall not</u> require the exercise of independent nursing judgment or intervention. Specific tasks that <u>require</u> independent nursing judgment or intervention that <u>shall not</u> be delegated include, but are not limited to:</p> <p>(a) Administration of injectable medications, other than premeasured medication for allergic reactions and opioid-related drug overdose.</p> <p>(b) Calculation of medication dosages, other than measuring a prescribed amount of liquid medication or breaking a scored tablet.</p> <p>(c) Receipt of verbal or telephone orders from a licensed prescriber.</p> <p>(3) The registered nurse <u>shall</u> provide periodic and regular evaluation and monitoring of the individual performing the delegated tasks.</p> <p>(4) The registered nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to the patient’s designated caregiver.</p> <p>(5) The registered nurse is accountable and responsible for the nursing care delivered to patients under the nurse’s jurisdiction.</p>		



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610-X-7-.04	Registered Nurse As Surgical First Assistant (RNFA)	<p>(1) The registered nurse may function as a surgical first assistant according to standardized procedures, as defined in Rule 610-X-6-.12. The RNFA has the duty to verify that standardized procedures are in effect before performing the functions of a surgical first assistant.</p> <p>(2) Performing intra-operative functions as a RNFA is limited to the direct supervision of the attending surgeon physically present in the surgical suite where the case is being performed.</p> <p>(3) When directed by the attending surgeon, the RNFA intra-operative functions include, but are not limited to:</p> <p>(a) Positioning the patient, preparing and draping the surgical site.</p> <p>(b) Providing exposure, retraction, and hemostasis.</p> <p>(c) Use and handling of surgical instrumentation.</p> <p>(d) Tissue handling, dissection, suturing, and stapling.</p> <p>(e) Making the skin nick or stab wound for laparoscopic surgery or drains, excluding placement of primary trocar for laparoscopic and robotic access. Secondary placement of trocars for laparoscopic and robotic surgery if the RNFA is deemed competent to perform by the attending surgeon who is within proximity of the sterile field.</p> <p>(f) Securing drains.</p>	Code of Ala. 1975, §§34-21-1(9)(a); 34-21-2(j)(23)	1

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		(g) Closing of wounds external to the fascia.		
		(h) Harvesting extremity veins and closure of the resulting wounds.		
610-X-7-.04	Registered Nurse As Surgical First Assistant (RNFA)	(4) Functions for the RNFA that are not listed in these rules <u>shall</u> be defined in standardized procedures, which <u>require</u> Board approval prior to implementation for all practice settings.	Code of Ala. 1975, §§34-21-1(9)(a); 34-21-2(j)(23)	1
610-X-7-.04	Registered Nurse As Surgical First Assistant (RNFA)	(5) Standardized procedures for the RNFA <u>shall</u> include a statement of clinical privileges for additional technical functions that are permitted in a hospital.	Code of Ala. 1975, §§34-21-1(9)(a); 34-21-2(j)(23)	1
610-X-7-.04	Registered Nurse As Surgical First Assistant (RNFA)	(6) The RNFA <u>shall not</u> function as a scrub nurse concurrently with responsibility as a surgical first assistant.	Code of Ala. 1975, §§34-21-1(9)(a); 34-21-2(j)(23)	1
610-X-7-.04	Registered Nurse As Surgical First Assistant (RNFA)	(7) Practice as a registered nurse first assistant <u>does not include</u> the functions and privileges reserved for advanced practice nurses elsewhere in these rules.	Code of Ala. 1975, §§34-21-1(9)(a); 34-21-2(j)(23); 34-21-81 and 34-21-84	1
610-X-7-.05	Sexual Assault Nurse Examiner (SANE)	(1) A registered nurse may practice as a SANE with appropriate additional education, including supervised clinical practice and demonstrated clinical competence.  (2) The educational program for a SANE <u>shall</u> comply with the education standards of the International Association of Forensic Nurses (IAFN). The educational program <u>shall</u> follow the content outline	Code of Ala. 1975, §§34-21-1(9)(a); 34-21-2(j)(23)	1

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		<p>contained in IAFN's Sexual Assault Nurse Examiner Education Guidelines and <u>shall</u> be specific to the population examined by the SANE: adult/adolescent or pediatric.</p> <p>(a) An adult/adolescent sexual assault nursing education program includes a minimum of forty (40) hours of course work that provides nursing continuing education or academic credit from an accredited educational institution.</p> <p>(b) A pediatric SANE program includes:</p> <ol style="list-style-type: none"> <li>1. A minimum of forty (40) hours of course work that provides nursing continuing education or academic credit from an accredited educational institution.</li> <li>2. A combined adult/adolescent and pediatric SANE program that includes a minimum of sixty-four (64) hours of course work that provides nursing continuing education or academic credit from an accredited educational institution.</li> </ol>		
610-X-7-.05	Sexual Assault Nurse Examiner (SANE)	<p>(3) Supervised clinical practice <u>shall</u> occur with one of the following:</p> <p>(a) A physician licensed to practice medicine in Alabama with training in forensics and/or the detection of abuse.</p> <p>(b) An advanced practice nurse with experience as a SANE.</p> <p>(c) Another registered nurse with experience as a SANE.</p>	Code of Ala. 1975, §§34-21-1(9)(a); 34-21-2(j)(23)	1

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610-X-7-.05	Sexual Assault Nurse Examiner (SANE)	<p>(d) The registered nurse <u>shall</u> demonstrate clinical competence with all aspects of the examination.</p> <p>(4) A registered nurse who practices as a SANE <u>shall</u>:</p> <p>(a) Practice according to a written protocol signed by a trained medical director who is a physician licensed in Alabama or an advanced practice nurse with prescriptive authority prior to administering medications for prophylaxis of sexually transmitted diseases or pregnancy.</p> <p>(b) Conduct examinations of sexual assault or rape victims in accordance with accepted principles of forensic nursing, including, but not limited to, chain of custody, photo documentation, colposcopy, documentation, confidentiality, and evidence integrity. All pediatric sexual assault examinations <u>shall</u> include photo documentation and/or videography.</p> <p>(c) Maintain documentation of appropriate initial and continuing education, supervised clinical practice, and demonstrated clinical competence which includes peer review.</p> <p>(d) Have a medical director review each pediatric examination performed.</p>	Code of Ala. 1975, §§34-21-1(9)(a); 34-21-2(j)(23)	1
610-X-7-.05	Sexual Assault Nurse Examiner (SANE)	<p>(5) SANE Program Directors <u>shall</u> have the requisite certification, SANE-A and/or SANE-P, or demonstrate active efforts to achieve the certification, or have no less than five years' experience as a SANE.</p>	Code of Ala. 1975, §§34-21-1(9)(a); 34-21-2(j)(23)	1

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610-X-7-.06	Alabama Department Of Mental Health Residential Community Programs	<p>(1) Alabama Department of Mental Health <u>shall</u> train licensed nurses by the Alabama Department of Mental Health approved nurse delegation programs: Program (NDP) and the Medication Administration Supervisor (MAS). Licensed nurses who are MAS trained are accountable and responsible for the outcome of the delegated nursing care delivered by unlicensed mental health worker to residents in the residential community mental health settings.</p> <p>(2) Licensed nurses who provide nursing care in the residential community mental health setting and the community extensions, including day habilitation programs, may delegate specific limited tasks to designated unlicensed assistive personnel.</p> <p>(3) The MAS registered nurse is responsible and accountable for the completion of a comprehensive assessment and evaluation of patients' nursing care needs.</p> <p>(a) The licensed practical nurse may initiate and document data elements of the comprehensive assessment.</p> <p>(b) The outcome of the comprehensive assessment <u>shall</u> determine the tasks that may safely be performed by the unlicensed assistive personnel in residential community mental health settings. The focused assessment after the completion of comprehensive assessment may also identify tasks that may be delegated.</p> <p>(c) The nursing tasks delegated by the MAS licensed nurse <u>shall</u> be based on the residents' needs, as documented in the comprehensive</p>	Code of Ala. 1975, §§34-21-6, 34-21-2(j)(23)	1

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		and/or focused assessment. The comprehensive assessment <u>shall</u> be reviewed annually, or in the event of a health status change.		
610-X-7-.06	Alabama Department Of Mental Health Residential Community Programs	<p>(4) The specific delegated tasks <u>shall not</u> require the exercise of independent nursing judgment or intervention. Specific tasks that <u>require</u> independent nursing judgment or intervention that <u>shall not</u> be delegated include, but are not limited to:</p> <p>(a) Catheterization, clean or sterile.</p> <p>(b) Administration of injectable medications, with the exception of premeasured auto injectable medications for anaphylaxis and opioid-related drug overdose.</p> <p>(c) Calculation of medication dosages, other than measuring a prescribed amount of liquid medication or breaking a scored tablet.</p> <p>(d) Tracheotomy care, including suctioning.</p> <p>(e) Gastric tube insertion, replacement, or feedings.</p> <p>(f) Invasive procedures or techniques.</p> <p>(g) Sterile procedures.</p> <p>(h) Ventilator care.</p> <p>(i) Receipt of verbal or telephone orders from a licensed prescriber.</p>	Code of Ala. 1975, §§34-21-6, 34-21-2(j)(23)	1

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		<p>(5) The task of assisting with the delivery of prescribed eye, ear, nose, oral, topical, inhalant, rectal, or vaginal medications may be delegated to a mental health worker by the MAS trained licensed nurse only when the following conditions are met:</p> <p>(a) The licensed nurse identifies the appropriate individual(s) to assist in providing prescribed medications who has:</p> <ol style="list-style-type: none"> <li>1. Completed the ADMH Medication Assistance Certification (MAC) Training Program Part I with a score of at least 90% on the test for each of the six modules, via a computerized ELearning System/Program.</li> <li>2. Completed a minimum of eight hours of ADMH and MAC Training Program Part II, taught by a MAS trained licensed nurse.</li> <li>3. Successfully demonstrated all nursing tasks delegated.</li> </ol>		
610-X-7-.06	Alabama Department Of Mental Health Residential Community Programs	<p>(6) The licensed nurse <u>shall</u> provide and document annual evaluation and monitoring of the unlicensed mental health worker performing the delegated tasks. The MAS trained licensed nurse <u>shall</u> assess and document the following at least annually:</p> <ol style="list-style-type: none"> <li>(a) Competency.</li> <li>(b) Documentation.</li> <li>(c) Error reporting.</li> <li>(d) Identification of the seven (7) rights of assisting with medication.</li> </ol>	Code of Ala. 1975, §§34-21-6, 34-21-2(j)(23)	1

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		(e) Professionalism. (f) Reliability. (g) Respect. (7) The MAS trained licensed nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to mental health worker(s).		
610-X-7-.06	Alabama Department Of Mental Health Residential Community Programs	(8) The Commissioner of the Alabama Department of Mental Health <u>shall</u> submit a report(s) to the Alabama Board of Nursing in a format specified by the Board upon request to include, but not limited to: (a) Total number of community programs certified by Alabama Department of Mental Health. (b) Total number of community programs certified by Alabama Department of Mental Health that participate in the nurse delegation program. (c) Total number of residents served in programs certified by mental health departments that participate in the nurse delegation program. (d) Total number of MAS trained registered nurses. (e) Total number of MAS trained licensed practical nurses.	Code of Ala. 1975, §§34-21-6, 34-21-2(j)(23)	0



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		<p>(f) Total number of MAC mental health workers that currently participate in the nurse delegation program.</p> <p>(g) Total number of MAC Workers trained during the reporting period.</p> <p>(h) Total number of medication errors in each category listed below:</p> <ol style="list-style-type: none"> <li>1. Wrong person</li> <li>2. Wrong medication</li> <li>3. Wrong dose</li> <li>4. Wrong time/day</li> <li>5. Wrong route</li> <li>6. Wrong purpose</li> <li>7. No documentation</li> </ol> <p>(i) Identify and implement a quality improvement plan for medication errors.</p>		
610-X-7-.07	Occupational Safety And Health Administration respiratory Standard	<p>(1) Registered nurses and certified registered nurse practitioners may administer the Occupational Safety and Health Administration (OSHA) Respiratory Standard Medical questionnaire.</p> <p>(2) Registered nurses and certified registered nurse practitioners may refer for further evaluation based on the employee's response to the medical questionnaire.</p>	Code of Ala. 1975, §34-21-2(j)(23)	0

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		(3) Certified registered nurse practitioners may perform the medical examination related to the OSHA Respiratory Standard Medical questionnaire, if appropriate for their area of practice.		
610-X-7-.08	Behavioral Restraint And Seclusion	Registered nurses are authorized to perform the one-hour, face-to-face evaluation for patients placed in behavioral restraint or seclusion, if the facility has a policy and procedure and organized program of study.	Code of Ala. 1975, §34-21-2(j)(23)	0
610-X-7-.09	Commercial Drivers License Examinations	The assessment of applicants for commercial driver licenses is <u>restricted</u> to family, adult, acute care, gerontology, adult gerontology primary care, and adult gerontology acute care certified registered nurse practitioners.	Code of Ala. 1975, §34-21-2(j)(23)	1
610-X-7-.10	Delegation Of Insulin And Glucagon Administration In The School Setting	<p>(1) DEFINITIONS</p> <p>(a) Glucagon: a hormone that raises the level of glucose in the blood and is administered by injection to individuals to treat severe hypoglycemia that is indicated by the inability to eat food or drink, unconsciousness, unresponsiveness and/or seizures or convulsions.</p> <p>(b) Insulin: a hormone made and released by the pancreas that allows glucose to enter the cells where it is used for energy. Students with type 1 diabetes and some students with type 2 diabetes need to administer insulin at regular times and take insulin to cover carbohydrate intake to correct hyperglycemia.</p> <p>(c) Medication Administration and Safety: See Chapter 610-X-6-.07.</p> <p>(d) School setting: preschool through 12th grade in a public or private school or school activity sponsored by such a school, in which the student is a direct participant.</p>	Code of Ala. 1975, §§34-21-6, 34-21-2(j)(23); 16-30A-1, et seq.	0

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		<p>(e) Trained, Unlicensed Medication Assistant: a school employee who volunteers to receive delegation of administration of insulin and glucagon in the school setting and receives the approved training.</p> <p>(2) GENERAL PRINCIPLES</p> <p>(a) The injection of insulin or glucagon is a nursing task that may be delegated in accordance with the requirements of Act 2014-437 and the student’s individualized health plan (IHP). The selection of the type of insulin and dosage levels <u>shall not</u> be delegated.</p> <p>(b) An Individualized Health Plan (IHP) <u>shall</u> be developed for any student diagnosed with diabetes who is in the school setting as provided for in Alabama Act No 2014-437.</p> <p>(c) Delegation of tasks for students with diabetes <u>shall</u> be confined to procedures that do not require nursing assessment, judgment, evaluation, or complex skills.</p> <p>(d) Factors the school nurse <u>shall</u> consider and may include in the IHP are:</p> <ol style="list-style-type: none"> <li>1. Age of onset and current age of student with diabetes</li> <li>2. Recent hospitalization</li> <li>3. Most recent hemoglobin A1C (HgA1C)</li> </ol>		

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		<ol style="list-style-type: none"> <li>4. Recent change in type of insulin, delivery method, and dosage</li> <li>5. If and when glucagon was required</li> <li>6. Comorbidities or other chronic illnesses</li> <li>7. Participation in sports or other school-sponsored activities</li> <li>8. Orders from a legally authorized prescriber</li> <li>9. Carbohydrate counting</li> <li>10. Blood glucose monitoring</li> <li>11. Activation or suspension of an insulin pump</li> <li>12. Usage of insulin pens</li> <li>13. Self-administration evaluation</li> <li>14. Student's comprehension and adherence to treatment</li> <li>15. Parental comprehension and adherence to treatment</li> <li>16. Emergency protocol related to glucagon administration</li> <li>17. Student's overall health needs</li> </ol>		

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		<p>18. Insulin to carbohydrate ratios and correction factors</p> <p>19. Symptoms and treatment of hypoglycemia and hyperglycemia</p> <p>20. Ketone testing</p> <p>(e) Teaching school personnel about diabetes does not constitute delegation.</p> <p>(f) Insulin and glucagon administration delegation is limited to:</p> <ol style="list-style-type: none"> <li>1. The student’s Individual Health Plan</li> <li>2. Trained, Unlicensed Medication Assistants who have received training and competency validation for each student assigned to them.</li> <li>3. Specific students</li> <li>4. Specific identified time frame</li> </ol> <p>(g) The delegation <u>shall</u> include documentation of administration of glucagon and insulin and appropriate reporting to the school nurse.</p> <p>(h) If the local education agency determines that school nurses <u>shall</u> provide the care to students with diabetes, delegation <u>may not</u> be required.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-7-.10	Delegation Of Insulin And Glucagon Administration In The School Setting	<p>(3) PROCEDURE</p> <p>(a) The school nurse <u>shall</u> validate the competency of the trained, unlicensed medication assistant to whom delegation of administration of insulin and glucagon is given.</p> <p>(b) Insulin injection by the Trained, Unlicensed Medication Assistant receiving the delegation <u>shall</u> only occur when consistent with the IHP.</p> <p>(c) Dosages of insulin may be injected by the Trained, Unlicensed Medication Assistant as designated in the IHP.</p> <p>(d) Non-routine and/or large correction dosages of insulin may be given by the Trained, Unlicensed Medication Assistant only after consulting with the school nurse, parent or guardian, as designated in the IHP and after verifying and confirming the type and dosage of insulin being injected.</p> <p>(e) When the student is not capable of self-administration, routine daily meal boluses (routine correction dosages) of insulin, based on carbohydrate counts and blood glucose levels, may be administered by the Trained, Unlicensed Medication Assistant as designated in the IHP.</p> <p>(f) Training of the Trained, Unlicensed Medication Assistants <u>shall</u> occur prior to any delegation of administration of glucagon and insulin.</p>	Code of Ala. 1975, §§34-21-2)(j)(23); 34-21-6, 16-30A-1, et seq.	0

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		<p>(g) The school nurse <u>shall</u> follow the training guidelines developed by the State Department of Education in consultation with the Alabama Board of Nursing.</p> <p>(h) The local education agency, in consultation with the school principal, <u>shall</u> identify any volunteer in each school to the school nurse for possible training.</p> <p>(i) An annual report of the number of Trained, Unlicensed Medication Assistants in each school and the delegation of administration of insulin and glucagon to specific Trained, Unlicensed Medication Assistants <u>shall</u> be provided to the Board of Nursing by the Lead Nurse of each school system.</p>		
610-X-7-.11	Delegation To Medication Assistants, Certified In Settings Other Than Mental Health Residential Community Programs)	(REPEALED)		N/A
610-X-7-.12	Nursing Student/Graduate Aides	(1) A licensed nurse may delegate selected nursing activities supportive to licensed nurses to nursing students currently enrolled in approved schools of nursing, or to graduates of approved schools of nursing who have not achieved licensure as nurses, and employed as nursing aides in licensed healthcare facilities who have successfully completed coursework in pharmacology, medication administration and fundamentals; provided that:	Code of Ala. 1975, §§34-21-6; 34-21-2(j)(23)	3

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		<p>(a) The licensed healthcare facility at which the nursing student/graduate aide is performing the selected delegated nursing activities has authorized the delegation.</p> <p>(b) The nursing student/graduate aide’s competency to perform the selected delegated nursing activities to be delegated <u>shall</u> be assessed and documented prior to delegation.</p> <p>(c) The licensed nurse may suspend or withdraw delegation to the nursing student/graduate aide at any time.</p> <p>(d) Nursing activities which may be delegated to the nursing student/graduate aide include:</p> <ol style="list-style-type: none"> <li>1. Obtaining vital signs, glucometer, and pulse oximetry readings</li> <li>2. Assisting patients with feeding</li> <li>3. Dressing changes limited to the application of simple bandaging (e.g., steri-strips), wet-to-dry, and/or sterile dressing change</li> <li>4. Maintenance of ostomies (e.g., colostomy and urostomy) to include measuring and application of wafer board</li> <li>5. Restorative care to include ambulation with gait belt, walker, crutches, and/or wheelchair</li> </ol>		



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		<p>6. Restorative care to include active and passive range-of-motion (ROM) exercises and contracture care</p> <p>7. Peripheral Venous Phlebotomy for laboratory analysis</p> <p>8. Application of oxygen via nasal cannula</p> <p>9. Insertion/Removal of Foley Catheter, to exclude suprapubic catheterization</p> <p>10. Initiation and discontinuation of nebulizer treatments to EXCLUDE racemic epinephrine administration</p> <p>11. Administration of routine screening tests/ immunizations (e.g., flu and TB)</p> <p>12. Removal of intravenous catheter</p> <p>13. Documentation of all procedures and/or medications administered in the licensed healthcare facility's electronic medical records platform and paper records</p> <p>14. Administration of routine medications. Routine medications <u>may not</u> be administered through the following routes of administration:</p> <p>(i) Gastric</p> <p>(ii) Nasogastric</p>		

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		<p>(iii) Intravenous</p> <p>(e) Nursing student/graduate aides <u>shall not</u> be delegated the following nursing activities:</p> <ol style="list-style-type: none"> <li>1. Administration of PRN narcotic or controlled medications</li> <li>2. Suction of and/or replacement of tracheostomy</li> <li>3. Accessing feeding tubes (G or J-tubes)</li> <li>4. Placement of any form of intravenous catheter</li> <li>5. Accessing any intravenous catheter for initiation or therapies</li> <li>6. Administration of blood or blood products</li> </ol> <p>(f) Any individual who has completed an approved registered nursing education program, has not yet achieved licensure as a registered nurse, and is employed in an unlicensed capacity in a licensed healthcare facility as a nursing graduate aide/extern may perform placement of peripheral intravenous catheters.</p> <p>(g) As used in this rule, a nursing student/graduate aide <u>shall</u> be defined as an individual who is currently enrolled in an approved nursing education program or a graduate of an approved schools of</p>		

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		nursing who has not achieved licensure as nurses and is employed in an unlicensed capacity in a licensed healthcare facility.		
610-X-7-.13	Special Provisions Related To Vaccination Administration	<p>(1) A licensed nurse may delegate administration of medications for purposes of vaccinations to emergency medical technicians who have been authorized by the Alabama Department of Public Health to receive delegation of vaccine administration.</p> <p>(2) A nurse who is a member of the Alabama National Guard and has an active unencumbered nursing license in any state or territory of the United States may practice nursing at any vaccination clinic operated by or under the authority of the Alabama Department of Public Health.</p>	Code of Ala. 1975, §§34-21-6; 34-21-2(j)(23).	0
	Total Restrictive Terms:	27	Total Discretionary Restrictions:	25

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-8-.01	Definitions	<p>(1) Abandonment: Acceptance of a patient assignment, thus establishing a nurse-patient relationship, and then ending the nurse-patient relationship without giving reasonable notice to supervisory personnel so that others can make arrangements for continuation of nursing care.</p> <p>(2) Administrative complaint: A legal document which contains notice of the time and place of an administrative hearing; contains a statement of the charges against the applicant, registered nurse, licensed practical nurse, advanced practice nurse, continuing education provider, or nursing education program; and complies with the notice provisions for contested cases as set forth in the Alabama Administrative Procedures Act.</p> <p>(3) Assessment, Comprehensive: the systematic collection and analysis of data including the physical, psychological, social, cultural and spiritual aspects of the patient by the registered nurse for the purpose of judging a patient’s health and illness status and actual or potential health needs. Comprehensive assessment includes patient history, physical examination, analysis of the data collected, development of the patient plan of care, implementation and evaluation of the plan of care.</p> <p>(4) Assessment, Focused: An appraisal of a patient’s status and specific complaint through observation and collection of objective and subjective data by the registered nurse or licensed practical nurse. Focused assessment involves identification of normal and abnormal findings, anticipation and recognition of changes or potential changes in</p>	Code of Ala. 1975, §§34-21-2(j)(1), 34-21-25	0

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		<p>patient’s health status, and may contribute to a comprehensive assessment performed by the registered nurse.</p> <p>(5) Board-Acceptable Licensed Healthcare Provider: A licensed healthcare provider who has been accepted, in advance, by Board staff to conduct a required evaluation of a licensee for purposes of reinstatement of a Board-Lapsed license.</p> <p>(6) Board-Lapsed License: An Order of the Board that lapses a license until identified conditions are met and the license is reinstated by Order of the Board.</p> <p>(7) Dual Relationship: any time a licensed nurse interacts with a patient outside the nurse-patient relationship.</p> <p>(8) Fine: A monetary penalty imposed by the Board.</p> <p>(9) Letter of Admonishment: A letter from the Board that addresses the areas of concern over the reported conduct and notifies the registered nurse, licensed practical nurse or applicant for licensure that the case has been closed without discipline.</p> <p>(10) Letter of Closure: A letter from the Board that notifies the registered nurse, licensed practical nurse or applicant for licensure that the case has been closed without discipline.</p> <p>(11) May: power, privilege or right retained by the Board.</p>		

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		<p>(12) <u>May not</u>: prohibition.</p> <p>(13) Negligent: Failure to exercise the care required by the applicable standard of care.</p> <p>(14) Probation: The monitored practice of nursing which permits the nurse to continue to practice nursing pursuant to specified conditions as set forth by the Board.</p> <p>(15) Professional Boundary: behavior of the licensed nurse in maintaining a therapeutic relationship with a patient for the patient's benefit rather than behavior that lessens the patient's care and shifts the focus to the licensed nurse.</p> <p>(16) Reprimand: A formal censure by the Board.</p> <p>(17) Revocation: The withdrawal of the license by Board action.</p> <p>(18) <u>Shall</u>: duty, requirement, or condition precedent.</p> <p>(19) Suspension: The temporary withdrawal of the license by Board action.</p> <p>(20) Voluntary Surrender: The voluntary relinquishment of a license that has the force and effect of revocation.</p>		

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		<p>(21) Willful: Commission of an act or omission when the licensed nurse or applicant knows or reasonably should know that the act or omission violates the Nurse Practice Act.</p> <p>(22) Adverse Action: Any administrative, civil, equitable, or criminal action permitted by the law of state which is imposed by a licensing board or other authority against a nurse, including actions against the license or multistate privilege of an individual, including revocation, suspension, probation, monitoring of a licensee, limitation on the practice of the licensee, the bringing of a cease and desist action against the licensee, or any other encumbrance on licensure affecting the authorization of a nurse to practice.</p> <p>(23) Current Significant Investigative Information: Any of the following:</p> <p>(a) Investigative information that the Board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction.</p> <p>(b) Investigative information indicating that nurse presents an immediate threat to public health and safety, regardless of whether the nurse has been notified and has had an opportunity respond.</p> <p>(24) Coordinated Licensure Information System: An integrated process for collecting, storing, and sharing information on nurse</p>		

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		licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.		
610-X-8-.02	Grounds For Discipline Or Denial Of An Initial License Or Certificate Of Qualification	<p>The Board may, upon licensure, reprimand, fine, probate, suspend, and/or otherwise discipline the license or certificate of qualification to engage in advanced practice nursing of any nurse, or deny an application for initial licensure, certificate of qualification to engage in advanced practice nursing, and/or temporary permit by examination or endorsement, upon proof that the person:</p> <p>(1) Has failed to meet any requirement or standard established by law or by rules and regulations adopted by the Board.</p> <p>(2) Has engaged in fraud, misrepresentation, deception, or concealment of a material fact in applying for or securing licensure or taking any examination required for licensure.</p> <p>(3) Has engaged in a course of conduct that would be grounds for discipline under Rule 610-X-8-.03.</p> <p>(4) Has disciplinary action pending or having had a license, registration, or certification for any health-related profession denied, conditionally issued, fined, reprimanded, censured, restricted, limited, placed on probation, suspended, revoked, voluntarily surrendered, or otherwise encumbered in any state, territory or country.</p>	Code of Ala. 1975, §§34-21-21, 34-21-25, 34-21-89	0



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		<p>(5) Has been court-martialed or administratively discharged by a branch of the United States Armed Forces for any act or conduct that would constitute grounds for discipline Alabama under Rule 610-X-8-.03.</p> <p>(6) Has engaged in conduct that is inconsistent with good moral character.</p> <p>(a) The decision as to whether the applicant has engaged in conduct that is inconsistent with good moral character is within the discretion of the Board of Nursing.</p> <p>(b) In determining whether the applicant has engaged in conduct that is inconsistent with good moral character, the Board may consider the applicant’s criminal history, pattern of illegal conduct or disregard for the law, or other evidence bearing on the applicant’s fitness and capacity for practice as a licensed nurse.</p> <p>(7) Is or has been non-compliant with a monitoring agreement or contract with an alternative to discipline program or order issued in another jurisdiction pertaining to any license, certification, or registration for a health-related profession.</p> <p>(8) Is subject to any other ground(s) for discipline or denial of licensure authorized by law.</p>		
610-X-8-.03	Grounds For Discipline Of, Denial Of Renewal Of, Or Denial Of Reinstatement Of A License, Multistate Licensure	The Board may deny, reprimand, fine, probate, suspend, revoke and/or otherwise discipline any registered nurse or licensed practical nurse holder of a multistate licensure privilege to practice in Alabama, or	Code of Ala. 1975, §§34-21-2(j)(1), 34-21-25,	0

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## Disciplinary Action

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Privilege, Or Certificate Of Qualification	<p>holder of a certificate of qualification to engage in advanced practice nursing, upon proof that the person:</p> <p>(1) Is guilty of fraud or deceit in procuring or attempting to procure a license, multistate licensure privilege, or certificate of qualification to engage in advanced practice nursing by:</p> <p>(a) Filing false, forged or altered documents or credentials, including required continuing education documentation.</p> <p>(b) Misrepresenting or falsifying facts in applying for original licensure, renewal, reactivation, or reinstatement of a license.</p> <p>(c) Having another person appear for a licensing or certification examination.</p> <p>(2) Has been convicted of a felony.</p> <p>(3) Is guilty of a crime involving moral turpitude or of gross immorality that would tend to bring reproach upon the nursing profession.</p> <p>(a) For purposes of this rule a person is guilty of a crime if the person:</p> <p>1. Has been convicted of the crime.</p>	34-21-89, 34-21-124	

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>2. Regardless of court disposition, has entered a plea of guilty, no contest, nolo contendere, not guilty by reason of insanity, or other similar plea, or has stipulated that a prima facie case exists that would support conviction.</p> <p>(b) For purposes of this rule, a crime involving moral turpitude or of gross immorality that would tend to bring reproach upon the nursing profession is any crime, whether felony or misdemeanor, that involves:</p> <ol style="list-style-type: none"> <li>1. Drugs.</li> <li>2. Theft.</li> <li>3. Lewdness or any sexual offense.</li> <li>4. Abuse.</li> <li>5. Violence.</li> <li>6. Fraud.</li> <li>7. Any other conduct detrimental to the public’s health, safety or welfare.</li> </ol> <p>(4) Is unfit or incompetent due to the use of alcohol, or is addicted to the use of habit-forming drugs to such an extent as to render the registered nurse or licensed practical nurse unsafe or unreliable as demonstrated by one or more of the following:</p> <p>(a) Testing positive for alcohol and/or unauthorized mood-altering drugs.</p> <p>(b) Misappropriation or diversion of drugs from the workplace for self-use.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(c) Obtaining or attempting to obtain an unauthorized prescription by fraudulent means for self-use.</p> <p>(d) A pattern of abuse or misuse of habit forming and/or mood-altering drugs or alcohol.</p> <p>(e) Impairment while on duty due to alcohol or the use of illegal, unauthorized, or duly authorized mood-altering drugs.</p> <p>(f) Refusal to submit to drug screen.</p> <p>(g) Submission of or attempt to submit a diluted, adulterated, or substituted specimen for drug testing.</p> <p>(h) The use of alcohol or habit forming or mood-altering drugs to such an extent that medical or psychiatric treatment, rehabilitation, or counseling is sought by the licensed nurse or is recommended by a legally authorized prescriber.</p> <p>(i) Admitting to a substance use disorder.</p> <p>(5) Is unable to safely practice nursing with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or any other substance, or as a result of any mental or physical condition, as demonstrated by one or more of the following:</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<ul style="list-style-type: none"> <li>(a) Testing positive for alcohol and/or unauthorized mood-altering drugs.</li> <li>(b) Misappropriation or diversion of drugs from the workplace for self-use.</li> <li>(c) Obtaining or attempting to obtain an unauthorized prescription by fraudulent means for self-use.</li> <li>(d) A pattern of abuse or misuse of habit forming and/or mood-altering drugs or alcohol.</li> <li>(e) Impairment while on duty due to alcohol or the use of illegal, unauthorized, or duly authorized mood-altering drugs.</li> <li>(f) Refusal to submit to drug screen.</li> <li>(g) Submission of or attempt to submit a diluted, adulterated, or substituted specimen for drug testing.</li> <li>(h) The use of alcohol or habit forming or mood-altering drugs to such an extent that medical or psychiatric treatment, rehabilitation, or counseling is sought by the licensed nurse or is recommended by a legally authorized prescriber.</li> <li>(i) Admitting to a substance use disorder.</li> </ul>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(j) More than one alcohol or drug-related arrest within a five-year period.</p> <p>(k) A mental or physical condition which renders the licensed nurse unable to safely practice nursing with reasonable skill and safety as demonstrated by one or more of the following:</p> <ol style="list-style-type: none"> <li>1. Conduct that poses a serious risk of harm to the licensed nurse or any other person.</li> <li>2. Cognitive deficits that render a licensed nurse unable to exercise appropriate nursing judgment.</li> <li>3. Impairment of functional capacity.</li> <li>4. Inappropriate or disruptive behavior in the workplace.</li> <li>5. A judicial finding of incompetence.</li> <li>6. Any other conduct in the workplace that suggests an inability to safely practice nursing with reasonable skill and safety to patients.</li> </ol> <p>(6) Has been convicted of any violation of a federal or state law relating to controlled substances, including misdemeanor and felony offenses.</p>		

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		<p>(7) Is guilty of unprofessional conduct of a character likely to deceive, defraud, or injure the public in matters pertaining to health, as demonstrated by one of more of the following:</p> <p>(a) Failure to practice nursing in accordance with the standards adopted by the Board in Alabama Board of Nursing Administrative Code Chapters 610-X-5, 610-X-6, 610-X-7, or 610-X-9.</p> <p>(b) Practice beyond the scope of the individual licensed nurse’s practice, as determined by, but not limited to:</p> <ol style="list-style-type: none"> <li>1. Educational preparation.</li> <li>2. License status.</li> <li>3. Advanced practice approval.</li> <li>4. Collaborative practice agreements.</li> <li>5. State and federal statutes and regulations.</li> <li>6. State and national standards appropriate to the type of practice.</li> <li>7. Nursing experience.</li> <li>8. Standardized procedures.</li> </ol>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>9. Knowledge, skills and ability to manage risks and potential complications.</p> <p>10. Required instruction and supervision.</p> <p>(c) Failure to perform an assessment or evaluation of a patient's status.</p> <p>(d) Failure to implement the plan of care or institute interventions that might be required to stabilize a patient's condition or to prevent complications.</p> <p>(e) Failure to:</p> <ol style="list-style-type: none"> <li>1. Use appropriate nursing judgment.</li> <li>2. Administer medications and treatments in a responsible manner.</li> <li>3. Demonstrate competence in administering or carrying out patient care.</li> <li>4. Document nursing care.</li> <li>5. Account for controlled substances.</li> </ol> <p>(f) Falsifying, altering, destroying, or attempting to destroy patient, employer or employee records.</p>		



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		<p>(g) Abandoning or neglecting patients.</p> <p>(h) Failure to respect or safeguard the patient's, or significant other's, dignity, right to privacy, safety, and confidential health information unless disclosure is required by law.</p> <p>(i) Failure to maintain professional boundaries.</p> <p>(j) Intentionally or negligently causing or permitting one or more of the following to a patient:</p> <ol style="list-style-type: none"> <li>1. Physical abuse.</li> <li>2. Sexual abuse.</li> <li>3. Emotional abuse.</li> <li>4. Verbal abuse.</li> <li>5. Willful harassment or intimidation.</li> <li>6. Financial exploitation.</li> </ol> <p>(k) Permitting a dual relationship with a patient to disrupt, delay, or inappropriately influence the nursing care provided to that patient or any other patient.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(l) Exhibiting inappropriate unprofessional or disruptive conduct or behavior in the workplace.</p> <p>(m) Engaging in fraud, deceit, or misrepresentation in seeking employment, practicing, seeking to practice, or advertising by:</p> <ol style="list-style-type: none"> <li>1. Falsification, alteration, or forgery of a temporary permit, identification card, license, advanced practice approval, or credentials.</li> <li>2. Falsification or misrepresentation of credentials, licensure status, advanced practice approval, collaborative practice status, or educational background.</li> <li>3. Forgery of educational documents.</li> <li>4. Falsification, misrepresentation, or forgery of employment records.</li> <li>5. Falsification or misrepresentation of any information on an application for employment.</li> </ol> <p>(n) Intentionally or negligently misrepresenting or falsifying facts in billing a patient or any public or private third-party payor.</p> <p>(o) Aiding, abetting, directing, or assisting an individual to violate or circumvent any law or rule intended to guide the conduct of a licensed nurse or any other licensed health care provider.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(p) Failure to ensure verification of current Alabama temporary permit, licensure, and credentials of nursing personnel for whom the licensed nurse is administratively responsible.</p> <p>(q) Personal use of unauthorized or illegal drugs or substances, which includes taking medication prescribed for someone else.</p> <p>(r) Testing positive for unauthorized or illegal mood-altering drugs or substances.</p> <p>(s) A pattern of abuse or misuse of habit forming and/or mood-altering drugs or substances or alcohol.</p> <p>(t) Practicing, attempting to practice, or continuing to practice when the licensed nurse is unable to perform with reasonable skill and safety due to the licensed nurse’s mental or physical impairment resulting from:</p> <ol style="list-style-type: none"> <li>1. Alcohol.</li> <li>2. Unauthorized, duly authorized, or illegal drugs or substances.</li> </ol> <p>(u) Obtaining or attempting to obtain controlled drugs or substances without direction from a legally authorized prescriber or through fraudulent means.</p> <p>(v) Furnishing or administering drugs or controlled substances to any person, without direction from a legally authorized prescriber.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(w) Misappropriation, diversion, or attempted misappropriation or diversion, of drugs or substances from the workplace.</p> <p>(x) Refusal to submit to drug screen.</p> <p>(y) Appropriating real or personal property of a patient, employer, or any other person or entity; or failing to take precautions to prevent misappropriation of real or personal property of a patient, employer, or any other person or entity.</p> <p>(z) Failure to report illegal, substandard, unethical, unsafe or incompetent nursing practice or disciplinary action in any state, territory, country, or other jurisdiction.</p> <p>(aa) Having a license, registration, privilege to practice, or certification denied, conditionally issued, fined, reprimanded, censured, restricted, limited, placed on probation, suspended, revoked, voluntarily surrendered, or otherwise encumbered in any state, territory, country, or other jurisdiction, or having been court-martialed or administratively discharged by a branch of the United States Armed Forces, for any act or conduct which would constitute grounds for disciplinary action in Alabama.</p> <p>(bb) Any act or omission which would constitute grounds for denial or termination of qualification to engage in advanced practice nursing.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(cc) Violation of any provision of the Alabama Nurse Practice Act, the Alabama Board of Nursing Administrative Code, or any state or federal law pertaining to matters of health which is likely to deceive, defraud, or injure the public.</p> <p>(dd) Non-compliance with a monitoring agreement or contract with an alternative to discipline program or order issued in another jurisdiction pertaining to any license, certification, or registration for a health-related profession.</p> <p>(8) Has willfully or repeatedly violated any of the provisions of Article 2 of the Alabama Nurse Practice Act, by:</p> <p>(a) Failing to respond to official Board correspondence, including but not limited to:</p> <ol style="list-style-type: none"> <li>1. Requests for information.</li> <li>2. Subpoenas.</li> <li>3. Notices.</li> <li>4. Annual Reports for nursing education, standardized procedures, and report of employing agencies.</li> </ol> <p>(b) Practicing, seeking to practice, or attempting to practice professional, practical, or advanced practice nursing without an active license, temporary permit, or approval.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(c) Impersonating an applicant for licensure or another licensed practitioner or permitting or allowing another person to use the licensed nurse’s nursing license or temporary permit.</p> <p>(d) Continued violation of any statute or rule after notice by the Board.</p> <p>(e) Failure to comply with any stipulated terms and conditions of any Board order, agreement, or contract.</p> <p>(9) Having been sentenced to a period of continuous incarceration serving a penal sentence for the commission of a misdemeanor or felony. The disciplinary action <u>shall</u> remain in effect until the board acts upon the application of the licensee for reinstatement of the license.</p> <p>(10) Failure of a registered nurse or licensed practical nurse who provides continuing education to comply with continuing education rules.</p> <p>(11) Failure to repay scholarship funds awarded by the Board for graduate study.</p> <p>(12) Payment of any fees or fines to the Board with a worthless check, invalid credit card, or by any other method that is not honored by the financial institution.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(13) Violation of Code of Ala. 1975, §34-21-86, which addresses prescribing practices for certified registered nurse practitioners or certified nurse midwives or any adverse action against a Drug Enforcement Administration certificate or certificate of qualification issued pursuant to Article 11 of the Alabama Uniform Controlled Substances Act.</p> <p>(14) Any other reasons authorized by law.</p>		
610-X-8-.04	Investigation	<p>(1) Upon self-disclosure or receipt of a written complaint alleging that a registered nurse, licensed practical nurse, holder of a multistate licensure privilege, or holder of a certificate of qualification to engage in advanced practice nursing has violated a statute or rule by committing one or more of the actions specified as grounds for disciplinary action, the Executive Officer <u>shall</u> provide for an investigation by Board staff to determine if there is sufficient evidence to warrant disciplinary proceedings.</p> <p>(a) The Board <u>shall</u> consider only those complaints which include the following:</p> <ol style="list-style-type: none"> <li>1. The name of the licensee, applicant, or holder of a multistate licensure privilege or certificate of qualification to engage in advanced practice nursing.</li> <li>2. The name and contact information (telephone number, email address, etc.) of the complainant.</li> </ol>	Code of Ala. 1975, §§34-21-2(j)(1) and (9), 34-21-25	1

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		3. Specific allegation(s) which, if substantiated through investigation, would constitute violation(s) of the Alabama Nurse Practice Act (Code of Ala. 1975, §34-21-1, et. seq.) or the Alabama Board of Nursing Administrative Code.		
610-X-8-.04	Investigation	<p>(2) When an investigation discloses that disciplinary action is not warranted for the protection of the public health, safety and welfare, the investigative file <u>shall</u> be closed, provided that the matter may be reinvestigated at any time if circumstances so warrant.</p> <p>(a) When the holder of a multistate license changes his or her primary state of residence during the course of an investigation, the investigation <u>shall</u> continue. The board may take any appropriate actions and <u>shall</u> report the conclusions of the investigation to the administrator of the coordinated licensure information system, which <u>shall</u> promptly notify the new home state of any actions.</p> <p>(b) The board <u>shall</u> notify the coordinated licensure information system of any current significant investigative information. Current significant investigative information <u>shall</u> be transmitted through the coordinated licensure information system only to party state licensing boards.</p>	Code of Ala. 1975, §§34-21-6, 34-21-2(j)(23), 34-21-124, 34-21-125	0
610-X-8-.05	Board Action Following Investigation	<p>The Board or its authorized designee <u>shall</u> have the power to act on the report of the investigation as follows:</p> <p>(1) Dismiss a complaint with a letter of closure or a letter of admonishment.</p>	Code of Ala. 1975, §§34-21-2(j)(1), (9), (10), and (11); 34-21-25	0



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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(2) Commence disciplinary proceedings through pursuit of informal disposition in accordance with Alabama Board of Nursing Administrative Code Section 610-X-8-.08 or the issuance of an administrative complaint pursuant to Alabama Board of Nursing Administrative Code, Section 610-X-8-.07.</p> <p>(3) Accept voluntary surrender of a license, certificate of qualification, or multistate licensure privilege to practice nursing in Alabama.</p>		
610-X-8-.06	Administrative Procedure Act	The Alabama Board of Nursing hereby adopts by reference as its rules Sections 12 through 21 of Chapter 22, Title 41, Code of Ala. 1975, as amended, governing contested cases, appeals, and related proceedings unless inconsistent with Section 34-21-25 or Chapter 610-X-8.	Code of Ala. 1975, §41-22-9	0
610-X-8-.07	Formal Disposition Of Contested Cases	<p>(1) At least twenty days prior to the administrative hearing, an administrative complaint <u>shall</u> be served on the applicant, registered nurse, licensed practical nurse, holder of a multistate licensure privilege, holder of a certificate of qualification to engage in advanced practice nursing, continuing education provider, or nursing education program as follows:</p> <p>(a) Personal service made by any sheriff of the State of Alabama.</p> <p>(b) If the applicant, registered nurse, licensed practical nurse, holder of a multistate licensure privilege, holder of a certificate of qualification to engage in advanced practice nursing, continuing education provider, or nursing education program is out of state, evades service, or cannot be served personally, service <u>shall</u> be made by registered or certified mail to</p>	Code of Ala. 1975, §§34-21-2(j)(1), (9), (10), (11), 34-21-25, 41-22-12	0

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		<p>the last known post office mailing address shown on the records of the Board.</p> <p>(c) If the applicant, registered nurse, licensed practical nurse, holder of a multistate licensure privilege, holder of a certificate of qualification to engage in advanced practice nursing, continuing education provider, or nursing education program is represented by an attorney who has filed a notice of appearance with the Board, service <u>shall</u> be made on the attorney personally or by registered or certified mail.</p> <p>(2) The Board’s administrative complaint may be amended without leave of the hearing officer prior to the hearing so long as the amendment is germane to the charge or charges and does not materially alter the nature of any offense charged.</p>		
610-X-8-.07	Formal Disposition Of Contested Cases	<p>(3) A motion for withdrawal of the administrative complaint may be filed with the Board. The circumstances surrounding the attempt to withdraw the administrative complaint <u>shall</u> be explained by the person who is attempting to withdraw the administrative complaint. A motion for withdrawal of the administrative complaint <u>shall</u> be ruled upon by the hearing officer. No administrative complaint that is well-founded <u>shall</u> be dismissed solely upon the motion of the original complainant.</p>	Code of Ala. 1975, §§34-21-2(j)(1), (9), (10), and (11); 34-21-25; 41-22-12	1
610-X-8-.07	Formal Disposition Of Contested Cases	<p>(4) Pleadings relating to disciplinary proceedings pending before the Board <u>shall</u> be filed with the Board. Pleadings <u>shall</u> be deemed filed upon actual receipt.</p>	Code of Ala. 1975, §§34-21-2(j)(1), (9), (10), and (11); 34-21-25; 41-22-12	2
610-X-8-.07	Formal Disposition Of Contested Cases	<p>(5) Requests for subpoenas <u>shall</u> be filed with the Board at least ten days prior to the administrative hearing along with the appropriate</p>	Code of Ala. 1975, §§34-21-	1

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		subpoena-processing fee. Any expense for service by a sheriff, process server or other entity <u>shall</u> be the responsibility of the party requesting the subpoena. Any expenses incurred relative to subpoenas requested by a Respondent, either for witnesses or related to production of documents, are the responsibility of the party who requested the issuance of said subpoena.	2(j)(1), (9), (10), and (11); 34-21-25; 41-22-12	
610-X-8-.07	Formal Disposition Of Contested Cases	<p>(6) The administrative hearing <u>shall</u> be conducted by a hearing officer provided by the Board. All testimony <u>shall</u> be under oath and <u>shall</u> be transcribed by a court reporter scheduled by the Board. Telephonic or other real-time electronic testimony is admissible at the discretion of the hearing officer. Evidence may be taken by deposition at the discretion of the hearing officer.</p> <p>(7) A continuance may be granted by the Board’s designee or, if the Board’s designee objects to said continuance, upon the filing of a written motion and affidavit detailing the reasons for the continuance.</p>	Code of Ala. 1975, §§34-21-2(j)(1), (9), (10), and (11); 34-21-25; 41-22-12	0
610-X-8-.07	Formal Disposition Of Contested Cases	(8) The Board may, at its discretion, digitally record or video administrative hearings. The Hearing Officer <u>shall</u> rule upon objections to digital or video recording of an administrative hearing.	Code of Ala. 1975, §§34-21-2(j)(1), (9), (10), and (11); 34-21-25; 41-22-12	0
610-X-8-.08	Informal Disposition Of Contested Cases	(1) Complaints or controversies may be considered and resolved by the Board or Board designee through alternative dispute resolution, informal conferences, meetings, or other informal means. Such <u>shall</u> be held without prejudice to the right of the Board thereafter to institute formal proceedings based upon the same or related material if circumstances so warrant.	Code of Ala. 1975, §§34-21-2(j)(1), (9), (10), (11), 34-21-25, 41-22-12	0

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		(2) Informal dispositions may be made of any contested case by stipulation, agreed settlement, consent order or default or by another method agreed upon by the parties in writing and as approved by the Board.		
610-X-8-.09	Decisions Of The Board	<p>(1) Based upon the evidence presented at the administrative hearing or pursuant to informal disposition, the Board may take one or more of the following actions:</p> <p>(a) Dismiss the administrative complaint in its entirety or any alleged violation in the complaint.</p> <p>(b) Find the respondent not guilty of any or all of the violations alleged in the administrative complaint.</p> <p>(c) Find the respondent guilty of any or all of the violations alleged in the administrative complaint. If the Board finds the respondent guilty of one or more of the violations alleged in the administrative complaint, the Board may take one or more of the following disciplinary actions against the respondent:</p> <ol style="list-style-type: none"> <li>1. Reprimand the respondent’s license, multistate licensure privilege, or certificate of qualification to engage in advanced practice nursing.</li> <li>2. Probate the respondent’s license, multistate licensure privilege, or certificate of qualification to engage in advanced practice nursing.</li> <li>3. <u>Require</u> the respondent to participate in an educational program.</li> </ol>	Code of Ala. 1975, §§34-21-2(j)(1), (5), (9), (10), and (11); 34-21-25; 41-22-12	0

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		<p>4. Suspend the respondent's license, multistate licensure privilege, or certificate of qualification to engage in advanced practice nursing.</p> <p>5. Revoke the respondent's license, multistate licensure privilege, or certificate of qualification to engage in advanced practice nursing.</p> <p>6. Lapse the respondent's license, multistate licensure privilege, or certificate of qualification to engage in advanced practice nursing by Order of the Board.</p> <p>7. Deny approval of the applicant to take the licensing examination, deny approval of the applicant for licensure by endorsement, deny the application for multistate licensure, or deny the application for a certificate of qualification to engage in advanced practice nursing.</p> <p>8. Deny renewal or reinstatement of a license, multistate licensure privilege, or certificate of qualification to engage in advanced practice nursing.</p> <p>9. Impose other sanctions or restrictions.</p> <p>10. Levy a fine not to exceed \$1,000.00 per violation.</p> <p>11. Withdraw approval of a nursing education program.</p> <p>12. Deny approval of a nursing education program.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>13. Continue approval of a nursing education program for a specified period.</p> <p>14. Direct a nursing program administrator to notify students in writing of the Board’s decision.</p> <p>15. Issue a cease and desist order on or impose an encumbrance on the multistate licensure privilege.</p> <p>16. If the Board takes adverse action against a multistate license, the Board’s order <u>shall</u> also include a statement that the multistate licensure privilege of the nurse is deactivated in all party states during the pendency of the order.</p>		
610-X-8-.09	Decisions Of The Board	(2) The decisions of the Board <u>shall</u> be in writing in the form of an Order, a copy of which <u>shall</u> be mailed or delivered to the respondent or the respondent’s attorney.	Code of Ala. 1975, §§34-21-2(j)(1), (9), (10), and (11); 34-21-25; 41-22-12	0
610-X-8-.09	Decisions Of The Board	<p>(3) The decisions of the Board <u>shall</u> be subject to public dissemination, including but not limited to the required reporting of disciplinary actions to all federal databanks.</p> <p>(4) Judicial review of decisions of the Board may be sought in the Circuit Court of Montgomery County, Montgomery, Alabama. Appeals are to be perfected in accordance with the Alabama Administrative Procedures Act.</p>	Code of Ala. 1975, §§34-21-2(j)(1), (9), (10), (11), 34-21-25, 41-22-12,41-22-15, 41-22-16	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-8-.10	Application Following Denial Of Licensure	<p>(1) Application for a license or certificate of qualification to engage in advanced practice nursing, following denial of licensure or certificate, <u>shall</u>:</p> <p>(a) Include evidence of rehabilitation, or elimination or resolution of any issues that were identified in the Board’s most recent order as reasons for denial of licensure or certificate.</p> <p>(b) Be made according to Chapter 610-X-4.</p> <p>(2) Board action on applications following denial of licensure or certificate may be resolved either informally or through the administrative hearing process.</p> <p>(3) In considering a subsequent application for licensure or certificate, the Board may evaluate factors that include but are not limited to:</p> <p>(a) The severity of the act(s) or omission(s) which resulted in the denial of license.</p> <p>(b) The conduct of the applicant subsequent to the denial of license.</p> <p>(c) The lapse of time since denial of license.</p> <p>(d) Compliance with any conditions stipulated by the Board as a prerequisite for a subsequent application.</p>	Code of Ala. 1975, §§34-21-2(j)(1), 34-21-25	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(e) Rehabilitation attained by the applicant as evidenced by statements provided directly to the Board from qualified individuals who have professional knowledge of the applicant.</p> <p>(f) Whether the applicant is in violation of any applicable statute or rule.</p>		
610-X-8-.11	Reinstatement Of A Revoked Licensure, Multistate Licensure Privilege, Or Certificate Of Qualification To Engage In Advanced Practice Nursing	<p>(1) Application for reinstatement of a revoked license or certificate of qualification to engage in advanced practice nursing may be made twelve months after the effective date of revocation unless otherwise specified in Order or Agreement.</p> <p>(2) Applications for reinstatement of a revoked license <u>shall</u> include:</p> <p>(a) The non-refundable application fee.</p> <p>(b) Detailed letter of explanation regarding the circumstances that resulted in the revocation of the license and actions the applicant has taken to address the issue.</p> <p>(c) Documented evidence of continuing education requirements for reinstatement of a lapsed license.</p> <p>(d) Verification of the status of all health-care related licenses, certifications, and registrations from each jurisdiction/entity where a license, certification, or registration has ever been issued and certified copies of any disciplinary order(s) issued by any jurisdiction/entity where a license, certification, or registration has ever been issued.</p>	Code of Ala. 1975, §34-21-25(g)	3



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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(e) Five (5) affidavits from persons who are not related to the applicant and who have direct knowledge of the circumstances surrounding the revocation of the license and the actions the applicant has taken to address the issue.</p> <p>(f) If the applicant’s license was revoked while the applicant’s license was on probation or was suspended, the applicant <u>shall</u> provide documented evidence regarding efforts to comply with any previously stipulated terms of a Board Order or agreement.</p> <p>(g) If the circumstances that resulted in the revocation of the license involved allegations of substance abuse substance dependence, or drug diversion, or if the license was revoked while encumbered by an order requiring a program of random drug screening, the applicant <u>shall</u> provide:</p> <ol style="list-style-type: none"> <li>1. Documented evidence of a comprehensive substance use disorder evaluation and fitness to return to the practice of nursing conducted by a Board-recognized treatment provider whose program includes a health care professionals tract and completed no more than twelve (12) months prior to the date of the application.</li> <li>2. Evidence of compliance with all treatment provider recommendations.</li> <li>3. Complete results of drug screens obtained from participation in a Board-recognized program of random drug testing for a minimum of twelve (12) months immediately prior to the date of the application.</li> </ol>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(h) If the circumstances that resulted in the revocation of the license involved allegations of physical or mental impairment, the applicant <u>shall</u> provide:</p> <ol style="list-style-type: none"> <li>1. Documented evidence of current neuropsychological and physiological evaluations.</li> <li>2. Compliance with all treatment provider recommendations.</li> <li>3. A statement from the evaluators that the individual is fit to return to the practice of nursing.</li> </ol> <p>(i) Executed releases authorizing the sharing of information between and communication with all necessary healthcare providers and Board staff.</p> <p>(j) Submission of results of all required evaluations conducted by a Board acceptable licensed healthcare provider in consultation with Board staff.</p> <p>(k) If the applicant has any arrest(s) that resulted in pending misdemeanor or felony charges, the applicant <u>shall</u> provide:</p> <ol style="list-style-type: none"> <li>1. A detailed letter of explanation regarding the circumstances surrounding the charges.</li> <li>2. The nature of the charges.</li> </ol>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>3. The case number.</p> <p>4. The jurisdiction in which the charges are pending.</p> <p>(l) If the applicant has any misdemeanor or felony conviction(s) or has (regardless of court disposition) entered a plea of guilt, nolo contendere, no contest, not guilty by reason of insanity, or other similar plea, the applicant <u>shall</u> provide:</p> <ol style="list-style-type: none"> <li>1. Certified copies of court records including the Case Action Summary showing the final disposition of the charges.</li> <li>2. Any written Plea Agreement or Deferred Prosecution Agreement.</li> <li>3. Documentation of compliance with conditions imposed by the Court.</li> </ol> <p>(m) If the applicant has been administratively discharged from any branch of the armed services with any characterization besides "Honorable" or has been court-martialed, the applicant <u>shall</u> provide a detailed letter of explanation and official documentation of discharge (typically, a DD214 Members 4 copy).</p> <p>(n) For every period of employment since revocation of the applicant's Alabama nursing license, the applicant <u>shall</u> provide:</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<ol style="list-style-type: none"> <li>1. The name, address, and telephone number of any employer.</li> <li>2. The name of any supervisor.</li> <li>3. The dates of employment.</li> <li>4. Job title.</li> <li>5. Description of job duties.</li> <li>6. Reason for leaving said employment.</li> </ol> <p>(3) Applications for reinstatement of a revoked license are incomplete until all of the information required to be provided pursuant to this rule has been submitted. The Board may not consider incomplete applications.</p> <p>(4) Applications for reinstatement of a revoked license may be resolved either informally or through the administrative hearing process.</p> <p>(5) In considering reinstatement of a revoked license, the Board may evaluate factors that include but are not limited to:</p> <ol style="list-style-type: none"> <li>(a) Severity of the act(s) that resulted in revocation of the license.</li> <li>(b) Conduct of the applicant subsequent to the revocation of license.</li> <li>(c) Lapse of time since revocation.</li> </ol>		

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		<p>(d) Compliance with all reinstatement requirements stipulated by the Board.</p> <p>(e) Rehabilitation attained by the applicant as evidenced by statements provided directly to the Board from qualified individuals who have professional knowledge of the applicant.</p> <p>(f) Whether the applicant is in violation of any applicable statute or rule.</p>		
610-X-8-.11	Reinstatement Of A Revoked Licensure, Multistate Licensure Privilege, Or Certificate Of Qualification To Engage In Advanced Practice Nursing	(6) Any applicant for reinstatement of a revoked multistate licensure privilege <u>must</u> first demonstrate an active, unencumbered license in his or her home state. The Board may, in its discretion, <u>require</u> the applicant for reinstatement of a revoked multistate licensure privilege, to comply with the requirements of this section.	Code of Ala. 1975, §34-21-122	0
610-X-8-.12	Reinstatement Of A Lapsed License Or Certificate Of Qualification	<p>(1) Application for reinstatement of a board-lapsed license or certificate of qualification to engage in advanced practice nursing may be made at any time after the effective date of the Order that resulted in the Board-Lapsed license or certificate of qualification to engage in advanced practice nursing, unless otherwise specified in the Order.</p> <p>(2) Applications for reinstatement of a board-lapsed license or certificate of qualification to engage in advanced practice nursing <u>shall</u> include:</p> <p>(a) The non-refundable reinstatement of lapsed license fee.</p>	Code of Ala. 1975, §34-21-25	2

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(b) A completed application for reinstatement of board-lapsed license or certificate of qualification to engage in advanced practice nursing.</p> <p>(c) Documented evidence of continuing education requirements for reinstatement of a lapsed license or certificate of qualification to engage in advanced practice nursing.</p> <p>(d) Executed releases authorizing the sharing of information between and communication with all necessary healthcare providers and Board staff.</p> <p>(e) Submission of results of all <u>required</u> evaluations conducted by a Board-acceptable licensed healthcare provider in consultation with Board staff.</p> <p>(f) Submission of all documentation in support of any affirmative responses to regulatory questions on the application.</p> <p>(g) Submission of official verification of licensure from each jurisdiction where the applicant holds or has ever held a nursing or health-related license.</p> <p>(3) Completed applications for reinstatement of a board-lapsed license or certificate of qualification to engage in advanced practice nursing <u>shall</u> be adjudicated through either informal disposition or formal disposition of a contested case. A Board-Lapsed license may only be reinstated by Order of the Board.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-8-.12	Reinstatement Of A Lapsed License Or Certificate Of Qualification	<p>(4) If the Board determines that the conditions identified in the Board-Lapsed Order have been satisfied, the Board may, in its discretion, reinstate the license or certificate of qualification to engage in advanced practice nursing upon such terms and conditions as it deems appropriate.</p> <p>(a) If the Board-Lapsed Order stayed the licensee’s or holder of a certificate of qualification to engage in advanced practice nursing’s Voluntary Disciplinary Alternative Program Agreement, the Board may, in its discretion, permit the licensee or holder of the certificate of qualification to engage in advanced practice nursing to complete the terms of the Voluntary Disciplinary Alternative Program Agreement, despite the prior imposition of the Board-Lapsed Order.</p> <p>(b) If the Board-Lapsed Order stayed the licensee’s or holder of the certificate of qualification to engage in advanced practice nursing’s probation, the Board’s order <u>shall</u>, at a minimum, <u>require</u> the licensee or holder of the certificate of qualification to engage in advanced practice nursing to be reinstated on probation, under such terms and conditions as it deems appropriate.</p>	Code of Ala. 1975, §34-21-25	1
610-X-8-.13	Non-disciplinary Administrative Penalties	<p>(1) Non-disciplinary administrative penalties not to exceed \$1,000.00 (one-thousand dollars) per violation may be imposed for the following violations of Title 34, Chapter 21 of the Code of Alabama:</p> <p>(a) Practicing on a lapsed registered nurse or licensed practical nurse license for a period of time not to exceed 90 calendar days from the date of the lapse.</p>	Code of Ala. 1975, §§34-21-25(k), NPDB Requirements	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(b) Practicing as an advanced practice nurse with a lapsed certificate of qualification for a period of time not to exceed 90 calendar days from the date of the lapse.</p> <p>(c) Other practice without Board approval for a period of time not to exceed 90 calendar days from the date of loss of approval.</p> <p>(d) Failure to submit required documentation within the deadline established by the Board.</p> <p>(e) Continuing education violations that do not involve fraud or deceit.</p> <p>(2) If a licensee fails to pay the non-disciplinary administrative penalty within 30 days of its assessment, the Board may refer the matter for investigation to determine if formal proceedings should be instituted for the conduct.</p> <p>(3) A licensee <u>shall not</u> qualify for the non-disciplinary administrative penalty referenced above for more than one (1) violation occurring within five (5) years of any prior application of this rule.</p> <p>(4) Non-disciplinary administrative penalties:</p> <p>(a) Are not publicly available information;</p> <p>(b) Are not issued following a formal proceeding;</p>		



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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(c) <u>May not</u> be issued for conduct which is connected to the delivery of healthcare services; and		
		(d) <u>May not</u> be assessed in conjunction with any other disciplinary action.		
	Total Restrictive Terms:	23	Total Discretionary Restrictions:	13

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## Advanced Practice Nursing

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-9-.01	Qualifications For Approval To Practice As A Certified Registered Nurse Anesthetist	<p>(1) The applicant for approval to practice as a certified registered nurse anesthetist <u>shall</u> have:</p> <p>(a) An active registered nurse license issued by Alabama or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules. Initial applicants <u>shall</u> have an active registered nurse license, unless authorized by the Board.</p> <p>(b) Met all requirements for completion of or graduation from an organized program of study and clinical experience beyond the basic educational preparation as a registered nurse that prepares nurse anesthetists and is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools or its predecessor, the American Association of Nurse Anesthetists and recognized by the Board of Nursing.</p> <p>(c) Earned at least a master’s degree, or post-master’s certificate in advanced practice nursing from an accredited graduate program in nurse anesthesia recognized by the Board.</p> <p>(d) Current certification as a registered nurse anesthetist by the National Board of Certification and Recertification for Nurse Anesthetists, or other certifying body approved by the Board of Nursing.</p> <p>(2) The applicant for approval as a certified registered nurse anesthetist who graduated from an accredited school of nurse anesthesia prior to December 31, 2003, is exempt from the master’s degree requirement.</p>	Code of Ala. 1975, §34-21-84	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-9-.02	Application For Approval To Practice As A Certified Registered Nurse Anesthetist	<p>The applicant for approval to practice as a certified registered nurse anesthetist <u>shall</u> submit to the Board:</p> <p>(1) A completed application and the required fee(s).</p> <p>(2) An official transcript of education for advanced practice nursing as a nurse anesthetist that indicates the date of completion of the program and the date degree or certificate was conferred if the dates are not the same.</p> <p>(3) Official evidence of current certification by the National Board of Certification and Recertification for Nurse Anesthetists, or other certifying body approved by the Board of Nursing, as a registered nurse anesthetist.</p>	Code of Ala. 1975, §§34-21-81, 34-21-84, 27-46-3	1
610-X-9-.03	Authorization For Practice As A Certified Registered Nurse Anesthetist	<p>(1) The Board of Nursing may grant approval for advanced practice nursing as certified registered nurse anesthetists to applicants who meet the requirements of Chapter 610-X-9-.01 and .02.</p> <p>(2) Only those registered nurses whose credentials have current approval from the Board may hold themselves out to be certified registered nurse anesthetists, use the designation “CRNA” or use titles to imply that they are nurse anesthetists.</p>	Code of Ala. 1975, §34-21-84	0
610-X-9-.03	Authorization For Practice As A Certified Registered Nurse Anesthetist	<p>(3) The advanced practice approval <u>shall</u> expire on the expiration date of the RN license or on the expiration date of the licensee’s national certification as a certified registered nurse anesthetist, whichever occurs first.</p>	Code of Ala. 1975, §34-21-84	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-9-.03	Authorization For Practice As A Certified Registered Nurse Anesthetist	<p>(4) Certified registered nurse anesthetists <u>shall</u> renew approval to practice at the time of registered nurse license renewal. Approval for practice may be continued each biennium at the time of renewal of the registered nurse license upon verification of meeting the requirements of Rule 610-X-9-.01 and paying the advanced practice renewal fee(s).</p> <p>(5) Approval for practice may be continued at the time of renewal upon verification of meeting the requirements of Rule 610-X-9-.01, paying the advanced practice renewal fee(s), and six contact hours of pharmacology content specific to practice in the approved area. Graduate pharmacology academic credit earned during the nurse anesthetist educational program prior to initial approval as a CRNA does not qualify as pharmacology continuing education for renewal of approval as a CRNA.</p>	Code of Ala. 1975, §34-21-84	2
610-X-9-.03	Authorization For Practice As A Certified Registered Nurse Anesthetist	(6) Alabama-licensed certified registered nurse anesthetists <u>shall</u> earn, as part of the required twenty-four (24) Board-approved or Board-recognized continuing education contact hours for license renewal, six contact hours of pharmacology.	Code of Ala. 1975, §34-21-84	1
610-X-9-.03	Authorization For Practice As A Certified Registered Nurse Anesthetist	(7) Failure to meet renewal requirements <u>shall</u> result in lapse of the advanced practice approval.	Code of Ala. 1975, §34-21-84	0
610-X-9-.03	Authorization For Practice As A Certified Registered Nurse Anesthetist	<p>(8) A nurse who fails to attain certification from the Council on Certification of Nurse Anesthetists, or maintain recertification from the Council on Recertification of Nurse Anesthetists <u>shall</u>:</p> <p>(a) Immediately notify the Board of Nursing.</p>	Code of Ala. 1975, §34-21-84, 27-46-3	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(b) Not practice as or use the title of certified registered nurse anesthetist until approved by the Board of Nursing.</p> <p>(9) A certified registered nurse anesthetist may, after the successful completion of an organized program of study and supervised clinical practice, carry out functions beyond the nurse anesthetist educational preparation provided the functions are approved by the Board of Nursing as being within the legal scope of practice for a certified registered nurse anesthetist and performed pursuant to a standardized procedure implemented in compliance with Section 610-X-6-.12.</p>		
610-X-9-.03	Authorization For Practice As A Certified Registered Nurse Anesthetist	(10) Practicing as a certified registered nurse anesthetist subsequent to expiration of advanced practice approval <u>shall</u> result in disciplinary action pursuant to Chapter 610-X-8.	Code of Ala. 1975, §33-21-84	1
610-X-9-.04	Standards Of Practice For A Certified Registered Nurse Anesthetist	The certified registered nurse anesthetist <u>shall</u> practice in accordance with the standards, scope of practice, and guidelines developed by the American Association of Nurse Anesthetists, congruent with Alabama law.	Code of Ala. 1975, §§34-21-81, 34-21-84, 27-46-3	0
610-X-9-.05	Provisional Approval To Practice As A Graduate Registered Nurse Anesthetist	<p>(1) An Alabama-licensed registered nurse who meets the requirements of rule 610-X-9-.01 and .02, and who has applied for initial certification may request Provisional Approval for practice as a graduate nurse anesthetist by submitting:</p> <p>(a) Official evidence of authorization to test from the National Board of Certification and Recertification for Nurse Anesthetists, or other certifying body approved by the Board of Nursing, for the initial certification examination.</p>	Code of Ala. 1975, §34-21-84	1

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		<p>(b) The name and address of the employer who will ensure the supervision of the provisional nurse anesthetist by a certified registered nurse anesthetist or a licensed physician.</p> <p>(2) The nurse anesthetist with provisional approval may use the designation "Graduate Registered Nurse Anesthetist." Provisional approval to practice is limited to a maximum of one year and <u>shall</u> expire immediately upon:</p> <p>(a) Notification of passing the certification examination.</p> <p>(b) Notification of failing the certification examination.</p>		
610-X-9-.06	Notice Requirements	<p>(1) Certified registered nurse anesthetists, as defined by statute and regulation, <u>shall</u> submit to the board, immediately upon receipt:</p> <p>(a) Evidence of current national certification by the National Board of Certification and Recertification for Nurse Anesthetists, or other certifying body approved by the Board of Nursing, or recertification from the National Board of Certification and Recertification for Nurse Anesthetists, or other certifying body approved by the Board of Nursing.</p> <p>1. Upon successful completion of the initial certification examination.</p> <p>2. At the time of renewal of advanced practice approval.</p> <p>3. Upon recertification by the Council.</p>	Code of Ala. 1975, §§34-21-81, 34-21-84, 27-46-3	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-9-.06	Notice Requirements	<p>(2) Failure to provide evidence of current national certification prior to the expiration of existing certification on file with the Board <u>shall</u> result in lapse of approval to practice as a certified registered nurse anesthetist and may result in disciplinary action pursuant to Chapter 610-X-8.</p> <p>(3) The Board’s notice to the advanced practice nurse for approval to practice may be:</p> <p>(a) A letter or notice granting provisional approval.</p> <p>(b) A letter or other document granting full approval.</p>	Code of Ala. 1975, §§34-21-81, 34-21-84, 27-46-3, 34-21-25	0
610-X-9-.06	Notice Requirements	(4) Failure to submit evidence to the Board of meeting the requirements of Chapter 610-X-9, as applicable, <u>shall</u> result in lapse of the advanced practice approval.	Code of Ala. 1975, §§34-21-81, 34-21-84	0
610-X-9-.07	Reinstatement Of Lapsed Approval For Practice As A Certified Registered Nurse Anesthetist	<p>(1) Lapsed approval as a certified registered nurse anesthetist may be reinstated upon submission of a completed application and compliance with the following:</p> <p>(a) An active Alabama registered nurse license or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.</p> <p>(b) Payment of current renewal and reinstatement fees, as well as outstanding fees and fines, if applicable.</p>	Code of Ala. 1975, §§34-21-84	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(c) Official evidence of current national certification as a certified registered nurse anesthetist by a national certifying agency recognized by the Board.</p> <p>(d) Documented evidence of completion of six contact hours of pharmacology continuing education earned within the 24 months immediately preceding application.</p> <p>(2) In the case of an Alabama-licensed advanced practice nurse, if the reinstatement of a lapsed approval for advanced practice occurs during the renewal period for registered nurses, the expiration of the advanced practice approval <u>shall</u> be the expiration date of the RN license or the expiration date of the licensee’s national certification as a certified registered nurse anesthetist, whichever occurs first.</p>		
610-X-9-.08	Qualifications For Approval To Practice As A Clinical Nurse Specialist	<p>(1) An applicant for approval to practice as a clinical nurse specialist <u>shall</u> have:</p> <p>(a) An active Alabama registered nurse license or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules. Initial applicants <u>shall</u> have an active registered nurse license unless authorized by the Board.</p> <p>(b) A master’s or higher degree, or post-master’s certificate, in nursing from an accredited educational institution in a curriculum designed to prepare clinical nurse specialists.</p>	Code of Ala. 1975, §§34-21-81, 34-21-84	2



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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(c) Certification by a national certifying agency recognized by the Board in the clinical specialty consistent with educational preparation and appropriate to the area of practice.</p> <p>(2) The registered nurse seeking approval as a clinical nurse specialist in a specialty for which no national certification examination is available may petition the Board for a declaratory ruling pursuant to Rule 610-X-1-.09.</p>		
610-X-9-.09	Application For Approval To Practice As A Clinical Nurse Specialist	<p>The applicant for approval to practice as a clinical nurse specialist <u>shall</u> submit to the Board:</p> <p>(1) A completed application and the required fee(s).</p> <p>(2) An official transcript from an accredited educational institution, showing the attainment of a master’s or higher degree, or post-graduate certificate, in a curriculum designed to prepare clinical nurse specialists.</p> <p>(3) Official evidence of current national certification as a clinical nurse specialist by a national certifying agency recognized by the Board.</p>	Code of Ala. 1975, §§34-21-81, 34-21-84	3
610-X-9-.10	Authorization For Practice As A Clinical Nurse Specialist	<p>(1) The Board of Nursing may grant approval for advanced practice nursing as a clinical nurse specialist to applicants who meet the requirements of Chapter 610-X-9-.08 and .09.</p> <p>(2) Only those registered nurses whose credentials have been approved by the Board may hold themselves out to be clinical nurse specialists, use the designation “CNS” or use titles to imply that they are clinical nurse specialists.</p>	Code of Ala. 1975, §34-21-84	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(3) The advanced practice approval <u>shall</u> expire on the same date as the registered nurse license or on the expiration date of the licensee’s national certification, whichever occurs first.		
610-X-9-10	Authorization For Practice As A Clinical Nurse Specialist	(4) Clinical nurse specialists <u>shall</u> renew approval for practice at the time of registered nurse license renewal. Approval for practice may be continued at the time of renewal upon verification of meeting the requirements of Rule 610-X-9-01, paying the advanced practice renewal fee(s), and six contact hours of pharmacology content specific to practice in the approved area. Graduate pharmacology academic credit earned during the clinical nurse specialist educational program prior to initial approval as a CNS does not qualify as pharmacology continuing education for renewal of approval as a CNS.	Code of Ala. 1975, §§34-21-81, 34-21-84	1
610-X-9-10	Authorization For Practice As A Clinical Nurse Specialist	(5) Failure to meet the renewal requirements <u>shall</u> result in lapse of advanced practice approval.	Code of Ala. 1975, §34-21-81, 34-21-84	0
610-X-9-10	Authorization For Practice As A Clinical Nurse Specialist	(6) A nurse who fails to attain or maintain certification in the appropriate area of practice <u>shall</u> :  (a) Immediately notify the Board.  (b) Not practice as or use the title of clinical nurse specialist until approved by the Board.  (7) A clinical nurse specialist may, after the successful completion of an organized program of study and supervised clinical practice, carry out functions beyond the clinical nurse specialist educational preparation provided the functions are approved by the Board of Nursing as being	Code of Ala. 1975, §§34-21-81, 34-21-84	1

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## Advanced Practice Nursing

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		within the legal scope of practice for a clinical nurse specialist and performed pursuant to a standardized procedure implemented in compliance with Section 610-X-6-.12.		
610-X-9-.10	Authorization For Practice As A Clinical Nurse Specialist	(8) Practicing as a clinical nurse specialist subsequent to expiration of advanced practice approval <u>shall</u> result in disciplinary action pursuant to Chapter 610-X-8.	Code of Ala. 1975, §§34-21-81, 34-21-84, 34-21-25	1
610-X-9-.11	Standards Of Practice For Clinical Nurse Specialists	(1) The clinical nurse specialist <u>shall</u> practice in accordance with the standards, scope of practice, and guidelines identified by the appropriate specialty certifying body as recognized by the Board of Nursing and as congruent with Alabama law.  (2) The CNS may perform advanced nursing skills under Board approved written nursing protocols, independent nursing contracts, and standardized procedures consistent with Article 5 of the Nurse Practice Act.	Code of Ala. 1975, §§34-21-81, 34-21-84	0
610-X-9-.12	Notice Requirements	(1) Clinical nurse specialists as defined by statute and regulation <u>shall</u> submit to the Board, immediately upon receipt:  (a) Evidence of current national certification by national certifying agency recognized by the Board in the clinical specialty consistent with educational preparation and appropriate to the area of practice.  (i) Upon successful completion of the initial certification examination.  (ii) At the time of renewal of advanced practice approval.	Code of Ala. 1975, §§34-21-81, 34-21-84	1

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## Advanced Practice Nursing

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(iii) Upon recertification by the national certifying agency.		
610-X-9-.12	Notice Requirements	(2) Failure to provide evidence of current national certification prior to the expiration date of the existing certification on file with the Board <u>shall</u> result in lapse of approval to practice as a Clinical Nurse Specialist and may result in disciplinary action pursuant to Chapter 610-X-8.	Code of Ala. 1975, §§34-21-81, 34-21-84	0
610-X-9-.13	Reinstatement Of Lapsed Approval For Practice As A Clinical Nurse Specialist	<p>(1) Lapsed approval as a clinical nurse specialist may be reinstated upon submission of a completed application and compliance with the following:</p> <p>(a) An active Alabama registered nurse license or multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.</p> <p>(b) Payment of current renewal and reinstatement fees, as well as outstanding fees and fines, if applicable.</p> <p>(c) Official evidence of current national certification as a clinical nurse specialist by a national certifying agency recognized by the Board.</p> <p>(d) Documented evidence of completion of six contact hours of pharmacology continuing education earned within the 24 months immediately preceding application.</p> <p>(2) In the case of an Alabama-licensed advanced practice nurse, if the reinstatement of a lapsed approval for advanced practice occurs during the renewal period for registered nurses, the expiration of the advanced practice approval <u>shall</u> be the expiration date of the RN license or the</p>	Code of Ala. 1975, §§34-21-81, 34-21-84	0

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## Advanced Practice Nursing

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		expiration date of the licensee's national certification as a clinical nurse specialist, whichever occurs first.		
	Total Restrictive Terms:	26	Total Discretionary Restrictions:	18

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## Continuing Education for Licensure

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-10-.01	Definitions	<p>(1) Board Approved Continuing Education Provider: An individual; partnership; association; organization; educational institution; governmental agency; or licensed health care facility, including hospitals, nursing homes, clinics, home health agencies, or other organized health care facilities, offering continuing education for nurses that meet Board criteria for approval and are assigned an Alabama Board of Nursing Provider (ABNP) number.</p> <p>(2) Board Recognized Continuing Education Provider: A national or regional agency, journal, Alabama regulatory agency or board, or another Board of Nursing recognized by the Alabama Board of Nursing as providing or approving continuing education in accordance with criteria that are substantially the same as those required of Alabama Board of Nursing approved providers of continuing education.</p> <p>(3) Board Approved or Board Recognized Continuing Education Activity: An activity that meets the definition of continuing education and has undergone approval by a Board approved provider or Board recognized provider of continuing education. An activity may be a program of multiple sessions or a single session lasting at least twenty-five minutes (0.5 contact hours).</p> <p>(4) Continuing Education: Planned, organized learning experiences designed to augment the knowledge, skill, and ability to enhance nursing practice and therefore improve health care delivered to the public.</p>	Code of Ala. 1975, §§ 34-21-2(j)(23), 34-21-23(e) and (f), 34-21-40, 34-21-41, 34-21-42, 34-21-43	0

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## Continuing Education for Licensure

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(5) Continuing Education Contact Hour: Unit of measurement of continuing education that meets Board criteria for approval and lasts at least fifty minutes.</p> <p>(6) Provider Number: A permanent, nontransferable number assigned by the Board to designate an approved provider.</p> <p>(7) Refresher Course: A body of study with both theoretical and clinical components that are relevant to current practice modalities and technologies.</p>		
610-X-10-.02	Continuing Education General Standards	<p>(1) Licensed nurses <u>shall</u> be individually accountable for continued competence to practice nursing.</p> <p>(2) The Board of Nursing may prescribe a refresher course for reentry into practice.</p> <p>(3) Individual requests to verify approval for a specific course or activity may be submitted to a Board-approved provider.</p>	Code of Ala. 1975, §§34-21-2(j)(23), 34-21-23(e) and (f)	0
610-X-10-.02	Continuing Education General Standards	<p>(4) Licensed nurses <u>shall</u> meet continuing education requirements as stated in Rule 610-X-4-.08, Renewal of License.</p>	Code of Ala. 1975, §34-21-23(f)	0
610-X-10-.02	Continuing Education General Standards	<p>(5) Pharmacology continuing education hours are <u>required</u> for Certified Registered Nurse Practitioners (CRNP), Certified Nurse Midwives (CNM), Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists (CRNA), as stated in Rule 610-X-4-.08, Renewal of License.</p>	Code of Ala. 1975, §34-21-84	1
610-X-10-.02	Continuing Education General Standards	<p>(6) The Board-provided continuing education related to statutory and administrative frameworks for nursing regulation, scope of practice, and standards of practice described in §610-X-4-.08 is <u>required</u> for each</p>	Code of Ala. 1975, §§34-21-2(j)(23), 34-21-	1

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## Continuing Education for Licensure

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>licensed nurse for the first license renewal period and may be viewed by any licensed nurse at any time. A licensed nurse may receive continuing education credit for completing any of the <u>required</u> courses once each renewal period.</p> <p>(7) Failure to comply with continuing education requirements may result in disciplinary action by the Board.</p>	23(f), 34-21-40, 34-21-41, 34-21-42, 34-21-43	
610-X-10-.02	Continuing Education General Standards	<p>(8) Units of measure for continuing education <u>shall</u> be:</p> <p>(a) 1 contact hour = 50 minutes</p> <p>(b) 0.5 contact hour = 25 minutes</p> <p>(c) 15 contact hours = 1 academic semester credit hour</p> <p>(d) 10 contact hours = 1 academic quarter credit hour</p> <p>(e) 1 contact hour = 0.1 continuing education unit (CEU)</p> <p>(9) The Board may accept contact hours(s) earned from a continuing education provider that uses different units of measurement without conversion.</p>	Code of Ala. 1975, §§34-21-2(j)(23), 34-21-23(f)	1
610-X-10-.02	Continuing Education General Standards	<p>(10) Continuing education classes and activities <u>may not</u> be repeated within the earning period for credit. A class may be audited (no credit awarded) as allowed by the continuing education provider.</p>	Code of Ala. 1975, §§34-21-2(j)(23), 34-21-23(f)	1



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## Continuing Education for Licensure

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-10-.02	Continuing Education General Standards	(11) Licensed nurses <u>shall not</u> enter any courses to their individual continuing education record from a Board-approved provider with an ABNP number.	Code of Ala. 1975, §§34-21-2(j)(1) and (23), 34-21-23(f)	1
610-X-10-.02	Continuing Education General Standards	<p>(12) In the case of standard national courses approved by the national organization that established the standardized course, the maximum number of contact hours the Board <u>shall</u> recognize, unless a provider that is Board-approved or Board-recognized awards more, are as follows:</p> <p>(a) Basic Life Support (BLS): 1.75 hours</p> <p>(b) Advanced Cardiac Life Support (ACLS): 8 hours</p> <p>(c) Pediatric Life Support (PALS): 8 hours</p> <p>(d) Trauma Nurse Core Curriculum (TNCC): 12 hours</p> <p>(e) Neonatal Resuscitation Provider (NRP): 11 hours</p> <p>(13) Serving as an appointed facility preceptor for students and/or new hire orientation may be recognized for 8 contact hours.</p>	Code of Ala. 1975, §§34-21-2(j)(1) and (23), 34-21-23(f)	1
610-X-10-.03	Content Of Continuing Education	<p>(1) Acceptable content for continuing education courses <u>shall</u> include one or more of the following:</p> <p>(a) Clinical technology, procedures, and nursing implications.</p> <p>(b) Specialty areas of nursing practice.</p>	Code of Ala. 1975, §§34-21-2(j)(1) and (23), 34-21-23(f)	1

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		<p>(c) Nursing practices related to care of the patient, including but not limited to counseling, patient teaching, infection control, and safety factors.</p> <p>(d) Administration, management, and supervision in health care delivery.</p> <p>(e) Social, legal, and ethical aspects of nursing.</p> <p>(f) Nursing education.</p> <p>(g) Nursing research, theory, and practice issues.</p> <p>(h) Quality improvement and management, accrediting standards, and processes.</p> <p>(i) Academic credit applicable to nursing that is earned from liberal arts, sciences, business, and general education courses obtained after initial licensure from an institution accredited by an educational accrediting body or that is earned in pursuit of a higher degree in nursing.</p> <p>(j) Professional conduct.</p> <p>(k) Orientation in-service programs and mandatory annual education on facility-specific policies – specific activities designed to familiarize employees with the policies and procedures of an institution or general orientation</p>		

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## Continuing Education for Licensure

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>in-service.</p> <p>(l) Serving as an appointed facility preceptor for students and/or new hire orientation.</p>		
610-X-10-.03	Content Of Continuing Education	<p>(2) Courses that are not directly applicable to nursing practice <u>are not</u> acceptable for continuing education credit. Such courses may include but are not limited to:</p> <p>(a) Courses taken for self-help such as weight loss, self-awareness, self-help therapy, changes in attitude, and yoga.</p> <p>(b) Cardiopulmonary resuscitation and first aid classes designed for lay people.</p> <p>(c) Courses taken for personal economic gain e.g. investment, retirement planning.</p> <p>(d) Presentation of class(es), course(s) or program(s) that are:</p> <ol style="list-style-type: none"> <li>1. Not an original development of the presenter</li> <li>2. Not approved by a Board-acceptable provider of continuing education.</li> </ol>	Code of Ala. 1975, §§34-21-2(j)(1) and (23), 34-21-23(f)	1
610-X-10-.04	Acceptable Providers Of Continuing Education	<p>(1) Board-approved continuing education providers that have an assigned ABNP number and meet the standards of this chapter.</p> <p>(2) Providers of continuing education recognized by the Board.</p>	Code of Ala. 1975, §§34-21-2(j)(1) and (23), 34-21-23(f)	0

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## Continuing Education for Licensure

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(a) Continuing education approved by any state board of nursing in the United States or its territories.</p> <p>(b) Continuing education approved by national associations or organizations that are accredited by a national continuing education body. Any continuing education provider approved by the American Nurses Credentialing Center (ANCC) or the International Association of Continuing Education and Training (IACET) <u>shall</u> be recognized by the Board if the content requirements are met pursuant to this chapter.</p> <p>(c) National nursing organizations that approve providers of continuing education or offer continuing education are recognized by the Board.</p> <p>(d) Continuing education provided by an Alabama regulatory board <u>shall</u> be recognized by the Board.</p> <p>(e) AMA PRA Category 1 Credits sponsored or conducted by those organizations or entities accredited by the Council on Medical Education of the Medical Association of the State of Alabama or by the Accreditation Council for Continuing Medical Education (ACCME).</p> <p>(f) Standardized national courses approved by a national organization that establishes the standardized course. The maximum number of contact hours the Board <u>shall</u> recognize is the stated contact hours awarded by the CE provider via proof of a certificate or electronic submission by an ABNP provider.</p>		

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## Continuing Education for Licensure

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(g) State Nurses Associations.		
		(h) Continuing education provided by colleges and universities that are accredited by an organization recognized by the U.S. Department of Education and have continuing education as part of their mission.		
610-X-10-.05	Acceptable Continuing Education Activities	<p>(1) All required contact hours may be obtained from the following activities:</p> <ul style="list-style-type: none"> <li>(a) Workshop.</li> <li>(b) Seminar.</li> <li>(c) Classroom.</li> <li>(d) Web cast.</li> <li>(e) Internet (online) courses.</li> <li>(f) Intranet courses.</li> <li>(g) Home study courses.</li> <li>(h) Continuing education contained in journals.</li> <li>(i) Podcast.</li> </ul> <p>(2) The development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas</p>	Code of Ala. 1975, §§34-21-2(j)(1) and (23), 34-21-23(f)	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>of nursing theory, or practice, if approved by a Board-approved provider.</p> <p>(3) Authoring or contributing to an article, book, or publication; or designing or conducting a research study if approved by a Board-approved provider.</p>		
610-X-10-.06	Qualifications And Standards For Board Approved Providers	<p>(1) The applicant for approval as a Board-approved provider of continuing education <u>shall</u> submit to the Board the required fee and a complete application that demonstrates:</p> <p>(a) An organized plan for quality continuing education for nurses.</p> <p>(b) The mission and objectives of the provider.</p> <p>(c) Policies and procedures for implementation and evaluation of the educational programs and the educational unit.</p> <p>(d) An identifiable educational unit with designated qualified personnel and resources for conducting an organized plan of continuing education for nurses.</p>	Code of Ala. 1975, §§34-21-2, 34-21-23 (f)	1
610-X-10-.06	Qualifications And Standards For Board Approved Providers	<p>(2) A Board-approved provider of continuing education <u>shall</u> adhere to the following standards:</p> <p>(a) A complete application for continued approval as a provider <u>shall</u> be submitted in accordance with a schedule established by the Board.</p> <p>(b) The program director:</p>	Code of Ala. 1975, §§34-21-2(j)(1) and (23), 34-21-23(f)	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>1. May be a registered nurse, licensed practical nurse, or otherwise qualified individual. When the program director is not a registered nurse, there <u>shall</u> be evidence of</p> <p>consultation by a registered nurse who either is licensed in Alabama or holds a valid multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.</p> <p>2. Is accountable for the quality, accuracy and veracity of continuing education provided.</p> <p>3. Is responsible for ensuring the instructor (s) possess qualifications appropriate to the content of the activity.</p> <p>(c) The continued approval of the provider <u>shall</u> extend for a maximum of four years, provided standards for approval are maintained. Lapsed or retired Board providers <u>shall not</u> offer continuing education as an approved Board provider.</p> <p>(d) Approved providers <u>shall</u> submit electronic records of all contact hours awarded to registered nurses or licensed practical nurses to the Board in a format and method specified by the Board.</p> <p>(e) Records and reports <u>shall</u> be maintained for a minimum of four years.</p>		
610-X-10-.06	Qualifications And Standards For Board Approved Providers	(3) A Board-assigned provider number <u>shall</u> be issued upon approval of the entity as an approved provider of continuing education.	Code of Ala. 1975, §§34-21-	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(a) The Board-assigned provider number and expiration date of Board approval <u>shall</u> be listed on course announcements, certificates, records, and reports including all correspondence with the Board.</p> <p>(b) Name of entity attached to the Board assigned provider number may be changed upon written request from the contact person or administrator of record due to:</p> <ol style="list-style-type: none"> <li>1. Corporate restructuring,</li> <li>2. Change in ownership.</li> </ol>	2(j)(1) and (23), 34-21-23(f)	
610-X-10-.06	Qualifications And Standards For Board Approved Providers	<p>(4) A provider number <u>shall</u> be retired:</p> <p>(a) Upon request of an authorized entity.</p> <p>(b) Upon failure of an authorized entity to request continued approval.</p> <p>(c) When the Board denies or withdraws approval</p> <p>(5) Withdrawal of approval as a provider may occur if the provider fails to adhere to requirements in these rules. Grounds for withdrawal of approval include, but are not limited to:</p> <p>(a) Lack of qualified personnel for planning and conducting continuing education for nurses.</p> <p>(b) Inadequate record maintenance.</p>	Code of Ala. 1975, §§34-21-2(j)(1) and (23), 34-21-23(f)	1



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		<p>(c) Fraud, deception or misrepresentation relating to the educational program.</p> <p>(d) Failure to comply with request for documents, or submitting false, inaccurate, or incomplete evidence of continuing education programs conducted and certificates issued.</p> <p>(e) Aiding or abetting a licensee who fails to meet the continuing education requirement by altering or falsifying certificates.</p> <p>(6) Request for Reinstatement of a Provider Number:</p> <p>(a) A previously approved provider who has requested retirement of a provider number, or has had a number retired for any reason, may request reinstatement of the provider number.</p> <p>(b) Reinstatement may be denied for failure of the applicant to satisfactorily demonstrate capability of meeting continuing education standards and criteria for providers.</p>		
610-X-10-.06	Qualifications And Standards For Board Approved Providers	(7) A continuing education program director who is a registered nurse or licensed practical nurse and fails to comply with the requirements in these rules <u>shall</u> be subject to disciplinary actions by the Board.	Code of Ala. 1975, §§34-21-2(j)(1) and (23), 34-21-23(f), 34-21-25	1
610-X-10-.07	Reporting Requirements And Audit	(1) A registered nurse and licensed practical nurse <u>shall</u> :	Code of Ala. 1975, §§34-21-	4

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(a) Provide a signed statement of affirmation, under penalty, of the degree of compliance with all continuing education requirements for license renewal including, but not limited to, compliance with:</p> <ol style="list-style-type: none"> <li>1. Earning the required number of contact hours of Board-approved or Board-recognized continuing education activities.</li> <li>2. The designated earning period.</li> <li>3. Content and acceptable activities.</li> <li>4. Not repeating the continuing education activity during the earning period for continuing education credit.</li> <li>5. Any other requirements in these rules.</li> </ol> <p>(b) Maintain individual continuing education records for four years following the year in which the contact hours were earned including, but not limited to, certificates, transcripts, or other documentation of attendance at continuing education activities to substantiate earned contact hours.</p> <p>(c) Submit documented evidence of meeting continuing education requirements at time of renewal.</p> <p>(d) Submit to the Board, by electronically uploading to the individual's CE record, documentation of continuing education credit</p>	2(j)(1) and (23), 34-21-23(f)	

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## Continuing Education for Licensure

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		hours earned from Board-recognized providers that do not have an assigned ABNP number.		
610-X-10-.07	Reporting Requirements And Audit	<p>(2) Notice of Continuing Education Audit <u>shall</u> include:</p> <p>(a) A notice of audit letter mailed thirty days prior to the first day of renewal to the address of record of the registered nurse or licensed practical nurse.</p> <p>1. An electronic notice of CE renewal audit identified on the licensee individual profile.</p> <p>(3) A registered nurse or licensed practical nurse who fails to comply with reporting requirements, requirements of the audit, requests for documents, or submitting false inaccurate, or incomplete evidence of meeting continuing education requirements may be subject to disciplinary action by the board.</p>	Code of Ala. 1975, §§34-21-2(j)(1) and (23), 34-21-23(f)	0
610-X-10-.07	Reporting Requirements And Audit	(4) A registered nurse or licensed practical nurse who fails to provide evidence of meeting continuing education requirements for license renewal <u>shall not</u> have the license renewed.	Code of Ala. 1975, §§34-21-2(j)(1) and (23), 34-21-23(f)	0
610-X-10-.07	Reporting Requirements And Audit	<p>(5) Board-Approved Continuing Education Providers:</p> <p>(a) A provider's compliance may be evaluated by participant evaluations, provider evaluation, random on-site visits, or an audit of the provider's reports and records by the Board or its designee.</p> <p>(b) Audits of providers may be conducted upon written complaint by any individual for failure of a provider to meet criteria for approval. The</p>	Code of Ala. 1975, §§34-21-2(j)(1) and (23), 34-21-23(f)	2

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>provider <u>shall</u> submit requested documents within 30 days of the date a written request is mailed. Failure to comply may result in sanctions by the Board.</p> <p>(c) A self-evaluation report of compliance with standards <u>shall</u> be submitted to the Board according to Board guidelines as part of the application for continued approval.</p>		
	Total Restrictive Terms:	22	Total Discretionary Restrictions:	19

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## Graduate Nursing Scholarships

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-11-.01	Candidate Qualifications	<p>(1) Applicants for graduate nursing scholarships <u>shall</u>:</p> <p>(a) Be a resident of the State of Alabama for at least one year preceding the time of making application for the graduate nursing scholarship.</p> <p>(b) Have an active, unencumbered license as a professional nurse in Alabama.</p> <p>(c) Be a person of good character.</p> <p>(d) Be accepted for an Alabama graduate program conducted by an accredited college or university.</p> <p>(e) Agree to practice professional nursing or become a nursing instructor in the State of Alabama for at least two years immediately after completing the graduate degree. For purposes of this section, the term “immediately” <u>shall</u> be defined as commencing within six months (180 days) following completion of the graduate degree and continuing for two consecutive full years thereafter.</p> <p>(2) The Board may grant a waiver of any of these provisions to any recipient upon receipt of evidence of extenuating circumstances beyond the recipient’s control.</p>	Code of Ala. 1975, § 34-21-60, et seq.	1
610-X-11-.02	Scholarship Conditions	<p>(1) Scholarships may be awarded for multiple years of graduate study.</p>	Code of Ala. 1975, § 34-21-61	0

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## Graduate Nursing Scholarships

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(2) The Board <u>shall</u> give preference to applicants pursuing a career in nursing education.		
		(3) Each scholarship is limited to a maximum of ten thousand dollars (\$10,000).		
610-X-11-.02	Scholarship Conditions	(4) Scholarship recipients <u>shall</u> be selected from the State of Alabama at large and, to the extent practicable, distributed throughout the State.	Code of Ala. 1975, § 34-21-60	0
610-X-11-.02	Scholarship Conditions	(5) The number of scholarships <u>shall</u> equal five percent of the total enrollment in graduate nursing programs in Alabama.  (a) Each June Board staff will contact deans of Alabama graduate nursing programs to determine the total number of Alabama residents enrolled in graduate nursing programs.  (b) The Board <u>shall</u> use the number of Alabama residents enrolled in graduate nursing programs to determine the number of scholarships to be awarded.	Code of Ala. 1975, § 34-21-60	0
610-X-11-.02	Scholarship Conditions	(6) Scholarship recipients <u>shall</u> notify the Board if any of the following conditions apply:  (a) Failure to complete the graduate nursing program when anticipated.  (b) Relocation.  (c) Employment following graduation from graduate nursing program.	Code of Ala. 1975, § 34-21-62	4

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## Graduate Nursing Scholarships

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(d) Withdrawal from graduate nursing program.		
610-X-11-.03	Application For Scholarship	(1) An applicant for the graduate nursing scholarship <u>shall</u> submit an online application by the deadline established by the Board.	Code of Ala. 1975, § 34-21-61(e)	0
610-X-11-.03	Application For Scholarship	(2) Incomplete applications <u>may not</u> be considered.	Code of Ala. 1975, § 34-21-61(e)	0
610-X-11-.03	Application For Scholarship	(3) The applicant for graduate nursing scholarship <u>shall</u> submit proof of:  (a) Residency.  (b) Acceptance in graduate nursing program in Alabama.	Code of Ala. 1975, § 34-21-61	2
610-X-11-.03	Application For Scholarship	(4) Once awarded a scholarship, the applicant <u>shall</u> sign a promissory note for the total amount awarded.	Code of Ala. 1975, § 34-21-2(j)(1), 34-21-61	1
610-X-11-.04	Failure To Satisfy Conditions Of Scholarship	(1) A scholarship recipient who fails to meet the conditions of the scholarship <u>shall</u> immediately repay the State Treasury in full any amount received.	Code of Ala. 1975, § 34-21-62	1
610-X-11-.04	Failure To Satisfy Conditions Of Scholarship	(2) In the event of the scholarship recipient's death, any obligation to repay funds <u>shall</u> be cancelled.	Code of Ala. 1975, § 34-21-62	0
610-X-11-.04	Failure To Satisfy Conditions Of Scholarship	(3) Should the scholarship recipient becomes physically or mentally impaired and unable to complete a graduate degree in nursing or fulfill the post-scholarship service requirement, the obligation to repay funds <u>shall</u> be cancelled.	Code of Ala. 1975, § 34-21-2(j)(1), 34-21-61	0

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## Graduate Nursing Scholarships

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-11-.05	Payment Of Scholarship Funds	(1) Payments to the scholarship recipient <u>shall</u> be made annually.	Code of Ala. 1975, § 34-21-2(j)(1), 34-21-60	0
610-X-11-.06	Disciplinary Action	(REPEALED)		
	Total Restrictive Terms:	13	Total Discretionary Restrictions:	9

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## Loan Repayment Program for Advanced Practice Nursing

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-12-.01	Definitions	<p>(1) Participant: Any person who applies for and is awarded a loan, as provided in Article 6 of Title 34, Chapter 21, Code of Ala. 1975.</p> <p>(2) Eligible Person:</p> <p>(a) Students in accredited nursing education programs approved by the Board who is pursuing a graduate degree to become a certified registered nurse practitioner (CRNP), a certified nurse midwife (CNM), or a certified registered nurse anesthetist(CRNA); or</p> <p>(b) Approved CRNP, CNM, OR CRNA who, within the five (5) years immediately preceding the loan period, completed a graduate degree as described in subsection (a).</p> <p>(3) Full-Time: 36-40 hours per week</p> <p>(4) Immediate: Within six months of graduation or receipt of loan. The Executive Officer may extend the timeline, in adverse circumstances, according to established Board staff guidelines.</p> <p>(5) Area of Critical Need: An area of critical need <u>shall</u> be an area in Alabama with a critical need, as determined by the Board, for advanced practice nurses and <u>shall not</u> be a part of, or within five miles of, an urbanized area, as defined most recently by the U.S. Census Bureau.</p> <p>(6) Period of Obligation: period during which a participant is obligated to work in an area of critical need; eighteen (18) months per loan received.</p>	Code of Ala. 1975, §§34-21-95, and 34-21-96	0

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## Loan Repayment Program for Advanced Practice Nursing

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-12-.02	Participant Qualifications	<p>An applicant for a graduate loan <u>shall</u>:</p> <ol style="list-style-type: none"> <li>(1) Be a resident of the state of Alabama for at least one year preceding the time of making application for the loan.</li> <li>(2) Have an active, unencumbered license as a registered nurse (RN) in Alabama.</li> <li>(3) Be a person of good moral character.</li> <li>(4) Be accepted for or have, within the five (5) years immediately preceding the loan period, completed an accredited graduate program on a track to become a certified registered nurse practitioner (CRNP), certified nurse midwife (CNM), or certified registered nurse anesthetist (CRNA); or</li> <li>(5) Meet eligibility requirements.</li> <li>(6) Agree to work immediately following graduation, or, in the case of a currently approved advanced practice nurse, immediately in full-time practice as a CRNA, CRNP, or CNM in an area of critical need, as determined by the Board, for eighteen (18) months for each year he or she received a loan under the Program, subject to the requirements of Code of Ala. 1975, §34-21-96.</li> <li>(7) Agree to designate the area of critical need where the participant will work at the time specified by the Board. The participant <u>shall</u></li> </ol>	Code of Ala. 1975, §§34-21-96	3

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## Loan Repayment Program for Advanced Practice Nursing

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>designate the area of critical need where the participant will work within six months of graduation, or immediately, in the case of a currently approved advanced practice nurse.</p> <p>(a) Once the participant designates the area of critical need where the participant will work, the participant may change the area of critical need where the participant will work only if approved by the Board and subject to the additional service requirements established in Code of Ala. 1975, §34-21-96(c).</p>		
610-X-12-.02	Participant Qualifications	(8) In the case of a currently approved advanced practice nurse applying for a loan for the first time, have worked fewer than five hundred (500) hours during the preceding twelve (12) months in an area of critical need.	Code of Ala. 1975, §34-21-96	1
610-X-12-.063	Loan Conditions	<p>(1) Loans may be awarded for multiple years of graduate study, as specified in statute.</p> <p>(2) Each loan <u>is</u> limited to a maximum of fifteen thousand dollars (\$15,000).</p> <p>(3) Participants <u>shall</u> be selected from the state of Alabama at large and, to the extent practicable, distributed throughout the State.</p>	Code of Ala. 1975, §34-21-96	2
610-X-12-.063	Loan Conditions	(4) Participants <u>shall</u> agree to provide verification of employment when requested by the Board.	Code of Ala. 1975, §§34-21-2(j)(1), 34-21-96	1
610-X-12-.063	Loan Conditions	(5) Participants <u>shall</u> sign a contract to repay the amount of the loan by working following graduation in full-time practice as a CRNA, CRNP, or CNM in an area of critical need for the time required in Code of Ala. 1975, §34-21-96.	Code of Ala. 1975, §§34-21-96, 34-21-98	0

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## Loan Repayment Program for Advanced Practice Nursing

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-12-.063	Loan Conditions	<p>(6) Participants <u>shall</u> notify the Board if any of the following conditions apply:</p> <p>(a) Failure to complete the graduate nursing program when anticipated.</p> <p>(b) Relocation.</p> <p>(c) Employment following graduation from the graduate nursing program, as provided in this chapter.</p> <p>(d) Failure to complete the minimum number of academic hours required by the loan repayment agreement.</p> <p>(e) Withdrawal from the graduate nursing program.</p>	Code of Ala. 1975, §§34-21-2(j)(1), 34-21-96, 34-21-97	4
610-X-12-.063	Loan Conditions	(7) The Board <u>shall</u> develop and prescribe such forms of application, agreements, or other documents as may be necessary to implement this chapter.	Code of Ala. §34-21-2(j)(22)	0
610-X-12-.04	Application For Loan	(1) An applicant for the program <u>shall</u> submit an online application by the deadline established by the Board.	Code of Ala. §34-21-96	1
610-X-12-.04	Application For Loan	(2) Incomplete applications <u>may not</u> be considered.	Code of Ala. §34-21-96	0
610-X-12-.04	Application For Loan	<p>(3) The applicant <u>shall</u> submit proof of:</p> <p>(a) Residency in Alabama for one year prior to the date of application.</p>	Code of Ala. §34-21-96	1

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## Loan Repayment Program for Advanced Practice Nursing

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(b) Acceptance into or evidence of completion of an accredited graduate nursing program approved by the Board on a track to become a CRNP, CNM, or CRNA.		
610-X-12-.04	Application For Loan	(4) Once selected, the applicant <u>shall</u> sign a loan repayment agreement for the total amount awarded.	Code of Ala. §34-21-96	0
610-X-12-.04	Application For Loan	(5) In the case of a currently approved advanced practice nurse, the applicant <u>shall</u> identify the employer with which the nurse will be employed during the period of obligation.	Code of Ala. 1975 §34-21-96	0
610-X-12-.05	Failure To Satisfy Conditions Of Loan Repayment Program	(1) In the event that the participant defaults on or otherwise fails to honor the loan repayment agreement with the Board for any reason, the individual <u>shall</u> be liable for immediate repayment of the total principal loan amount plus interest and penalties, as specified in Code of Ala. 1975, §34-21-98.  (2) The Board may excuse repayment of a loan, in whole or part, upon the death of a participant, or upon the participant's becoming disabled to the extent that he or she is no longer able to engage in the practice of nursing, or upon some other extreme hardship not the fault of the participant.	Code of Ala. 1975, §34-21-98	0
610-X-12-.06	Disbursement Of Loan Funds	Payments to participants <u>shall</u> be made annually.	Code of Ala. 1975, §34-21-96	0
610-X-12-.07	Area Of Critical Need	(1) The Board <u>shall</u> meet as needed to determine the areas of critical need for advanced practice nurses.  (2) Criteria for identification of areas of critical need <u>shall</u> include, but are not limited to:  (a) Availability of primary care providers in an area.	Code of Ala. 1975, §34-21-97	0

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## Loan Repayment Program for Advanced Practice Nursing

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(b) Location in a primary care state wide rational service area (PCSA), as designated by the Alabama Rural Medical Service Award (ARMSA) advisory board.		
610-X-12-.08	Disciplinary Action	Failure to comply with the provisions of any contract or loan repayment agreement as provided in this Chapter <u>shall</u> constitute grounds for discipline up to and including revocation of the Participant’s nursing license.	Code of Ala. 1975, §34-21-98	0
	Total Restrictive Terms:	17	Total Discretionary Restrictions:	13

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## Voluntary Disciplinary Alternative Program

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-13-.01	Definitions	<p>(1) American Society of Addiction Medicine Patient Placement Criteria (ASAM Criteria): Current comprehensive criteria developed by the American Society of Addiction Medicine for determining appropriate treatment recommendations for substance use disorders.</p> <p>(2) Board-Recognized Substance Use Disorders Treatment Provider: An organized program for treatment of substance use disorders that meets criteria set forth by the Alabama Board of Nursing in 610-X-13-.04.</p> <p>(3) Comprehensive Evaluation: An evaluation conducted in an inpatient setting over a period of four (4) to seven (7) days by a multidisciplinary team that includes assessment of the applicant or licensed nurse’s physical health, substance use, psychological and psychiatric functioning, family and social assessment, and legal and occupational history. Neuropsychological and cognitive testing, drug testing, and any other testing deemed appropriate by the evaluation team may also be included.</p> <p>(4) Continuing Care/Aftercare: Sessions conducted by the substance use disorder treatment provider one (1) time per week for a MINIMUM of one (1) year after the completion of treatment.</p> <p>(5) Mental Condition: A disorder meeting diagnostic criteria for Mental Disorder as defined in the DSM-IV-TR (American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000 or the DSM-V (American Psychiatric Association:</p>	Code of Ala. 1975, §34-21-2(j)(1); 34-21-25	0

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## Voluntary Disciplinary Alternative Program

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Washington, DC, American Psychiatric Association, 2013).</p> <p>(6) Substance Use Disorder: A disorder meeting the diagnostic criteria for Substance Use Disorders (either Substance Dependence or Substance Abuse) as defined in the DSM-IV-TR (American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000 or the DSM-V (American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Washington, DC, American Psychiatric Association, 2013).</p> <p>(7) Treatment Recommendations: The course of treatment recommended for a nurse, including recommendations for follow up care after completion of treatment, based on a diagnosis of a Substance Use Disorder (DSM-IV-TR or DSM-V criteria) and ASAM Patient Placement Criteria for level of treatment and services required.</p> <p>(8) Voluntary Disciplinary Alternative Program (VDAP): A program authorized by the Alabama Legislature to promote early identification, intervention, treatment, and rehabilitation of any registered nurse, licensed practical nurse or applicant issued a valid temporary permit for licensure whose competence is found to be impaired or compromised because of the use or abuse of drugs, alcohol, controlled substances, chemicals, or other substances or as a result of a physical or mental condition rendering the person unable to meet the standards of the nursing profession.</p>		



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## Voluntary Disciplinary Alternative Program

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(9) VDAP Agreement. An agreement signed by the VDAP participant setting forth the terms and conditions with which the VDAP participant <u>shall</u> comply during participation in the VDAP.</p> <p>(10) Sponsor: A person in recovery from a substance use disorder who acts as an accountability partner with the VDAP participant and who is willing to be identified and to provide his/her contact information to the Board.</p>		
610-X-13-.02	Criteria For Eligibility	<p>(1) In order to gain admission to VDAP, a registered nurse, licensed practical nurse or first time applicant for licensure in Alabama <u>shall</u>:</p> <p>(a) Hold an active license or a temporary permit to practice nursing in the State of Alabama.</p> <p>1. An applicant for licensure by examination and a temporary permit who is requesting participation in VDAP <u>shall</u> sign a VDAP agreement before approval to take the Board-selected examination is granted. If the applicant does not pass the Board-selected examination, enforcement of the VDAP Agreement <u>shall</u> be stayed until passage of the Board-selected examination. If the applicant subsequently passes the Board-selected examination, the stay of the VDAP Agreement <u>shall</u> be lifted, and the applicant <u>shall</u> be required to comply fully with the VDAP Agreement.</p> <p>2. An applicant for licensure by endorsement requesting participation in VDAP <u>shall</u> sign a VDAP Agreement before licensure is granted.</p>	Code of Ala. 1975, §§34-21-2(j)(1), 34-21-25	5

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## Voluntary Disciplinary Alternative Program

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>3. If the applicant has a multistate license, the applicant <u>must</u> consent to deactivation of the multistate licensure privilege. The applicant will not be eligible for the multistate license for the duration of the applicant’s participation in VDAP. The applicant will have a single state license.</p> <p>(b) Have had no previous disciplinary action against the nursing license in any state or jurisdiction nor have been terminated from any alternative disciplinary program participation for noncompliance.</p> <p>(c) Voluntarily request participation in VDAP.</p> <p>(d) Admit to a substance use disorder or a physical or mental condition that renders the person unable to meet the standards of the nursing profession.</p> <p>(e) Acknowledge in writing:</p> <ol style="list-style-type: none"> <li>1. The extent of the condition or conditions leading to the voluntary request for participation in VDAP.</li> <li>2. That his or her conduct is unprofessional and grounds for disciplinary action.</li> </ol> <p>(f) Provide disclosure authorizations, releases of liability and any other records including but not limited to evaluations and treatment information as requested by the Board.</p>		

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## Voluntary Disciplinary Alternative Program

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(g) Cease nursing practice until the:</p> <ol style="list-style-type: none"> <li>1. Board recognized substance use disorder treatment provider provides a written opinion regarding whether the licensed nurse is ready to resume safety sensitive employment in the field of nursing.</li> <li>2. Licensed nurse signs the VDAP Agreement for monitoring.</li> </ol> <p>(h) Agree in writing to the terms set forth in the VDAP Agreement.</p>		
610-X-13-.03	Requirements For Participation In Program	<p>A licensed nurse or first-time applicant for licensure participating in the program <u>shall</u>:</p> <ol style="list-style-type: none"> <li>(1) Comply with all terms set forth in the VDAP Agreement.</li> <li>(2) Be responsible for all costs for treatment and monitoring including Board-required drug screens.</li> <li>(3) Use Board-recognized treatment providers and laboratory facilities.</li> <li>(4) Comply with instructions from the Board regarding evaluation and treatment, and follow all treatment recommendations for the duration of the VDAP Agreement.</li> <li>(5) For licensed nurses or applicants with substance use disorders:</li> </ol>	Code of Ala. 1975, §34-21-2(j)(1), 34-21-25	5

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## Voluntary Disciplinary Alternative Program

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(a) Undergo a comprehensive evaluation by a Board-recognized substance use disorder treatment provider, if directed by Board staff.</p> <p>(b) Be diagnosed with a substance use disorder, utilizing DSM-IV-TR or DSM-V criteria, by a licensed physician or certified registered nurse practitioner experienced in the diagnosis and treatment of substance use disorders.</p> <p>(c) Receive substance use disorder treatment by a Board-recognized substance use disorder treatment provider as defined in these rules.</p> <p>(d) If approved by the Board as an advanced practice nurse, the VDAP participant agrees to:</p> <ol style="list-style-type: none"> <li>1. Complete a comprehensive evaluation and treatment provided at a Board-recognized substance use disorder treatment provider with a health care professionals track.</li> <li>2. Remain out of practice as an advanced practice nurse for a minimum of one year and until recommended for return to practice as an advanced practice nurse by a Board-recognized substance use disorder treatment provider with a health care professionals track.</li> <li>3. Restricted prescriptive privileges as provided in the VDAP Agreement.</li> </ol> <p>(e) Maintain a sponsor throughout the duration of the agreement if specified in the VDAP agreement.</p>		

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## Voluntary Disciplinary Alternative Program

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(6) Consent to deactivation of the multistate licensure privilege, is applicable.		
610-X-13-.04	Board Recognized Substance Use Disorder Treatment Providers	<p>(1) It is within the Board’s discretion to recognize treatment providers for substance use disorders.</p> <p>(2) The Board-recognized substance use disorder treatment provider <u>shall</u> meet the following criteria:</p> <p>(a) Conduct or provide for, by a qualified provider, assessment, evaluation, diagnosis, and treatment of substance abuse or dependence, utilizing DSM-IV-TR or DSM-V criteria by a qualified provider that includes mental disorder diagnoses; factors including psychosocial, contextual and environmental factors: level of functioning; and disability.</p> <p>(b) Issue treatment recommendations based on ASAM Criteria.</p> <p>(c) Conduct, during the initial phase of treatment, biological testing and screening for drugs, chemicals, and alcohol that are analyzed by qualified medical and laboratory personnel. A drug screen that is positive during treatment <u>requires</u> confirmation, at the applicant or</p>	Code of Ala. 1975, §§34-21-2(j)(1), 34-21-25	10

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## Voluntary Disciplinary Alternative Program

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>licensed nurse’s expense, from a laboratory approved by the Board. The treatment provider <u>shall</u> notify the Board’s designee(s) of any drug screen deemed positive.</p> <p>(d) Communicate, in a timely manner, with authorized Board designee(s), through electronic communications and written reports:</p> <ol style="list-style-type: none"> <li>1. Compliance or noncompliance with treatment requirements.</li> <li>2. Data necessary to determine applicability of terms and conditions of and compliance with the VDAP Agreement, including, but not limited to, all information required in this section, as well as reports regarding attendance at treatment and aftercare/continuing care and results of any biological testing or screening for drugs, chemicals, and alcohol.</li> <li>3. Changes in treatment plan based on the progress of the licensed nurse or applicant.</li> </ol> <p>(e) Provide individualized written plan(s) of care including assessment and diagnosis, treatment goals, discharge criteria, guidelines for continuing recovery, and recommendations for return to nursing practice.</p> <p>(f) Certification by the State Department of Mental Health or approved by a Board-recognized approving body.</p>		

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## Voluntary Disciplinary Alternative Program

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(g) Conduct or provide for Continuing Care/Aftercare for a minimum one day per week for twelve months or longer if required by the treatment provider following completion of treatment.</p> <p>(h) Incorporate an abstinence philosophy into treatment and <u>require</u>, at a minimum, the applicant or licensee’s attendance at a minimum of three (3) abstinence-oriented support group meetings per week during treatment.</p> <p>(i) For programs offering only intensive outpatient treatment, provide at a minimum 100 hours of treatment per episode, excluding continuing care, at least three (3) days per week in the initial phase of treatment.</p> <p>(j) Provide all written records requested by the Board in a timely manner. Failure to respond to requests for written records may result in removal of the Board-recognized treatment provider from the list of Board’s resources.</p>		
610-X-13-.05	Causes For Denial Of Admission To VDAP	<p>(1) Admission to the program <u>shall</u> be denied if the applicant for licensure or licensed nurse:</p> <p>(a) Does not meet eligibility criteria established in this chapter for admission to VDAP.</p> <p>(b) Is not eligible for licensure in the State of Alabama.</p> <p>(c) Diverted controlled substances for other than self-use.</p>	Code of Ala. 1975, §34-21-2(j)(1), 34-21-25	6

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## Voluntary Disciplinary Alternative Program

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(d) Has had nursing practice problems resulting in the death of a patient or involving significant harm or potentially significant harm to a patient.</p> <p>(e) Will not substantially benefit from participation in the program as determined by Board designee(s).</p> <p>(f) Has a felony conviction.</p> <p>(g) Has any conviction related to the sale or distribution of controlled substances or legend prescription drugs.</p> <p>(h) Refuses to cooperate with requirements for participation in VDAP as established in this chapter.</p> <p>(i) Has previously entered into two VDAP or Alabama Non-disciplinary Nursing Approach (ANNA) agreements.</p>		
610-X-13-.06	Causes For Termination From The Program	<p>(1) Prior to successful compliance with the VDAP Agreement, a participant may be terminated from the program at the discretion of the Board for the following reason(s):</p> <p>(a) Noncompliance with any aspect of the VDAP Agreement.</p> <p>(b) Any violation of federal or state statutes or rules.</p> <p>(c) Receipt of information by the Board, which after investigation, results in disciplinary action by the Board.</p>	Code of Ala. 1975, §34-21-2(j)(1), 34-21-25	1



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## Voluntary Disciplinary Alternative Program

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(d) No longer meets the eligibility criteria established in this chapter. (e) Any reason that constitutes Cause for Denial of Admission to VDAP as established in this chapter. (2) Completion of the VDAP Agreement <u>requires</u> : (a) Compliance with all program requirements specified in the VDAP agreement. (b) Receipt of written notice of formal release as approved by the Board.		
610-X-13-.07	Confidentiality Of Records	Confidentiality of records <u>shall</u> be consistent with requirements of the Code of Ala. 1975, Section 34-21-25.	Code of Ala. 1975, §34-21-25	0
	Total Restrictive Terms:	7	Total Discretionary Restrictions:	27

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## Medication Assistant, Certified (MAC)

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-14-.01	Definitions	<p>(1) Abandonment: Acceptance of a patient assignment, thus establishing a medication assistant, certified-patient relationship, and then ending the medication assistant, certified-patient relationship without giving reasonable notice to supervisory personnel so that others can make arrangements for continuation of care.</p> <p>(2) Accountability: The state of being answerable or responsible for action.</p> <p>(3) Application(s): Form(s) and process(es) for applicants seeking permits by examination, endorsement, reinstatement, or renewal.</p> <p>(a) Incomplete application: Missing requirements.</p> <p>(b) Complete application: Meets requirements.</p> <p>(c) Void application: Any incomplete application voided due to failure by the applicant to satisfy all requirements within one year of submission.</p> <p>(4) Dual Relationship: Any time a MAC interacts with a patient outside the MAC-patient relationship.</p> <p>(5) Endorsement: The process of application for and method of permit approval for a medication assistant, certified originally licensed/ permit as a MAC in a jurisdiction other than Alabama.</p> <p>(6) Fine: A monetary penalty imposed by the Board.</p>	Code of Ala. 1975, §§34-21-2(j)(1) and (8), 34-21-2.1	0

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## Medication Assistant, Certified (MAC)

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(7) Hospital: A facility described in Code of Ala. 1975, Section 22-21-20(1), other than a health maintenance organization, which has an organized medical staff, or which employs the services of a medical director who is a physician licensed to practice medicine in Alabama. The term hospital <u>shall not</u> include the private offices of physicians or dentists, whether in individual, group, registered corporation, or registered association practice.</p> <p>(8) Lapsed permit: Failure of a MAC to renew a permit; does not require examination for reinstatement, unless the permit is in lapsed status for more than two (years).</p> <p>(9) Legally Authorized Prescriber: Healthcare professional who is authorized by law to prescribe medications or other treatment modalities.</p> <p>(10) Letter of Admonishment: A letter from the Board that addresses the areas of concern over the reported conduct and notifies the Medication Assistant, Certified or applicant for a permit that the case has been closed without discipline.</p> <p>(11) Letter of Closure: A letter from the Board that notifies the Medication Assistant, Certified or applicant for a permit that the case has been closed without discipline.</p> <p>(12) May: Power, privilege, or right retained by the Board.</p>		

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## Medication Assistant, Certified (MAC)

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(13) <u>May not</u>: Prohibition.</p> <p>(14) Medication Assistant, Certified(MAC): A Medication Assistant, Certified through a Board approved program and the Medication Assistant Certification Exam (MACE) may perform limited medication administration tasks in a licensed healthcare facility other than a mental health residential community program or K-12 grade school program.</p> <p>(15) Medication Assistant, Certified (MAC) Assignment: The assignment by a licensed nurse of medication administration duties to a MAC.</p> <p>(16) Negligent: Failure to exercise the care required by the applicable standard of care.</p> <p>(17) Permit: Board approval to practice as a Medication Assistant, Certified (MAC). The MAC receives authorization to practice as a MAC from the Board through an approved permit.</p> <p>(18) Primary Source Verification: Verification provided directly to the Board by the entity that is the original source of the document of educational credentials, certification, and/or permit or an approved primary source organization recognized by the Board.</p> <p>(19) Professional Boundary: Behavior of the MAC in maintaining a therapeutic relationship with a patient for the patient's benefit, rather than behavior that shifts the focus to the MAC.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(20) Reprimand: A formal censure by the Board.</p> <p>(21) Responsibility: The charge to do something that is expected performance.</p> <p>(22) Revocation: The withdrawal of the permit by Board action.</p> <p>(23) <u>Shall</u>: Duty, requirement, or condition.</p> <p>(24) Standard Precautions: Recommendations issued by the Centers for Disease Control and Prevention (CDC) to minimize the risk of transmission of pathogens.</p> <p>(25) Supervision, Direct: Responsible licensed nurse is physically present in the facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation. Direct supervision by a licensed nurse is <u>required</u> for medication assistants, certified.</p> <p>(26) Suspension: The temporary withdrawal of the permit by Board action.</p> <p>(27) Unencumbered permit: An active permit that has no current stipulations, conditions, or limitations.</p> <p>(28) Verification: The process of verifying original or current permit in Alabama. The verification process <u>shall</u> be defined by the Board.</p>		

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		<p>(29) Voluntary Surrender: The voluntary relinquishment of a permit that has the force and effect of revocation.</p> <p>(30) Willful: Commission of an act or omission when the Medication Assistant, Certified or applicant knows or reasonably should know that the act or omission violates the Chapter 21 of Title 34 of the Code of Ala. 1975.</p> <p>(31) Board-approved Medication Assistant Education Program: a program approved by the Board to administer educational preparation for MACs. The Board may develop guidelines for programmatic maintenance of approval and administration or educational preparation for MACs.</p>		
610-X-14-.02	Qualifications Of Applicants For Permit	<p>(1) The applicant for a MAC permit <u>shall</u>:</p> <p>(a) Be a high school graduate or the equivalent, as determined by the Board.</p> <p>(b) Be of good character. A criminal background check may be conducted by the Board at its discretion.</p> <p>(c) Have successfully completed one of the following:</p> <p>1. A Board-approved medication assistant education program in Alabama, or a medication assistant, certified program located in another jurisdiction or territory that substantially meets the same educational criteria as Alabama programs, as determined by the Board.</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	2

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## Medication Assistant, Certified (MAC)

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>2. NUR 113: Nursing Concepts 1 (Alabama Community College System Curriculum) or a substantially equivalent course, as determined by the Board.</p> <p>3. US Armed Forces training equivalent to educational preparation for US Army Healthcare Specialist, US Navy Corpsman, and USAF Medical Technician, as determined by the Board according to the applicant's academic transcript validating education preparation.</p> <p>(d) Complete the medication assistant certification exam (MACE) with a passing score.</p>		
610-X-14-.02	Qualifications Of Applicants For Permit	(2) An applicant <u>shall</u> provide a valid social security number prior to the Board issuing a permit.	Code of Ala. 1975, §34-21-2(j)(1) and (8); 30-3-194	0
610-X-14-.02	Qualifications Of Applicants For Permit	(3) Be a citizen or legal resident of the United States. Individuals who are not legally present in the United States are not eligible for permit.	Code of Ala. 1975, §34-21-2(j)(1) and (8); 31-13-7	0
610-X-14-.03	Permit By Examination	(1) The Board <u>shall</u> determine the official examination for medication assistant, certified permits.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0
610-X-14-.03	Permit By Examination	(2) Each individual seeking entry into practice as a medication assistant, certified in Alabama <u>shall</u> give official evidence of having met a passing standard on the Board-designated official examination.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0
610-X-14-.03	Permit By Examination	(3) Examination performance for each applicant <u>shall</u> be measured as provided by the Board-approved testing service. In the event that examination data are lost or destroyed through circumstances beyond the	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		control of the Board, the applicant <u>shall</u> be required to retake the examination in order to meet requirements for permit.		
610-X-14-.03	Permit By Examination	(4) A Pass-Fail designation <u>shall</u> be recorded as the official result. An applicant who fails the certification examination <u>shall not</u> be approved or receive a permit and is not authorized to practice as a medication assistant, certified in Alabama.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0
610-X-14-.03	Permit By Examination	(5) Official results <u>shall</u> be released by the Board to the applicant and the program from which the applicant graduated. Results may be released electronically or by mail at the Board's discretion. The Board <u>shall not</u> otherwise release individual examination results without written authorization from the applicant or licensee.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0
610-X-14-.03	Permit By Examination	(6) An applicant who fails the certification examination in another jurisdiction or territory <u>shall not</u> be eligible for licensure by examination in Alabama until eligibility has been established by the original jurisdiction or territory.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1
610-X-14-.03	Permit By Examination	(7) Any MAC practicing under the nursing delegation program described in §610-X-7-.11 prior to January 1, 2022 <u>shall</u> be issued a permit to practice as a MAC in the state of Alabama. Such permits <u>shall</u> be valid through December 31, 2023, at which time the permit may be renewed during the renewal period for MACs.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1
610-X-14-.04	Application Process For Permit By Examination	(1) The applicant <u>shall</u> submit to the Board a complete electronic application and the required fee(s).	Code of Ala. 1975, §34-21-2(j)(1), (8) and (22)	1
610-X-14-.04	Application Process For Permit By Examination	(2) A primary source official school transcript <u>shall</u> be submitted to the Board and <u>shall</u> indicate the date of completion of the program and/or date degree/certificate was conferred:	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1



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610-X-14-.04	Application Process For Permit By Examination	(3) The Board <u>shall</u> determine the applicant's eligibility to take the certification examination.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0
610-X-14-.04	Application Process For Permit By Examination	(4) If the applicant for permit by examination is issued a permit during the renewal period, the permit <u>shall</u> expire at the end of the next permit period.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1
610-X-14-.05	Applicant Request For Special Accommodation(s)	(1) An applicant for permit by examination who is otherwise qualified <u>shall not</u> be deprived of the opportunity to take the examination solely by reason of disability.	Code of Ala. 1975, §34-21-2(j)(1) and (8) Title II of the Americans with Disabilities Act	0
610-X-14-.05	Applicant Request For Special Accommodation(s)	(2) Written requests for modification of the procedures for administering the examination <u>shall</u> be submitted to the Board at the time of application for certification. The written request <u>shall</u> include: (a) An evaluation of the disability by the applicant's licensed physician or licensed psychologist, including the DSM IV diagnosis if appropriate.  (b) A statement from the director of the nursing education program addressing any accommodations made during the nursing education program.  (c) The specific accommodation being requested.	Code of Ala. 1975, §34-21-2(j)(1) and (8) Title II of the Americans with Disabilities Act	1
610-X-14-.06	Permit By Endorsement	(1) The applicant for permit by endorsement <u>shall</u> :	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1

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		<p>(a) Have been duly approved and as a medication assistant, certified (MAC) under the laws of another state or territory and <u>shall</u> meet the requirements for the certification examination.</p> <p>1. The Board may deny consideration of an applicant who has a revoked certification, approval or permit in another jurisdiction.</p> <p>2. The Board may deny consideration of an applicant who has a suspended license, approval or permit in another jurisdiction.</p> <p>(b) Provide for official verification of approval from original state of approval or from a board recognized primary source.</p> <p>(c) Submit primary source evidence of completion of a medication assistant, certified education program that included theoretical and clinical experience appropriate to the type of program.</p> <p>(d) Submit a complete electronic application and required fees.</p>		
610-X-14-.06	Permit By Endorsement	(2) If the applicant for permit by endorsement is issued a permit during the renewal period for that permit type, the permit <u>shall</u> expire at the end of the next permit period.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1
610-X-14-.07	Renewal Of Permit	(1) The Alabama medication assistant, certified permit <u>shall</u> be valid for two years beginning January 1 of each even-numbered year and expiring December 31 of each odd-numbered year.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1
610-X-14-.07	Renewal Of Permit	<p>(2) Renewal of Permit</p> <p>(a) The renewal period <u>shall</u> be from 8:00 a.m. on September 1 to 4:30 p.m. on December 31 of the year the permit expires.</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	3

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(b) Renewal notices may be transmitted electronically.</p> <p>(c) To be eligible for renewal, the applicant <u>shall</u>:</p> <ol style="list-style-type: none"> <li>1. Hold a valid, active Alabama permit.</li> <li>2. Submit a completed electronic renewal application and required fee(s).</li> <li>3. Meet continuing education and/or competency validation requirements as determined by the Board.</li> </ol>		
610-X-14-.07	Renewal Of Permit	(3) An active permit is <u>required</u> to practice as a MAC. The licensee <u>shall</u> have evidence of the active permit available for employer inspection by January 1 of the new permit period.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0
610-X-14-.07	Renewal Of Permit	(4) Failure to receive the renewal application or notice <u>shall not</u> relieve the MAC of the responsibility of renewing the permit by the expiration date.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0
610-X-14-.07	Renewal Of Permit	(5) Any MAC not renewed as of December 31 of the renewal period <u>shall</u> lapse. Any individual who practices with a lapsed permit <u>shall</u> be subject to penalties established under Section 610-X-14-.21 of these rules.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0
610-X-14-.08	Special Provisions For Actively Deployed Medication Assistant, Certified	<p>(1) When an approved MAC who is actively serving in the military is deployed during the biennial renewal period, the permit <u>shall not</u> lapse, provided that the following conditions are met:</p> <p>(a) The permit was active at the time of deployment.</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8), §31-12A-4	0

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		<p>(b) The licensee provides the Board a copy of the military activation or deployment orders, or other proof of active military service, in advance of deployment.</p> <p>(c) The license renews the permit within sixty (60) days of return from deployment.</p>		
610-X-14-.08	Special Provisions For Actively Deployed Medication Assistant, Certified	<p>(2) In the event that a licensed MAC fails to notify the Board prior to deployment, the permit <u>shall</u> lapse, if not renewed. However, the permit may be reinstated or renewed without penalty or payment of the reinstatement or late renewal fee(s) under the following conditions:</p> <p>(a) The permit was active at the time of deployment.</p> <p>(b) The application for reinstatement or renewal is made while still in the armed services or no later than six months after discharge from active service or return to inactive military status.</p> <p>(c) A copy of the military activation orders or other proof of active military service accompanies the application.</p> <p>(d) The renewal fee is paid.</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8), §31-12A-4	0
610-X-14-.09	Reinstatement Of A Lapsed Permit	<p>(1) A lapsed permit may be reinstated upon submission of an electronic completed application and compliance with the following:</p> <p>(a) Payment of current renewal and reinstatement fees, outstanding fees, and fines.</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0

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		<p>(b) Successful completion of a background check as determined by the Board.</p> <p>(c) If the reinstatement of a lapsed permit occurs during the renewal period for that permit type, the expiration of the permit shall be the end of the next permit period.</p>		
610-X-14-.10	Notice Requirements	<p>(1) The applicant or MAC <u>shall</u> notify the Board in writing of any requested name change. Appropriate legal documents <u>shall</u> be submitted prior to changing the name of the licensee on the permit. The legal documents <u>required</u> for a name change are one of the following:</p> <p>(a) Marriage certificate.</p> <p>(b) Divorce decree substantiating the name change</p> <p>(c) Probate court records effecting a legal name change.</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1
610-X-14-.10	Notice Requirements	<p>(2) The applicant <u>shall</u> notify the Board office in writing of any change in the reported address. The address of record is the last known address provided by the applicant or MAC.</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1
610-X-14-.11	Verification Of Alabama Permit	<p>(1) The Board obtains primary source verification directly from educational programs or an organization recognized by the United States Department of Education prior to issuing a permit.</p> <p>(2) Upon receipt of an electronic written request and payment of the required fee, the Board's designee <u>shall</u> provide written verification of an Alabama permit.</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0

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		(3) The Board provides primary source verification to employers of MACs through an online subscription service and through license/permit look-up services.		
610-X-14-.11	Verification Of Alabama Permit	(4) Healthcare organizations that employ MACs <u>shall</u> verify permits through the Board website or subscription service	Code of Ala. 1975, §34-21-2(j)(1), (6) and (8).	1
610-X-14-.12	Fees	<p>(1) Fees and fines are non-refundable.</p> <p>(2) Fees are valid for 12 months from date of receipt.</p> <p>(3) Fees and fines may be paid by electronic means using a credit or debit card, if available. Other means of payment may be cashier's check, business check, money order, or certified check. The board may, at its discretion and subject to established guidelines, <u>require</u> that a single fee be paid by a combination of both electronic and other means.</p> <p>(4) Personal checks <u>are only</u> acceptable when the individual applicant or MAC name is imprinted on the check. Personal checks that are not acceptable forms of payment are:</p> <p>(a) Counter checks.</p> <p>(b) Third-party checks.</p> <p>(c) On out-of-state banks.</p>	Code of Ala. 1975, §34-21-2(j)(1), (8) and (22), 34-21-8	5

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		<p>(5) Payment, regardless of method, that is not honored by the financial institution may result in disciplinary action and reporting to the appropriate authorities for prosecution.</p> <p>(6) The statutory bad check charge applies to any personal check returned by the financial institution for insufficient funds.</p> <p>(7) The Board <u>shall</u> set fees and charges annually. At each September meeting of the Board, the previous schedule of fees and charges <u>shall</u> be automatically readopted unless the Board proposes a revised schedule.</p> <p>(8) The following schedule of fees and charges apply:</p> <p>(a) Biennial Renewal of MAC permit \$50.00</p> <p>(b) Permit by Examination or Endorsement \$50.00</p> <p>(c) Reinstatement of a lapsed, revoked or suspended permit \$75.00</p> <p>(d) Copies of Records; \$5.00 search fee plus 0.25 per page</p> <p>(e) Resend Mail Fee: \$25.00</p> <p>(f) Statutory Bad Check Charge Maximum allowed by law</p>		

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610-X-14-.13	Standards And Scope Of Practice	<p>(1) The Board of Nursing may adopt standards of medication assistant, certified practice and continuing competency.</p> <p>(2) A Medication Assistant, Certified (MAC) may perform limited medication administration tasks in a licensed healthcare facility (other than a mental health residential community program) or a Board of Nursing-approved health care or educational facility licensed, certified, or operated by this state, only as permitted by this rule.</p> <p>(a) In order to perform limited medication administration tasks, a MAC <u>must</u> successfully complete a Board-approved education program or a comparable program in another state and hold an active Alabama valid medication assistant, certified permit and certification (MACE).</p> <p>(3) Medication administered by a MAC in a licensed healthcare facility or a Board of Nursing-approved health care or educational facility licensed, certified, or operated by this state may occur only when all of the following conditions are met:</p> <p>(a) At least one licensed nurse is on the premises of the facility at the time when the MAC limited medication administration task occurs.</p> <p>(b) A licensed nurse supervises the limited medication administration task performed by the MAC and is available to intervene as needed.</p> <p>(c) The limited medication administration tasks the MAC performs are based on the patient's/resident's needs, as documented in the</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	3



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		<p>comprehensive and/or focused assessment by the registered nurse or licensed practical nurse and the outcome of a comprehensive assessment determines the medications that may safely be administered by a MAC to the patient/resident.</p> <p>(d) The MAC <u>shall not</u> perform any duties that <u>require</u> the exercise of independent nursing judgment or intervention. Specific tasks that <u>require</u> independent nursing judgment or intervention that <u>shall not</u> be administered by the MAC include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1. Administration of injectable medications, with the exception of medications by premeasured auto-injectable devices or premeasured syringes for anaphylaxis, vaccinations, and opioid-related drug overdose.</li> <li>2. Calculation of medication dosages, other than measuring a prescribed amount of liquid medication or breaking a scored tablet.</li> <li>3. Receipt of verbal or telephone orders from a licensed prescriber.</li> <li>4. Administration of medications ordered as needed (PRN), except under the direction of a licensed nurse, which direction <u>shall</u> be provided directly for each separate dose of the PRN medication</li> <li>5. Administration of controlled substances. The MAC <u>shall not</u> have access to stored controlled substances.</li> </ol>		

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		<p>(e) Subject to all other limitations imposed by this rule, routes of medication administration for which the MAC may perform limited medication administration tasks may include eye, ear, nose, oral, topical, inhalant, rectal, or vaginal.</p>		
610-X-14-.14	Conduct And Accountability	<p>The medication assistant, certified <u>shall</u>:</p> <p>(1) Have knowledge and understanding of the laws and rules regulating medication assistants, certified in Alabama.</p> <p>(2) Function within the legal scope of medication assistant, certified practice, as defined in this chapter.</p> <p>(3) Obtain instruction and supervision from a licensed nurse as necessary, when implementing new or unfamiliar medication administration.</p> <p>(4) Be responsible and accountable for the quality of medication administration to patients, based on and limited to scope of education, demonstrated competence, and medication assistant, certified experience.</p> <p>(5) Accept individual responsibility and accountability for judgments, actions, and competency, remaining current with technology and practicing consistent with facility policies and procedures for limited medication administration by the MAC.</p> <p>(6) Accept individual responsibility and accountability for recognition and appropriate medication administration action by</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	15

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		<p>notifying the licensed nurse immediately following a change in the patient's mental or physical status.</p> <p>(7) Practice in compliance with current CDC Standard Precautions and Infection Control, including aseptic technique.</p> <p>(8) Practice without discrimination on the basis of age, race, religion, gender, national origin, sexual orientation, patient diagnosis, or disability.</p> <p>(9) Respect the dignity and rights of patients and their significant others, including, but not limited to:</p> <p>(a) Privacy.</p> <p>(b) Safety.</p> <p>(c) Protection of confidential information, unless disclosure is required by law.</p> <p>(d) Freedom from exploitation of physical, mental, sexual, or financial boundaries.</p> <p>(e) Protection of real and personal property.</p> <p>(f) Behavior that is therapeutic and places the patient's interests before the medication assistant, certified's interests.</p>		

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		<p>(10) Collaborate with other members of the health care team.</p> <p>(11) Accept individual responsibility and accountability to avoid personal disruptive behaviors that negatively impact patient care and the nursing profession.</p> <p>(12) Accept individual responsibility and accountability for timely reporting of illegal, substandard, unethical, unsafe, or incompetent medication assistant practice directly to the Board of Nursing.</p> <p>(13) Accept individual responsibility and accountability for accurate, complete, and legible documentation related to</p> <p style="margin-left: 20px;">(a) Patient care records.</p> <p style="margin-left: 20px;">(b) Health care employment.</p> <p style="margin-left: 20px;">(c) Permit and other credentials.</p> <p style="margin-left: 20px;">(d) Continuing education records.</p> <p>(14) Documentation of medication administration interventions and responses in an accurate, timely, thorough, and clear manner.</p> <p>(15) Executing medical regimens according to approved medical protocols and standing orders, including administering limited medications administration prescribed by a legally authorized prescriber and according to facility policies.</p>		

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## Medication Assistant, Certified (MAC)

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-14-.15	Documentation Standards	<p>(1) The standards for documentation of medication assistants, certified provided to patients by MACs are based on principles of documentation, regardless of the documentation format.</p> <p>(2) Documentation of nursing care <u>shall</u> be:</p> <p>(a) Legible.</p> <p>(b) Accurate.</p> <p>(c) Complete. Complete documentation includes reporting and documenting on appropriate records a patient's status, including signs and symptoms, responses, treatments, medications, communication of pertinent information to other health team members, and unusual occurrences involving the patient. A signature of the writer, whether electronic or written, is <u>required</u> in order for the documentation to be considered complete.</p> <p>(d) Timely.</p> <p>1. Charted at the time or after the care, to include medications. Charting prior to care being provided, including medications, violates principles of documentation.</p> <p>2. Documentation of medications given that is not in the sequence of the time the care was provided <u>shall</u> be recorded as a "late entry," including a date and time the late entry was made, as well as the date and time the care was provided.</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1

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## Medication Assistant, Certified (MAC)

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(e) A mistaken entry in the record by a MAC <u>shall</u> be corrected by a method that does not obliterate, white-out, or destroy the entry.</p> <p>(f) Corrections to a record by a MAC <u>shall</u> include the name or initials of the individual making the correction.</p>		
610-X-14-.16	Medication Administration And Safety	<p>(1) The medication assist, certified <u>shall</u> have knowledge of limited medication administration and safety, and knowledge of when to report concerns to the supervising licensed staff including but not limited to:</p> <p>(a) Drug action.</p> <p>(b) Classifications.</p> <p>(c) Expected therapeutic benefit of medication.</p> <p>(d) Expected monitoring.</p> <p>(e) Possible side effects and interventions for same.</p> <p>(f) Adverse reactions and interventions for same.</p> <p>(g) Emergency interventions for anaphylactic reactions.</p> <p>(h) Safety precautions, including but not limited to:</p> <p>1. Right patient.</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<ul style="list-style-type: none"> <li>2. Right medication.</li> <li>3. Right time.</li> <li>4. Right dose.</li> <li>5. Right route.</li> <li>6. Right reason.</li> <li>7. Right documentation.</li> <li>(i) Interactions with other drugs, foods, or complementary therapies.</li> </ul>		
610-X-14-.16	Medication Administration And Safety	<ul style="list-style-type: none"> <li>(2) The MAC shall exhibit skills when administering medications, including but not limited to:                             <ul style="list-style-type: none"> <li>(a) Physical ability to open medication packaging and access delivery systems.</li> <li>(b) Read, write, and comprehend English.</li> <li>(c) Read, write, and comprehend scientific phrases relevant to administration of medication.</li> <li>(d) Measuring medication dosages in elixir format.</li> <li>(e) Routes of acceptable administration for the MAC.</li> </ul> </li> </ul>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1

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## Medication Assistant, Certified (MAC)

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		(f) Proper usage of technical equipment for medication administration.		
610-X-14-.16	Medication Administration And Safety	(3) Documentation of medication administration <u>shall</u> comply with the principles of documentation and include safety precautions of medication administration, federal and state law, and facility policy.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1
610-X-14-.17	Patient Care Orders	(1) The MAC <u>shall NOT</u> receive handwritten, verbal, or electronic medical orders from a legally authorized prescriber or relayed by another licensed or registered health care professional, or certified medical assistant.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1
610-X-14-.17	Patient Care Orders	(2) The MAC <u>shall NOT</u> implement approved medical protocols and standing orders at the direction of a legally authorized prescriber, unless verified by the supervising licensed nurse.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1
610-X-14-.17	Patient Care Orders	(3) The MAC <u>shall</u> follow the facility policies and procedures regarding limited medication administration duties.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1
610-X-14-.18	Requirements For Competency Assessment Of Medication Assistant, Certified	(1) Competency assessments for each MAC employed by a facility <u>must</u> be conducted upon initial hire and annually thereafter by a licensed nurse. The licensed nurse <u>must</u> maintain records of the initial and annual competency validation on file at the facility. Competency assessments <u>must</u> include a demonstration of each of the following competency areas and standards:  (a) Maintaining confidentiality; does not share confidential information, except when it affects the recipient's care and is shared only to the appropriate person(s).	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1



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		<p>(b) Complying with a recipient's right to refuse to take medication; Does not force recipients to take medication. Uses appropriate measures to encourage taking of medications when directed for recipients who are not competent.</p> <p>(c) Maintaining hygiene and current accepted standards for infection control; utilizes appropriate infection control principles when providing medications.</p> <p>(d) Documenting accurately and completely; accurately documents all medication provided including the name of the medication, dose, route, and time administered and any refusal of medication, and spoilage.</p> <p>(e) Providing medications according to the seven rights; provides the right medication, to the right person, at the right time, in the right dose, for the right purpose, and by the right route with correct documentation.</p> <p>(f) Having the ability to understand and follow instructions; comprehends written or oral directions.</p> <p>(g) Practicing safety in application of medication procedures; properly:</p> <ol style="list-style-type: none"> <li>1. Stores and handles all medication in accordance with facility policy.</li> </ol>		

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		<p>2. Intervenes when unsafe conditions of the medication indicate a medication should not be provided.</p> <p>3. Provides medication to recipients in accordance with their age and condition.</p> <p>4. Records all medication provided or refused.</p> <p>(h) Having knowledge of abuse and neglect reporting requirements. identifies-occurrences of possible abuse of a vulnerable adult and reports this information to the appropriate supervising licensed nurse and as required by facility policies.</p>		
610-X-14-.19	Supervision/Reporting By Licensed Nurses	<p>(1) The licensed nurse supervising medication administration may, at any time, suspend or withdraw the medication administration assigned to the MAC(s).</p> <p>(2) The licensed healthcare facility has authorized limited medication administration tasks by MACs and has complied with the requirements of this chapter.</p> <p>(3) The chief nursing officer or, if no such position exists within the licensed healthcare facility, an Alabama-licensed registered nurse who has oversight responsibility for medication administration in the facility <u>shall</u>:</p> <p>(a) Develop facility policies and procedures related to limited medication administration tasks to the MAC which define the</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	1

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>responsibilities of and required facility training and competency validation for the MAC, congruent with these rules.</p> <p>(b) Submit, annually or upon request, reports to the Alabama Board of Nursing, in a format specified by the Board, including, but not limited to:</p> <ol style="list-style-type: none"> <li>1. Total number of patients/residents served by MACs participating in the limited medication administration program.</li> <li>2. Total number of MACs that currently participate in the limited medication administration program.</li> <li>3. Total number of licensed nurses trained in MAC supervision during the reporting year.</li> <li>4. Total number of medication errors in each category listed below:               <ol style="list-style-type: none"> <li>(i) Wrong person</li> <li>(ii) Wrong medication</li> <li>(iii) Wrong dose</li> <li>(iv) Wrong time/day</li> <li>(v) Wrong route</li> <li>(vi) Wrong purpose</li> <li>(vii) No documentation</li> <li>(viii) Identify and implement a quality improvement plan for medication errors.</li> </ol> </li> </ol>		

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## Medication Assistant, Certified (MAC)

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-14-.20	Grounds For Discipline Or Denial Of An Initial Permit	<p>(c) Provide and document an initial and annual competency validation evaluation of each MAC performing limited medication administration for all routes of administration.</p> <p>The Board may deny an application for an initial permit, or upon permitting, reprimand and fine the permit, upon proof that the applicant:</p> <p>(1) Has failed to meet any requirement or standard established bylaw or by rules and regulations adopted by the Board.</p> <p>(2) Has engaged in fraud, misrepresentation, deception, or concealment of a material fact in applying for or securing the permitor taking any examination required for the permit.</p> <p>(3) Has engaged in a course of conduct that would be grounds for discipline under Rule 610-X-14-.21.</p> <p>(4) Has disciplinary action pending or having had a license, registration, or certification for any health-related profession or occupation denied, conditionally issued, fined, reprimanded, censured, restricted, limited, placed on probation, suspended, revoked, voluntarily surrendered, or otherwise encumbered in any state, territory or country.</p> <p>(5) Has been court-martialed or administratively discharged by a branch of the United States Armed Forces for any act or conduct that would constitute grounds for discipline Alabama under Rule 610-X-4-.21.</p> <p>(6) Has engaged in conduct that is inconsistent with good moral character.</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(a) The decision as to whether the applicant has engaged in conduct that is inconsistent with good moral character is within the discretion of the Board of Nursing.</p> <p>(b) In determining whether the applicant has engaged in conduct that is inconsistent with good moral character, the Board may consider the applicant's criminal history, pattern of illegal conduct or disregard for the law, or other evidence bearing on the applicant's fitness and capacity for practice as a Medication Assistant, Certified.</p> <p>(7) Is or has been non-compliant with a monitoring agreement or contract with an alternative to discipline program or order issued in another jurisdiction pertaining to any license, certification, or registration for a health-related profession or occupation.</p> <p>(8) Is subject to any other ground(s) for discipline or denial of licensure authorized by law.</p>		
610-X-14-.21	Grounds For Discipline Of, Denial Of Renewal Of, Or Denial Of Reinstatement Of A Permit	<p>The Board may deny, reprimand, fine, accept the voluntary surrender of, or revoke any permit issued pursuant to this chapter, upon proof that the person:</p> <p>(1) Is guilty of fraud or deceit in procuring or attempting to procure a permit by:</p> <p>(a) Filing false, forged or altered documents or credentials, including required continuing education documentation.</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(b) Misrepresenting or falsifying facts in applying for an original permit, or renewal, reactivation, or reinstatement of a permit.</p> <p>(c) Having another person appear for a permit, licensing or certification examination.</p> <p>(2) Has been convicted of a felony.</p> <p>(3) Is guilty of a crime involving moral turpitude or of gross immorality that would tend to bring reproach upon the nursing profession.</p> <p>(a) For purposes of this rule a person is guilty of a crime if the person:</p> <ol style="list-style-type: none"> <li>1. Has been convicted of the crime.</li> <li>2. Regardless of court disposition, has entered a plea of guilty, o contest, nolo contendere, not guilty by reason of insanity, or other similar plea, or has stipulated that a prima facie case exists that would support conviction.</li> </ol> <p>(b) For purposes of this rule, a crime involving moral turpitude or of gross immorality that would tend to bring reproach upon the nursing profession is any crime, whether felony or misdemeanor, that involves:</p> <ol style="list-style-type: none"> <li>1. Drugs.</li> <li>2. Theft.</li> </ol>		

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		<p>3. Lewdness or any sexual offense.</p> <p>4. Abuse.</p> <p>5. Violence.</p> <p>6. Fraud.</p> <p>7. Any other conduct detrimental to the public's health, safety or welfare.</p> <p>(4) Is unfit or incompetent due to the use of alcohol, or is addicted to the use of habit-forming drugs to such an extent as to render the Medication Assistant, Certified unsafe or unreliable as a licensee as demonstrated by one or more of the following:</p> <p>(a) Testing positive for alcohol and/or unauthorized mood- altering drugs.</p> <p>(b) Misappropriation or diversion of drugs from the workplace for self-use.</p> <p>(c) Obtaining or attempting to obtain an unauthorized prescription by fraudulent means for self-use.</p> <p>(d) A pattern of abuse or misuse of habit forming and/or mood- altering drugs or alcohol.</p> <p>(e) Impairment while on duty due to alcohol or the use of illegal, unauthorized, or duly authorized mood-altering drugs.</p>		

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## Medication Assistant, Certified (MAC)

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(f) Refusal to submit to drug screen.</p> <p>(g) Submission of or attempt to submit a diluted, adulterated, or substituted specimen for drug testing.</p> <p>(h) The use of alcohol or habit forming or mood-altering drugs to such an extent that medical or psychiatric treatment, rehabilitation, or counseling is sought by the Medication Assistant, Certified or is recommended by a legally authorized prescriber.</p> <p>(i) Admitting to a substance use disorder.</p> <p>(5) Is unable to safely practice with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or any other substance, or as a result of any mental or physical condition, as demonstrated by one or more of the following:</p> <p>(a) Testing positive for alcohol and/or unauthorized mood-altering drugs.</p> <p>(b) Misappropriation or diversion of drugs from the workplace for self-use.</p> <p>(c) Obtaining or attempting to obtain an unauthorized prescription by fraudulent means for self-use.</p>		



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		<p>(d) A pattern of abuse or misuse of habit forming and/or mood-altering drugs or alcohol.</p> <p>(e) Impairment while on duty due to alcohol or the use of illegal, unauthorized, or duly authorized mood-altering drugs.</p> <p>(f) Refusal to submit to drug screen.</p> <p>(g) Submission of or attempt to submit a diluted, adulterated, or substituted specimen for drug testing.</p> <p>(h) The use of alcohol or habit forming or mood-altering drugs to such an extent that medical or psychiatric treatment, rehabilitation, or counseling is sought by the licensed nurse or is recommended by a legally authorized prescriber.</p> <p>(i) Admitting to a substance use disorder.</p> <p>(j) More than one alcohol or drug-related arrest within a five-year period.</p> <p>(k) A mental or physical condition which renders the Medication Assistant, Certified unable to safely practice with reasonable skill and safety as demonstrated by one or more of the following:</p> <p>1. Conduct that poses a serious risk of harm to the Medication Assistant, Certified or any other person.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>2. Cognitive deficits that render a licensed nurse unable to exercise appropriate nursing judgment.</p> <p>3. Impairment of functional capacity.</p> <p>4. Inappropriate or disruptive behavior in the workplace.</p> <p>5. A judicial finding of incompetence.</p> <p>6. Any other conduct in the workplace that suggests an inability to safely practice with reasonable skill and safety to patients.</p> <p>(6) Has been convicted of any violation of a federal or state law relating to controlled substances, including misdemeanor and felony offenses.</p> <p>(7) Is guilty of unprofessional conduct of a character likely to deceive, defraud, or injure the public in matters pertaining to health, as demonstrated by one of more of the following:</p> <p>(a) Failure to practice in accordance with the standards adopted by the Board in Alabama Board of Nursing Administrative Code Chapters 610-X-14.</p> <p>(b) Practice beyond the scope of the Medication Assistant, Certified's practice, as determined by, but not limited to:</p> <p>1. Educational preparation.</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<ul style="list-style-type: none"> <li>2. Permit status.</li> <li>3. State and federal statutes and regulations, including, but not limited to, Chapter 610-X-14 of the Alabama Board of Nursing Administrative Code.</li> <li>4. State and national standards appropriate to the type of practice.</li> <li>5. Facility policy.</li> <li>6. Knowledge, skills and ability to manage risks and potential complications.</li> <li>7. Required instruction and supervision.</li> <li>(c) Failure to perform an evaluation of a patient's status.</li> <li>(d) Failure to implement the plan of care or institute interventions that might be required to stabilize a patient's condition or to prevent complications.</li> <li>(e) Failure to:               <ul style="list-style-type: none"> <li>1. Use appropriate judgment.</li> <li>2. Administer medications and treatments in a responsible manner.</li> </ul> </li> </ul>		

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		<ul style="list-style-type: none"> <li>3. Demonstrate competence in administering or carrying out patient care.</li> <li>4. Document nursing care.</li> <li>5. Account for controlled substances.</li> <li>(f) Falsifying, altering, destroying, or attempting to destroy patient, employer or employee records.</li> <li>(g) Abandoning or neglecting patients.</li> <li>(h) Failure to respect or safeguard the patient's, or significant other's, dignity, right to privacy, safety, and confidential health information unless disclosure is required by law.</li> <li>(i) Failure to maintain professional boundaries.</li> <li>(j) Intentionally or negligently causing or permitting one or more of the following to a patient:                             <ul style="list-style-type: none"> <li>1. Physical abuse.</li> <li>2. Sexual abuse.</li> <li>3. Emotional abuse.</li> <li>4. Verbal abuse.</li> </ul> </li> </ul>		

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		<p>5. Willful harassment or intimidation.</p> <p>6. Financial exploitation.</p> <p>(k) Permitting a dual relationship with a patient to disrupt, delay, or inappropriately influence the care provided to that patient or any other patient.</p> <p>(l) Exhibiting inappropriate unprofessional or disruptive conduct or behavior in the workplace.</p> <p>(m) Engaging in fraud, deceit, or misrepresentation in seeking employment, practicing, seeking to practice, or advertising by:</p> <p>1. Falsification, alteration, or forgery of a permit, identification card, license, or credentials.</p> <p>2. Falsification or misrepresentation of credentials, permit status, or educational background.</p> <p>3. Forgery of educational documents.</p> <p>4. Falsification, misrepresentation, or forgery of employment records.</p> <p>5. Falsification or misrepresentation of any information on an application for employment.</p>		

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		<p>(n) Intentionally or negligently is representing or falsifying facts in billing a patient or any public or private third-party payor.</p> <p>(o) Aiding, abetting, directing, or assisting an individual to violate or circumvent any law or rule intended to guide the conduct of a licensed nurse, Medication Assistant, Certified, or any other licensed health care provider.</p> <p>(p) Personal use of unauthorized or illegal drugs or substances, which includes taking medication prescribed for someone else.</p> <p>(q) Testing positive for unauthorized or illegal mood-altering drugs or substances.</p> <p>(r) A pattern of abuse or misuse of habit forming and/or mood-altering drugs or substances or alcohol.</p> <p>(s) Practicing, attempting to practice, or continuing to practice when the Medication Assistant, Certified is unable to perform with reasonable skill and safety due to the licensed nurse's mental or physical impairment resulting from:</p> <ol style="list-style-type: none"> <li>1. Alcohol.</li> <li>2. Unauthorized, duly authorized, or illegal drugs or substances.</li> </ol>		

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		<p>(t) Obtaining or attempting to obtain controlled drugs or substances without direction from a legally authorized prescriber or through fraudulent means.</p> <p>(u) Furnishing or administering drugs or controlled substances to any person.</p> <p>(v) Misappropriation, diversion, or attempted misappropriation or diversion, of drugs or substances from the workplace.</p> <p>(w) Refusal to submit to drug screen.</p> <p>(x) Appropriating real or personal property of a patient, employer, or any other person or entity; or failing to take precautions to prevent misappropriation of real or personal property of a patient, employer, or any other person or entity.</p> <p>(y) Failure to report illegal, substandard, unethical, unsafe or incompetent practice or disciplinary action in any state, territory, country, or other jurisdiction.</p> <p>(z) Having a license, registration, privilege to practice, permit or certification denied, conditionally issued, fined, reprimanded, censured, restricted, limited, placed on probation, suspended, revoked, voluntarily surrendered, or otherwise encumbered in any state, territory, country, or other jurisdiction, or having been court- martialled or administratively discharged by a branch of the United States Armed Forces, for any act or</p>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>conduct which would constitute grounds for disciplinary action in Alabama.</p> <p>(aa) Violation of any provision of the Alabama Nurse Practice Act, the Alabama Board of Nursing Administrative Code, or any state or federal law pertaining to matters of health which is likely to deceive, defraud, or injure the public.</p> <p>(bb) Non-compliance with a monitoring agreement or contract with an alternative to discipline program or order issued in another jurisdiction pertaining to any license, certification, permit or registration for a health-related profession or occupation.</p> <p>(8) Has willfully or repeatedly violated any of the provisions of the Alabama Nurse Practice Act, by:</p> <p>(a) Failing to respond to official Board correspondence, including but not limited to:</p> <ol style="list-style-type: none"> <li>1. Requests for information.</li> <li>2. Subpoenas.</li> <li>3. Notices.</li> </ol> <p>(b) Practicing, seeking to practice, or attempting to practice as a Medication Assistant, Certified without an active permit.</p>		



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		<p>(c) Impersonating an applicant for a permit or license or allowing another person to use the Medication Assistant, Certified's permit.</p> <p>(d) Continued violation of any statute or rule after notice by the Board.</p> <p>(e) Failure to comply with any stipulated terms and conditions of any Board order, agreement, or contract.</p> <p>(9) Having been sentenced to a period of continuous incarceration serving a penal sentence for the commission of a misdemeanor or felony. The disciplinary action <u>shall</u> remain in effect until the board acts upon the application of the licensee for reinstatement of the license.</p> <p>(10) Payment of any fees or fines to the Board with a worthless check, invalid credit card, or by any other method that is not honored by the financial institution.</p> <p>(11) Any other reasons authorized by law.</p>		
610-X-14-.22	Investigation	<p>(1) Upon self-disclosure or receipt of a written complaint alleging that an applicant or a Medication Assistant, Certified has violated a statute or rule by committing one or more of the actions specified as grounds for disciplinary action in 610-X-14-.20-.21, the Executive Officer <u>shall</u> provide for an investigation by Board staff to determine if there is sufficient evidence to warrant disciplinary proceedings.</p> <p>(a) The Board <u>shall</u> consider only those complaints which include the following:</p>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<ol style="list-style-type: none"> <li>1. The name of the applicant or Medication Assistant, Certified.</li> <li>2. The name and contact information (telephone number, email address, etc.) of the complainant.</li> <li>3. Specific allegation(s) which, if substantiated through investigation, would constitute violation(s) of the Alabama Nurse Practice Act (Code of Ala. 1975, §34-21-1, et. seq.) or the Alabama Board of Nursing Administrative Code.</li> </ol>		
610-X-14-.22	Investigation	(2) When an investigation discloses that disciplinary action is not warranted for the protection of the public health, safety and welfare, the investigative file <u>shall</u> be closed, provided that the matter may be reinvestigated at any time if circumstances so warrant.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0
610-X-14-.23	Board Action Following Investigation	<p>The Board or its authorized designee <u>shall</u> have the power to act on the report of the investigation as follows:</p> <ol style="list-style-type: none"> <li>(1) Dismiss a complaint with a letter of closure or a letter of admonishment.</li> <li>(2) Commence disciplinary proceedings through pursuit of informal disposition in accordance with Alabama Board of Nursing Administrative Code Section 610-X-14-.26 or the issuance of an administrative complaint pursuant to Alabama Board of Nursing Administrative Code, Section 610-X-14-.25.</li> <li>(3) Accept the voluntary surrender of the Medication Assistant, Certified permit.</li> </ol>	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0

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## Medication Assistant, Certified (MAC)

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-14-.24	Administrative Procedure Act	The Alabama Board of Nursing hereby adopts by reference as its rules Sections 12 through 21 of Chapter 22, Title 41, Code of Ala. 1975, as amended, governing contested cases, appeals, and related proceedings unless inconsistent with Section 34-21-25 or Chapter 610-X-14.	Code of Ala. 1975, §34-21-2(j)(1) and (8)	0
610-X-14-.25	Formal Disposition Of Contested Cases	<p>(1) At least twenty days prior to the administrative hearing, an administrative complaint <u>shall</u> be served on the applicant or Medication Assistant, Certified as follows:</p> <p>(a) Personal service made by any sheriff of the State of Alabama.</p> <p>(b) If the applicant or Medication Assistant, Certified is out of state, evades service, or cannot be served personally, service <u>shall</u> be made by registered or certified mail to the last known post office mailing address shown on the records of the Board.</p> <p>(c) If the applicant or Medication Assistant, Certified is represented by an attorney who has filed a notice of appearance with the Board, service <u>shall</u> be made on the attorney personally or by registered or certified mail.</p> <p>(2) The Board's administrative complaint may be amended without leave of the hearing officer prior to the hearing so long as the amendment is germane to the charge or charges and does not materially alter the nature of any offense charged.</p>	Code of Ala. 1975, §§34-21-2(j)(1), (8), (9), (10), (11), 34-21-25	0
610-X-14-.25	Formal Disposition Of Contested Cases	<p>(3) A motion for withdrawal of the administrative complaint may be filed with the Board. The circumstances surrounding the attempt to withdraw the administrative complaint <u>shall</u> be explained by the person who is attempting to withdraw the administrative complaint. A motion</p>	Code of Ala. 1975, §§34-21-2(j)(1), (8), (9), (10), (11), 34-21-25	0

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		for withdrawal of the administrative complaint <u>shall</u> be ruled upon by the hearing officer. No administrative complaint that is well-founded <u>shall</u> be dismissed solely upon the motion of the original complainant.		
610-X-14-.25	Formal Disposition Of Contested Cases	(4) Pleadings relating to disciplinary proceedings pending before the Board <u>shall</u> be filed with the Board. Pleadings <u>shall</u> be deemed filed upon actual receipt.	Code of Ala. 1975, §§34-21-2(j)(1), (8), (9), (10), (11), 34-21-25	0
610-X-14-.25	Formal Disposition Of Contested Cases	(5) Requests for subpoenas <u>shall</u> be filed with the Board at least ten days prior to the administrative hearing along with the appropriate subpoena-processing fee. Any expense for service by a sheriff, process server or other entity <u>shall</u> be the responsibility of the party requesting the subpoena. Any expenses incurred relative to subpoenas requested by a Respondent, either for witnesses or related to production of documents, are the responsibility of the party who requested the issuance of said subpoena.	Code of Ala. 1975, §§34-21-2(j)(1), (8), (9), (10), (11), 34-21-25	1
610-X-14-.25	Formal Disposition Of Contested Cases	(6) The administrative hearing <u>shall</u> be conducted by a hearing officer provided by the Board. All testimony <u>shall</u> be under oath and <u>shall</u> be transcribed by a court reporter scheduled by the Board. Telephonic or other real-time electronic testimony is admissible at the discretion of the hearing officer. Evidence may be taken by deposition at the discretion of the hearing officer.	Code of Ala. 1975, §§34-21-2(j)(1), (8), (9), (10), (11), 34-21-25	0
610-X-14-.25	Formal Disposition Of Contested Cases	(7) A continuance may be granted by the Board's designee or, if the Board's designee objects to said continuance, upon the filing of a written motion and affidavit detailing the reasons for the continuance.	Code of Ala. 1975, §§34-21-2(j)(1), (8), (9), (10), (11), 34-21-25	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-14-.25	Formal Disposition Of Contested Cases	(8) The Board may, at its discretion, digitally record or video administrative hearings. The Hearing Officer <u>shall</u> rule upon objections to digital or video recording of an administrative hearing.	Code of Ala. 1975, §§34-21-2(j)(1), (8), (9), (10), (11), 34-21-25	0
610-X-14-.26	Informal Disposition Of Contested Cases	(1) Complaints or controversies may be considered and resolved by the Board or Board designee through alternative dispute resolution, informal conferences, meetings, or other informal means. Such <u>shall</u> be held without prejudice to the right of the Board thereafter to institute formal proceedings based upon the same or related material if circumstances so warrant.  (2) Informal dispositions may be made of any contested case by stipulation agreed settlement, consent order or default or by another method agreed upon by the parties in writing and as approved by the Board.	Code of Ala. 1975, §§34-21-2(j)(1), (8), (9), (10), (11), 34-21-25	0
610-X-14-.27	Decisions Of The Board	(1) Based upon the evidence presented at the administrative hearing or pursuant to informal disposition, the Board may take one or more of the following actions:  (a) Dismiss the administrative complaint in its entirety or any alleged violation in the complaint.  (b) Find the respondent not guilty of any or all of the violations alleged in the administrative complaint.  (c) Find the respondent guilty of any or all of the violations alleged in the administrative complaint. If the Board finds the respondent guilty	Code of Ala. 1975, §§34-21-2(j)(1), (8), (9), (10), (11), 34-21-25	0

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>of one or more of the violations alleged in the administrative complaint, the Board may take one or more of the following disciplinary actions against the respondent:</p> <ol style="list-style-type: none"> <li>1. Reprimand the respondent's Medication Assistant, Certified permit.</li> <li>2. <u>Require</u> the respondent to participate in an educational program.</li> <li>3. Revoke the respondent's Medication Assistant, Certified permit.</li> <li>4. Deny approval of the application for a Medication Assistant, Certified permit.</li> <li>5. Deny renewal or reinstatement of a Medication Assistant, Certified permit.</li> <li>6. Impose other sanctions or restrictions.</li> <li>7. Levy a fine not to exceed \$1,000.00 per violation.</li> </ol>		
610-X-14-.27	Decisions Of The Board	(2) The decisions of the Board <u>shall</u> be in writing in the form of an Order, a copy of which <u>shall</u> be mailed or delivered to the respondent or the respondent's attorney.	Code of Ala. 1975, §§34-21-2(j)(1), (8), (9), (10), (11), 34-21-25	0
610-X-14-.27	Decisions Of The Board	(3) The decisions of the Board <u>shall</u> be subject to public dissemination, including but not limited to the required reporting of disciplinary actions to all federal data banks.	Code of Ala. 1975, §§34-21-	0

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## Medication Assistant, Certified (MAC)

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(4) Judicial review of decisions of the Board may be sought in the Circuit Court of Montgomery County, Montgomery, Alabama. Appeals are to be perfected in accordance with the Alabama Administrative Procedures Act.</p>	<p>2(j)(1), (8), (9), (10), (11), 34-21-25</p>	
<p>610-X-14-.28</p>	<p>Application Following Denial Of A Permit</p>	<p>(1) Application for a permit following denial of a permit, <u>shall</u>:</p> <p>(a) Include evidence of rehabilitation, or elimination or resolution of any issues that were identified in the Board's most recent order as reasons for denial of a permit.</p> <p>(b) Be made according to Chapter 610-X-14.</p> <p>(2) Board action on applications following denial of a permit may be resolved either informally or through the administrative hearing process.</p> <p>(3) In considering a subsequent application for a permit, the Board may evaluate factors that include but are not limited to:</p> <p>(a) The severity of the act(s) or omission(s) which resulted in the denial of the permit.</p> <p>(b) The conduct of the applicant subsequent to the denial of the permit.</p> <p>(c) The lapse of time since denial of the permit.</p>	<p>Code of Ala. 1975, §§34-21-2(j)(1), (8), (9), (10), (11), 34-21-25</p>	<p>1</p>

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## Medication Assistant, Certified (MAC)

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(d) Compliance with any conditions stipulated by the Board as a prerequisite for a subsequent application.</p> <p>(e) Rehabilitation attained by the applicant as evidenced by statements provided directly to the Board from qualified individuals who have professional knowledge of the applicant.</p> <p>(f) Whether the applicant is in violation of any applicable statute or rule.</p>		
610-X-14-.29	Reinstatement Of A Revoked Permit	<p>(1) Application for reinstatement of a revoked permit may be made twelve months after the effective date of revocation unless otherwise specified in Order or Agreement.</p> <p>(2) Applications for reinstatement of a revoked permit <u>shall</u> include:</p> <p>(a) The non-refundable application fee.</p> <p>(b) Detailed letter of explanation regarding the circumstances that resulted in the revocation of the permit and actions the applicant has taken to address the issue.</p> <p>(c) Documented evidence of any continuing education requirements for reinstatement of a lapsed permit.</p> <p>(d) Verification of the status of all health-care related licenses, certifications, permits and registrations from each jurisdiction/entity where a license, certification, permit or registration has ever been issued and certified copies of any disciplinary order(s) issued by any</p>	Code of Ala. 1975, §§34-21-2(j)(1), (8), (9), (10), (11), 34-21-25	3



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		<p>jurisdiction/entity where a license, certification, permit or registration has ever been issued.</p> <p>(e) Five (5) affidavits from persons who are not related to the applicant and who have direct knowledge of the circumstances surrounding the revocation of the permit and the actions the applicant has taken to address the issue.</p> <p>(f) If the circumstances that resulted in the revocation of the permit involved allegations of substance abuse, substance dependence, or drug diversion, the applicant <u>shall</u> provide:</p> <ol style="list-style-type: none"> <li>1. Documented evidence of a comprehensive substance use disorder evaluation and fitness to return to the practice without any Board monitoring, which evaluation <u>shall</u> be conducted by a Board-recognized treatment provider whose program includes a health care professionals tract and completed no more than twelve (12) months prior to the date of the application.</li> <li>2. Evidence of compliance with all treatment provider recommendations.</li> <li>3. Complete results of drug screens obtained from participation in a Board-recognized program of random drug testing for a minimum of twelve (12) months immediately prior to the date of the application.</li> </ol>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(g) If the circumstances that resulted in the revocation of the permit involved allegations of physical or mental impairment, the applicant <u>shall</u> provide:</p> <ol style="list-style-type: none"> <li>1. Documented evidence of current neuropsychological and physiological evaluations.</li> <li>2. Compliance with all treatment provider recommendations.</li> <li>3. A statement from the evaluators that the individual s fit to return to practice without any Board monitoring.</li> </ol> <p>(h) Executed releases authorizing the sharing of information between and communication with all necessary healthcare providers and Board staff.</p> <p>(i) Submission of results of all required evaluations conducted by a Board acceptable licensed healthcare provider in consultation with Board staff.</p> <p>(j) If the applicant has any arrest(s) that resulted in pending misdemeanor or felony charges, the applicant <u>shall</u> provide:</p> <ol style="list-style-type: none"> <li>1. A detailed letter of explanation regarding the circumstances surrounding the charges.</li> <li>2. The nature of the charges.</li> </ol>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>3. The case number.</p> <p>4. The jurisdiction in which the charges are pending.</p> <p>(k) If the applicant has any misdemeanor or felony conviction(s) or has (regardless of court disposition) entered a plea of guilt, nolo contendere, no contest, not guilty by reason of insanity, or other similar plea, the applicant <u>shall</u> provide:</p> <ol style="list-style-type: none"> <li>1. Certified copies of court records including the Case Action Summary showing the final disposition of the charges.</li> <li>2. Any written Plea Agreement or Deferred Prosecution Agreement.</li> <li>3. Documentation of compliance with conditions imposed by the Court.</li> </ol> <p>(1) If the applicant has been administratively discharged from any branch of the armed services with any characterization besides "Honorable" or has been court-martialed, the applicant <u>shall</u> provide a detailed letter of explanation and official documentation of discharge (typically, a D0214 Members 4 copy).</p> <p>(m) For every period of employment since revocation of the applicant's Alabama nursing license, the applicant <u>shall</u> provide:</p> <ol style="list-style-type: none"> <li>1. The name, address, and telephone number of any employer.</li> </ol>		

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>2. The name of any supervisor.</p> <p>3. The dates of employment.</p> <p>4. Job title.</p> <p>5. Description of job duties.</p> <p>6. Reason for leaving said employment.</p> <p>(3) Applications for reinstatement of a revoked permit are incomplete until all of the information required to be provided pursuant to this rule has been submitted. The Board <u>may not</u> consider incomplete applications.</p> <p>(4) Applications for reinstatement of a revoked permit may be resolved either informally or through the administrative hearing process.</p> <p>(5) In considering reinstatement of a revoked permit, the Board may evaluate factors that include but are not limited to:</p> <p>(a) Severity of the act(s) that resulted in revocation of the permit.</p> <p>(b) Conduct of the applicant subsequent to the revocation of permit.</p> <p>(c) Lapse of time since revocation.</p>		

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## Medication Assistant, Certified (MAC)

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(d) Compliance with all reinstatement requirements stipulated by the Board.</p> <p>(e) Rehabilitation attained by the applicant as evidenced by statements provided directly to the Board from qualified individuals who have professional knowledge of the applicant.</p> <p>(f) Whether the applicant is in violation of any applicable statute or rule.</p>		
610-X-14-.30	Non-Disciplinary Administrative Penalties	<p>(1) Non-disciplinary administrative penalties not to exceed \$1,000.00 (one-thousand dollars) per violation may be imposed for the following violations of Title 34, Chapter 21 of the Code of Ala. 1975:</p> <p>(a) Practicing on a lapsed Medication Assistant, Certified permit for a period of time not to exceed 90 calendar days from the date of the lapse.</p> <p>(b) Failure to submit required documentation within the deadline established by the Board.</p> <p>(c) Continuing education violations that do not involve fraud or deceit.</p> <p>(2) If a permit-holder fails to pay the non-disciplinary administrative penalty within 30 days of its assessment, the Board may refer the matter for investigation to determine if formal proceedings should be instituted for the conduct.</p>	Code of Ala. 1975, §§34-21-2(j)(1) and (8), 34-21-25	0
610-X-14-.30	Non-Disciplinary Administrative Penalties	<p>(3) A Medication Assistant, Certified <u>shall not</u> qualify for the non-disciplinary administrative penalty referenced above for more than one</p>	Code of Ala. 1975, §§34-21-	1

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Medication Assistant, Certified (MAC)

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(1) violation occurring within five (5) years of any prior application of this rule.	2(j)(1) and (8), 34-21-25	
610-X-14-.30	Non-Disciplinary Administrative Penalties	(4) Non-disciplinary administrative penalties: (a) Are not publicly available information; (b) Are not issued following a formal proceeding; (c) <u>May not</u> be issued for conduct which is connected to the delivery of healthcare services; and (d) <u>May not</u> be assessed in conjunction with any other disciplinary action.	Code of Ala. 1975, §§34-21-2(j)(1) and (8), 34-21-25	1
	Total Restrictive Terms:	65	Total Discretionary Restrictions:	56

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## Student Nurse Apprentices

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-15-.01	Definitions	<p>(1) Approved Alabama Nursing Education Program: A prelicensure nursing education program approved by the Board pursuant to Chapter 3 of these rules. Approved nursing education programs may award clinical credit hours toward the student nurse apprentice nursing program requirements, as long as the training is congruent with the clinical course in which the clinical credit hours are awarded.</p> <p>(2) Student Nurse Apprentice: A nursing student who is engaged in a registered apprenticeship, pursuant to the Alabama Industry Recognized and Registered Apprenticeship Program Act and has obtained a Board issued permit.</p> <p>(3) Student Nurse Apprentice Permit: A Board issued permit issued for the duration of the student's enrollment in an Alabama approved nurse apprentice program.</p> <p>(4) Apprentice Skills listing and qualifications: A Board approved list of nursing apprentice qualifications for basic and advanced student nurse duties, skills, and activities allowed for the student nurse apprentice.</p> <p>(5) Nursing Program apprentice roster: A primary source document submitted to the Board indicating nursing students eligible for apprentice permits.</p> <p>(6) Apprentice competency validation: The nursing program <u>shall</u> validate training and competency of fundamentals in nursing prior to the</p>	Code of Ala. 1975, §34-21-2(7)	1

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## Student Nurse Apprentices

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>student obtaining a permit; the employing agency <u>shall</u> document assessment of competency through direct observation and return demonstration by a licensed nurse as new skills are added throughout the training period.</p> <p>(7) Apprentice application: Form(s) and process for applicants seeking apprentice permits.</p> <p>(8) Void application: Any incomplete application is voided due to failure by the applicant to satisfy all requirements.</p> <p>(9) Permit Invalidation: The permit <u>is</u> automatically invalid if the nursing student withdraws from the apprentice program, withdraws from the nursing education program, or does not make satisfactory progress in the nursing education program. The educational program is responsible for notifying the Board of student withdrawal.</p> <p>(10) Supervision Direct: Responsible licensed nurse is physically present in the facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation. Direct supervision is <u>required</u> for all invasive procedures performed by the apprentice.</p> <p>(11) Primary source verification: The Board obtains primary source verification directly from educational programs prior to issuing a permit.</p> <p>(12) Journey Worker/Mentor/supervising nurse: A supervising licensed nurse RN or LPN serving in the role as mentor. Provided,</p>		



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## Student Nurse Apprentices

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		however, that a licensed practical nurse <u>may not</u> supervise a registered nursing student apprentice.		
610-X-15-.02	Qualifications Of Applicants For Permit	<p>Student Nurse Apprentice/ Apprentice: An individual who:</p> <p>Is currently enrolled in a Board approved nursing education program.</p> <p>Has obtained basic fundamental validation of nursing skills from the nursing educational program.</p> <p>Is employed by a licensed healthcare facility where the apprenticeship is to be performed, and</p> <p>Is actively engaged in a registered apprenticeship, pursuant to the Alabama Industry Recognized and Registered Apprenticeship Program Act.</p>	Code of Ala. 1975, §34-21-2(7)	4
610-X-15-.03	Application Process And Permit	(1) The nursing program <u>shall</u> submit an eligible student nurse apprentice roster to the Board to include attestation of competency validation of basic or advanced apprentice skills.	Code of Ala. 1975, §34-21-2(7)	1
610-X-15-.03	Application Process And Permit	<p>(2) Apprentice applicants <u>shall</u> submit an on-line application for approval and pay a permit fee of Fifty (50.00) dollars.</p> <p>(3) The nurse apprentice permit <u>is</u> valid for the duration of the student's enrollment in an Alabama approved nurse apprentice program or until graduation from the nursing program.</p>	Code of Ala. 1975, §34-21-2(7)	0
610-X-15-.03	Application Process And Permit	(4) An applicant <u>shall</u> provide a valid social security number prior to the Board issuing a permit.	Code of Ala. 1975, §§34-21-2(7), 31-3-194	0

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## Student Nurse Apprentices

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-15-.03	Application Process And Permit	(5) Be a citizen or legal resident of the United States. Individuals who are not legally present in the United States are not eligible for permit.	Code of Ala. 1975, §§34-21-2(7); 31-13-7	0
610-X-15-.03	Application Process And Permit	(6) Licensed Health Care facilities that employ apprentices <u>shall</u> verify permits through the Board website or subscription service.	Code of Ala. 1975, §34-21-2(7)	1
610-X-15-.04	Competency Validation And Supervision	<p>(1) Licensed healthcare facilities may employ student nurse apprentices to perform nursing skills, tasks, and activities, as submitted by Alabama Industry Recognized and Registered Apprenticeship Program and approved by the Board, provided that such training, tasks, skills, and activities are performed under supervision by licensed nurses.</p> <p>(2) The nursing education program retains responsibility for validating the apprentice's education or competency to perform each nursing skill pursuant to the apprentice performing those skills under the supervision of a licensed nurse at the healthcare facility. Skills not routinely validated in the education program may be competency validated by the clinical supervising nurse.</p> <p>(3) The supervising licensed nurse <u>is</u> responsible for validating, an apprentice's competency to perform nursing skills or activities assigned to the apprentice in the clinical setting.</p> <p>(4) A supervising licensed nurse may suspend an apprenticeship - due to poor performance and collaborate with the nursing education program to oversee remediation - until the apprentice can perform at an acceptable skill level. Failure to perform at an acceptable level could result in dismissal from the apprenticeship and failure of the nursing education program.</p>	Code of Ala. 1975, §34-21-2(7)	1

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## Student Nurse Apprentices

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
610-X-15-.05	Standards Of Students Nurse Apprentice Practice	<p>(1) Nursing apprentices may perform Board approved skills or activities in any licensed healthcare facility that has authorized a nurse apprentice program, pursuant to the Alabama Industry Recognized and Registered Apprenticeship Program Act.</p> <p>(2) The nursing apprentice's competency to perform the selected nursing tasks, skills, advanced skills, or activities <u>must</u> be validated by the nursing education program or journey worker/mentor/supervising nurse prior to performing in the apprenticeship. The supervising licensed nurse or journey worker <u>shall</u> document competency validation in advance of any such independent performance or as required by facility policy.</p> <p>(3) Student nurse apprentices who have been issued a permit may perform the Board approved nursing skills after meeting the qualifications for the basic or advanced skills list for apprentice nursing skills.</p>	Code of Ala. 1975, §34-21-2(7)	1
610-X-15-.06	Practice To Professional/Occupational Scope Permitted	Nothing in these rules <u>shall</u> be construed to <u>prohibit</u> student nurse apprentices who hold valid nursing or other professional or occupational licenses (e.g.: licensed practical nurses enrolled in registered nursing mobility programs), or who are otherwise duly authorized to practice a profession or occupation in the state of Alabama, from practicing to the full scope of their existing education, training, and professional or occupational licensure or legal authorization.	Code of Ala. 1975, §34-21-2(7)	0
	Total Restrictive Terms:	10	Total Discretionary Restrictions:	9