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This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 4

Office of the Secretary of State
ADMINISTRATIVE RULES DIVISION

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 19. BOARD OF NURSING

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Corrections were made to this Chapter at the request of the Board.

The historical note was updated at R4-19-101 with a clearer explanation of an omission of a definition. Also, the Section outline was corrected under R4-19-203.
No other changes have been made to this Chapter.

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The release of this Chapter in Supp. 19-3 replaces Supp. 19-2, 1-56 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. "'Rule' means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency."

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The "R" stands for "rule" with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.
First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31
For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document's content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature's website, www.azleg.gov. An agency's authority note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State's website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency's exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor's notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.

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TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 19. BOARD OF NURSING

(Authority: A.R.S. § 32-1606 et seq.)

Editor's Note: The Arizona State Board of Nursing amended Sections in this Chapter under an exemption from the provisions of A.R.S. Title 41, Chapter 6 under Laws 2015, Chapter 262 § 22. Exemption from A.R.S. Title 41, Chapter 6 means the Board was not required to submit proposed rules for publication in the Arizona Administrative Register, conduct a public hearing on the rules, or required to submit the rules for approval by the Governor's Regulatory Review Council. Refer to the historical notes for more information (Supp. 16-2).

ARTICLE 1. DEFINITIONS AND TIME-FRAMES

New Article 1, consisting of R4-19-101, adopted effective July 19, 1995 (Supp. 95-3).

Article 1, consisting of R4-19-101 through R4-19-102, repealed effective July 19, 1995 (Supp. 95-3).

Section
R4-19-101. Definitions 3
R4-19-102. Time-frames for Licensure, Certification, or Approval 5
Table 1. Time-frames 6

ARTICLE 2. ARIZONA REGISTERED AND PRACTICAL NURSING PROGRAMS; REFRESHER PROGRAMS

Article 2, consisting of R4-19-201 through R4-19-214, adopted effective July 19, 1995 (Supp. 95-3).

Section
R4-19-201. Organization and Administration 8
R4-19-202. Repealed 10
R4-19-203. Administrator; Qualifications and Duties 10
R4-19-204. Repealed 11
R4-19-205. Students; Policies and Admissions 11
R4-19-206. Curriculum 11
R4-19-207. New Programs; Proposal Approval; Provisional Approval 12
R4-19-208. Full Approval of a New Nursing Program 14
R4-19-209. Nursing Program Change 14
R4-19-210. Renewal of Approval of Nursing Programs Not Accredited by a National Nursing Accrediting Agency 14
R4-19-211. Unprofessional Conduct in a Nursing Program; Reinstatement or Reissuance 14
R4-19-212. Repealed 15
R4-19-213. Nursing Programs Holding National Program Accreditation; Changes in Accreditation 15
R4-19-214. Pilot Programs for Innovative Approaches in Nursing Education 15
R4-19-215. Voluntary Termination of a Nursing Program or a Refresher Program 16
R4-19-216. Approval of a Refresher Program 16
R4-19-217. Distance Learning Nursing Programs; Out-of-State Nursing Programs 18

ARTICLE 3. LICENSURE

Article 3, consisting of R4-19-301 through R4-19-308, adopted effective July 19, 1995 (Supp. 95-3).

Section
R4-19-301. Licensure by Examination 18
R4-19-302. Licensure by Endorsement 20
R4-19-303. Requirements for Credential Evaluation Service 21
R4-19-304. Temporary License 21
R4-19-305. License Renewal 22
R4-19-306. Inactive License 23
R4-19-307. Repealed 23
R4-19-308. Change of Name or Address 23
R4-19-309. School Nurse Certification Requirements 23
R4-19-310. Certified Registered Nurse 24
R4-19-311. Nurse Licensure Compact 24
R4-19-312. Practice Requirement 24
R4-19-313. Background 24

ARTICLE 4. REGULATION

Article 4, consisting of R4-19-401 through R4-19-404, adopted effective July 19, 1995 (Supp. 95-3).

Section
R4-19-401. Standards Related to Licensed Practical Nurse Scope of Practice 24
R4-19-402. Standards Related to Registered Nurse Scope of Practice 25
R4-19-403. Unprofessional Conduct 26
R4-19-404. Re-issuance or Subsequent Issuance of License 28
R4-19-405. Board-ordered Evaluations 28

ARTICLE 5. ADVANCED PRACTICE REGISTERED NURSING

Section
R4-19-501. Roles and Population Foci of Advanced Practice Registered Nursing (APRN); Certification Programs 29
R4-19-502. Requirements for APRN Programs 30
R4-19-503. Application for Approval of an Advanced Practice Registered Nursing Program; Approval by Board 31
R4-19-504. Notice of Deficiency; Unprofessional Program Conduct 32
R4-19-505. Requirements for Initial APRN Certification 32
R4-19-506. Expiration of APRN Certificate; Practice Requirement; Renewal 34
R4-19-507. Temporary Advanced Practice Certificate; Temporary Prescribing and Dispensing Authority 35
R4-19-508. Standards Related to Registered Nurse Practitioner Scope of Practice 35
R4-19-509. Delegation to Medical Assistants 36
R4-19-510. Expired 37
R4-19-511. Prescribing and Dispensing Authority; Prohibited Acts 37
R4-19-512. Prescribing Drugs and Devices 37

R4-19-513. Dispensing Drugs and Devices 38
R4-19-514. Standards Related to Clinical Nurse Specialist Scope of Practice 39
R4-19-515. Repealed 39
R4-19-516. Repealed 39

ARTICLE 6. RULES OF PRACTICE AND PROCEDURE

Article 6, consisting of R4-19-601 through R4-19-615, adopted effective October 10, 1996 (Supp. 96-4).

Section
R4-19-601. Expired 39
R4-19-602. Letter of Concern 39
R4-19-603. Representation 39
R4-19-604. Notice of Hearing; Response 39
R4-19-605. Expired 40
R4-19-606. Expired 40
R4-19-607. Recommended Decision 40
R4-19-608. Rehearing or Review of Decision 40
R4-19-609. Effectiveness of Orders 40
R4-19-610. Expired 40
R4-19-611. Expired 41
R4-19-612. Renumbered 41
R4-19-613. Expired 41
R4-19-614. Renumbered 41
R4-19-615. Renumbered 41

ARTICLE 7. PUBLIC PARTICIPATION PROCEDURES

Article 7, consisting of R4-19-701 through R4-19-706, adopted effective October 10, 1996 (Supp. 96-4).

Section
R4-19-701. Expired 41
R4-19-702. Petition for Rulemaking; Review of Agency Practice or Substantive Policy Statement; Objection to Rule Based Upon Economic, Small Business, or Consumer Impact 41
R4-19-703. Oral Proceedings 41
R4-19-704. Petition for Altered Effective Date 42
R4-19-705. Written Criticism of an Existing Rule 42
R4-19-706. Renumbered 42

ARTICLE 8. CERTIFIED AND LICENSED NURSING ASSISTANTS AND CERTIFIED MEDICATION ASSISTANTS

Article 8, consisting of Sections R4-19-801 through R4-19-815, adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1).

Section
R4-19-801. Common Standards for Nursing Assistant (NA) and Certified Medication Assistant (CMA) Training Programs 42
R4-19-802. Nursing Assistant (NA) Program Requirements 44
R4-19-803. Certified Medication Assistant Program Requirements 47
R4-19-804. Initial Approval and Re-Approval Training Programs 48
R4-19-805. Deficiencies and Rescission of Program Approval, Unprofessional Program Conduct, Voluntary Termination, Disciplinary Action, and Reinstatement 49
R4-19-806. Initial Nursing Assistant Licensure (LNA) and Medication Assistant Certification 51
R4-19-807. Nursing Assistant Licensure and Medication Assistant Certification by Endorsement 52
R4-19-808. Fees Related to Certified Medication Assistant .52
R4-19-809. Nursing Assistant Licensure and Medication Assistant Certificate Renewal 52
R4-19-810. Certified Nursing Assistant Registry; Licensed Nursing Assistant Registry 53
R4-19-811. Repealed 54
R4-19-812. Change of Name or Address 54
R4-19-813. Performance of Nursing Assistant Tasks; Performance of Medication Assistant Tasks 54
R4-19-814. Standards of Conduct for Licensed Nursing Assistants and Certified Medication Assistants .54
R4-19-815. Reissuance or Subsequent Issuance of a Nursing Assistant License or Medication Assistant Certificate 55

CHAPTER 19. BOARD OF NURSING

ARTICLE 1. DEFINITIONS AND TIME-FRAMES

R4-19-101. Definitions

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

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

"Admission cohort" means a group of students admitted at the same time to the same curriculum in a regulated nursing, nursing assistant, or advanced practice nursing program or entering the first clinical course in a regulated program at the same time. "Same time" means on the same date or within a narrow range of dates pre-defined by the program.

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

CNS or RNP nursing program,
Credential evaluation service,
Nursing assistant training program,
Nursing program,
Nursing program change, or
Refresher program.

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

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

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

"Certified medication assistant" means a certified nursing assistant who meets Board qualifications and is additionally certified by the Board to administer medications under A.R.S. § 32-1650 et. seq.

"CES" means credential evaluation service.

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

"Clinical instruction" means the guidance and supervision provided by a nursing, nursing assistant or medication assistant program faculty member while a student is providing client care.

"CMA" means certified medication assistant.

"CNA" means a certified nursing assistant, as defined in A.R.S § 32-1601(4).

"CNS" means clinical nurse specialist, as defined in A.R.S. § 32-1601(7).

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

"Contact hour" means a unit of organized learning, which may be either clinical or didactic and is either 60 minutes in length or is otherwise defined by an accrediting agency recognized by the Board.

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

"CRNA" means a certified registered nurse anesthetist as defined in A.R.S. § 32-1601(5).

"DEA" means the federal Drug Enforcement Administration.

"Dispense" means to deliver a controlled substance or legend drug to an ultimate user.

"Dual relationship" means a nurse or CNA simultaneously engages in both a professional and nonprofessional relationship with a patient or resident or a patient's or resident's family that is avoidable, non-incidental, and results in the patient or resident or the patient's or resident's family being exploited financially, emotionally, or sexually.

"Eligibility for graduation" means that the applicant has successfully completed all program and institutional requirements for receiving a degree or diploma but is delayed in receiving the degree or diploma due to the graduation schedule of the institution.

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

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

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

"Family," as applied to R4-19-511, means individuals who are related by blood, marriage, adoption, legal guardianship, or domestic partnership, or who are cohabitating or romantically involved.

"Full approval" means the status granted by the Board when a nursing program, after graduation of its first class, demonstrates the ability to provide and maintain a program in accordance with the standards provided by A.R.S. Title 32, Chapter 15 and this Chapter.

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

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

"Initial approval" means the permission, granted by the Board, to an entity to establish a nursing assistant training program, after the Board determines that the program meets the standards provided by A.R.S. Title 32, Chapter 15 and this Chapter.

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

"LPN" means licensed practical nurse.

"NCLEX" means the National Council Licensure Examination.

"Nurse" means a licensed practical or registered nurse.

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

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

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

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

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

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

"P & D" means prescribing and dispensing.

"Parent institution" means the educational institution in which a nursing program, nursing assistant training program or medication assistant program is conducted.

"Patient" means an individual recipient of care.

"Pharmacology" means the science that deals with the study of drugs.

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

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

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

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

"Private business" means any individual or sole proprietorship, partnership, limited liability partnership, limited liability company, corporation or other legal business entity.

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

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

"Refresher program" means a formal course of instruction designed to provide a review and update of nursing theory and practice.

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

Identifying demographic information;
Date placed on the register;
Date of initial and most recent certification, if applicable; and
Status of the nursing assistant certificate, including findings of abuse, neglect, or misappropriation of property made by the Arizona Department of Health Services, sanctions imposed by the United States Department of Health and Human Services, and disciplinary actions by the Board.

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

"RN" means registered nurse.

"RNP" means a registered nurse practitioner as defined in A.R.S. § 32-1601(20).

"SBTPE" means the State Board Test Pool Examination.

"School nurse" means a registered nurse who is certified under R4-19-309.

"Secure examination" means a written test given to an examinee that:

Is administered under conditions designed to prevent cheating;
Is taken by an individual examinee without access to aides, textbooks, other students or any other material that could influence the examinee's score; and,
After opportunity for examinee review, is either never used again or stored such that only designated employees of the educational institution are permitted to access the test.

"Self-study" means a written self-evaluation conducted by a nursing program to assess the compliance of the program with the standards listed in Article 2.

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

"Substance use disorder" means misuse, dependence or addiction to alcohol, illegal drugs or other substances.

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

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

"Verified application" means an affidavit signed by the applicant attesting to the truthfulness and completeness of the application and includes an oath that applicant will conform to ethical professional standards and obey the laws and rules of the Board.

Historical Note

Former Glossary of Terms; Amended effective Nov. 17, 1978 (Supp. 78-6). Former Section R4-19-01 repealed, new Section R4-19-01 adopted effective February 20, 1980 (Supp. 80-1). Amended paragraphs (1) and (7), added paragraphs (9) through (25) effective July 16, 1984 (Supp. 84-4). Former Section R4-19-01 renumbered as Section R4-19-101 (Supp. 86-1). Amended effective November 18, 1994 (Supp. 94-4). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended effective December 22, 1995 (Supp. 95-4). Amended effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 7 A.A.R. 1712, effective April 4, 2001 (Supp. 01-2). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citations in the definitions of "CNA" "CNS" and "RNP" have been updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). A.R.S. section references updated under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019. (Supp. 19-2). When amended in Supp. 19-2 the Board inadvertently omitted the definition of "Full Approval" as "No Change" in its notice at 25 A.A.R. 919. The definition was included in Supp. 19-2 (Supp. 19-3).

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

A. In this Section:

1. "Administrative completeness" or "administratively complete" means Board receipt of all application components required by statute or rule and necessary to begin the substantive review time-frame.
2. "Application packet" means an application form provided by the Board and the documentation necessary to establish an applicant's qualifications for licensure, certification, or approval.
3. "Comprehensive written request for additional information" means written communication after the administrative completeness time-frame by the Board to an applicant in person or at the mailing or electronic address identified on the application notifying the applicant that additional information, including missing documents is needed before the Board can grant the license. The written communication shall:
   a. Contain a list of information required by statute or rule and necessary to complete the application or grant the license, and
   b. Inform the applicant that the request suspends the running of days within the time-frame, and
   c. Be effective on the date of issuance which is:
      i. The date of its postmark, if mailed;
      ii. The date of delivery, if delivered in person by a Board employee or agent; or
      iii. The date of delivery to the electronic address if delivered electronically.
4. "Deficiency notice" means written communication by the Board to an applicant in person or at the mailing or electronic address identified on the application notifying the applicant that additional information, including missing documents, is needed to complete the application. The written communication shall:
   a. Contain a list of information required by statute or rule and necessary to complete the application or grant the license;
   b. Inform the applicant that the request suspends the running of days within the time-frame; and
   c. Be effective on the date of issuance which is:
      i. The date of its postmark, if mailed;
      ii. The date of delivery, if delivered in person by a Board employee or agent; or
      iii. The date of delivery to the electronic address if delivered electronically.
5. "Notice of administrative completeness" means written communication by the Board to an applicant in person or at the mailing or electronic address identified on the application notifying the applicant the application contains all information required by statute or rule to complete the application.
6. "Overall time-frame" has the same meaning as A.R.S. § 41-1072(2).
7. "Substantive review time-frame" has the same meaning as A.R.S. § 41-1072(3).

B. In computing the time-frames in this Section, the day of the act or event from which the designated period begins to run is not included. The last day of the period is included unless it is a Saturday, Sunday, or official state holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or official state holiday.

C. For each type of licensure, certification, or approval issued by the Board, the overall time-frame described in A.R.S. § 41-1072(2) is listed in Table 1. An applicant may submit a written request to the Board for an extension of time in which to provide a complete application. The request for an extension of time shall be submitted to the Board office before the deadline for submission of a complete application and shall state the reason that the applicant is unable to comply with the time-frame requirements in Table 1 and the amount of additional time requested. The Board may grant an extension of time based on whether the Executive Director of the Board finds that the applicant is unable to comply within the time-frame due to circumstances beyond the applicant's control and that the additional information can reasonably be supplied during the extension of time.

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

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

b. The applicant shall submit to the Board the missing information listed in the deficiency notice within the period specified in Table 1 for responding to a deficiency notice. The time-frame for the Board to complete the administrative review is suspended until the Board receives the missing information.
c. If an applicant fails to provide the missing information listed in the deficiency notice within the period specified in Table 1, the Board shall close the applicant's file and send a notice to the applicant by U.S. mail and electronically, if an electronic address is included in the application.
d. If the applicant is the subject of an investigation, the Board may continue to process the application. Failure of the applicant to supply the requested information may result in denial of the license or certificate based on information gathered during the investigation.

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

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

1. During the substantive review time-frame, an applicant may make a request to withdraw an application packet. The Board may deny the request to withdraw an application packet if the applicant is the subject of an investigation, based on information gathered during the investigation.
2. If an applicant discloses or the Board receives allegations of unprofessional conduct as described in A.R.S. § 32-1601 or this Chapter, the Board shall review the allegations and may investigate the applicant. The Board may require the applicant to provide additional information as prescribed in subsection (E)(3) based on its assessment of whether the conduct is or might be harmful or dangerous to the health of a client or the public.
3. During the substantive review time-frame, the Board may make one comprehensive written request for additional information. The applicant shall submit the additional information within the period specified in Table 1. The time-frame for the Board to complete the substantive review of the application packet is suspended from the date the comprehensive written request for additional information is issued until the Board receives the additional information.
4. If the applicant fails to provide the additional information identified in the comprehensive written request for additional information within the time specified in Table 1, the Board shall close the applicant's file and send a notice to the applicant by U.S. mail and electronically, if an electronic address is included in the application. The Board may continue to process the application if the applicant is the subject of an investigation. Failure of the applicant to supply the requested information may result in denial of the license or certificate based on information gathered during the investigation.
5. The Board shall grant licensure, conditional licensure, limited licensure, certification, or approval to an applicant:
   a. Who meets the substantive criteria for licensure, certification, or approval required by A.R.S. Title 32, Chapter 15 and this Chapter; and
   b. Whose licensure, certification, or approval is in the best interest of the public.
6. The Board shall deny licensure, certification, or approval to an applicant:
   a. Who fails to meet the substantive criteria for licensure, certification, or approval required by A.R.S. Title 32, Chapter 15 and this Chapter; or
   b. Who has engaged in unprofessional conduct as described in A.R.S. § 32-1601 or this Chapter; and
   c. Whose licensure, certification, or approval is not in the best interest of the public.
7. The Board's written order of denial shall meet the requirements of A.R.S. § 41-1076. The applicant may request a hearing by filing a written request with the Board within 30 days of receipt of the Board's order of denial. The Board shall conduct hearings in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-02 renumbered and amended as Section R4-19-102 effective February 21, 1986 (Supp. 86-1). Section repealed effective July 19, 1995 (Supp. 95-3). New Section adopted April 20, 1998 (Supp. 98-2). Amended by final rulemaking at 7 A.A.R. 1712, effective April 4, 2001 (Supp. 01-2). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4).

Table 1. Time-frames

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

Nursing Program Provisional Approval	A.R.S. §§ 32-1606(B)(2), 32-1644; R4-19-207	150	Not applicable	60	180	90	Not applicable	120
Nursing Program Full Approval or Re-approval	A.R.S. §§ 32-1606(B)(2), 32-1644; R4-19-208, R4-19-210	150	Not applicable	60	180	90	Not applicable	120
Nursing Program Change	A.R.S. § 32-1606(B)(1); R4-19-209	150	Not applicable	60	180	90	Not applicable	120
Refresher Program Approval or Re-approval	A.R.S. § 32-1606(B)(21); R4-19-216	150	Not applicable	60	180	90	No applicable	120
CNS or RNP Nursing Program Approval or Re-approval	A.R.S. §§ 32 1606(B)(18), 32-1644; R4-19-503	150	Not applicable	60	180	90	Not applicable	120
Credential Evaluation Service Approval or Re-approval	A.R.S. §§ 32-1634.01(A)(1), 32-1634.02(A)(1), 32-1639.01(1), 32-1639.02(1); R4-19-303	90	Not applicable	30	180	60	Not applicable	120
Licensure by Exam	A.R.S. §§ 32-1606(B)(5), 32-1633, 32-1638, and R4-19-301	150	270	30	270	120	240	150
Licensure by Endorsement	A.R.S. §§ 32-1606(B)(5), 32-1634, 32-1639, and R4-19-302	150	270	30	270	120	240	150
Temporary License or Renewal	A.R.S. §§ 32-1605.01(B)(3), 32-1635, 32-1640; R4-19-304	60	90	30	60	30	60	90
License Renewal	A.R.S. §§ 32-1606(B)(5), 32-1642; R4-19-305	120	270	30	270	90	240	150
School Nurse Certification or Renewal	A.R.S. §§ 32-1606 (B)(13), 32-1643 (A)(8); R4-19-309	150	270	30	270	120	240	150
Re-issuance or Subsequent Issuance of License	A.R.S. § 32-1664(O); R4-19-404	150	270	30	270	120	240	150
Registered Nurse Practitioner Certification or Renewal	A.R.S. §§ 32-1601(19), 32-1606(B)(21); R4-19-505, R4-19-506	150	270	30	270	120	240	150
RNP Prescribing and Dispensing Privilege	A.R.S. § 32-1601(19); R4-19-511	150	270	30	270	120	240	150
CNS Certification or Renewal	A.R.S. §§ 32-1601(6), 32-1606(B)(21); R4-19-505, R4-19-506	150	270	30	270	120	240	150

CRNA Certification or Renewal	A.R.S. § 32-1634-.03; R4-19-505; R4-19-506	150	270	30	270	120	240	150
Temporary RNP, CRNA or CNS Certificate or Renewal	A.R.S. § 32-1635.01, 32-1634.03; R4-19-507	60	Not applicable	30	60	30	Not applicable	60
Nursing Assistant and Medication Assistant Training Programs Approval or Re-approval	A.R.S. § 32-1606(B)(11), 32-1650.01; R4-19-803, R4-19-804	120	Not applicable	30	180	90	Not applicable	120
Licensed or Certified Nursing Assistant and Medication Assistant Certification by Examination	A.R.S. §§ 32-1606(B)(11), 32-1647, 32-1650.02, 32-1650.03; R4-19-806	150	270	30	270	120	240	150
Licensed or Certified Nursing Assistant and Medication Assistant Certification by Endorsement	A.R.S. §§ 32-1606(B)(11), 32-1648, 32-1650.04; R4-19-807	150	270	30	270	120	240	150
Licensed or Certified Nursing Assistant and Certified Medication Assistant Renewal	A.R.S. § 32-1606(B)(11); R4-19-809	120	270	30	270	90	240	150
Re-issuance or Subsequent Issuance of a Nursing Assistant License	A.R.S. § 32-1664(O); R4-19-815	150	270	30	270	120	240	150

Historical Note

Table 1 adopted effective April 20, 1998 (Supp. 98-2). Amended by final rulemaking at 7 A.A.R. 1712, effective April 4, 2001 (Supp. 01-2). Table 1 amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citations in column two of "Registered Nurse Practitioner Certification or Renewal," "RNP Prescribing and Dispensing Privilege," and "CNS Certification or Renewal" have been updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1308 effective July 6, 2013 (Supp. 13-2). A.R.S. Section and Chapter Section references updated under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2).

ARTICLE 2. ARIZONA REGISTERED AND PRACTICAL NURSING PROGRAMS; REFRESHER PROGRAMS

R4-19-201. Organization and Administration

A. The parent institution of a nursing program shall:

1. Be accredited as a post-secondary institution, college, or university, by an accrediting body that is recognized as an accrediting body by the U.S. Department of Education.
2. Hold Arizona Private Post-secondary board approval status, if applicable.

3. Submit evidence to the board of continuing accreditation after each reaccreditation review or action.
4. Operate any RN or PN program under its post-secondary accreditation if the parent institution holds both secondary and post-secondary accreditation.
5. Notify the Board within 15 days of any change or pending change in institutional accreditation status or reporting requirements.
6. Provide adequate fiscal, physical, learning resources and adequate human resources to recruit, employ and retain sufficient numbers of qualified faculty members to support program processes and outcomes necessary for compliance with this Article.
7. Center the administrative control of the nursing program in the nursing program administrator and shall provide the support and resources necessary to meet the requirements of R4-19-203 and R4-19-204.
8. Ensure that the nursing program is an integral part of the parent institution and shall have at a minimum equivalent status with other academic units of the parent institution.
9. Appoint a sole individual to the position of nursing program administrator, and fill any program administrator vacancies within 15 days.
10. Notify the Board of any changes in program administrator within 30 days and ensure that the individual appointed meets the requirements of, and fulfills the duties specified in R4-19-203.
11. Ensure that every registered nursing program faculty member holds a current Arizona registered nurse license in good standing or multi-state privilege to practice in Arizona under A.R.S., Title 32, Chapter 15, and that every faculty member meets one of the following:
    a. If providing didactic instruction:
        i. At least two years of experience as a registered nurse providing direct patient care; and
        ii. A graduate degree. The majority of the faculty members of a registered nursing program shall hold a graduate degree with a major in nursing. If the graduate degree is not in nursing, the faculty member shall hold a minimum of a baccalaureate degree in nursing.
    b. If providing clinical instruction only, as defined in R4-19-101:
        i. The requirements for didactic faculty, or
        ii. A baccalaureate degree with a major in nursing and at least three years of experience as a registered nurse providing direct patient care.
12. Ensure that each practical nursing program faculty member holds a current Arizona registered nurse license in good standing or multi-state privilege to practice in Arizona under A.R.S. Title 32, Chapter 15, and that every faculty member meets the following:
    a. At least two years of experience as a registered nurse providing direct patient care, and
    b. A minimum of a baccalaureate degree with a major in nursing.

B. A nursing program shall:
1. Maintain an organizational chart that identifies the actual relationships, lines of authority, and channels of communication within the program, between the program, and between the program and the parent institution.
2. Develop, implement, and enforce written policies and procedures that provide:
    a. A mechanism for student feedback into the development of academic policies and procedures and allow students to anonymously evaluate faculty, nursing courses, clinical experiences, resources and the overall program.
    b. Personnel policies for didactic and clinical nursing faculty members including workload policies that facilitate safe and effective nursing education, including clinical experiences.
    c. For clinical experiences, ensure that:
        i. At least one nursing faculty member is assigned to no more than ten students while students are directly or indirectly involved in the care of patients, including precepted experiences.
        ii. Faculty supervises all students in clinical areas in accordance with the acuity of the patient population, clinical objectives, demonstrated competencies of the student, and requirements established by the clinical agency.
        iii. Either faculty or program-approved preceptors are on site supervising students during all patient care.
3. Provide the minimum number of qualified faculty members necessary for compliance with the provisions of this Article.
4. Develop and implement a written plan for the systematic evaluation of the total program that is based on program and student learning outcomes and that incorporates continuous improvement based on the evaluative data. The plan shall include measurable outcome criteria, logical methodology, frequency of evaluation, assignment of responsibility, actual outcomes and actions taken. The following areas shall be evaluated:
    a. Internal structure of the program, its relationship to the parent institution, and compatibility of program policies and procedures with those of the parent institution;
    b. Mission and goals consistent with those of the parent institution and compatible with current concepts in nursing education and practice appropriate for the type of nursing program offered;
    c. Curriculum;
    d. Education facilities, resources, and student support services;
    e. Clinical resources;
    f. Student achievement of program educational outcomes;
    g. Admission and graduation data for each admission cohort, including, at a minimum, the number and percent of students who graduated within 100%, 150% or greater than 150% of time allotted in the curriculum plan.
    h. Graduate performance on the licensing examination;
    i. Protection of patient safety including but not limited to:
        i. Student and faculty policies regarding supervision of students, practicing within scope and student safe practice;
        ii. The integration of safety concepts within the curriculum;
        iii. The application of safety concepts in the clinical setting; and
        iv. Policies made under R4-19-203(C)(6).
5. Maintain current and accurate records of the following:
    a. Student admission materials, courses taken, grades received, scores in any standardized tests taken, health and performance, and health information submitted to meet program or clinical requirements, for a minimum of three years after the fiscal year of pro-

gram completion for academic records and one year after program completion for health records;
b. Faculty registered nursing license number issued by the board, evidence of fulfilling the requirements in R4-19-204, and performance evaluations for faculty employed by the parent institution. Records shall be kept current during the period of employment and retained for a minimum of three years after termination of employment;
c. Minutes of faculty and committee meetings for a minimum of three years;
d. Reports from accrediting agencies and the Board for a minimum of 10 years;
e. Curricular materials consistent with the requirements of R4-19-206 for the current curriculum and, previous curricula used within the past three years; and
f. Formal program complaints and grievances since the last site review with evidence of resolution for a minimum of three years.

C. Prior to final approval for new nursing programs and by July 31, 2015 for existing programs, all RN nursing programs offering less than a bachelor's degree in nursing shall have a minimum of one articulation agreement with a Board approved and nationally accredited baccalaureate or higher nursing program that includes recognition of prior learning in nursing and recognition of foundational courses.

Historical Note

Former Section I, Part I; Amended effective January 20, 1975 (Supp. 75-1). Former Section R4-19-11 repealed, new Section R4-19-11 adopted effective February 20, 1980 (Supp. 80-1). Amended effective July 16, 1984 (Supp. 84-4). Former Section R4-19-11 renumbered as Section R4-19-201 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-202. Repealed

Historical Note

Former Section I, Part II; Former Section R4-19-12 repealed, new Section R4-19-12 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-12 repealed, new Section R4-19-12 adopted effective July 16, 1984 (Supp. 84-4). Former Section R4-19-12 renumbered as Section R4-19-202 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-203. Administrator; Qualifications and Duties

A. The nursing program administrator shall hold a current Arizona registered nurse license in good standing or multi-state privilege to practice in Arizona under A.R.S., Title 32, Chapter 15 and:
1. For registered nursing programs:
   a. A graduate degree with a major in nursing;
   b. A minimum of three years work experience as a registered nurse providing direct patient care; and
   c. If appointed to the position of nursing program administrator on or after the effective date of these rules, have a minimum of one academic year full-time experience teaching in or administering a nursing education program leading to licensure; or
2. For practical nursing programs:
   a. If appointed prior to the effective date of these rules, a baccalaureate degree with a major in nursing; and
   b. If appointed on or after the effective date of these rules, the requirements of subsection (A)(1).

B. The administrator shall have comparable status with other program administrators in the parent institution and shall report directly to an academic officer of the institution.

C. The administrator shall have the authority and responsibility to direct the program in all its phases, including:
1. Administering the nursing education program;
2. Directing activities related to academics, personnel, curriculum, resources, facilities, services, program policies, and program evaluation;
3. Preparing and administering the budget;
4. Evaluating nursing program faculty members at a minimum:
   a. Annually in the first year of employment and every three years thereafter;
   b. Upon receipt of information that a faculty member, in conjunction with performance of their duties, may be engaged in conduct that is or might be:
      i. Below a pattern of conduct the standards of the program or the parent institution,
      ii. A pattern of conduct that is inconsistent with nursing professional standards, or
      iii. Any conduct that is potentially or actually harmful to a patient or a student.
   c. In the areas of teaching ability and application of nursing knowledge and skills relative to the teaching assignment.
5. Together with faculty:
   a. Developing, implementing, consistently enforcing, evaluating, and revising, as necessary:
      i. Equivalent student and faculty policies necessary for safe patient care, including faculty supervision of clinical activities, and to meet clinical agency requirements regarding student and faculty physical and mental health, criminal background checks, substance use screens, and functional abilities.
      ii. The program of learning including the curriculum and learning outcomes of the program, standards for the admission, progression, and graduation of students, and written policies for faculty orientation, continuous learning and evaluation.
      iii. Student and faculty policies regarding minimal requisite nursing skills and knowledge necessary to provide safe patient care for the type of unit and patient assignment.
   b. Participate in advisement and guidance of students.
6. Participating in activities that contribute to the governance of the parent institution.

Historical Note

Former Section I, Part III; Former Section R4-19-13 repealed, new Section R4-19-13 adopted effective Febru-

ary 20, 1980 (Supp. 80-1). Former Section R4-19-13 repealed, new Section R4-19-13 adopted effective July 16, 1984 (Supp. 84-4). Former Section R4-19-13 renumbered as Section R4-19-203 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2). The numbering outline under R4-19-203(C) has been corrected at the request of the Board, file number R20-02 (Supp. 19-3).

R4-19-204. Repealed

Historical Note

Former Section I, Part IV; Former Section R4-19-14 repealed, new Section R4-19-14 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-14 repealed, new Section R4-19-14 adopted effective July 16, 1984 (Supp. 84-4). Former Section R4-19-14 renumbered as Section R4-19-204 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-205. Students; Policies and Admissions

A. The number of students admitted to a nursing program shall be determined by the number of qualified faculty, the size, number and availability of educational facilities and resources, and the availability of the appropriate clinical learning experiences for students.

B. A nursing program shall implement written student admission and progression requirements that are evidence-based, allow for a variety of clinical experiences and satisfy the licensure criteria of A.R.S. Title 32, Chapter 15 and A.A.C. Title 4 Chapter 19.

C. A nursing program and parent institution shall:
1. Develop and enforce written policies that are readily available to:
   a. Students, in either the college catalogue or nursing student handbook, that address student rights, responsibilities, grievance processes, health, safety; and
   b. Students and the public, for policies regarding, admission, readmission, transfer, advanced placement, progression, graduation, withdrawal, and dismissal.
2. Provide accurate and complete written information that is readily available to all students and the general public about the program, including:
   a. The nature of the program, including course sequence, prerequisites, co-requisites and academic standards;
   b. The length of the program;
   c. Total program costs including tuition, fees and all program related expenses;
   d. The transferability of credits to other public and private educational institutions in Arizona; and
   e. A clear statement regarding any technology based instruction and the technical support provided to students.

D. A nursing program shall communicate changes in policies, procedures and program information clearly to all students, prospective students and the public and provide advance notice in a time-frame that allows those who are or may be affected to comply with the changes.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-15 repealed, new Section R4-19-15 adopted effective July 16, 1984 (Supp. 84-4). Former Section R4-19-15 renumbered as Section R4-19-205 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-206. Curriculum

A. A nursing program shall provide a written program curriculum to students that includes;
1. Student centered outcomes for the program;
2. A curriculum plan that identifies the prescribed course sequencing and time required;
3. Specific course information that includes:
   a. A course description and outline including student centered and measurable didactic, clinical, and simulation objectives, if applicable, for each unit of instruction;
   b. Graded activities to demonstrate that course objectives have been met.

B. A nursing program administrator and faculty members shall ensure that the curriculum:
1. Is designed so that the student is able to achieve program objectives within the curriculum plan;
2. Is logically consistent between and within courses and structured in a manner whereby each course builds on previous learning.
3. Incorporates established professional standards, guidelines or competencies; and
4. Is designed so that a student who completes the program will have the knowledge and skills necessary to function in accordance with the definition and scope of practice specified in A.R.S. for a practical nurse Title 32, Chapter 15 and A.A.C. Title 4 Chapter 19, for a registered or practical nurse, as applicable.

C. A nursing program shall provide for progressive sequencing of classroom and clinical instruction sufficient to meet the goals of the program and be organized in such a manner to allow the student to form necessary links of theoretical knowledge, clinical reasoning, and practice.
1. A nursing program curriculum shall provide coursework that includes, but is not limited to:
   a. Content in the biological, physical, social, psychological and behavioral sciences, professional responsibilities, legal and ethical issues, history and trends in nursing and health care, to provide a foundation for safe and effective nursing practice consistent with the level of the nursing program;

b. Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health in patients across the life span and from diverse cultural, ethnic, social and economic backgrounds to include:
i. Patient centered care,
ii. Teamwork and collaboration,
iii. Evidence-based practice,
iv. Quality improvement,
v. Safety, and
vi. Informatics.

2. A registered nursing program shall provide clinical instruction that includes, at a minimum, selected and guided experiences that develop a student's ability to apply core principles of registered nursing in varied settings when caring for:
a. Adult and geriatric patients with acute, chronic, and complex, life-threatening, medical and surgical conditions;
b. Peri-natal patients and families;
c. Neonates, infants, and children;
d. Patients with mental, psychological, or psychiatric conditions; and
e. Patients with wellness needs.

3. A practical nursing program shall provide clinical instruction that includes, at minimum, selected and guided experiences that develop a student's ability to apply core principles of practical nursing when caring for:
a. Patients with medical and surgical conditions throughout the life span,
b. Peri-natal patients, and
c. Neonates, infants, and children in varied settings.

4. A nursing program shall assign students only to those clinical agencies that provide the experience necessary to meet the established clinical objectives of the course.

E. A nursing program may provide precepted clinical instruction. Programs offering precepted clinical experiences shall:
1. Develop and enforce policies that require preceptors to:
a. Be licensed nurses at or above the level of the program either by holding an Arizona license in good standing, holding multi-state privilege to practice in Arizona under A.R.S. Title 32, Chapter 15, or if practicing in a federal facility, meet requirements of A.R.S. § 32-1631(5);
b. For LPN preceptors, practice under the supervision required by A.R.S. Title 32, Chapter 15.

2. Develop and implement policies that require a faculty member of the program to:
a. Together with facility personnel, select preceptors that possess clinical expertise sufficient to accomplish the goals of the preceptorship;
b. Supervise the clinical instruction consistent with requirements of this Article, and
c. Maintain accountability for student education and evaluation.

F. A nursing program may utilize simulation in accordance with the clinical objectives of the course. Unless approved under R4-19-214, a nursing program shall not utilize simulation for an entire clinical experience with any patient population identified in subsection (D) of this Section.

G. A nursing program shall maintain at least a 80% NCLEX® passing rate for graduates taking the NCLEX-PN® or NCLEX-RN® for the first time within 12 months of graduation.

H. At least 45% of students enrolled in the first nursing clinical course shall graduate within 100% of the prescribed period. "Prescribed period" means the time required to complete all courses and to graduate on time according to the nursing program's curriculum plan in place at the time the student entered the program, excluding the time to complete program pre-requisite or pre-clinical courses.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-16 repealed, former Section R4-19-17 renumbered and amended as Section R4-19-16 effective July 16, 1984 (Supp. 84-4). Former Section R4-19-16 renumbered as R4-19-206 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citations in subsection (B)(3) were updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). A.R.S. section references updated under subsection (C)(5) under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-207. New Programs; Proposal Approval; Provisional Approval

A. At a minimum of one year before establishing a nursing program, a parent institution shall submit to the Board one electronic copy and one paper copy of an application for proposal approval. The parent institution shall ensure that the proposal application was written by or under the direction of a registered nurse who meets the nursing program administrator requirements of R4-19-203(A) and includes the following information and documentation:
1. Name and address of the parent institution;
2. Statement of intent to establish a nursing program, including the academic and licensure level of the program; and:
a. Organizational structure of the educational institution documenting the relationship of the nursing program within the institution and the role of the nursing program administrator consistent with R4-19-201 and R4-19-203;
b. Evidence of institutional accreditation consistent with R4-19-201 and post-secondary approval, if applicable. The institution shall provide the most recent full reports including findings and recommendations of the applicable accrediting organization or approval agency. The Board may request additional accreditation or approval evidence.
c. Curriculum development documentation to include:
i. Student-centered outcomes for the program;
ii. A plan that identifies the prescribed course sequencing and time required; and
iii. Identification of established professional standards, guidelines or competencies upon which the curriculum will be based;
d. Name, qualifications, and job description of a nursing program administrator who meets the requirements of R4-19-203 and availability and job

description of faculty who meet qualifications of R4-19-204;
e. Number of budgeted clinical and didactic faculty positions from the time of the first admission to graduation of the first class;
f. Evidence that the program has secured clinical sites for its projected enrollment that meet the requirements of R4-19-206;
g. Anticipated student enrollment per session and annually;
h. Documentation of planning for adequate academic facilities and secretarial and support staff to support the nursing program consistent with the requirements of R4-19-202;
i. Evidence of adequate program financial resources;
j. Tentative time schedule for planning and initiating the nursing program including faculty hiring, entry date and size of student cohorts, and obtaining and utilizing clinical placements from the expected date of proposal approval to graduation of the first cohort.
k. For a parent institution or owner corporation that has multiple nursing programs in one or more U.S. jurisdictions including Arizona, evidence for each of its nursing programs that includes:
i. Program approval in good standing with no conditions, restrictions, ongoing investigations or deficiencies;
ii. An NCLEX pass rate of at least 80% for the past two years or since inception; and
iii. An on-time graduation rate consistent with the requirements of R4-19-206.

B. The Board shall grant proposal approval to any parent institution that meets the requirements of subsection (A) if the Board deems that such approval is in the best interests of the public. Proposal approval expires one year from the date of Board issuance.

C. A parent institution that is denied proposal approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for proposal approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

D. At a minimum of 180 days before planned enrollment of students, a parent institution that received proposal approval within the previous year may submit to the Board one electronic copy and one paper copy of an application for provisional approval. The parent institution shall ensure that the provisional approval application was written by or under the direction of a registered nurse who meets the program administrator requirements of R4-19-203(A) and includes the following information and documentation:
1. Name and address of parent institution;
2. A self-study that provides evidence supporting compliance with R4-19-201 through R4-19-206, and
3. Names and qualifications of:
a. The nursing program administrator;
b. Didactic nursing faculty or one or more nurse consultants who are responsible for developing the curriculum and determining nursing program admission, progression and graduation criteria;
4. Plan for recruiting and hiring additional didactic faculty for the first semester or session of operation at least 60 days before classes begin;
5. Plan for recruiting and hiring additional clinical nursing faculty at least 30 days before the clinical rotation begins;
6. Final program implementation plan including dates and number of planned student admissions, recruitment and hire dates for didactic and clinical faculty for the period of provisional approval;
7. Descriptions of available and proposed physical facilities with dates of availability; and
8. Detailed written plan for clinical placements for all planned enrollments until graduation of the first class that is:
a. Based on current clinical availability and curriculum needs;
b. Confirms availability and commitment from proposed clinical agencies for the times and units specified.

E. Following an onsite evaluation conducted according to A.R.S. § 41-1009, the Board shall grant a two year provisional approval to a parent institution that meets the requirements of R4-19-201 through R4-19-206 if approval is in the best interest of the public. A parent institution that is denied provisional approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for provisional approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

F. The provisional approval of a nursing program expires 12 months from the date of the grant of provisional approval if a class of nursing students is not admitted by the nursing program within that time.

G. One year after admission of the first nursing class into nursing courses, the program shall provide a report to the Board containing information on:
1. Implementation of the program including any differences from the plans submitted in the applications for proposal and provisional approval and an explanation of those differences; and
2. The outcomes of the evaluation of the program according to the program's systematic evaluation plan under R4-19-201;

H. Following receipt of the report described in subsection (G), a representative of the Board shall conduct a site survey visit in accordance with A.R.S. § 41-1009 to determine compliance with this Article. A report of the site visit shall be provided to the Board.

I. If a nursing program with provisional approval fails to comply with requirements of A.R.S. Title 32, Chapter 15, or 4 A.A.C. 19, Article 4, the Board may initiate a disciplinary action. Prior to imposition of discipline against a provisional approval, the nursing program is entitled to a hearing conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-17 renumbered and amended as Section R4-19-16 effective July 16, 1984 (Supp. 84-4). Former Section R4-19-17 renumbered as R4-19-207 (Supp. 86-1). New Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019

(Supp. 19-2).

R4-19-208. Full Approval of a New Nursing Program

A. A nursing program seeking full approval shall submit an electronic and one paper copy of an application that includes the following information and documentation:
1. Name and address of the parent institution,
2. Date the nursing program graduated its first class of students, and
3. A self-study report that contains evidence the program is in compliance with R4-19-201 through R4-19-206.

B. Following an onsite evaluation conducted according to A.R.S § 41-1009, the Board shall grant full approval for a maximum of five years or the accreditation period for nationally accredited programs governed by R4-19-213, to a nursing program that meets the requirements of this Article and if approval is in the best interest of the public. A nursing program that is denied full approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for full approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2).

R4-19-209. Nursing Program Change

A. A nursing program administrator shall receive approval from the Board before implementing any of the following nursing program changes:
1. Curriculum or program delivery method;
2. Increasing or decreasing the academic credits or units of the program excluding pre-requisite credits;
3. Adding a geographical location of the program;
4. Changing the level of educational preparation provided;
5. Transferring the nursing program from one parent institution to another; or
6. Establishing different admission, progression or graduation requirements for specific cohorts of the program.

B. The administrator shall submit one electronic and one paper copy of the following materials with the request for nursing program changes:
1. The rationale for the proposed change and the anticipated effect on the program administrator, faculty, students, resources, and facilities;
2. A summary of the differences between the current practice and proposed change;
3. A timetable for implementation of the change; and
4. The methods of evaluation to be used to determine the effect of the change.

C. The Board shall approve a request for a nursing program change if the program meets the requirements of this Section and R4-19-201 through R4-19-206. A nursing program that is denied approval of program changes may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for program change. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-210. Renewal of Approval of Nursing Programs Not Accredited by a National Nursing Accrediting Agency

A. An approved nursing program that is not accredited by an approved national nursing accrediting agency shall submit an application packet to the Board at least four months before the expiration of the current approval that includes the following:
1. Name and address of the parent institution,
2. Evidence of current institutional accreditation status under R4-19-201,
3. Evidence that the program has secured clinical sites for its projected enrollment that meet the requirements of R4-19-206,
4. Copy or on-line access to:
   a. A current catalog of the parent institution,
   b. Current nursing program and institutional student and academic policies, and
   c. Institutional and nursing program faculty policies and job descriptions for nursing program faculty, and
5. One electronic copy and one paper copy of a self-study report that contains evidence of compliance with R4-19-201 through R4-19-206.

B. Following an onsite evaluation conducted according to A.R.S. § 41-1009, the Board shall renew program approval for a maximum of five years if the nursing program meets the criteria in R4-19-201 through R4-19-206 and if renewal is in the best interest of the public. The Board shall determine the term of approval that is in the best interest of the public.

C. If the Board denies renewal of approval, the nursing program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for renewal of approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-211. Unprofessional Conduct in a Nursing Program; Reinstatement or Reissuance

A. A disciplinary action, or denial of approval, may be issued against a nursing, refresher, pilot, or distance learning program for any of the following acts of unprofessional conduct:
1. A pattern of failure to maintain minimum standards of acceptable and prevailing educational or nursing practice, or any such failure related to student or patient health, welfare, or safety;
2. A pattern of deficiencies in compliance with the provisions of this Article, or any such deficiency related to student or patient health, welfare, or safety;
3. Utilization or substitution of students to meet staffing needs in health care facilities;

4. A pattern of non-compliance with the program's or parent institution's mission or goals, program design, objectives, or policies, or any such deficiency related to student or patient health, welfare, or safety;
5. Failure to provide the variety and number of clinical learning opportunities necessary for students to achieve program outcomes or minimal nursing competence;
6. Student enrollments without necessary faculty, facilities, or clinical experiences to achieve program outcomes or minimal nursing competence;
7. Ongoing or repetitive employment of unqualified faculty or program administrator;
8. Failure to comply with Board requirements within designated time-frames;
9. Fraud or deceit in advertising, promoting or implementing the program;
10. Material misrepresentation of fact in any application or information submitted to the Board;
11. Failure to allow Board staff to visit the program or conduct an investigation including failure to supply requested investigative documents;
12. Any other evidence that the program's conduct may be a threat to the safety and well-being of students, faculty, patients or potential patients; or
13. Violation of any other state or federal laws, rules, or regulations that may indicate a threat to the safety or well-being of students, faculty, patients or potential patients.

B. If a program's approval was surrendered, rescinded, or denied, the program may reapply for reinstatement or reissuance of approval after a period prescribed by the Board, not to exceed five years. The program must comply with all application requirements in this Article, and further provide evidence of remediation of all violations that led to the rescission. The Board shall review the evidence, and reinstate or reissue approval of the program if the program has demonstrated remediation, complies with all program requirements in A.R.S. Title 32, Chapter 15, and this Chapter and reinstatement is in the best interests of the public. If reinstatement or reissuance is denied, the may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). R4-19-211 renumbered to R4-19-212; New Section R4-19-211 made by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-212. Repealed

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). R4-19-212 renumbered to R4-19-213; New Section R4-19-212 renumbered from R4-19-211 and amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-213. Nursing Programs Holding National Program Accreditation; Changes in Accreditation

A. A nationally accredited nursing program or a program seeking national accreditation or re-accreditation shall inform the Board at least 30 days in advance of any pending visit by a nursing program accrediting agency and allow Board staff to attend all portions of the visit.

B. Following any visit by the accrediting agency, a nursing program shall submit a complete copy of all site visit reports to the Board within 15 days of receipt by the program and notify the Board within 15 days of any change or known pending change in program accreditation status or reporting requirements.

C. The administrator of a nursing program that loses its accreditation status or allows its accreditation status to lapse shall file an application for renewal of approval under R4-19-210 within 30 days of loss of or lapse in accreditation status.

D. Under A.R.S. § 32-1644(D) the Board may periodically re-survey a nationally accredited program to determine compliance with this Article and require a self study report. Board site visits may be conducted in conjunction with the national accrediting team.

E. Unless otherwise notified by the Board following receipt and review of the documents required by subsections (A) and (B), a nationally accredited nursing program continues to retain full-approval status unless the Board rescinds the approval after the program has had an opportunity for a hearing in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). R4-19-213 renumbered to R4-19-215; New Section R4-19-213 renumbered from R4-19-212 and amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-214. Pilot Programs for Innovative Approaches in Nursing Education

A. Under A.R.S. § 32-1606(A)(9) a nursing education program, refresher program or a certified nursing assistant program may implement a pilot program for an innovative approach by complying with the provisions of this Section. Education programs approved to implement innovative approaches shall comply with all other applicable provisions of A.R.S. Title 32, Chapter 15 and this Chapter.

B. A program applying for a pilot program shall:
1. Hold full approval in good standing; and
2. Have no discipline in the past two years.

C. The following written information shall be provided to the Board at least 90 days prior to a Board meeting to seek approval for a pilot program:
1. Identifying information including name of program, address, responsible party and contact information;
2. A brief description of the current program, including accreditation and Board approval status;
3. Identification of the regulation or regulations that the proposed innovative approach would violate without pilot program board approval;
4. Length of time for which the innovative approach is requested;
5. Description of the innovative approach, including rationale and objectives;
6. Explanation of how the proposed innovation differs from approaches in the current program;

7. Available evidence supporting the innovative approach;
8. Identification of resources that support the proposed innovative approach;
9. Expected impact the innovative approach will have on the program, including administration, students, faculty, and other program resources;
10. Plan for implementation and evaluation of the proposed innovation, including timeline;
11. Additional application information as requested by the Board.

D. The Board shall approve an application for a pilot program that is in the best interests of the public, and meets the following criteria:
1. Eligibility criteria in subsection (B) and application criteria in subsection (C) are met;
2. The innovative approach will not compromise the quality of education or safe practice of students;
3. Resources are sufficient to support the innovative approach;
4. Rationale with available evidence supports the implementation of the innovative approach;
5. Implementation plan is reasonable to achieve the desired outcomes of the innovative approach;
6. Timeline provides for a sufficient period to implement and evaluate the innovative approach; and
7. Plan for periodic evaluation is comprehensive and supported by appropriate methodology.

E. The Board may:
1. Deny the application or request additional information if the program does not meet the criteria in subsections (B) and (C), or otherwise is not in the best interests of the public. The program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying an application for a pilot program. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, and 4 A.A.C. 19, Article 6 of this Chapter.
2. Rescind the approval of the innovation, after an opportunity for a hearing in accordance with A.R.S. Title 41, Chapter 6, and Article 6 of this Chapter, or require the program to make modifications if:
   a. The Board receives substantiated evidence indicating adverse impact on the program, students, faculty, patients, or the public,
   b. The program fails to implement or evaluate the innovative approach as presented and approved, or
   c. The program fails to maintain eligibility criteria in subsection (B).

F. An education program that is granted approval for an innovation shall maintain eligibility criteria in subsection (B) and submit:
1. Progress reports conforming to the evaluation plan annually or as requested by the Board; and
2. A final evaluation report that conforms to the evaluation plan, detailing and analyzing the outcomes data.

G. If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued.

H. The Board may grant the request to continue approval if the innovative approach has achieved desired outcomes and is in the best interests of the public.

I. If the Board denies the request to continue approval of the pilot program, the program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying renewal of the pilot program. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). R4-19-214 renumbered to R4-19-216; New Section R4-19-214 made by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-215. Voluntary Termination of a Nursing Program or a Refresher Program

A. The administrator of a nursing program or a refresher program shall notify the Board within 15 days of a decision to voluntarily terminate the program. The administrator shall, at the same time, submit a written plan for terminating the nursing program or refresher program. A program is considered voluntarily terminated when it no longer admits or plans to admit students after current students graduate.

B. The administrator shall ensure that the nursing program or refresher program is maintained, including the nursing faculty, until the last enrolled student is transferred or completes the program. At that time the Board shall remove the program from the current list of approved programs.

C. Within 15 days after the termination of a nursing program or refresher program, the administrator shall notify the Board of the permanent location and availability of all program records.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). R4-19-215 renumbered to R4-19-217; New Section R4-19-215 renumbered from R4-19-213 and amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-216. Approval of a Refresher Program

A. An applicant for approval of a refresher program for nurses whose licenses have been inactive or expired for five or more years, nurses under Board order to enroll in a refresher program, or nurses who have not met the nursing practice requirements of R4-19-312 shall submit one electronic and one paper copy of a completed application that provides all of the following information and documentation:
1. Applicant's name, address, e-mail address, telephone number, web site address, if applicable, and fax number;
2. Proposed starting date for the program;
3. Name and qualifications of all instructors that meet the requirements of subsection (C);
4. Statement describing the facilities, staff, and resources that the applicant will use to conduct the refresher program;
5. A program and participant evaluation plan that includes student evaluation of the course, instructor, and clinical experience;
6. Evidence of a curriculum that meets the requirements of subsection (B);

B. A refresher program for registered and practice nurses shall provide:
1. Didactic instruction sufficient to ensure competent and safe practice to the applicable level of the nursing license, including the following subjects, at a minimum:

a. Nursing process and patient centered care;
b. Pharmacology, medication calculation, and medication administration;
c. Communication and working with inter-professional teams;
d. Critical thinking, clinical decision making and evidence-based practice;
e. Delegation, management, and leadership;
f. Meeting psychosocial and physiological needs of adult clients with medical-surgical conditions. Other populations of care may be added to the content at the program's discretion;
g. Ethics; and
h. Informatics, to include electronic health record documentation.

2. The program shall provide clinical experiences that, at a minimum:
a. Ensure that each qualified student has a verified clinical placement within six months of course enrollment;
b. Provide program policies for clinical placement in advance of enrollment that specify both the obligations of the school and the student regarding placement;
c. Validate that a student has the necessary didactic and theoretical knowledge to function safely in the specific clinical setting before starting a clinical experience;
d. Ensure that clinical experiences are of the type and duration to meet the course objectives.

3. Laboratory practice hours, at the program's discretion, including simulation experiences in accordance with the clinical objectives of the course, but may not replace clinical experiences.

4. Curriculum and other materials to students and prospective students that, include:
a. An overall program description including student learning objectives;
b. Objectives, content outline, and hours for didactic and clinical experience;
c. Course policies that include but are not limited to admission requirements, passing criteria, cause for dismissal, clinical requirements, grievance process and student responsibilities, cost, and length of the program.

C. Refresher program personnel qualifications and responsibilities:
1. An administrator of a refresher program shall:
a. Hold a graduate degree in nursing or a bachelor of science in nursing degree and a graduate degree in either education or a health-related field, and
b. Be responsible for administering and evaluating the program.

2. A faculty member of a refresher program shall:
a. Hold a minimum of a bachelor of science in nursing degree,
b. Be responsible for implementing the curriculum and supervising clinical experiences either directly or indirectly through the use of clinical preceptors.

3. Licensure requirements for program administrator and faculty: The administrator and faculty members shall hold a current Arizona RN license in good standing or a multi-state privilege under A.R.S., Title 32, Chapter 15.

4. If preceptors are used for clinical experiences, the program shall adhere to the preceptorship requirements of R4-19-206(E).

5. Licensed health care professionals not regulated by the Board may participate in course instruction consistent with their licensure and scope of practice, under the direction of the program administrator or faculty.

D. Program types; bonding:
1. A refresher program may be offered by:
a. An educational institution licensed by the State Board for Private Postsecondary Education;
b. A public post-secondary educational institution;
c. A health care institution licensed by the Arizona Department of Health Services or a health care institution authorized by the Centers for Medicare & Medicaid Services; or
d. A private business that meets the requirements of this Section and all other legal requirements to operate a business in Arizona;
e. A program funded by a local, state or federal governmental agency, such as a program within a technical school or school of nursing.

2. If the refresher program is offered by a private business not licensed by the State Board for Private Postsecondary Education, the program shall meet the following requirements:
a. Hold a minimum of $15,000 of insurance covering any potential or future claims for damages resulting from any aspect of the program or a hold a surety bond from a surety company with a rating of "A minus" or better by either Best's Credit Ratings, Moody's Investor Service, or Standard and Poor's rating service.
b. The program shall ensure that:
i. Bond or insurance distributions are limited to students or former students with a valid claim for instructional or program deficiencies;
ii. The amount of the bond or insurance coverage is sufficient to reimburse the full amount of collected tuition and fees for all students during all enrollment periods of the program; and
iii. The bond or insurance is maintained for an additional 24 months after program closure.

E. The Board shall approve a refresher program that meets the requirements of this Section, if approval is in the best interest of the public, for a maximum term of five years. An applicant who is denied refresher program approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and Article 6 of this Chapter.

F. The refresher program sponsor shall apply for renewal of approval in accordance with subsection (A) not later than 90 days before expiration of the current approval. The sponsor of a refresher program that is denied renewal of approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for renewal of approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, and 4 A.A.C. 19, Article 6 of this Chapter.

G. The sponsor of an approved refresher program shall provide written notification to the Board within 15 days of a participant's completion of the program of the following:
1. Name of the participant and whether the participant successfully completed or failed the program,
2. Participant's license number, and
3. End date of participant's participation in the program.

H. The Board may approve a refresher program application from another U.S. jurisdiction for an individual applicant on a case-by-case basis if the applicant provides verifiable evidence that the refresher program substantially meets the requirements of this Section. The acceptance of the program for an individual applicant does not confer approval status upon the program.

I. Within 30 days, a refresher program shall report to the Board changes in:
1. Name, address, email address, web site address or phone number of the program; or
2. Ownership including adding or deleting an owner.

J. The Board may take disciplinary action against the approval of a refresher program after offering a hearing conducted in accordance with A.R.S. Title 41, Chapter 6, and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

New Section R4-19-216 renumbered from R4-19-214 and amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-217. Distance Learning Nursing Programs; Out-of-State Nursing Programs

A. An out-of-state nursing program that is in good standing in another state in the United States and plans to provide distance-based didactic instruction and on-ground clinical instruction in Arizona shall comply with the application requirements of R4-19-207 and R4-19-208. The program shall employ at least one faculty member who is physically present in this state to coordinate the education and clinical experience.

B. Any nursing program that delivers didactic instruction in Arizona by distance learning methods shall ensure that the methods of instruction are compatible with the program curriculum plan and enable a student to meet the goals, competencies, and objectives of the educational program and standards of the Board, A.R.S. Title 32, Chapter 15, and this Chapter.
1. A distance learning nursing program shall establish a means for assessing individual student outcomes, and program outcomes including, at minimum, student learning outcomes, student retention, student satisfaction, and faculty satisfaction.
2. For out-of-state nursing programs, the program shall be within the jurisdiction of and regulated by an equivalent United States nursing regulatory authority in the state from which the program originates, unless also providing clinical experience in Arizona.
3. Didactic faculty members shall be licensed in the state of origination of a distance learning nursing program and in Arizona or hold a multi-state compact license unless exempt under A.R.S. § 32-1631(8). Clinical supervising faculty shall be licensed in the location of the clinical activity.
4. A distance learning nursing program shall provide students with supervised clinical and laboratory experiences so that program objectives are met and didactic learning is validated by supervised, on-ground clinical and laboratory experiences.
5. A distance-learning nursing program shall provide students with adequate access to technology, resources, technical support, and the ability to interact with peers, preceptors, and faculty.

C. A nursing program, located in another state or territory of the United States, that wishes to provide clinical experiences in Arizona under A.R.S. § 32-1631(3), shall obtain Board approval before offering or conducting a clinical session. To obtain approval, the program shall submit a proposal package that contains:
1. A self study, describing the program's compliance with R4-19-201 through R4-19-206; and
2. A statement regarding, the number and type of student placements planned, and written commitment by the clinical facilities to provide the necessary clinical experiences, the name and qualifications of faculty licensed in Arizona and physically present in the facility who will supervise the experience and verification of good standing of the program in the jurisdiction of origin.

D. The Board may require a nursing program approved under this Section to file periodic reports to determine compliance with the provisions of this Article. A program shall submit a report to the Board within 30 days of the date on a written request from the Board or by the due date stated in the request if the due date is after the normal 30-day period.

E. The Board shall approve an application to conduct clinical instruction in Arizona that meets the requirements in A.R.S. Title 32, Chapter 15 and this Chapter, and is in the best interest of the public. An applicant who is denied approval to conduct clinical instruction in Arizona may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

F. If the Board finds that a nursing program located and approved in another state or territory of the United States does not meet requirements for nursing programs prescribed in this Article the Board may take other disciplinary action depending on the severity of the offense after offering a hearing conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.
1. Students enrolled at the time of rescission of approval shall not be granted licensure unless the applicant meets all applicable licensure requirements.
2. The Board shall ensure that the applicant has completed a curriculum that is equivalent to that of an approved nursing program.

Historical Note

New Section R4-19-217 renumbered from R4-19-215 and amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

ARTICLE 3. LICENSURE

R4-19-301. Licensure by Examination

A. An applicant for licensure by examination shall:
1. Submit a verified application to the Board on a form furnished by the Board that provides the following information about the applicant:
   a. Full legal name and all former names used by the applicant;
   b. Mailing address, including declared primary state of residence, e-mail address, and telephone number;
   c. Place and date of birth;
   d. Ethnic category and marital status, at the applicant's discretion;
   e. Social Security number for an applicant who lives or works in the United States;

f. Post-secondary education, including the names and locations of all schools attended, graduation dates, and degrees received, if applicable;
g. Current employer or practice setting, including address, position, and dates of service, if employed or practicing in nursing or health care;
h. Information regarding the applicant's compliance with the practice or education requirements in R4-19-312;
i. Any state, territory, or country in which the applicant holds or has held a registered or practical nursing license and the license number and status of the license, including original state of licensure, if applicable;
j. The date the applicant previously filed an application for licensure in Arizona, if applicable;
k. Responses to questions regarding the applicant's background on the following subjects:
i. Current investigation or pending disciplinary action by a nursing regulatory agency in the United States or its territories;
ii. Action taken on a nursing license by any other state;
iii. Undesignated offenses, felony charges, convictions and plea agreements, including deferred prosecution;
iv. Misdemeanor charges, convictions and plea agreements, including deferred prosecution, that are required to be reported under A.R. S. § 32-3208;
v. Unprofessional conduct as defined in A.R.S. § 32-1601;
vi. Substance use disorder within the last 5 years;
vii. Current participation in an alternative to discipline program in any other state;
l. Explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background; and.
m. Certification in nursing including category, specialty, name of certifying body, date of certification, and expiration date.
2. Submit proof of United States citizenship or alien status as specified in A.R.S. § 41-1080;
3. Submit a completed fingerprint card on a form provided by the Board or prints for the purpose of obtaining a criminal history report under A.R.S. § 32-1606 if the applicant has not submitted a fingerprint card or prints to the Board within the last two years; and
4. Pay the applicable fees.

B. If an applicant is a graduate of a pre-licensure nursing program in the United States that has been assigned a program code by the National Council of State Boards of Nursing during the period of the applicant's attendance, the applicant shall submit one of the following:
1. If the program is an Arizona-approved program, the transcript required in subsection (B)(2) or a statement signed by a nursing program administrator or designee verifying that:
a. The applicant graduated from or is eligible to graduate from a registered nursing program for a registered nurse applicant; or
b. The applicant graduated from or is eligible to graduate from a practical nursing program or graduated from a registered nursing program and completed Board-prescribed role delineation education for a practical nurse applicant; or
2. If the program is located either in Arizona or in another state or territory and meets educational standards that are substantially comparable to Board standards for educational programs under Article 2 when the applicant completed the program, an official transcript sent directly from one of the following as:
a. Evidence of graduation or eligibility for graduation from a diploma registered nursing program, associate degree registered nursing program, or baccalaureate or higher degree registered nursing program for a registered nurse applicant.
b. Evidence of graduation or eligibility for graduation of a practical nursing program, associate degree registered nursing program, or baccalaureate or higher degree registered nursing program for a practical nurse applicant.

C. If an applicant is a graduate of a pre-licensure international nursing program and lacks items required in subsection (B), the applicant shall comply with subsection (A), submit a self report on the status of any international nursing license, and submit the following:
1. To demonstrate nursing program equivalency, one of the following:
a. If the applicant graduated from a Canadian nursing program, evidence of a passing score on the English language version of either the Canadian Nurses' Association Testing Service, the Canadian Registered Nurse Examination, NCLEX or an equivalent examination;
b. A Certificate or Visa Screen Certificate issued by the Commission on Graduates of Foreign Nursing Schools (CGFNS), or a report from CGFNS that indicates an applicant's program is substantially comparable to a U.S. program; or
c. A report from any other credential evaluation service (CES) approved by the Board.
2. If a graduate of an international pre-licensure nursing program subsequently obtains a degree in nursing from an accredited U.S. nursing program, the requirement for a CES equivalency report may be waived by the Board, however the applicant is not eligible for a multi-state compact license.
3. If an applicant's pre-licensure nursing program provided classroom instruction, textbooks, or clinical experiences in a language other than English, a test of written, oral, and spoken English is required. Clinical experiences are deemed to have been provided in a language other than English if the principal or official language of the country or region where the clinical experience occurred is a language other than English, according to the United States Department of State.
4. An applicant who is required to demonstrate English language proficiency shall ensure that one of the following is submitted to the Board directly from the testing or certifying agency:
a. Evidence of a minimum score of 84 with a minimum speaking score of 26 on the Internet-based Test of English as a Foreign Language (TOEFL),
b. Evidence of a minimum score of 6.5 overall with minimum of 6.0 on each module of the Academic Exam of the International English Language Test Service (IELTS) Examination,
c. Evidence of a minimum score of 55 overall with a minimum score of 50 on each section of the Pearson Test of English Academic exam.
d. A Visa Screen Certificate from CGFNS,

e. A CGFNS Certificate,
f. Evidence of a similar minimum score on another written and spoken English proficiency exam determined by the Board to be equivalent to the other exams in this subsection, or
g. Evidence of employment for a minimum of 960 hours within the past five years as a nurse in a country or territory where the principal language is English, according to the United States Department of State.

D. An applicant for a registered nurse license shall attain one of the following:
1. A passing score on the NCLEX-RN;
2. A score of 1600 on the NCLEX-RN, if the examination was taken before July 1988; or
3. A score of not less than 350 on each part of the SBTPE for registered nurses.

E. An applicant for a practical nurse license shall attain:
1. A passing score on the NCLEX-PN;
2. A score of not less than 350 on the NCLEX-PN, if the examination was taken before October 1988; or
3. A score of not less than 350 on the SBTPE for practical nurses.

F. The Board shall grant a license to practice as a registered or practical nurse to any applicant who meets the criteria established in statute and this Article. An applicant who is denied a license by examination may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the license. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

G. If the Board receives an application from a graduate of a nursing program and the program's approval was rescinded under R4-19-212 at any time during the applicant's nursing education, the Board shall ensure that the applicant has completed a basic curriculum that is equivalent to that of a Board-approved nursing program and may do any of the following:
1. Grant licensure, if the program's approval was reinstated during the applicant's period of enrollment and the program provides evidence that the applicant completed a curriculum equivalent to that of a Board-approved nursing program;
2. By order, require successful completion of remedial education while enrolled in a Board approved nursing program which may include clinical experiences, before granting licensure; or
3. Return or deny the application if the education was not equivalent and no remediation is possible.

Historical Note

Former Section II, Part I; Amended effective January 20, 1975 (Supp. 75-1). Amended effective December 7, 1976 (Supp. 76-5). Former Section R4-19-24 repealed, new Section R4-19-24 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-24 repealed, new Section R4-19-24 adopted effective May 9, 1984 (Supp. 84-3). Former Section R4-19-24 renumbered as Section R4-19-301 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2).

R4-19-302. Licensure by Endorsement

A. An applicant for a license by endorsement shall submit all of the information required in R4-19-301(A).

B. In addition to the information required in subsection (A), an applicant for a license by endorsement shall:
1. Submit evidence of a passing examination score in accordance with:
   a. R4-19-301(E) for a registered nurse applicant, or
   b. R4-19-301(F) for a practical nurse applicant.
2. Submit the following:
   a. Evidence of previous or current license in another state or territory of the United States,
   b. Information related to the nurse's practice for the purpose of collecting nursing workforce data, and
   c. One of the following:
      i. Completion of a pre-licensure nursing program that has been assigned a nursing program code by the National Council of State Boards of Nursing (NCSBN) at the time of program completion and the program meets educational standards substantially comparable to Board standards for educational programs in Article 2;
      ii. If the applicant completed a pre-licensure nursing program that has been assigned a program code by the NCSBN but the program's approval was rescinded under A.R.S. § 32-1606(B)(8) or removed from the list of approved programs under A.R.S. § 32-1644(D) or R4-19-212 during the applicant's enrollment in the program, proof of completion of the program and completion of any remedial education required by the Board to mitigate the deficiencies in the applicant's initial nursing program;
      iii. If the applicant graduated from a U.S. nursing program before 1986 and the applicant was issued an initial license in another state or territory of the United States without being required to obtain additional education or experience, proof both of program completion and initial licensure without additional educational or experiential requirements;
      iv. If the applicant graduated from an international nursing program, proof of meeting the requirements in R4-19-301.
      v. If the Board finds that the documentation submitted by the applicant does not fulfill one of the requirements in (B)(2)(b)(i) through (iv), but the applicant has submitted verified employer evaluations demonstrating applicant's safe practice as a registered or practical nurse in another state for a minimum of two years full-time during the past three years and applicant otherwise meets licensure requirements, the Board may grant a single-state only license if the Board determines that licensure is in the best interest of the public.

C. The Board shall grant a license to practice as a registered or practical nurse to any applicant who meets the criteria established in statute and this Article. An applicant who is denied a license by endorsement may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the license. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section II, Part II; Amended effective December 7, 1976 (Supp. 76-5). Former Section R4-19-25 repealed, new Section R4-19-25 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-25 repealed, new Section R4-19-25 adopted effective May 9, 1984 (Supp. 84-3). Former Section R4-19-25 renumbered and amended as Section R4-19-302 effective February 21, 1986 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2).

R4-19-303. Requirements for Credential Evaluation Service

A. A CES seeking Board approval shall submit documentation to the Board demonstrating that it:
1. Provides a credential evaluation to determine comparability of registered nurse or practical nurse programs in other countries to nursing education in the United States;
2. Evaluates original source documents;
3. Has five or more years of experience in evaluating nursing educational programs or employs personnel that have this experience;
4. Employs staff with expertise in evaluating nursing programs;
5. Has access to resources pertinent to the field of nursing education and the evaluation of nursing programs;
6. Issues a report on each applicant, and supplies the Board with a sample of such a report, regarding the comparability of the applicant's nursing educational program to nursing education in the United States that includes:
   a. The current name of the applicant including any names formerly used by the applicant;
   b. Source and description of the documents evaluated;
   c. Name and nature of the nursing education program, including status of the parent institution;
   d. Dates applicant attended;
   e. References consulted;
   f. A seal or some other security measure;
   g. Notification of any falsification or misrepresentation of documents by the applicant;
   h. A report on licensure examination results for the applicant, if an exam was required for licensure in the international jurisdiction; and
   i. The status of any international nursing licenses held by the applicant.
7. Has a quality control program that includes at a minimum:
   a. Standards regarding the use of original documents;
   b. Verification of authenticity of documents and translations;
   c. Processes and procedures to prevent and detect fraud;
   d. Policies for maintaining confidentiality of applicant educational records;
   e. Responsiveness to applicants, including ensuring that reports are issued no later than eight weeks from the receipt of an applicant's documents; and
   f. Tracking of and notification to the Board of any trends in falsification or misrepresentation of documents;
8. Follows or exceeds the standards of the National Association of Credentialing Services (NACES) or an equivalent organization;
9. Responds to Board requests for information in a timely and thorough manner; and
10. Agrees to notify the Board before any changes in any of the above criteria.

B. If a CES fails to comply with the provisions of subsection (A), the Board may rescind its approval of the CES.

C. The Board shall approve a credential evaluation service that meets the criteria established in this Section. A CES applicant who is denied approval or whose approval is revoked may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section II, Part III; Former Section R4-19-26 repealed, new Section R4-19-26 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-26 renumbered and amended as Section R4-19-27, new Section R4-19-26 adopted effective May 9, 1984 (Supp. 84-3). Former Section R4-19-27 renumbered as Section R4-19-303 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 1802, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-303 renumbered to R4-19-304; new Section R4-19-303 made by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2).

R4-19-304. Temporary License

A. Subject to subsection (B), the Board shall issue a temporary license if:
1. An applicant:
   a. Is qualified under:
      i. A.R.S. § 32-1635 and applies for a temporary registered nursing license, or is qualified under A.R.S. § 32-1640 and applies for a temporary practical nursing license; and
      ii. R4-19-301 for applicants for licensure by examination, or is qualified under R4-19-302 for applicants for licensure by endorsement; and
   b. Submits an application for a temporary license with the applicable fee required under A.R.S. § 32-1643(A)(9); and
   c. Submits an application for a license by endorsement or examination with the applicable fee required under A.R.S. § 32-1643(A).
2. An applicant is seeking a license by examination, meets the requirements of R4-19-312(D), and the Board receives a report from the Arizona Department of Public Safety (DPS), verifying that DPS has no criminal history record information, as defined in A.R.S. § 41-1701, relating to the applicant or that any criminal history reported has been reviewed by the executive director or the director's designee and determined not to pose a threat to public health, safety, or welfare; or
3. An applicant is seeking a license by endorsement, meets the requirements in R4-19-312(B), and the applicant submits evidence that the applicant has a current license in good standing in another state or territory of the United

States or, if no current license, a previous license in good standing that was not the subject of an investigation or pending discipline; or

4. An applicant who does not meet the practice requirements in R4-19-312(B) or (D), but provides evidence that the applicant has applied for enrollment in a refresher or other competency program approved by the Board, may practice nursing under a temporary license during the clinical portion of the program only.

B. An applicant who has a criminal history, a history of disciplinary action by a regulatory agency, a pending complaint before the Board, or answers affirmatively to any criminal background or disciplinary question in the application is not eligible for a temporary license or extension of a temporary license without Board approval.

C. A temporary license is valid for a maximum of 12 months unless extended for good cause under subsection (D) of this Section.

D. An applicant with a temporary license may apply for and the Board, the Executive Director or the Executive Director's designee may grant an extension of the temporary license period for good cause. Good cause means reasons beyond the control of the temporary licensee, such as unavoidable delays in obtaining information required for licensure.

E. An applicant who receives a temporary license but does not meet the criteria for a regular license within the established period under subsections (C) and (D) is no longer eligible for a temporary license except for the purpose of completing a refresher or other competency program under subsection (A)(4) of this Section.

Historical Note

Former Section II, Part IV; Amended effective January 20, 1975 (Supp. 75-1). Former Section R4-19-27 repealed, new Section R4-19-27 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-27 renumbered and amended as Section R4-19-28. Former Section R4-19-26 renumbered and amended as Section R4-19-27 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-27 renumbered and amended as Section R4-19-304 effective February 21, 1986 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-304 renumbered to R4-19-305; new Section R4-19-304 renumbered from R4-19-303 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Chapter Section references updated under subsections (A)(2) and (A)(4) under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-305. License Renewal

A. An applicant for renewal of a registered or practical nursing license shall:

1. Submit a verified application to the Board on a form furnished by the Board that provides all of the following information about the applicant:
   a. Full legal name, mailing address, e-mail address, telephone number and declared primary state of residence;
   b. A listing of all states in which the applicant is currently licensed, or, since the last renewal, was previously licensed or has been denied licensure;
   c. Marital status and ethnic category, at the applicant's discretion;
   d. Information regarding qualifications, including:
      i. Educational background;
      ii. Employment status;
      iii. Practice setting; and
      iv. Other information related to the nurse's practice for the purpose of collecting nursing workforce data.
   e. Responses to questions regarding the applicant's background on the following subjects:
      i. Criminal convictions for offenses involving drugs or alcohol since the time of last renewal;
      ii. Undesignated offenses and felony charges, convictions and plea agreements including deferred prosecution;
      iii. Misdemeanor charges, convictions and plea agreements, including deferred prosecution, that are required to be reported under A.R.S. § 32-3208;
      iv. Unprofessional conduct as defined in A.R.S. § 32-1601 since the time of last renewal;
      v. Substance use disorder within the last five years;
      vi. Current participation in an alternative to discipline program in any other state; and
      vii. Disciplinary action or investigation related to the applicant's nursing license by any other state nursing regulatory agency since the last renewal.
   f. Explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
   g. Information related to the applicant's current or most recent nursing practice setting, including position, address, telephone number, and dates of practice;
   h. Information regarding the applicant's compliance with the practice or education requirements in R4-19-312;
   i. National certification in nursing including specialty, name of certifying body, date of certification, certification number, and expiration date, if applicable; and for an applicant certified as a registered nurse practitioner or clinical nurse specialist the patient population of the certification; and
2. Pay fees for renewal authorized by A.R.S. § 32-1643 (A)(6); and
3. Pay an additional fee for late renewal authorized by A.R.S. § 32-1643(A)(7) if the application for renewal is submitted after May 1 of the year of renewal.

B. A license expires on August 1 of the year of renewal indicated on the license.

C. A licensee who fails to submit a renewal application before expiration of a license shall not practice nursing until the Board issues a renewal license.

D. If the applicant holds a license or certificate that has been or is currently revoked, surrendered, denied, suspended or placed on probation in another jurisdiction, the applicant is not eligible to renew or reactivate a license until a review or investigation has been completed and a decision regarding eligibility for renewal or reactivation is made by the Board.

E. The Board shall renew the license of any registered or practical nurse applicant who meets the criteria established in statute and this Article. An applicant who is denied renewal of a license may request a hearing by filing a written request with the Board within 30 days of service of the Board's order deny-

ing renewal of the license. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section II, Part V; Repealed effective January 20, 1975 (Supp. 75-1). New Section R4-19-28 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-28 renumbered and amended as Section R4-19-29. Former Section R4-19-27 renumbered and amended as Section R4-19-28 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-28 renumbered and repealed as Section R4-19-305 effective February 21, 1986 (Supp. 86-1). New Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-305 renumbered to R4-19-306; new Section R4-19-305 renumbered from R4-19-304 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2).

R4-19-306. Inactive License

A. A licensee in good standing may submit to the Board either as a separate written document or as part of the renewal application, a request to transfer to inactive status, or retirement status under A.R.S. §§ 32-1606(A)(10) and 32-1636(E).

B. The Board shall send a written notice to the licensee granting inactive or retirement status or denying the request. A licensee denied a request for transfer to inactive or retirement status may request a hearing by filing a written request with the Board within 30 days of service of the denial of the request. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section II, Part VI; Amended effective January 20, 1975 (Supp. 75-1). Amended effective December 7, 1976 (Supp. 76-5). Former Section R4-19-29 repealed, new Section R4-19-29 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-29 renumbered and amended as Section R4-19-30 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-28 renumbered and amended as Section R4-19-29 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-29 renumbered as Section R4-19-306 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-306 renumbered to R4-19-307; new Section R4-19-306 renumbered from R4-19-305 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2).

R4-19-307. Repealed

Historical Note

Former Section II, Part VII; Former Section R4-19-30 renumbered and amended as Section R4-19-45, new Section R4-19-30 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-30 renumbered and amended as Section R4-19-31. Former Section R4-19-29 renumbered and amended as R4-19-30 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-29 renumbered and amended as Section R4-19-307 effective February 21, 1986 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-307 renumbered to R4-19-308; new Section R4-19-307 renumbered from R4-19-306 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-308. Change of Name or Address

A. A licensee or applicant shall notify the Board, in writing or electronically through the Board website, of any legal change in name within 30 days of the change, and submit a copy of the official document verifying the name change.

B. A licensee or applicant shall notify the Board in writing or electronically through the Board website of any change in mailing address within 30 days.

Historical Note

Former Section II, Part VII; Former Section R4-19-31 repealed, new Section R4-19-31 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-31 renumbered and amended as Section R4-19-32. Former Section R4-19-30 renumbered and amended as Section R4-19-31 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-31 renumbered as Section R4-19-308 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended effective December 3, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-308 renumbered to R4-19-309; new Section R4-19-308 renumbered from R4-19-307 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2).

R4-19-309. School Nurse Certification Requirements

A. An applicant for initial school nurse certification shall hold a current license in good standing or multistate privilege to practice as a registered nurse in Arizona.

B. An initial or renewal of certificate expires six years after the issue date on the certificate.

C. The Board shall grant a school nurse certificate to any applicant who meets the criteria established in statute and this Article. An applicant who is denied a school nurse certificate may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the certificate. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section II, Part IX; Repealed effective February 20, 1980 (Supp. 80-1). Former Section R4-19-31 renumbered and amended as Section R4-19-32 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-32 renumbered as Section R4-19-309 (Supp. 86-1). Repealed effective July 19, 1995 (Supp. 95-3). New Section made by final rulemaking at 8 A.A.R. 1813, effective March 20, 2002 (Supp. 02-1). Former Section R4-19-309 renumbered to R4-19-311; new Section R4-19-309 renumbered from R4-19-308 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019

(Supp. 19-2).

R4-19-310. Certified Registered Nurse

A registered nurse who has been certified by a nursing certification organization accredited by the Accreditation Board for Specialty Nursing Certification, the National Commission for Certifying Agencies, or an equivalent accrediting agency as determined by the Board is deemed certified for the purposes of A.R.S. § 32-1601(5).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). A.R.S. Section reference updated under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-311. Nurse Licensure Compact

The Board shall implement A.R.S. §§ 32-1668 and 32-1669 according to the provisions of the Nurse Licensure Compact Model Rules and Regulations for RNs and LPN/VNs, published by the National Council of State Boards of Nursing, Inc., 111 E. Wacker Dr., Suite 2900, Chicago, IL 60601, www.ncsbn.org, November 13, 2012, and no later amendments or editions, which is incorporated by reference and on file with the Board.

Historical Note

New Section renumbered from R4-19-309 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 18 A.A.R. 2485, effective September 11, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 2852, effective September 11, 2013 (Supp. 13-3).

R4-19-312. Practice Requirement

A. The Board shall not issue a license or renew the license of an applicant who does not meet the applicable requirements in subsections (B), (C), and (D).

B. An applicant for licensure by endorsement or renewal shall either have completed a post-licensure nursing program or practiced nursing at the applicable level of licensure for a minimum of 960 hours in the five years before the date on which the application is received. This requirement is satisfied if the applicant verifies that the applicant has:

1. Completed a post-licensure nursing education program at a school that is accredited under R4-19-201(A) and obtained a degree, or an advanced practice certificate in nursing within the past five years; or
2. Practiced for a minimum of 960 hours within the past five years where the nurse:
   a. Worked for compensation or as a volunteer, as a licensed nurse in the United States or an international jurisdiction, and performed one or more acts under A.R.S. § 32-1601(21) as an RN if applying for RN renewal or licensure or A.R.S. § 32-1601(17) as an LPN if applying for LPN renewal or licensure; or
   b. Held a position for compensation or as a volunteer in the United States or an international jurisdiction that required or recommended, in the job description, the level of licensure being sought or renewed; or
   c. Engaged in clinical practice as part of an RN-to-Bachelor of Science in Nursing, Masters, Doctoral or Nurse Practitioner program.

C. Care of family members does not meet the requirements of subsection (B)(2) unless the applicant submits evidence:

1. That the applicant is providing care as part of a medical foster home; or
2. That the specific care provided by the applicant was:
   a. Ordered by another health care provider who is authorized to prescribe and was responsible for the care of the patient,
   b. The type of care would typically be authorized by a third-party payer, and
   c. The care was documented and reviewed by the health care provider.

D. An applicant for licensure by either examination or endorsement, who does not meet the requirements of subsection (B), shall have completed the clinical portion of a pre-licensure nursing program within two years of the date of licensure.

E. A licensee or applicant who fails to satisfy the requirements of subsection (B) or (D), shall submit evidence of satisfactory completion of a Board-approved refresher or competency program. The Board may issue a temporary license stamped "for refresher course only" to any applicant who meets all requirements of this Article except subsection (B) or (D) and provides evidence of applying for enrollment in a Board-approved refresher or competency program.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citations in subsection (B)(2)(a) were updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). A.R.S. Section references updated under subsection (B)(2)(a) under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2).

R4-19-313. Background

A. All applicants convicted of a sexual offense involving a minor or performing a sexual act against the will of another person shall be subject to a Board order under A.R.S. § 32-1664(F) and R4-19-405 unless the individual is precluded from licensure under A.R.S. § 32-1606(B)(17). If the evaluation identifies sexual behaviors of a predatory nature, the Board shall deny licensure or renewal of licensure.

B. All individuals reporting a substance use disorder in the last five years may be subject to a Board order for an evaluation under A.R.S. § 32-1664(F) and R4-19-405 to determine safety to practice.

C. The Board may order the evaluation of other individuals on a case-by-case basis under A.R.S. § 32-1664(F) and R4-19-405.

Historical Note

New Section made by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2).

ARTICLE 4. REGULATION

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

A. A licensed practical nurse shall engage in practical nursing as defined in A.R.S. § 32-1601 only under the supervision of a registered nurse or licensed physician.

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

C. A LPN shall:

1. Practice within the legal boundaries of practical nursing within the scope of practice authorized by A.R.S. Title 32, Chapter 15 and 4 A.A.C.19;
2. Demonstrate honesty and integrity;
3. Base nursing decisions on nursing knowledge and skills, the needs of clients, and licensed practical nursing standards;
4. Accept responsibility for individual nursing actions, decisions, and behavior in the course of practical nursing practice.
5. Maintain competence through ongoing learning and application of knowledge in practical nursing practice.
6. Protect confidential information unless obligated by law to disclose the information;
7. Report unprofessional conduct, as defined in A.R.S. § 32-1601(24) and further specified in R4-19-403 and R4-19-814, to the Board;
8. Respect a client's rights, concerns, decisions, and dignity;
9. Maintain professional boundaries; and
10. Respect a client's property and the property of others.

D. In participating in the nursing process and implementing client care across the lifespan, a LPN shall:
1. Contribute to the assessment of the health status of clients by:
   a. Recognizing client characteristics that may affect the client's health status;
   b. Gathering and recording assessment data;
   c. Demonstrating attentiveness by observing, monitoring, and reporting signs, symptoms, and changes in client condition in an ongoing manner to the supervising registered nurse or physician;
2. Contribute to the development and modification of the plan of care by:
   a. Planning episodic nursing care for a client whose condition is stable or predictable;
   b. Assisting the registered nurse or supervising physician in identification of client needs and goals; and
   c. Determining priorities of care together with the supervising registered nurse or physician;
3. Implement aspects of a client's care consistent with the LPN scope of practice in a timely and accurate manner including:
   a. Following nurse and physician orders and seeking clarification of orders when needed;
   b. Administering treatments, medications, and procedures;
   c. Attending to client and family concerns or requests;
   d. Providing health information to clients as directed by the supervising RN or physician or according to an established educational plan;
   e. Promoting a safe client environment;
   f. Communicating relevant and timely client information with other health team members regarding:
      i. Client status and progress,
      ii. Client response or lack of response to therapies,
      iii. Significant changes in client condition, and
      iv. Client needs and special requests, and
   g. Documenting the nursing care the LPN provided;
4. Contribute to evaluation of the plan of care by:
   a. Gathering, observing, recording, and communicating client responses to nursing interventions; and
   b. Modifying the plan of care in collaboration with a registered nurse based on an analysis of client responses.

E. A LPN assigns and delegates nursing activities. The LPN shall:
1. Assign nursing care within the LPN scope of practice to other LPNs;
2. Delegate nursing tasks to unlicensed assistive personnel (UAPs). In maintaining accountability for the delegation, the LPN shall ensure that the:
   a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;
   b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;
   c. Results of the task are reasonably predictable;
   d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;
   e. Selected client and circumstances of the delegation are such that delegation of the task poses minimal risk to the client and the consequences of performing the task improperly are not life-threatening;
   f. LPN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;
   g. LPN provides supervision and feedback to the UAP; and
   h. LPN observes and communicates the outcomes of the delegated task.

Historical Note

Former Section III, Part II; Amended effective February 20, 1980 (Supp. 80-1). Former Section R4-19-42 renumbered as Section R4-19-401 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Subsection (C)(7) amended at request of Board, Office File No. M11-423, filed November 18, 2011 (Supp. 11-4). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in subsection (C)(7) was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). A.R.S. Section reference updated under subsection (C)(7) under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

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

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

B. A RN shall:
1. Practice within the legal boundaries of registered nursing within the scope of practice authorized by A.R.S. Title 32, Chapter 15 and 4 A.A.C. 19;
2. Demonstrate honesty and integrity;
3. Base nursing decisions on nursing knowledge and skills, the needs of clients, and registered nursing standards;
4. Accept responsibility for individual nursing actions, decisions, and behavior in the course of registered nursing practice;
5. Maintain competence through ongoing learning and application of knowledge in registered nursing practice;

6. Protect confidential information unless obligated by law to disclose the information;
7. Report unprofessional conduct, as defined in A.R.S. § 32-1601(24) and further specified in R4-19-403 and R4-19-814, to the Board;
8. Respect a client's rights, concerns, decisions, and dignity;
9. Maintain professional boundaries;
10. Respect a client's property and the property of others; and
11. Advocate on behalf of a client to promote the client's best interest.

C. In utilizing the nursing process to plan and implement nursing care for clients across the life-span, a RN shall:
1. Conduct a nursing assessment of a client in which the nurse:
   a. Recognizes client characteristics that may affect the client's health status;
   b. Gathers or reviews comprehensive subjective and objective data and detects changes or missing information;
   c. Applies nursing knowledge in the integration of the biological, psychological, and social aspects of the client's condition; and
   d. Demonstrates attentiveness by providing ongoing client surveillance and monitoring;
2. Use critical thinking and nursing judgment to analyze client assessment data to:
   a. Make independent nursing decisions and formulate nursing diagnoses; and
   b. Determine the clinical implications of client signs, symptoms, and changes, as either expected, unexpected, or emergent situations;
3. Based on assessment and analysis of client data, plan strategies of nursing care and nursing interventions in which the nurse;
   a. Identifies client needs and goals;
   b. Formulates strategies to meet identified client needs and goals;
   c. Modifies defined strategies to be consistent with the client's overall health care plan; and
   d. Prioritizes strategies based on client needs and goals;
4. Provide nursing care within the RN scope of practice in which the nurse:
   a. Administers prescribed aspects of care including treatments, therapies, and medications;
   b. Clarifies health care provider orders when needed;
   c. Implements independent nursing activities consistent with the RN scope of practice;
   d. Institutes preventive measures to protect client, others, and self;
   e. Intervenes on behalf of a client when problems are identified;
   f. Promotes a safe client environment;
   g. Attends to client concerns or requests;
   h. Communicates client information to health team members including:
      i. Client concerns and special needs;
      ii. Client status and progress;
      iii. Client response or lack of response to interventions; and
      iv. Significant changes in client condition; and
   i. Documents the nursing care the RN has provided;
5. Evaluate the impact of nursing care including the:
   a. Client's response to interventions;
   b. Need for alternative interventions;
   c. Need to communicate and consult with other health team members; and
   d. Need to revise the plan of care;
6. Provide comprehensive nursing and health care education in which the RN:
   a. Assesses and analyzes educational needs of learners;
   b. Plans educational programs based on learning needs and teaching-learning principles;
   c. Ensures implementation of an educational plan either directly or by delegating selected aspects of the education to other qualified persons; and
   d. Evaluates the education to meet the identified goals;

D. A RN assigns and delegates nursing activities. The RN shall:
1. Assign nursing care within the RN scope of practice to other RNs;
2. Assign nursing care to a LPN within the LPN scope of practice based on the RN's assessment of the client and the LPN's ability;
3. Supervise, monitor, and evaluate the care assigned to a LPN; and
4. Delegate nursing tasks to UAPs. In maintaining accountability for the delegation, an RN shall ensure that the:
   a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;
   b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;
   c. Results of the task are reasonably predictable;
   d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;
   e. Selected client and circumstances of the delegation are such that delegation of the task poses minimal risk to the client and the consequences of performing the task improperly are not life-threatening;
   f. RN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;
   g. RN provides supervision and feedback to the UAP; and
   h. RN observes and communicates the outcomes of the delegated task.

Historical Note

Former Section III, Part I; Amended effective February 20, 1980 (Supp. 80-1). Former Section R4-19-43 renumbered as Section R4-19-402 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Section repealed, new Section made by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Subsection (B)(7) amended at request of Board, Office File No. M11-423, filed November 18, 2011 (Supp. 11-4). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in subsection (B)(7) was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). A.R.S. Section reference updated under subsection (B)(7) under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-403. Unprofessional Conduct

For purposes of A.R.S. § 32-1601(24)(d), any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public includes one or more of the following:

1. A pattern of failure to maintain minimum standards of acceptable and prevailing nursing practice;
2. Intentionally or negligently causing physical or emotional injury;
3. Failing to maintain professional boundaries or engaging in a dual relationship with a patient, resident, or any family member of a patient or resident;
4. Engaging in sexual conduct with a patient, resident, or any family member of a patient or resident who does not have a pre-existing relationship with the nurse, or any conduct in the work place that a reasonable person would interpret as sexual;
5. Abandoning or neglecting a patient who requires immediate nursing care without making reasonable arrangement for continuation of care;
6. Removing a patient's life support system without appropriate medical or legal authorization;
7. Failing to maintain for a patient record that accurately reflects the nursing assessment, care, treatment, and other nursing services provided to the patient;
8. Falsifying or making a materially incorrect, inconsistent, or unintelligible entry in any record:
   a. Regarding a patient, health care facility, school, institution, or other work place location; or
   b. Pertaining to obtaining, possessing, or administering any controlled substance as defined in the federal Uniform Controlled Substances Act, 21 U.S.C. 801 et seq., or Arizona's Uniform Controlled Substances Act, A.R.S. Title 36, Chapter 27;
9. Failing to take appropriate action to safeguard a patient's welfare or follow policies and procedures of the nurse's employer designed to safeguard the patient;
10. Failing to take action in a health care setting to protect a patient whose safety or welfare is at risk from incompetent health care practice, or to report the incompetent health care practice to employment or licensing authorities;
11. Failing to report to the Board a licensed nurse whose work history includes conduct, or a pattern of conduct, that leads to or may lead to an adverse patient outcome;
12. Assuming patient care responsibilities that the nurse lacks the education to perform, for which the nurse has failed to maintain nursing competence, or that are outside the scope of practice of the nurse;
13. Failing to supervise a person to whom nursing functions are delegated;
14. Delegating services that require nursing judgment to an unauthorized person;
15. Removing, without authorization, any money, property, or personal possessions, or requesting payment for services not performed from a patient, employer, co-worker, or member of the public.
16. Removing, without authorization, a narcotic, drug, controlled substance, supply, equipment, or medical record from any health care facility, school, institution, or other work place location;
17. A pattern of using or being under the influence of alcohol, drugs, or a similar substance to the extent that judgment may be impaired and nursing practice detrimentally affected, or while on duty in any health care facility, school, institution, or other work location;
18. Obtaining, possessing, administering, or using any narcotic, controlled substance, or illegal drug in violation of any federal or state criminal law, or in violation of the policy of any health care facility, school, institution, or other work location at which the nurse practices;
19. Providing or administering any controlled substance or prescription-only drug for other than accepted therapeutic or research purposes;
20. Engaging in fraud, misrepresentation, or deceit in taking a licensing examination or on an initial or renewal application for a license or certificate;
21. Impersonating a nurse licensed or certified under this Chapter;
22. Permitting or allowing another person to use the nurse's license for any purpose;
23. Advertising the practice of nursing with untruthful or misleading statements;
24. Practicing nursing without a current license or while the license is suspended, or practicing as a nurse practitioner without current national certification, if required pursuant to R4-19-505;
25. Failing to:
    a. Furnish in writing a full and complete explanation of a matter reported pursuant to A.R.S. § 32-1664, or
    b. Respond to a subpoena issued by the Board;
26. Making a written false or inaccurate statement to the Board or the Board's designee in the course of an investigation;
27. Making a false or misleading statement on a nursing or health care related employment or credential application concerning previous employment, employment experience, education, or credentials;
28. If a licensee or applicant is charged with a felony or a misdemeanor involving conduct that may affect patient safety, failing to notify the Board in writing, as required under A.R.S. § 32-3208, within 10 days of being charged. The licensee or applicant shall include the following in the notification:
    a. Name, address, telephone number, social security number, and license number, if applicable;
    b. Date of the charge; and
    c. Nature of the offense;
29. Failing to notify the Board, in writing, of a conviction for a felony or an undesignated offense within 10 days of the conviction. The nurse or applicant shall include the following in the notification:
    a. Name, address, telephone number, social security number, and license number, if applicable;
    b. Date of the conviction; and
    c. Nature of the offense;
30. For a registered nurse granted prescribing privileges, any act prohibited under R4-19-511(D); or
31. Practicing in any other manner that gives the Board reasonable cause to believe the health of a patient or the public may be harmed.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-44 repealed, new Section R4-19-44 adopted effective May 9, 1984 (Supp. 84-3). Amended by adding Paragraphs 18 through 22 effective July 16, 1984 (Supp. 84-4). Former Section R4-19-44 renumbered and amended as Section R4-19-403 effective February 21, 1986 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Antiquated statute reference in opening subsection

revised at the request of Board under A.R.S. § 41-1011(C), Office File No. M11-189, filed May 16, 2011 (Supp. 11-2). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in the opening subsection was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). A.R.S. Section reference updated under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

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

A. The Board may restore a license to a nurse whose license has been suspended after the period of suspension if the licensee provides written evidence that all requirements or conditions prescribed or ordered in the consent agreement or Board order for suspension have been met to the satisfaction of the Board. The Board may place conditions or limitations on the restored license. The license of a nurse who fails to provide such evidence of fulfilling the requirements or conditions prescribed by the Board shall remain on suspended status until such submission and acceptance by the Board.

B. A person whose nursing license is denied, revoked, or voluntarily surrendered under A.R.S. § 32-1663 may apply to the Board to issue or re-issue the license:
1. Five years from the date of denial or revocation, or
2. In accordance with the terms of a voluntary surrender agreement.

C. A person who applies for issuance or re-issuance of a license under the conditions of subsection (B) is subject to the following terms and conditions:
1. The person shall submit a written application for issuance or re-issuance of the license that contains substantial evidence that the basis for surrendering, denying, or revoking the license has been removed and that the issuance or re-issuance of the license will not be a threat to public health or safety.
2. Safe practice.
   a. Under A.R.S. § 32-1664(F), the Board for reasonable cause may require a combination of mental, physical, nursing competency, psychological, or psychiatric evaluations, or any combination of evaluations, reports, and affidavits that the Board considers necessary to determine the person's competence and conduct to safely practice nursing.
   b. Under A.R.S. 32-1664(K) the Board may issue subpoenas and compel the attendance of witnesses and the production of records and documentary evidence relevant to the person's ability to safely practice nursing.
3. After receipt of the application, the information required under subsection (C)(2), and the completion of an investigation, the Board shall place the application on the agenda of a regularly scheduled Board meeting.
4. After consideration of the application and any information required under subsection (C)(2),the Board may:
   a. Grant the license with or without conditions or limitations;
   b. If other licensure requirements have been met, grant, with or without conditions, a temporary license for the sole purpose of allowing the applicant to successfully complete an approved nurse refresher course; or
   c. Deny the license if the Board determines that licensure might be harmful or dangerous to the health of a patient or the public.
5. If the Board orders a refresher course described in subsection (C)(4)(b) the Board shall consider the applicant's performance in the approved refresher course and any other evidence, if available, of the applicant's safety to practice, and either deny the license under subsection (C)(4)(c) or grant the license with or without conditions or limitations.
6. An applicant who is denied issuance or re-issuance of a license shall have 30 days from the date of issuance of the notice of denial from the Board to file a written request for hearing with the Board. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

Historical Note

Former Section R4-19-30 renumbered and amended as Section R4-19-45 effective February 20, 1980 (Supp. 80-1). Former Section R4-19-45 renumbered as Section R4-19-404 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4).

R4-19-405. Board-ordered Evaluations

A. Under A.R.S. § 32-1664(F), the Board may order a licensee or CNA certificate-holder to undergo an evaluation by an independent qualified evaluator for the purposes of determining the licensee's or certificate holder's safety and competence to practice. Evaluations may be in the areas of:
1. Nursing knowledge or skills or both;
2. Mental functioning, including but not limited to neuropsychological evaluation, and other cognition evaluations;
3. Medical status including but not limited to medical review of drug screen results, chronic pain evaluation, physical examination, and biological testing;
4. Psychiatric or psychological status including but not limited to substance abuse evaluation, boundary or sexual misconduct evaluations, and psychological testing; or
5. Other similar evaluations that the Board determines are necessary to evaluate a licensee or certificate holder's ability to safely practice.

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

C. The Board retains the discretion to use an evaluator based on the evaluator's licensure history, the Board's past experience with the evaluator, and the quality of the evaluation provided. Before conducting a Board-ordered evaluation, a potential evaluator shall submit documentation that the evaluator:
1. Possesses expertise and educational credentials in the area that the Board has ordered an evaluation;
2. Holds a license or certificate in good standing with a licensing or certifying board located in the United States and discloses any past licensure disciplinary actions and criminal history;
3. Will provide equipment and environmental conditions necessary to conduct a valid evaluation;
4. Has no current or past treatment, collegial, or social relationship with the licensee or certificate holder, any family member of the licensee or certificate holder, or the licensee's or certificate holder's legal counsel;
5. Will not enter into a treatment relationship with the licensee or certificate holder unless the relationship is

unavoidable due to geographical location or the specific expertise of the evaluator; and
6. Agrees to keep information provided by the Board under subsection (D) confidential as evidenced by a signed confidentiality agreement provided by the Board.

D. Upon receipt of the evaluator's signed confidentiality agreement, the Board may provide confidential investigative information and documents to the evaluator for the purpose of disclosing the reason for the evaluation, the focus of the evaluation, and the conduct causing the Board to order the evaluation including:
1. The complaint and all information that has been received during the investigation of the complaint. Documents may include but are not limited to employment records, medical records, arrest records, conviction and sentencing records, excluding FBI fingerprint results, drug screen results, pharmacy profiles, witness statements, past licensure history, and a summary of information obtained during investigative interviews; and
2. The specific questions for which the Board is seeking answers; and

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

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-46 renumbered and amended as Section R4-19-405 effective February 21, 1986 (Supp. 86-1). Repealed effective July 19, 1995 (Supp. 95-3). New Section made by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4).

ARTICLE 5. ADVANCED PRACTICE REGISTERED NURSING

R4-19-501. Roles and Population Foci of Advanced Practice Registered Nursing (APRN); Certification Programs

A. The Board recognizes the following APRN roles;
1. Registered nurse practitioner (RNP) in a population focus including Certified Nurse Midwife as a population focus of RNP;
2. Clinical Nurse Specialist (CNS) in a population focus; and
3. Certified Registered Nurse Anesthetist (CRNA).

B. RNPs and CNSs shall practice within one or more population foci, consistent with their education and certification. Population foci include:
1. Family-individual across the life span;
2. Adult-gerontology primary or acute care;
3. Neonatal;
4. Pediatric primary or acute care;
5. Women's health-gender related;
6. Psychiatric-mental health;
7. For Certified Nurse Midwives, women's health gender related including childbirth and neonatal care;
8. Other foci that have been recognized by the Board previously and new foci that meet the following conditions:
   a. There is an accredited educational program and a national certifying process that meets the requirements of subsection (C); and
   b. The focus is broad enough for an educational program to be developed that prepares a registered nurse to function both within the scope of practice of the role and population focus.

C. The Board shall accept advanced practice certifications from programs that meet the following qualifications:
1. The certification program:
   a. Is accredited by the National Commission for Certifying Agencies, the Accreditation Board for Specialty Nursing Certification, or an equivalent organization as determined by the Board;
   b. Establishes educational requirements for certification that are consistent with the requirements in R4-19-505;
   c. Has an application process and credential review that requires an applicant to submit original source documentation of the applicant's education and clinical practice in the advanced practice role and population focus, if applicable, for which certification is granted; and
   d. Is national in the scope of its credentialing.
2. The certification program uses an examination as a basis for certification in the advanced practice role and population focus, as applicable that meets all of the following criteria:
   a. The examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community both initially and every five years;
   b. The examination assesses entry-level practice in the advanced practice role and population focus, if applicable;
   c. The examination assesses the knowledge, skills, and abilities essential for the delivery of safe and effective advanced nursing care to clients;
   d. Examination items are reviewed for content validity, cultural sensitivity, and correct scoring using an established mechanism, both before first use and periodically; items are reviewed for currency at least every three years;
   e. The examination is evaluated for psychometric performance and conforms to psychometric standards that are routinely utilized for other types of high-stakes testing;
   f. The passing standard is established using accepted psychometric methods and is re-evaluated periodically;
   g. Examination security is maintained through established procedures;
   h. A re-take policy is in place; and
   i. Conditions for taking the certification examination are consistent with standards of the testing community;
3. Certification is issued upon passing the examination and meeting all other certification requirements;
4. The certification program periodically provides for re-certification that includes review of qualifications and continued competence;
5. The certification program provides timely communication to the Board regarding licensee or applicant certification status, changes in an individual's certification status, exam results and changes in the certification program, including qualifications, test plan, and scope of practice; and
6. The certification program has an evaluation process to provide quality assurance in its certificate program.

D. The Board shall determine whether a certification program meets the requirements of this Section. The following certification programs meet the requirements of this Section as of the effective date of this rulemaking:
1. For RNP:
   a. American Academy of Nurse Practitioner certification programs;
      i. Adult nurse practitioner,
      ii. Family nurse practitioner,
      iii. Gerontologic nurse practitioner,
      iv. Adult health-gerontological nurse practitioner.
   b. American Nurses Credentialing Center certification programs:
      i. Acute care nurse practitioner (adult/gerontology),
      ii. Adult nurse practitioner,
      iii. Family nurse practitioner,
      iv. Gerontological nurse practitioner,
      v. Pediatric nurse practitioner,
      vi. Adult psychiatric and mental health nurse practitioner,
      vii. Family psychiatric and mental health nurse practitioner,
      viii. Adult health-gerontological nurse practitioner,
   c. Pediatric Nursing Certification Board certification programs:
      i. Pediatric nurse practitioner primary care,
      ii. Pediatric nurse practitioner acute care,
   d. National Certification Corporation for Obstetric, Gynecological, and Neonatal Nursing Specialties certification programs;
      i. Women's health nurse practitioner,
      ii. Neonatal nurse practitioner,
   e. For a nurse-midwife, the American Midwifery Certification Board certification program in nurse midwifery,
   f. AACN Certification Corporation certification programs:
      i. Adult acute care nurse practitioner,
      ii. Adult-gerontology acute care nurse practitioner,
2. For CNS:
   a. AACN Certification Corporation certification programs:
      i. Adult acute and critical care CNS,
      ii. Pediatric acute and critical care CNS,
      iii. Neonatal acute and critical care CNS,
   b. American Nurses Credentialing Center certification:
      i. Adult psychiatric-mental health CNS,
      ii. Family psychiatric-mental health CNS,
      iii. Gerontological CNS,
      iv. Adult health CNS,
      v. Pediatric CNS.
3. For CRNA, National Board of Certification and Recertification for Nurse Anesthetists.

E. The Board shall approve a certification program that meets the criteria established in this Section. An entity that seeks approval of a certification program and is denied approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section IV, Part I. Former Section R4-19-53 renumbered as Section R4-19-501 (Supp. 86-1). Former Section R4-19-501 renumbered to R4-19-502, new Section R4-19-501 adopted effective November 18, 1994 (Supp. 94-4). Amended effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 7 A.A.R. 3213, effective July 12, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2).

R4-19-502. Requirements for APRN Programs

A. An educational institution or other entity that offers an APRN program in this state for RNP or CNS roles shall ensure that the program:
1. Is offered by or affiliated with a college or university that is accredited under A.R.S. § 32-1644;
2. For new programs, the college or university offering the program has at least one additional nationally accredited nursing program as defined in R4-19-101 or otherwise provides substantial evidence of the ability to attain national APRN program accreditation for all graduating cohorts;
3. Is a formal educational program, that is part of a masters or doctoral program or a post-masters program in nursing with a concentration in an advanced practice registered nursing role and population focus under R4-19-501;
4. Is nationally accredited, or has achieved candidacy status for national accreditation by an approved national nursing accrediting agency as defined in R4-19-101;
5. Offers a curriculum that covers the scope of practice for both the role of advanced practice as specified in A.R.S. § 32-1601 and the population focus including;
   a. Three separate graduate level courses in:
      i. Advanced physiology and pathophysiology, including general principles across the lifespan;
      ii. Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches;
      iii. Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad category agents;
   b. Diagnosis and management of diseases across practice settings including diseases representative of all systems;
   c. Preparation that provides a basic understanding of the principles for decision making in the identified role;
   d. Preparation in the core competencies for the identified APRN role including legal, ethical and professional responsibilities; and
   e. Role preparation in an identified population focus under R4-19-501.
6. Verifies that each student has an unencumbered license to practice as an RN in the state of clinical practice;
7. Includes a minimum of 500 hours of faculty supervised clinical practice (programs that prepare students for more than one role or population focus shall have 500 hours of clinical practice in each role and population focus);
8. Notifies the Board of any changes in hours of clinical practice, accreditation status, denial or deferral of accreditation or program administrator and responds to Board requests for information;
9. Has financial resources sufficient to support accreditation standards and the educational goals of the program;
10. Establishes academic, professional, and conduct standards that determine admission to the program, progression in the program, and graduation from the program

that are consistent with sound educational practices and recognized standards of professional conduct;

11. Establishes provisions for advanced placement for individuals holding a graduate degree in nursing who are seeking education in an APRN role and population focus, provided that advanced placement students master the same APRN competencies as students in the graduate-level APRN program; and
12. Provides the Board an application for approval under the provisions of R4-19-209(B) before making changes to the:
    a. Scope of the program, or
    b. Level of educational preparation provided.

B. A CNS or RNP program shall appoint the following personnel:

1. An APRN program administrator who:
    a. Holds a current unencumbered RN license or multistate privilege to practice in Arizona and a current unencumbered APRN certificate issued by the Board;
    b. Holds an earned doctorate in nursing or health-related field if appointed after the effective date of this Section;
    c. Has at least two years clinical experience as an APRN; and
    d. Holds current national certification as an APRN.
2. A lead faculty member who is educated and certified both nationally and by the Board in the same role and population focus to coordinate the educational component for the role and population focus in the advanced practice registered nursing program.
3. Nursing faculty to teach any APRN course that includes a clinical learning experience who have the following qualifications:
    a. A current unencumbered RN license or multi-state privilege to practice registered nursing in Arizona;
    b. A current unencumbered Arizona APRN certificate,
    c. A graduate degree in nursing or a health related field in the population focus,
    d. Two years of APRN clinical experience, and
    e. Current knowledge, competence and certification as an APRN in the role and population focus consistent with teaching responsibilities.
4. Adjunct or part-time clinical faculty employed solely to supervise clinical nursing experiences shall meet all of the faculty qualifications for the APRN program they are teaching.
5. Interdisciplinary faculty who teach non-clinical courses shall have advanced preparation in the areas of course content.
6. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace faculty. A clinical preceptor shall be approved by program administration or faculty and:
    a. Hold a current unencumbered license or multistate privilege to practice as a registered nurse or physician in the state in which the preceptor practices or, if employed by the federal government, holds a current unencumbered RN or physician license in the United States;
    b. Have at least one year clinical experience as a physician or an advanced practice nurse
    c. Practice in a population focus comparable to that of the APRN program;
    d. For nurse preceptors, have at least one of the following:
        i. Current national certification in the advanced practice role and population focus of the course or program in which the student is enrolled;
        ii. Current Board certification in the advanced practice role and population focus of the course or program in which the student is enrolled; or
        iii. If an advanced practice preceptor cannot be found who meets the requirements of subsection (B)(6)(d)(i) or (ii), educational and experiential qualifications that will enable the preceptor to precept students in the program, as determined by the nursing program and approved by the Board.

C. An entity that offers a CRNA program in Arizona shall maintain full national program accreditation with no limitations from the Council on Accreditation of Nurse Anesthesia Educational Programs or an equivalent agency approved by the Board. The program shall notify the Board of all program accreditation actions within 30 days of official notification by the accrediting agency.

Historical Note

Former Section IV, Part II; Amended effective February 20, 1980 (Supp. 80-1). Former Section R4-19-54 repealed, new Section R4-19-54 adopted effective July 20, 1981 (Supp. 81-4). Former Section R4-19-54 renumbered as Section R4-19-502 (Supp. 86-1). Section repealed, new Section R4-19-502 renumbered from R4-19-501 and Section heading amended effective November 18, 1994 (Supp. 94-4). Section repealed, new Section R4-19-502 adopted effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2).

R4-19-503. Application for Approval of an Advanced Practice Registered Nursing Program; Approval by Board

A. An administrator of an educational institution that proposes to offer a CNS or RNP program shall submit an application that includes all of the following information to the Board:

1. Role, population focus that meets the criteria in R4-19-501 program administrator and lead faculty member as required in R4-19-502(B);
2. Name, address, and evidence verifying institutional accreditation status of the affiliated educational institution and program accreditation status of current nursing programs offered by the educational institution;
3. The mission, goals, and objectives of the program consistent with generally accepted standards for advanced practice education in the role and population focus of the program;
4. List of the required courses, and a description, measurable objectives, and content outline for each required course consistent with curricular requirements in R4-19-502;
5. A proposed time schedule for implementation of the program and attaining national accreditation;
6. The total hours allotted for both didactic instruction and supervised clinical practicum in the program;
7. A program proposal that provides evidence of sufficient financial resources, clinical opportunities and available faculty and preceptors for the proposed enrollment and planned expansion;
8. A self-study that provides evidence of compliance with R4-19-502;

B. An entity that wishes to offer a CRNA program shall submit evidence of current accreditation by the Council on Accreditation of Nurse Anesthesia Education Programs or an equivalent organization.

C. The Board shall approve an advanced practice registered nursing program if approval is in the best interest of the public and the program meets the requirements of this Article. The Board may grant approval for a period of two years or less to an advanced practice nursing program where the program meets all the requirements of this Article except for accreditation by a national nursing accrediting agency, based on the program's presentation of evidence that it has applied for accreditation and meets accreditation standards.

D. An educational institution or entity that is denied approval of an advanced practice registered nursing program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying its application for approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

E. Approval of an advanced practice registered nursing program expires 12 months from the date of approval if a class of students is not admitted within that time.

Historical Note

Former Section IV, Part III; Amended effective Nov. 17, 1978 (Supp. 78-6). Amended effective February 20, 1980 (Supp. 80-1). Amended by adding subsection (F) effective July 20, 1981 (Supp. 81-4). Amended by adding subsection (G) effective September 15, 1982 (Supp. 82-5). Former Section R4-19-55 renumbered as Section R4-19-503 (Supp. 86-1). Former Section R4-19-503 repealed, new Section adopted effective November 18, 1994 (Supp. 94-4). Former Section R4-19-503 renumbered to Section R4-19-504; new Section R4-19-503 adopted effective November 25, 1996 (Supp. 86-1). Amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2).

R4-19-504. Notice of Deficiency; Unprofessional Program Conduct

A. The Board may periodically survey an advanced practice registered nursing program under its jurisdiction to determine whether criteria for approval are being met.

B. The Board shall, upon determining that an advanced practice registered nursing program is not in compliance with this Article, provide to the program administrator a written notice of deficiencies that establishes a reasonable time, based upon the number and severity of deficiencies, to correct the deficiencies. The time for correction may not exceed 18 months.

1. The program administrator shall, within 30 days from the date of service of the notice of deficiencies, consult with the Board or designated Board representative and, after consultation, file a plan to correct each of the identified deficiencies.
2. The program administrator may, within 30 days from the date of service of the notice of deficiencies, submit a written request for a hearing before the Board to appeal the Board's determination of deficiencies. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
3. If the Board's determination is not appealed or is upheld upon appeal, the Board may conduct periodic evaluations of the program during the time of correction to determine whether the deficiencies have been corrected.

C. The Board shall, following a Board-conducted survey and report, rescind the approval or limit the ability of a program to admit students if the program fails to comply with R4-19-502 within the time set by the Board in the notice of deficiencies provided to the program administrator.

1. The Board shall serve the program administrator with a written notice of proposed rescission of approval or limitation of admission of students that states the grounds for the rescission or limitation. The program administrator has 30 days to submit a written request for a hearing to show cause why approval should not be rescinded or admissions limited. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
2. Upon the effective date of a decision to rescind program approval, the affected advanced practice registered nursing program shall immediately cease operation and be removed from the official approved-status listing. An advanced practice registered nursing program that is ordered to cease operations shall assist currently enrolled students to transfer to an approved nursing program.

D. A disciplinary action, denial of approval, or notice of deficiency may be issued against an RNP or CNS nursing program for any of the following acts of unprofessional conduct:

1. Failure to maintain minimum standards of acceptable and prevailing educational practice;
2. For a program that was served with a notice of deficiencies within the preceding three years and timely corrected the noticed deficiencies, subsequent noncompliance with the standards in this Article;
3. Utilization of students to meet staffing needs in health care facilities;
4. Non-compliance with the program or parent institution mission or goals, program design, objectives, or policies;
5. Failure to provide the variety and number of clinical learning opportunities necessary for students to achieve program outcomes or minimal competence;
6. Student enrollments without adequate faculty, facilities, or clinical experiences;
7. Ongoing or repetitive employment of unqualified faculty;
8. Failure to comply with Board requirements within designated time-frames;
9. Fraud or deceit in advertising, promoting or implementing a nursing program;
10. Material misrepresentation of fact by the program in any advertisement, application or information submitted to the Board;
11. Failure to allow Board staff to visit the program or conduct an investigation;
12. Any other evidence that gives the Board reasonable cause to believe the program's conduct may be a threat to the safety and well-being of students, faculty or potential patients.

Historical Note

Former R4-19-504 renumbered to R4-19-505; new R4-19-504 made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2).

R4-19-505. Requirements for Initial APRN Certification

A. An applicant for certification as an advanced practice registered nurse, shall:

1. Hold a current Arizona registered nurse (RN) license in good standing or an RN license in good standing from a compact party state with multistate privileges, and not be

a participant in an alternative to discipline program in any jurisdiction; and

2. Submit a verified application to the Board on a form provided by the Board that provides all of the following:
   a. Full legal name and all former names used by the applicant;
   b. Current mailing address, including primary state of residence and telephone number;
   c. Place and date of birth:
   d. RN license number, application for RN license, or copy of a multistate compact RN license;
   e. Social security number for an applicant who lives or works in the United States;
   f. Current e-mail address;
   g. Educational background, including the name and location of basic nursing program, the institution that awarded the highest degree held and any and all advanced practice registered nursing education programs or schools attended including the number of years attended, the length of each program, the date of graduation or completion, and the type of degree or certificate awarded;
   h. Role and population focus, as applicable for which the applicant is applying;
   i. Current employer or practice setting, including address, position, and dates of service, if employed or practicing in nursing or health care;
   j. Evidence of national certification or recertification as an advanced practice registered nurse in the role and population focus, if applicable, of the application and by a certification program that meets the requirements of R4-19-501(C). The applicant shall include the name of the certifying organization, population focus, certification number, date of certification, and expiration date;
   k. For applicants holding a multistate compact RN license in a state other than Arizona:
      i. State of original licensure and license number;
      ii. State of current compact RN license, license number and expiration date;
      iii. Date of taking RN licensure exam and name of exam;
      iv. Whether the applicant ever submitted an application for and was granted an Arizona license and, if applicable, the date of Arizona licensure;
      v. Other information related to the nurse's practice for the purpose of collecting nursing workforce data; and
      vi. State of licensure and license number of all RN licenses held,
   l. Responses regarding the applicant's background on the following subjects:
      i. Current investigation or pending disciplinary action by a nursing regulatory agency in the United States or its territories;
      ii. Undesignated offense and felony charges, convictions and plea agreements including deferred prosecution;
      iii. Misdemeanor charges, convictions, and plea agreements, including deferred prosecution, that are required to be reported under A.R.S. § 32-3208;
      iv. Actions taken on a nursing license by any other state;
      v. Unprofessional conduct as defined in A.R.S. § 32-1601;
      vi. Substance use disorder within the last five years;
      vii. Current participation in an alternative to discipline program in any other state; and
   m. Information that the applicant meets the criteria in R4-19-506(A) or (C).
3. Submit a fingerprint card on a form provided by the Board or prints if the applicant has not submitted fingerprints to the Board within the last two years.
4. Submit an official transcript from an institution accredited under A.R.S. § 32-1644 either sent directly from the institution or obtained from a Board-approved database that provides evidence of:
   a. A graduate degree with a major in nursing for RNP and CNS Applicants, or
   b. A graduate degree associated with a CRNA program for a CRNA applicant.
5. The applicant shall cause the program to provide the Board with evidence of completion of an APRN program in the role and population focus of the application through submission of an official letter or other official program document sent either directly from the program, or from a Board-approved data base. The APRN program shall meet one of the following criteria during the period of the applicant's attendance in the program:
   a. The program was part of a graduate degree, or post-masters program at an institution accredited under A.R.S. § 32-1644; or
   b. The program was approved or recognized in the U.S jurisdiction of program location for the purpose granting APRN licensure or certification.
6. For an applicant who completed an advanced practice or graduate program in a foreign jurisdiction, submit an evaluation from the Commission on Graduates of Foreign Nursing Schools or a Board-approved credential evaluation service that indicates the applicant's program is comparable to a U.S. graduate nursing or APRN program.
7. Submit the required fee.

B. If the applicant satisfies all other requirements, the Board shall continue to certify:
1. An RNP without a graduate degree with a major in nursing if the applicant:
   a. Meets all other requirements for certification; and
   b. Ensures that the U.S. jurisdiction of an applicant's previous RNP licensure or certification submits evidence of the applicant's certification or licensure in the nurse practitioner role and population focus that either is current or was current at least six months before the application was received by the Board, and was originally issued:
      i. Before January 1, 2001, if the RNP applicant lacks a graduate degree; or
      ii. Before November 13, 2005 if the RNP's graduate degree is in a health-related area other than nursing.
2. An RNP or CNS applicant without evidence of national certification who received initial advanced practice certification or licensure in another state not later than July 1, 2004 and provides evidence, directly from the jurisdiction, that the certification or licensure is current.
3. A CNS applicant without evidence of completion of a CNS program who received initial certification or advanced practice licensure in this or another state not later than November 13, 2005 and provides evidence,

directly from the jurisdiction, that the certificate or license is current.

4. A CRNA who completed a CRNA program before the effective date of this Section without evidence of a graduate degree.
5. A CNS applicant who completed a women's health clinical nurse specialist program that was part of a graduate degree in nursing program under subsection (A), without evidence of national certification upon submission of the following:
   a. A description of the applicant's scope of practice that is consistent with A.R.S. § 32-1601(7);
   b. One of the following:
      i. A letter from a faculty member who supervised the applicant during the graduate program attesting to the applicant's competence to practice within the defined scope of practice;
      ii. A letter from a current supervisor verifying the applicant's competence in the defined scope of practice; or
      iii. A letter from a physician, RNP, or CNS who has worked with the applicant within the past two years attesting to the applicant's competence in the defined scope of practice; and
   c. A form verifying that the applicant has practiced a minimum of 500 hours in the population focus within the past two years, which may include clinical practice time in a CNS program.

C. The Board shall issue a certificate to practice as an RNP in a population focus, a CNS in a population focus, or a registered nurse anesthetist to a registered nurse who meets the criteria in this Section. An applicant who is denied a certificate may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-56 repealed, new Section R4-19-56 adopted effective July 16, 1984 (Supp. 84-4). Former Section R4-19-56 renumbered as Section R4-19-504 (Supp. 86-1). Former Section R4-19-504 renumbered to R4-19-505, new Section R4-19-504 adopted effective November 18, 1994 (Supp. 94-4). Former Section R4-19-504 renumbered to Section R4-10-505; new Section R4-19-504 renumbered from R4-19-503 and amended effective November 25, 1996 (Supp. 96-4). Amended effective January 10, 1997 (Supp. 97-1). Amended by final rulemaking at 5 A.A.R. 3911, effective September 28, 1999 (Supp. 99-3). Former R4-19-505 renumbered to R4-19-508; new R4-19-505 renumbered from R4-19-504 and amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in subsection (A)(7)(a) was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). A.R.S. Section reference updated under subsection (B)(5)(a), under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-506. Expiration of APRN Certificate; Practice Requirement; Renewal

A. An advanced practice certificate issued after July 1, 2004, expires when the certificate holder's RN license expires, or when national certification expires, whichever occurs first. Certificates issued on or before July 1, 2004, or those issued without proof of national certification under R4-19-505(B)(5) and (B)(2) do not expire unless the RN license expires under A.R.S. § 32-1642 or the nurse has not practiced advanced practice nursing at the applicable level of certification for a minimum of 960 hours in the five years before the date the application is received. This requirement is satisfied if the applicant verifies that the applicant has:

1. Completed an advanced practice nursing education program within the past five years; or
2. Practiced for a minimum of 960 hours within the past five years where the nurse:
   a. Worked for compensation or as a volunteer, as an APRN and performed one or more acts under A.R.S. § 32-1601(7) for a CNS, A.R.S. § 32-1601(20) for an RNP or A.R.S. § 32-1634.04 for a CRNA; or
   b. Held a position for compensation or as a volunteer that required, preferred or recommended, in the job description, the level of advanced practice certification being sought or renewed.

B. A registered nurse requesting renewal of an advanced practice certificate or an RNP certificate issued after July 1, 2004 shall provide evidence of current national certification or recertification under R4-19-505(A)(2)(j). This provision does not apply to a CNS granted a waiver of certification.

C. An advanced practice nurse who does not satisfy the practice requirement of subsection (A) shall complete coursework or continuing education activities at the graduate or advanced practice level that include, at minimum, 45 contact hours of advanced pharmacology and 45 contact hours in a subject or subjects related to the role and population focus of certification. Upon completion of the coursework, the nurse shall engage in a period of precepted clinical practice as specified in this subsection;

1. Precepted clinical practice shall be directly supervised by an advanced practice nurse in the same role and population focus as the certification being renewed or a physician who engages in practice with the same population focus as the certification being renewed.
2. Practice hours completed during the time-frame specified below may be applied to reduce the number of precepted clinical practice hours, except that in no case shall the hours be reduced by more than half the requirement. The nurse shall complete hours according to the following schedule:
   a. 300 hours if the applicant has practiced less than 960 hours in only the last five years;
   b. 600 hours if the applicant has not practiced 960 hours in the last five years, but has practiced at least 960 hours in the last six years;
   c. 1000 hours if the applicant has not practiced at least 960 hours in the last six years, but has practiced 960 hours in the last seven to 10 years; or
   d. If the nurse has not practiced 960 hours of advanced practice nursing in the role and population focus being renewed in more than 10 years, complete a program of study as recommended by an approved advanced practice nursing program that includes, at minimum, 500 hours of faculty supervised clinical

practice in the role and population focus of certification. An applicant who qualifies for any option in subsection (C)(2)(a) through (c) may complete the requirements of this subsection to satisfy the practice requirement.

D. An applicant who, in addition to not meeting the requirements for continued APRN certification, does not meet the requirements for RN renewal, shall fulfill all RN renewal requirements before satisfying the requirements of this Section.

E. The Board shall renew a certificate to practice as a registered nurse practitioner in a population focus, a clinical nurse specialist in a population focus, or a registered nurse anesthetist for a registered nurse who meets the criteria in this Section. An applicant who is denied renewal of a certificate may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying renewal of certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Section R4-19-506 renumbered from R4-19-505 effective November 18, 1994 (Supp. 94-4). Former Section R4-19-506 renumbered to R4-19-510, new Section R4-19-506 adopted effective November 25, 1996 (Supp. 96-4). Former R4-19-506 renumbered to R4-19-510; new Section R4-19-506 made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citations in subsection (A)(2)(a) were updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). A.R.S. Section references updated under subsection (A)(2)(a), under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-507. Temporary Advanced Practice Certificate; Temporary Prescribing and Dispensing Authority

A. Based on the registered nurse's qualifications, the Board may issue a temporary certificate to practice as a registered nurse practitioner or a clinical nurse specialist in a population focus or a registered nurse anesthetist. A registered nurse who is applying for a temporary certificate shall:
1. Apply for certification as an advanced practice nurse;
2. Submit an application for a temporary certificate;
3. Demonstrate authorization to practice as a registered nurse in Arizona on either a permanent or temporary Arizona license in good standing or a multistate compact privilege;
4. Meet all requirements of R4-19-505 or meet the requirements of R4-19-505 with the exception of national certification for RNP and CNS applicants unless exempt under R4-19-505(B); and
5. Submit evidence that the applicant:
   a. Has applied for and is eligible to take an approved national advanced practice certification exam in the role and population focus of the application;
   b. Has requested that the certification program transmit all exam results directly to the Board; or
   c. For a CRNA, holds national certification according to R4-19-501.

B. If an applicant fails to meet criteria for national advanced practice certification or has failed a certification exam, the applicant is not eligible for a temporary certificate.

C. The Board may issue temporary prescribing and dispensing authority for RNP applicants, if the applicant:
1. Meets all application requirements for temporary certification in this Section,
2. Applies for and meets all requirements for prescribing and dispensing authority under R4-19-511,
3. Has been certified or licensed as a nurse practitioner or nurse midwife with prescribing and dispensing authority in the same role and population focus in another state or territory of the United States,
4. Either holds current national certification as a registered nurse practitioner or nurse midwife in the population focus of the application or is exempt from national certification under R4-19-505(B), and
5. Meets the practice requirement of R4-19-506(A)(2).

D. Temporary certification as an advanced practice nurse and temporary prescribing and dispensing authority expire in six months and may be renewed for an additional six months for good cause. Good cause means reasons beyond the control of the temporary certificate holder such as unavoidable delays in obtaining information required for certification.

E. Notwithstanding subsection (D), the Board shall withdraw a temporary advanced practice certificate and temporary prescribing and dispensing authority under any one of the following conditions. The temporary certificate holder:
1. Does not meet requirements for RN licensure in this state or the RN license is suspended or revoked,
2. Fails to renew the RN license upon expiration,
3. Loses the multistate compact privilege,
4. Fails the national certifying examination, fails to maintain current national certification, as required by R4-19-505, or
5. Violates a statute or rule of the Board.

F. An applicant who is denied a temporary certificate or temporary prescribing and dispensing authority may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the temporary certification or authority. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 4300, effective October 18, 1999 (Supp. 99-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-508. Standards Related to Registered Nurse Practitioner Scope of Practice

A. An RNP shall refer a patient to a physician or another health care provider if the referral will protect the health and welfare of the patient and consult with a physician and other health care providers if a situation or condition occurs in a patient that is beyond the RNP's knowledge and experience.

B. In addition to the scope of practice permitted a registered nurse, a registered nurse practitioner, under A.R.S. §§ 32-1601

(20) and 32-1606(B)(12), may perform the following acts within the limits of the population focus of certification:

1. Examine a patient and establish a medical diagnosis by client history, physical examination, and other criteria.
2. For a patient who requires the services of a health care facility:
   a. Admit the patient to the facility,
   b. Manage the care the patient receives in the facility, and
   c. Discharge the patient from the facility.
3. Order and interpret laboratory, radiographic, and other diagnostic tests, and perform those tests that the RNP is qualified to perform.
4. Prescribe, order, administer and dispense therapeutic measures including pharmacologic agents and devices if authorized under R4-19-511, and non-pharmacological interventions including, but not limited to, durable medical equipment, nutrition, home health care, hospice, physical therapy and occupational therapy.
5. Identify, develop, implement, and evaluate a plan of care for a patient to promote, maintain, and restore health.
6. Perform therapeutic procedures that the RNP is qualified to perform.
7. Delegate therapeutic measures to qualified assistive personnel including medical assistants under R4-19-509.
8. Perform additional acts that the RNP is qualified to perform and that are generally recognized as being within the role and population focus of certification.

C. An RNP shall only provide health care services including prescribing and dispensing within the RNP's population focus and role and for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice.

Historical Note

Adopted effective February 25, 1987 (Supp. 87-1). Former Section R4-19-505 renumbered to R4-19-506, new Section R4-19-505 renumbered from R4-19-504 effective November 18, 1994 (Supp. 94-4). Former Section R4-19-505 repealed, new Section R4-19-505 renumbered from R4-19-504 and amended effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 4300, effective October 18, 1999 (Supp. 99-4). Former R4-19-508 renumbered to R4-19-513; new R4-19-508 renumbered from R4-19-505 and amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore one of the A.R.S. citations in subsection (B) was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). A.R.S. Section reference updated under subsection (B), under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-509. Delegation to Medical Assistants

A. Under A.R.S. §§ 32-1456 and 32-1601(20), an RNP may delegate patient care to a medical assistant in an office or outpatient setting. The RNP shall verify that a medical assistant to whom the RNP delegates meets at least one of the following qualifications:

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

B. An RNP may delegate the following acts to a medical assistant who is under the direct supervision of the RNP and demonstrates competency in the performance of the act:

1. Obtain vital signs;
2. Perform venipuncture and draw blood;
3. Perform capillary puncture;
4. Perform pulmonary function testing;
5. Perform electrocardiography;
6. Perform patient screening using established protocols;
7. Perform dosage calculations as applicable to written orders;
8. Apply pharmacology principles to prepare and administer oral, inhalant, topical, otic, optic, rectal, vaginal and parenteral medications (excluding intravenous medications);
9. Maintain medication and immunization records;
10. Assist provider with patient care;
11. Perform Clinical Laboratory Improvement Amendments (CLIA) waived hematology, chemistry, urinalysis, microbiological and immunology testing;
12. Screen test results;
13. Obtain specimens for microbiological testing;
14. Obtain patient history;
15. Instruct patients according to their needs to promote health maintenance and disease prevention;
16. Prepare a patient for procedures or treatments;
17. Document patient care and education;
18. Perform first aid procedures;
19. Perform whirlpool treatments;
20. Perform diathermy treatments;
21. Perform electronic galvation stimulation treatments;
22. Perform ultrasound therapy;
23. Perform massage therapy (subject to regulation by massage therapy board);
24. Apply traction treatments;
25. Apply Transcutaneous Nerve Stimulation unit treatments;
26. Apply hot and cold pack treatments; and
27. Administer small volume nebulizer treatments.

Historical Note

Adopted effective November 25, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 4300, effective October 18, 1999 (Supp. 99-4). New Section made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore one of the A.R.S. citations in subsection (A) was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6,

2013 (Supp. 13-2). A.R.S. Section reference updated under subsection (A), under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-510. Expired

Historical Note

Section renumbered from R4-19-506 and amended effective November 25, 1996 (Supp. 96-4). Section repealed made by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Section R4-19-510 renumbered from R4-19-506 and amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1093, effective March 24, 2011 (Supp. 11-2).

R4-19-511. Prescribing and Dispensing Authority; Prohibited Acts

A. The Board shall authorize a registered nurse practitioner (RNP) to prescribe and dispense (P&D) drugs and devices within the RNP's population focus only if the RNP does all of the following:
1. Obtains authorization by the Board to practice as an RNP;
2. Applies for prescribing and dispensing privileges on the application for RNP certification;
3. Submits a completed verified application on a form provided by the Board that contains all of the following information:
   a. Name, address, e-mail address and home telephone number;
   b. Arizona registered nurse license number, or copy of compact license;
   c. RNP population focus;
   d. RNP certification number issued by the Board; and
   e. Business address and telephone number;
4. Submits evidence of a minimum of 45 contact hours of education within the three years immediately preceding the application, covering one or both of the following topics consistent with the population focus of education and certification:
   a. Pharmacology, or
   b. Clinical management of drug therapy, and
5. Submits the required fee.

B. An applicant who is denied P & D authority may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the P & D authority. Board hearings shall comply with A.R.S. Title 41, Chapter 6, Article 10, and 4 A.A.C. 19, Article 6, of this Chapter.

C. An RNP shall not prescribe or dispense drugs or devices without Board authority or in a manner inconsistent with law. The Board may impose an administrative or civil penalty for each violation, suspend the RNP's P & D authority, or impose other sanctions under A.R.S. § 32-1606(C). In determining the appropriate sanction, the Board shall consider factors such as the number of violations, the severity of each violation, and the potential for or existence of patient harm.

D. In addition to acts listed under R4-19-403, for an RNP who prescribes or dispenses a drug or device, a practice that is or might be harmful to the health of a patient or the public, includes one or more of the following:
1. Prescribing a controlled substance to oneself, a member of the RNP's family or any other person with whom the RNP has a relationship that may affect the RNP's ability to use independent, objective and sound judgment when prescribing;
2. Providing any controlled substance or prescription-only drug or device for other than accepted therapeutic purposes;
3. Delegating the prescribing and dispensing of drugs or devices to any other person;
4. Prescribing for a patient that is not in the RNP's population focus of education and certification except as authorized in subsection (D)(5)(d); and
5. Prescribing, dispensing, or furnishing a prescription drug or a prescription-only device to a person unless the RNP has examined the person and established a professional relationship, except when the RNP is engaging in one or more of the following:
   a. Providing temporary patient care on behalf of the patient's regular treating and licensed health care professional;
   b. Providing care in an emergency medical situation where immediate medical care or hospitalization is required by a person for the preservation or health, life, or limb;
   c. Furnishing a prescription drug to prepare a patient for a medical examination; or
   d. Prescribing antimicrobials to a person who is believed to be at substantial risk as a contact of a patient who has been examined and diagnosed with a communicable disease by the prescribing RNP even if the contact is not in the population focus of the RNP's certification.
6. Prescribing or dispensing any controlled substance or prescription-only drug or device in a manner that is inconsistent with other state or federal requirements.

E. An RNP shall not dispense a Schedule II Controlled Substance that is an opioid, except for an opioid that is for medication assisted treatment for substance use disorders.

Historical Note

Adopted effective November 25, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by emergency rulemaking at 24 A.A.R. 1678, filed and effective May 23, 2018, valid for 180 days, A.R.S. 41-1026(D) (Supp. 18-2). Emergency renewed with amendments at 24 A.A.R. 3335, filed and effective November 9, 2018, valid for an additional 180 days (Supp. 18-4). Emergency expired. Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-512. Prescribing Drugs and Devices

A. An RNP granted P & D authority by the Board may:
1. Prescribe drugs and devices;
2. Provide for refill of prescription-only drugs and devices for one year from the date of the prescription.

B. An RNP with P & D authority who wishes to prescribe a controlled substance shall obtain a DEA registration number before prescribing a controlled substance. The RNP shall file the DEA registration number with the Board.

C. An RNP with a DEA registration number may prescribe:
1. A Schedule II controlled substance as defined in the federal Controlled Substances Act, 21 U.S.C. § 801 et seq., or Arizona's Uniform Controlled Substances Act, A.R.S. Title 36, Chapter 27, but shall not prescribe refills of the prescription;

2. A Schedule III or IV controlled substance, as defined in the federal Controlled Substances Act or Arizona's Uniform Controlled Substances Act, and may prescribe a maximum of five refills in six months; and
3. A Schedule V controlled substance, as defined in the federal Controlled Substances Act or Arizona's Uniform Controlled Substances Act, and may prescribe refills for a maximum of one year.

D. An RNP whose DEA registration is revoked or expires shall not prescribe controlled substances. An RNP whose DEA registration is revoked or limited shall report the action to the Board.

E. In all outpatient settings or at the time of hospital discharge, an RNP with P & D authority shall personally provide a patient or the patient's representative with the name of the drug, directions for use, and any special instructions, precautions, or storage requirements necessary for safe and effective use of the drug if any of the following occurs:
1. A new drug is prescribed or there is a change in the dose, form, or direction for use in a previously prescribed drug;
2. In the RNP's professional judgment, these instructions are warranted; or
3. The patient or patient's representative requests instruction.

F. An RNP with P & D authority shall ensure that all prescription orders contain the following:
1. The RNP's name, address, telephone number, and population focus;
2. The prescription date;
3. The name of the patient and either the address of the patient or a blank for the address if the prescription is not being dispensed by the RNP;
4. The full name of the drug, strength, dosage form, and directions for use;
5. The letters "DAW", "dispense as written", "do not substitute", "medically necessary" or any similar statement on the face of the prescription form if intending to prevent substitution of the drug;
6. The RNP's DEA registration number, if applicable; and
7. The RNP's signature.

Historical Note

Former R4-19-512 renumbered to R4-19-514; new R4-19-512 made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2).

R4-19-513. Dispensing Drugs and Devices

A. A registered nurse practitioner (RNP) granted prescribing and dispensing authority by the Board may:
1. Dispense drugs and devices to patients;
2. Dispense samples of drugs packaged for individual use without a prescription order or additional labeling;
3. Only dispense drugs and devices obtained directly from a pharmacy, manufacturer, wholesaler, or distributor; and
4. Allow other personnel to assist in the delivery of medications provided that the RNP retains responsibility and accountability for the dispensing process.

B. If dispensing a drug or device, an RNP with dispensing authority shall:
1. Ensure that the patient has a written prescription that complies with R4-19-512(F) and contains the address of the patient and inform the patient that the prescription may be filled by the prescribing RNP or by a pharmacy of the patient's choice;
2. Affix a prescription number to each prescription that is dispensed;
3. Ensure that all original prescriptions are preserved for a minimum of seven years and make the original prescriptions available at all times for inspection by the Board of Nursing, Board of Pharmacy, and law enforcement officers in performance of their duties; and
4. Report the dispensing of controlled substances to the Board of Pharmacy's Controlled Substance Prescription Monitoring Program as required in A.R.S. § 36-2608.

C. An RNP practicing in a public health facility operated by this state or a county or in a qualifying community health center under A.R.S. § 32-1921(D) and (F) may dispense drugs or devices to patients without a written prescription if the public health facility or the qualifying community health center adheres to all storage, labeling, safety, and recordkeeping rules of the Board of Pharmacy.

D. An RNP who dispenses a drug shall ensure that a label is affixed that contains all of the following information:
1. Dispensing RNP's name and population focus;
2. Address and telephone number of the location from which the drug is dispensed;
3. Date dispensed;
4. Patient's name and address;
5. Name and strength of the drug, quantity in the container, directions for use, and any cautionary statements necessary for the safe and effective use of the drug;
6. Manufacturer and lot number; and
7. Prescription order number.

E. An RNP who dispenses a drug or device shall ensure that the following information about the drug or device is entered into the patient's medical record:
1. Name of the drug, strength, quantity, directions for use, and number of refills;
2. Date dispensed;
3. Therapeutic reason;
4. Manufacturer and lot number; and
5. Prescription order number.

F. An RNP with dispensing authority shall:
1. Keep all drugs in a locked cabinet or room in an area that is not accessible to patients;
2. If dispensing a controlled substance:
   a. Control access by a written policy that specifies:
      i. Those persons allowed access, and
      ii. Procedures to report immediately the discovery of a shortage or illegal removal of drugs to a local law enforcement agency and provide that agency and the DEA with a written report within seven days of the discovery.
   b. Maintain and make available to the Board upon request an ongoing inventory and record of:
      i. A Schedule II controlled substance, as defined in the federal Controlled Substances Act or Arizona's Uniform Controlled Substances Act, separately from all other records, and a prescription for a Schedule II controlled substance in a separate prescription file; and
      ii. A Schedule III, IV, or V controlled substance, as defined in the federal Controlled Substances Act or Arizona's Uniform Controlled Substances Act, in a form that is readily retrievable from other records.

G. If a prescription order is refilled, an RNP with P & D authority shall record the following information on the back of the prescription order or in the patient's medical record:
1. Date refilled,

2. Quantity dispensed if different from the full amount of the original prescription,
3. RNP's name or identifiable initials, and
4. Manufacturer and lot number.

H. Under the supervision of an RNP with P & D authority, other personnel may:
1. Receive and record a prescription refill request from a patient or a patient's representative;
2. Receive and record a verbal refill authorization from the RNP including:
   a. The RNP's name;
   b. Date of refill;
   c. Name, directions for use, and quantity of drug; and
   d. Manufacturer and lot number;
3. Prepare and affix a prescription label; and
4. Prepare a drug or device for delivery, provided that the dispensing RNP:
   a. Inspects the drug or device and initials the label before issuing to the patient to ensure compliance with the prescription; and
   b. Ensures that the patient is informed of the name of the drug or device, directions for use, precautions, and storage requirements.

Historical Note

Adopted effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 4300, effective October 18, 1999 (Supp. 99-4). Former R4-19-513 renumbered to R4-19-515; new R4-19-513 renumbered from R4-19-508 and amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2).

R4-19-514. Standards Related to Clinical Nurse Specialist Scope of Practice

In addition to the functions of a registered nurse, a CNS, under A.R.S. § 32-1601(7), may perform one or more of the following for an individual, family, or group within the population focus of certification and for which competency has been maintained:
1. Conduct an advanced assessment, analysis, and evaluation of a patient's complex health needs;
2. Establish primary and differential health status diagnoses;
3. Direct health care as an advanced clinician;
4. Develop, implement, and evaluate a treatment plan according to a patient's need for specialized nursing care;
5. Establish nursing standing orders, algorithms, and practice guidelines related to interventions and specific plans of care;
6. Manage health care according to written protocols;
7. Facilitate system changes on a multidisciplinary level to assist a health care facility and improve patient outcomes cost-effectively;
8. Consult with the public and professionals in health care, business, and industry in the areas of research, case management, education, and administration;
9. Perform psychotherapy if certified as a clinical nurse specialist in psychiatric and mental health nursing;
10. Prescribe and dispense durable medical equipment; or
11. Perform additional acts that the clinical nurse specialist is qualified to perform.

Historical Note

Adopted effective November 25, 1996 (Supp. 96-4). Section R4-19-514 renumbered from R4-19-512 and amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in the opening subsection was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). A.R.S. Section reference updated under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-515. Repealed

Historical Note

Section adopted by final rulemaking at 6 A.A.R. 335, effective December 20, 1999 (Supp. 99-4). Section R4-19-515 renumbered from R4-19-513 by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Repealed by final rulemaking at 18 A.A.R. 2140, effective August 8, 2012 (Supp. 12-3).

R4-19-516. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Repealed by final rulemaking at 18 A.A.R. 2140, effective August 8, 2012 (Supp. 12-3).

ARTICLE 6. RULES OF PRACTICE AND PROCEDURE

R4-19-601. Expired

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 618, effective December 31, 2001 (Supp. 02-1). Section R4-19-601 renumbered from R4-19-602 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2692, effective August 31, 2011 (Supp. 11-4).

R4-19-602. Letter of Concern

A letter of concern issued by the Board is not an appealable agency action as defined in A.R.S. § 41-1092.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-602 renumbered to R4-19-601; new Section R4-19-602 made by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-603. Representation

Any person subject to a hearing may participate in the hearing and may be represented by legal counsel. The Board shall not pay for the person's legal counsel.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-603 repealed; new Section R4-19-603 renumbered from R4-19-604 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-604. Notice of Hearing; Response

A. The Board, in consultation with the Office of Administrative Hearings, as necessary shall prepare and serve a written notice of hearing on all parties under A.R.S. § 41-1092.05.

B. In addition to the notice requirements in A.R.S. § 41-1092.05(D), the Board shall include the following in the notice:

1. The full name, address, and license number, if any, of the licensee, certificate holder, program, or applicant;
2. The name, mailing address, and telephone number of the Board's executive director or Board designee if the hearing is to be conducted by the Board;
3. A statement that a hearing will proceed without a party's presence if a party fails to attend or participate in the hearing;
4. The names and mailing addresses of persons to whom notice is being given, including the Attorney General representing the state at the hearing; and
5. Any other matters relevant to the proceedings.

C. The party named in the notice of hearing shall file a written response under A.R.S. § 32-1664 within 30 days after service of the notice of hearing. The response shall contain:
1. The party's name, address, and telephone number;
2. Whether the party has legal representation and, if so, the name and address of the attorney;
3. A response to the allegations contained in the notice of hearing; and
4. Any other matters relevant to the proceedings.

Historical Note
Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-604 renumbered to R4-19-603; new Section R4-19-604 renumbered from R4-19-605 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-605. Expired

Historical Note
Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-605 renumbered to R4-19-604; new Section R4-19-605 renumbered from R4-19-606 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2692, effective August 31, 2011 (Supp. 11-4).

R4-19-606. Expired

Historical Note
Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-606 renumbered to R4-19-605; new Section R4-19-606 renumbered from R4-19-607 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2692, effective August 31, 2011 (Supp. 11-4).

R4-19-607. Recommended Decision
The Administrative Law Judge who conducts the hearing shall make a recommended decision under A.R.S. § 41-1092.08. The Board shall immediately transmit a copy of the recommended decision to each party. Each party may file a memorandum of objections for consideration at the next Board meeting that contains the reasons why the recommended decision is in error or requires correction, and includes appropriate citations to the record, statutes, or rules in support of each objection.

Historical Note
Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-607 renumbered to R4-19-606; new Section R4-19-607 renumbered from R4-19-612 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-608. Rehearing or Review of Decision

A. A party may file a motion for rehearing or review of a decision under A.R.S. §§ 41-1092.09 and 32-1665.

B. The Board may grant a rehearing or review of the decision for any of the following causes materially affecting the moving party's rights:
1. Irregularity in the administrative proceedings of the Board or the administrative law judge, or any order, or abuse of discretion, which deprived the moving party of a fair hearing;
2. Misconduct of the Board, the administrative law judge, or the prevailing party;
3. Accident or surprise that could not have been prevented by ordinary prudence;
4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the original hearing;
5. Excessive or insufficient penalties;
6. Error in the admission or exclusion of evidence or other errors of law occurring during the pendency of the proceeding or at the administrative hearing; or
7. The decision is not justified by the evidence or is contrary to law.

C. Upon the Board's receipt of a motion for rehearing or review, the Board may affirm or modify the decision or grant a rehearing to all or any of the parties on all or part of the issues for any of the reasons in subsection (B). An order granting a rehearing shall specify with particularity the grounds for the order. Any rehearing shall cover only those specified matters.

D. Within the time limits of A.R.S. § 41-1092.09, the Board may order a rehearing or review on its own initiative for any of the reasons in subsection (B). The Board shall specify the grounds for the rehearing or review in the order.

E. When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days of such service, serve opposing affidavits.

Historical Note
Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective December 31, 2001 (Supp. 02-1). Section R4-19-608 renumbered from R4-19-614 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-609. Effectiveness of Orders

A. Except as provided in subsection (B), a decision is final upon expiration of the time for filing a request for rehearing or review or upon denial of such a request, whichever is later. If the Board grants a rehearing or review, the decision is stayed until another order is issued.

B. If it finds that the public health, safety, or welfare imperatively requires emergency action, the Board may proceed under A.R.S. § 41-1092.11(B), ordering summary suspension of a license while other proceedings are pending. If the Board orders a summary suspension, a party shall exhaust the party's administrative remedies by filing a motion for rehearing or review under A.R.S. § 41-1092.09(B) before seeking judicial review of the decision.

Historical Note
Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective December 31, 2001 (Supp. 02-1). Section R4-19-609 renumbered from R4-19-615 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-610. Expired

Historical Note
Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective December 31, 2001 (Supp. 02-1).

R4-19-611. Expired

Historical Note
Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective December 31, 2001 (Supp. 02-1).

R4-19-612. Renumbered

Historical Note
Adopted effective October 10, 1996 (Supp. 96-4). Section renumbered to R4-19-607 by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-613. Expired

Historical Note
Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective December 31, 2001 (Supp. 02-1).

R4-19-614. Renumbered

Historical Note
Adopted effective October 10, 1996 (Supp. 96-4). Section renumbered to R4-19-608 by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-615. Renumbered

Historical Note
Adopted effective October 10, 1996 (Supp. 96-4). Section renumbered to R4-19-609 by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

ARTICLE 7. PUBLIC PARTICIPATION PROCEDURES

R4-19-701. Expired

Historical Note
Adopted effective October 10, 1996 (Supp. 96-4). Amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2692, effective August 31, 2011 (Supp. 11-4).

R4-19-702. Petition for Rulemaking; Review of Agency Practice or Substantive Policy Statement; Objection to Rule Based Upon Economic, Small Business, or Consumer Impact

A person may petition the Board, requesting the making of a final rule, or a review of an existing agency practice or substantive policy statement that the petitioner alleges to constitute a rule under A.R.S. § 41-1033, or objecting to a rule under A.R.S. § 41-1056.01, by filing a petition which contains the following:

1. The name, current address, and telephone number of the person submitting the petition.
2. For the making of a new rule, the specific language of the proposed rule.
3. For amendment of a current rule, the *Arizona Administrative Code* (A.A.C.) Section number, the Section heading, and the specific language of the current rule, with any language to be deleted stricken through but legible, and any new language underlined.
4. For repeal of a current rule, the A.A.C. Section number and Section heading proposed for repeal.
5. The reasons the rule should be made, specifically stating in reference to an existing rule, why the rule is inadequate, unreasonable, unduly burdensome, or otherwise not acceptable. The petitioner may provide additional supporting information including:
   a. Any statistical data or other justification, with clear references to attached exhibits;
   b. An identification of any person or segment of the public that would be affected and how they would be affected; and
   c. If the petitioner is a public agency, a summary of relevant issues raised in any public hearing, or written comments offered by the public.
6. For a review of an existing agency practice or substantive policy statement alleged to constitute a rule, the reasons the existing agency practice or substantive policy statement constitutes a rule and the proposed action requested of the Board.
7. For an objection to a rule based upon the economic, small business, or consumer impact, evidence of any of the following grounds:
   a. The actual economic, small business, or consumer impact significantly exceeded the impact estimated in the economic, small business, and consumer impact statement submitted during the making of the rule.
   b. The actual economic, small business, or consumer impact was not estimated in the economic, small business, and consumer impact statement submitted during the making of the rule and that actual impact imposes a significant burden on persons subject to the rule.
   c. The Board did not select the alternative that imposes the least burden and costs to persons regulated by the rule, including paperwork and other compliance costs, necessary to achieve the underlying regulatory objective.
8. The signature of the person submitting the petition.

Historical Note
Adopted effective October 10, 1996 (Supp. 96-4). Amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2).

R4-19-703. Oral Proceedings

A. The Board shall schedule an oral proceeding on all rulemakings and publish the notice as prescribed in A.R.S. § 41-1023. A Board member, the executive director, or a Board staff member shall serve as presiding officer at an oral proceeding.

B. The Board shall record all oral proceedings either by an electronic recording device or stenographically, and any resulting cassette tapes or transcripts, registers, and all written comments received shall become part of the official record.

C. The presiding officer shall conduct an oral proceeding according to A.R.S. § 41-1023; and
1. Request each person in attendance register;
2. Obtain the following information from any person who intends to speak:
   a. Name and whether the person represents another;
   b. Position with regard to the proposed rule; and
   c. Approximate length of time needed to speak;
3. Open the proceeding by identifying the subject matter of the rules under consideration and the purpose of the proceeding;
4. Present the agenda;
5. Ensure that a Board representative explains the background and general content of the proposed rules;
6. Limit comments to a reasonable period, and prevent undue repetition of comments;

7. Announce the address for written public comments and the date and time for the close of record; and
8. Close the proceeding if there are no persons in attendance within 15 minutes after the posted meeting time.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-703 repealed; new Section R4-19-703 renumbered from R4-19-704 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-704. Petition for Altered Effective Date

A. A person wishing to alter the effective date of a rule shall file a written petition that contains:
1. The name, current address, and telephone number of the person submitting the petition;
2. Identification of the proposed rule;
3. If the person is petitioning for an immediate effective date, a demonstration that the immediate date is necessary for one or more of the reasons in A.R.S. § 41-1032(A);
4. If the person is petitioning for a later effective date, more than 60 days after filing of the rule, a demonstration under A.R.S. § 41-1032(B) that good cause exists for, and the public interest will not be harmed by, the later effective date; and
5. The signature of the person submitting the petition.

B. The Board shall make a decision and notify the petitioner of the decision within 60 days of receipt of the petition.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-704 renumbered to R4-19-703; new Section R4-19-704 renumbered from R4-19-705 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-705. Written Criticism of an Existing Rule

A. Any person may file with the Board a written criticism of an existing rule that contains:
1. The rule addressed, and
2. The reason the existing rule is inadequate, unduly burdensome, unreasonable, or improper.

B. The Board shall acknowledge receipt of any criticism within 10 working days and shall place the criticism in the official record for review by the Board under A.R.S. § 41-1056.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-705 renumbered to R4-19-704; new Section R4-19-705 renumbered from R4-19-706 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-706. Renumbered

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Renumbered to R4-19-705 by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

ARTICLE 8. CERTIFIED AND LICENSED NURSING ASSISTANTS AND CERTIFIED MEDICATION ASSISTANTS

R4-19-801. Common Standards for Nursing Assistant (NA) and Certified Medication Assistant (CMA) Training Programs

A. Program Administrative Responsibilities
1. Any person or entity offering a training program under this Article shall, before accepting tuition from prospective students, and at all times thereafter, provide program personnel including a coordinator and instructors, as applicable, who meet the requirements of this Article.
2. If at any time, a person or entity offering a training program cannot provide a qualified instructor for its students, it shall immediately cease instruction and, if the training program cannot provide a qualified instructor within 5 business days, the training program shall offer all enrolled students a refund of all tuition and fees the students have paid to the program.
3. A training program shall obtain and maintain Board approval or re-approval as specified in this Article and A.R.S § 32-1650.01 (B) before advertising the program, accepting any tuition, fees, or other funds from prospective students, or enrolling students.
4. A training program that uses external clinical facilities shall execute a written agreement with each external clinical facility.
5. A training program that requires students to pay tuition for the program shall:
   a. Make all program costs readily accessible on the school's website with effective dates,
   b. Publically post any increases in costs on the school's website 30 days in advance of the increase;
   c. Include in the cost calculation and public posting, all fees directly paid to the program including but not limited to tuition, lab fee, clinical fee, enrollment fee, insurance, books, uniform, health screening, credit card fee and state competency exam fee; and
   d. Provide a description of all program costs to the student that are not directly paid to the program.
6. Before collecting any tuition or fees from a student, a training program shall notify each prospective student of Board requirements for certification and licensure including:
   a. Legal presence in the United States; and
   b. For licensure, criminal background check requirements, and ineligibility under A.R.S. § 32-1606(B)(15) and (16).
7. Within the first 14 days of the program and before 50% of program instruction occurs, a training program shall transmit to the Board-approved test vendor, accurate and complete information regarding each enrolled student for the purposes of tracking program enrollment, attrition and completion. Upon receipt of accurate completion information, the vendor shall issue a certificate of completion to the program for each successful graduate.
8. A training program shall provide the Board, or its designee, access to all training program records, students and staff at any time, including during an announced or unannounced visit. A program's refusal to provide such access is grounds for withdrawal of Board approval.
9. A training program shall provide each student with an opportunity to anonymously and confidentially evaluate the course instructor, curriculum, classroom environment, clinical instructor, clinical setting, textbook and resources of the program;
10. A training program shall provide and implement a plan to evaluate the program that includes the frequency of evaluation, the person responsible, the evaluative criteria, the results of the evaluation and actions taken to improve the program. The program shall evaluate the following elements at a minimum every two years:
    a. Student evaluations consistent with subsection (A)(9);

b. First-time pass rates on the written and manual skills certification exams for each admission cohort;
c. Student attrition rates for each admission cohort;
d. Resolution of student complaints and grievances in the past two years; and
e. Review and revision of program policies.

11. A training program shall submit written documentation and information to the Board regarding the following program changes within 30 days of instituting the change:
    a. For a change or addition of an instructor or coordinator, the name, RN license number, and documentation that the coordinator or instructor meets the applicable requirements of R4-19-802(B) and (C) for NA programs and R4-19-803 (B) for CMA programs;
    b. For a change in classroom location, the previous and new location, and a description of the new classroom;
    c. For a change in a clinical facility, the name and address of the new facility and a copy of the signed clinical contract;
    d. For a change in the name or ownership of the training program, the former name or owners and the new name or owners; and
    e. For a decrease in hours of the program, a written revised curriculum document that clearly highlights new content, strikes out deleted content and includes revised hours of instruction, as applicable.

B. Policies and Procedures

1. A training program shall promulgate and enforce written policies and procedures that comply with state and federal requirements, and are consistent with the policies and procedures of the parent institution, if any. The program shall provide effective and review dates for each policy or procedure.
2. A training program shall provide a copy of its policies and procedures to each student on or before the first day the student begins the program.
3. The program shall promulgate and enforce the following policies with accompanying procedures:
    a. Admission requirements including:
        i. Criminal background, health and drug screening either required by the program or necessary to place a student in a clinical agency; and
        ii. English language, reading and math skills necessary to comprehend course materials and perform duties safely.
    b. Student attendance policy, ensuring that a student receives the hours and types of instruction as reported to the Board in the program's most recent application to the Board and as required in this Article. If absences are permitted, the program shall ensure that each absence is remediated by providing and requiring the student to complete learning activities that are equivalent to the missed curriculum topics, clinical experience or skill both in substance and in classroom or clinical time.
    c. A final examination policy that includes the following provisions;
        i. Require that its students score a minimum 75% correct answers on a comprehensive secure final examination with no more than one retake. The program may allow an additional retake following documented, focused remediation based on past test performance. Any retake examination must contain different items than the failed exam, address all course competencies, and be documented with score, date administered and proctor in the student record; and
        ii. Require that each student demonstrate, to program faculty, satisfactory performance of each practical skill as prescribed in the curriculum before performance of that skill on patients or residents without the instructor's presence, direct observation, and supervision.
    d. Student record maintenance policies consistent with subsection (D) including the retention period, the location of records and the procedure for students to access to their records.
    e. Clinical supervision policies consistent with clinical supervision provisions of this Section, and:
        i. R4-19-802(C) and (D) for NA programs, or
        ii. R4-19-803(B) and (C) for CMA programs;
    f. Student conduct policies for expected and unacceptable conduct in both classroom and clinical settings;
    g. Dismissal and withdrawal policies;
    h. Student grievance policy that includes a chain of command for grade disputes and ensures that students have the right to contest program actions and provide evidence in support of their best interests including the right to a third party review by a person or committee that has no stake in the outcome of the grievance;
    i. Program progression and completion criteria.

C. Classroom and clinical instruction

1. During clinical training sessions, a training program shall ensure that each student is identified as a student by a name badge or another means readily observable to staff, patients, and residents.
2. A training program shall not utilize, or allow the clinical facility to utilize, students as staff during clinical training sessions.
3. A training program shall provide a clean, comfortable, distraction-free learning environment for didactic teaching and skill practice.
4. A training program shall provide, in either electronic or paper format, a written curriculum to each student on or before the first day of class that includes a course description, course hours including times of instruction and total course hours, instructor information, passing requirements, course goals, and a topical schedule containing date, time and topic for each class session.
5. For each unit or class session the program shall provide, to its students, written:
    a. Measurable learner-centered objectives,
    b. An outline of the material to be taught, and
    c. The learning activities or reading assignment.
6. A training program shall utilize an electronic or paper textbook corresponding to the course curriculum that has been published within the previous five years. Unless granted specific permission by the publisher, a training program shall not utilize copies of published materials in lieu of an actual textbook.
7. A training program shall provide, to all program instructors and enrolled students, access to the following instructional and educational resources:
    a. Reference materials, corresponding to the level of the curriculum; and
    b. Equipment and supplies necessary to practice skills.
8. A training program instructor shall:
    a. Plan each learning experience;

b. Ensure that the curriculum meets the requirements of this Section;
c. Prepare written course goals, lesson objectives, class content and learning activities;
d. Schedule and achieve course goals and objectives by the end of the course; and
e. Require satisfactory performance of all critical elements of each skill under R4-19-802(H) for nursing assistant and R4-19-803(D)(4) for medication assistant before allowing a student to perform the skill on a patient or resident without the instructor's presence at the bedside.

9. A qualified RN instructor shall be present at all times and during all scheduled classroom, skills laboratory and clinical sessions. In no instance shall a nursing assistant or other unqualified person provide any instruction, reinforcement, evaluation or independent activities in the classroom or skills laboratory.
10. A qualified RN instructor shall supervise any student who provides care to patients or residents by:
    a. Remaining in the clinical facility and focusing attention on student learning needs during all student clinical experiences;
    b. Providing the instructor's current and valid contact information to students and facility staff during the instructor's scheduled teaching periods;
    c. Observing each student performing tasks taught in the training program;
    d. Documenting each student's performance each day, consistent with course skills and clinical objectives;
    e. During the clinical session, engaging exclusively in activities related to the supervision of students; and
    f. Reviewing all student documentation.

D. Records
1. A training program shall maintain the following program records either electronically or in paper form for a minimum of three years for NA programs and five years for CMA programs:
    a. Curriculum and course schedule for each admission cohort;
    b. Results of state-approved written and manual skills testing;
    c. Documentation of program evaluation under subsection (A)(10);
    d. A copy of any Board reports, applications, or correspondence, related to the program; and
    e. A copy of all clinical contracts, if using outside clinical agencies.
2. A training program shall maintain the following student records either electronically or in paper form for a minimum of three years for NA programs and five years for CMA programs:
    a. A record of each student's legal name, date of birth, address, telephone number, e-mail address and Social Security number, if available;
    b. A completed skill checklist containing documentation of student level of competency performing the skills in R4-19-802(F) for nursing assistant, and in R4-19-803(D)(4) for medication assistants;
    c. An accurate attendance record, which describes any make-up class sessions and reflects whether the student completed the required number of hours in the course;
    d. Scores for each test, quiz, or exam and whether such test, quiz, or exam was retaken; and
    e. For NA programs only, a copy of a document providing proof of legal presence in the United States as specified in A.R.S. § 41-1080 to be remitted to the Board's designated testing vendor in order to facilitate timely placement of program graduates on a nursing assistant registry.

E. Certifying Exam Passing Standard: A training program and each site of a consolidated program under R4-19-802(E) shall attain, at a minimum, an annual first-time passing rate on the manual skill and written certifying examinations that is equal to the Arizona average pass rate for all candidates on each examination minus 20 percentage points. The Board may waive this requirement for programs with less than five students taking the exam during the year. The Board shall issue a notice of deficiency under R4-19-805 to any program with five or more students taking the exam that fails to achieve the minimum passing standard in any calendar year.

F. Distance Learning; Innovative Programs
1. A training program may be offered using real-time interactive distance technologies such as interactive television and web based conferencing if the program meets the requirements of this Article.
2. Before a training program may offer, advertise, or recruit students for an on-line, innovative or other non-traditional program, the program shall submit an application for innovative applications in education under R4-19-214 and receive Board approval.

G. Site visits: A training program shall permit the Board, and its designee, including another state agency, to conduct an onsite scheduled evaluation for initial Board approval and renewal of approval in accordance with R4-19-804 and announced or unannounced site visits at any other time the Board deems necessary.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). A.R.S. Section reference updated under subsection (A)(6), under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-802. Nursing Assistant (NA) Program Requirements

A. Organization and Administration
1. A nursing assistant program may be offered by:
    a. An educational institution licensed by the State Board for Private Postsecondary Education,
    b. A public educational institution or a program funded by a local, state or federal governmental agency,
    c. A health care institution licensed by the Arizona Department of Health Services or a federally authorized health care institution,
    d. A private business that meets the requirements of this Article and all other legal requirements to operate a business in Arizona.
2. If a nursing assistant program is offered by a private business, the program shall meet the following requirements.
    a. Hold insurance covering any potential or future claims for damages resulting from any aspect of the

program or a hold a surety bond from a surety company with a financial strength rating of "A minus" or better by Best's Credit Ratings, Moody's Investors Service, Standard and Poor's rating service or another comparable rating service as determined by the Board in the amount of a minimum of $15,000. The program shall ensure that:

i. Bond or insurance distributions are limited to students or former students with a valid claim for instructional or program deficiencies;

ii. The amount of the bond or insurance is sufficient to reimburse the full amount of collected tuition and fees for all students during all enrollment periods of the program; and

iii. The bond or insurance is maintained for an additional 24 months after program closure; and

b. Upon initial use and remodeling, provide the Board with a fire inspection report from the Office of the State Fire Marshall or the local authority with jurisdiction, indicating that each program classroom and skill lab location is in compliance with the applicable fire code.

3. Programs approved by the Board before the effective date of this Section shall comply with subsection (A)(2) within one year of the effective date. If a program does not charge tuition or fees, the bond requirement is waived.

4. A Medicare or Medicaid certified long-term care facility-based nursing assistant program shall not require a student to pay a fee for any portion of the program including the initial attempt on the state competency exam.

5. In addition to the policies required in R4-19-801(B), the Board may approve a nursing assistant program to offer an advanced placement option to a student with a background in health care. A nursing assistant program wishing to offer an advance placement option shall submit their advanced placement policy to the Board and receive approval before implementing the policy. The program shall include, at a minimum, the following provisions in its policy:

a. Advanced placement is limited to students with at least one year full-time employment in the direct provision of health care within the past five years or students who have successfully completed course work that included direct patient care experiences in allied health, medicine or nursing in the past five years.

b. The program, at a minimum, shall require an advanced placement student to meet the same outcomes as regular students on all examinations and skill performance demonstrations.

c. The program shall require an advanced placement student to successfully accomplish all clinical objectives during a minimum of 16 hours of clinical practice under the direct supervision and observation of a qualified instructor and in a long-term care facility.

d. Upon successful completion of advanced placement and any other program requirements, the program shall credit the graduate with the same number of didactic, laboratory and clinical hours as the regular graduate.

B. Program coordinator qualifications and responsibilities

1. Program coordinator qualifications include:

a. Holding a current, registered nurse license that is active and in good standing or multistate privilege to practice as an RN under A.R.S. Title 32, Chapter 15; and

b. Possessing at least two years of nursing experience at least one year of which is in the provision of long-term care facility services.

2. A director of nursing in a health care facility may assume the role of a program coordinator for a nursing assistant training program that is housed in the facility but shall not function as a program instructor.

3. A program coordinator's responsibilities include:

a. Supervising and evaluating the program;

b. Ensuring that instructors meet Board qualifications and there are sufficient instructors to provide for a clinical ratio not to exceed 10 students per instructor;

c. Ensuring that the program meets the requirements of this Article; and

d. Ensuring that the program meets federal requirements regarding clinical facilities under 42 CFR 483.151.

4. Other than the director of nursing in a long-term care facility, a program coordinator may also serve as a program instructor.

C. Program instructor qualifications and duties

1. Program instructor qualifications include:

a. Holding a current, registered nurse license that is active and in good standing under A.R.S. Title 32, Chapter 15 and provide documentation of a minimum of one year full time or 1500 hours employment providing direct care as a registered nurse in any setting; and

b. At a minimum, one of the following:

i. Successful completion of a three semester credit course on adult teaching and learning concepts offered by an accredited post-secondary educational institution,

ii. Completion of a 40 hour continuing education program in adult teaching and learning concepts that was awarded continuing education credit by an accredited organization,

iii. One year of full-time or 1500 hours experience teaching adults as a faculty member or clinical educator, or

iv. One year of full time or 1500 hours experience supervising nursing assistants, either in addition to or concurrent with the one year of experience required in subsection (C)(1)(a).

2. In addition to the program instruction requirements in R4-19-801(C), a nursing assistant program instructor shall provide on-site supervision for each student placed in a health care facility not to exceed 10 students per instructor;

D. Clinical and classroom hour requirements and resources

1. A nursing assistant training program shall ensure each graduate receives a minimum of 120 hours of total instruction consisting of:

a. Instructor-led teaching in a classroom setting for a minimum of 40 hours;

b. Instructor-supervised skills practice and testing in a laboratory setting for a minimum of 20 hours; and

c. Instructor-supervised clinical experiences for a minimum of 40 hours, consistent with the goals of the program. Clinical requirements include the following:

i. The program shall provide students with clinical orientation to any clinical setting utilized.

ii. The program shall provide a minimum of 20 hours of direct resident care in a long-term care facility licensed by the Department of Health Services, except as provided in subsection (iv). Direct resident care does not include orientation and clinical pre and post conferences.

iii. If another health care facility is used for additional required hours, the program shall ensure that the facility provides opportunities for students toapply nursing assistant skills similar to those provided to long-term care residents.

iv. If a long-term care facility licensed by the Department of Health Services is not available within 50 miles of the training program's classroom, the program may provide the required clinical hours in a facility or unit that cares for residents or patients similar to those residing in a long-term care facility.

d. To meet the 120 hour minimum program hour requirement, a NA program shall designate an additional 20 hours to classroom, skill or clinical instruction based upon the educational needs of the program's students and program resources.

2. A nursing assistant training program shall ensure that equipment and supplies are in functional condition and sufficient in number for each enrolled student to practice required skills. At a minimum, the program shall provide:

a. Hospital-type bed, over-bed table, linens, linen protectors, pillows, privacy curtain, call-light and nightstand;

b. Thermometers, stethoscopes, including a teaching stethoscope, aneroid blood pressure cuffs, and a scale;

c. Realistic skill training equipment, such as a manikin or model, that provides opportunity for practice and demonstration of perineal care;

d. Personal care supplies including wash basin, towels, washcloths, emesis basin, rinse-free wash, tooth brushes, disposable toothettes, dentures, razor, shaving cream, emery board, orange stick, comb, shampoo, hair brush, and lotion;

e. Clothes for dressing residents including undergarments, socks, hospital gowns, shirts, pants and shoes or non-skid slippers;

f. Elimination equipment including fracture bed pans, bed pans, urinals, ostomy supplies, adult briefs, specimen cups, graduate cylinder, and catheter supplies;

g. Aseptic and protective equipment including running water, sink, soap, paper towels, clean disposable gloves, surgical masks, particulate respirator mask for demonstration purposes, gowns, hair protectors and shoe protectors;

h. Restorative equipment including wheelchair, gait belt, walker, anti-embolic hose, adaptive equipment, and cane;

i. Feeding supplies including cups, glasses, dishes, straws, standard utensils, adaptive utensils and clothing protectors;

j. Clean dressings, bandages and binders; and

k. Documentation forms.

E. Consolidated Programs

1. A nursing assistant program may request, in writing, to consolidate more than one site of a program under one program approval for convenience of administration. The site of a program is where didactic instruction occurs. The Board may approve the request for a consolidated program if all the following conditions are met:

a. The program is not based in a long-term care facility;

b. The program does not offer an innovative program as defined in R4-19-214 at any consolidated site;

c. A single RN administrator has authority and responsibility for all sites including hiring, retention and evaluation of all program personnel;

d. Curriculum and policies are identical for all sites;

e. Instructional delivery methods are substantially similar at all sites;

f. Didactic, lab practice and clinical hours are identical for all sites;

g. The program presents sufficient evidence that all sites have comparable resources, including classroom, skill lab, clinical facilities and staff. Evidence may include pictures, videos, documentation of equipment purchase and instructor resumes;

h. The program provides an application to the Board a minimum of 30 days before consolidation of the program or use of the new site;

i. The site is fully staffed before accepting students;

j. The program evaluates each site separately under R4-19-801(A)(9);

k. The program arranges for the test vendor to provide a separate program number for each site;

2. There have been no substantiated complaints against the program or failure to follow the provisions of this Article in the past two years.

3. The program shall notify the Board if a site is closed or has not been used in two years.

4. A program that has been Board-approved as a consolidated program may request to add additional sites 30 days in advance of site utilization. The Board may approve the new site if the site meets the criteria in subsection (E)(1).

5. The Board may deny a request to consolidate programs or add a site if the requirements of this section are not met. Denial of such a request is not a disciplinary action and does not affect the program's approval status.

6. The Board shall not renew or visit any site that was not used in the previous approval period.

F. Curriculum: a nursing assistant training program shall provide classroom and clinical instruction regarding each of the following subjects:

1. Communication, interpersonal skills, and documentation;

2. Infection control;

3. Safety and emergency procedures, including abdominal thrusts for foreign body airway obstruction and cardiopulmonary resuscitation;

4. Patient or resident independence;

5. Patient or resident rights, including the right to:

a. Confidentiality;

b. Privacy;

c. Be free from abuse, mistreatment, and neglect;

d. Make personal choices;

e. Obtain assistance in resolving grievances and disputes;

f. Security of a patient's or resident's personal property; and

g. Be free from restraints;

6. Recognizing and reporting abuse, mistreatment or neglect to a supervisor;

7. Basic nursing assistant skills, including:

a. Taking vital signs, height, and weight using standing, wheelchair and bed scales;

b. Maintaining a patient's or resident's environment;
c. Observing and reporting pain;
d. Assisting with diagnostic tests including obtaining specimens;
e. Providing care for patients or residents with drains and tubes including catheters and feeding tubes;
f. Recognizing and reporting abnormal patient or resident physical, psychological, or mental changes to a supervisor;
g. Applying clean bandages;
h. Providing peri-operative care; and
i. Assisting in admitting, transferring, or discharging patients or residents.

8. Personal care skills, including:
a. Bathing, skin care, and dressing;
b. Oral and denture care;
c. Shampoo and hair care;
d. Fingernail care;
e. Toileting, perineal, and ostomy care;
f. Feeding and hydration, including proper feeding techniques and use of assistive devices in feeding; and

9. Age specific, mental health, and social service needs, including:
a. Modifying the nursing assistant's behavior in response to patient or resident behavior,
b. Demonstrating an awareness of the developmental tasks and physiologic changes associated with the aging process,
c. Responding to patient or resident behavior,
d. Allowing the resident or patient to make personal choices and providing and reinforcing other behavior consistent with the individual's dignity,
e. Providing culturally sensitive care,
f. Caring for the dying patient or resident, and
g. Using the patient's or resident's family as a source of emotional support for the resident or patient;

10. Care of the cognitively impaired patient or resident including;
a. Understanding and addressing the unique needs and behaviors of patients or residents with dementia or other cognitive impairment,
b. Communicating with cognitively impaired patients or residents,
c. Reducing the effects of cognitive impairment, and
d. Appropriate responses to the behavior of cognitively impaired individuals.

11. Skills for basic restorative services, including:
a. Body mechanics;
b. Resident self-care;
c. Assistive devices used in transferring, ambulating and dressing;
d. Range of motion exercises;
e. Bowel and bladder training;
f. Care and use of prosthetic and orthotic devices; and
g. Turning and positioning a resident in bed, transferring a resident between bed and chair and positioning a resident in a chair.

12. Health care team member skills including the role of the nursing assistant and others on the health care team, time management and prioritizing work; and

13. Legal aspects of nursing assistant practice, including:
a. Requirements for licensure and registry placement and renewal.
b. Delegation of nursing tasks,
c. Ethics,
d. Advance directives and do-not-resuscitate orders, and
e. Standards of conduct under R4-19-814.

14. Body structure and function, together with common diseases and conditions.

G. Curriculum sequence: A nursing assistant training program shall provide a student with a minimum of 16 hours instruction in the subjects identified in subsections (F)(1) through (F)(6) before allowing a student to care for patients or residents.

H. Skills: A nursing assistant instructor shall verify and document that the following skills are satisfactorily performed by each student before allowing the student to perform the skill on a patient or resident without the instructor present:
1. Hand hygiene, gloving and gowning; and
2. Skills in subsection (F)(7), (8) and (11)(a), (c), (d), (f), and (g).

I. One-year approval: following receipt and review of a complete initial application as specified in R4-19-804 the Board may approve the program for a period that does not exceed one year, if requirements are met, without a site visit.

J. A Medicare or Medicaid certified long-term care facility-based program shall provide in its initial and each renewal application, a signed, sworn, and notarized document, executed by the program coordinator, affirming that the program does not require a nursing assistant student to pay a fee for any portion of the program including the initial attempt on the state competency exam.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-803. Certified Medication Assistant Program Requirements

A. Organization and Administration: A certified medication assistant (CMA) program may only be offered by those entities identified in A.R.S § 32-1650.01(A).

B. Instructor qualifications and duties
1. A medication assistant program instructor shall:
a. Hold a current, registered nurse license that is active and in good standing or multistate privilege to practice as an RN under A.R.S. Title 32, Chapter 15;
b. Possess at least two years or 3,000 hours of direct care nursing experience; and
c. Have administered medications to residents of a long-term care facility for a minimum of 40 hours.
2. Duties of a medication assistant instructor include, but are not limited to:
a. Ensuring that the program meets the requirements of this Article;
b. Planning each learning experience;
c. Teaching a curriculum that meets the requirements of this Section;
d. Implementing student and program evaluation policies that meet or exceed the requirements R4-19-801(A)(9) and (10);
e. Administering not less than three secure unit examinations and one comprehensive final exam consis-

tent with the course curriculum and the requirements of R4-19-801(B)(3)(c) and;

f. Requiring each student to demonstrate satisfactory performance of all critical elements of each skill in subsection (D)(4) before allowing a student to perform the skill on a patient or resident without the instructor's presence and direct observation;

g. Being physically present and attentive to students in the classroom and clinical setting at all times during all sessions;

3. A program instructor shall supervise only one student for the first 12 hours of each student's clinical experience; no more than three students for the next 12 hours of each student's clinical experience; and no more than five students for the next 16 hours of each student's clinical experience;

C. Clinical and classroom hour requirements and resources

1. A medication assistant training program shall ensure each graduate received a minimum of 100 hours of total instruction consisting of:
   a. Instructor-led didactic instruction for a minimum of 45 hours;
   b. Instructor supervised skill practice and testing for a minimum of 15 hours;
   c. Instructor supervised medication administration for a minimum of 40 hours in a long-term care facility licensed by the Department of Health Services.
2. A medication assistant program shall ensure that equipment and supplies are in functional condition and sufficient in number for each enrolled student to practice required skills in subsection (D)(3) and (D)(4). At a minimum, the program shall provide the following:
   a. A medication cart similar to one used in the clinical practice facility;
   b. Simulated medications and packaging consistent with resident medications;
   c. Pill crushers, pill splitters, medication cups and hand hygiene supplies;
   d. Medication administration record forms; and
   e. Current drug references, calculator and any other equipment used to administer medications safely.

D. Curriculum: a medication assistant training program shall provide classroom and clinical instruction in each of the following subjects.

1. Role of certified medication assistant (CMA) in Arizona including allowable acts, conditions, delegation and restrictions;
2. Principles of medication administration including:
   a. Terminology,
   b. Laws affecting drug administration,
   c. Drug references,
   d. Medication action,
   e. Medication administration across the human lifespan,
   f. Dosage calculation,
   g. Medication safety,
   h. Asepsis, and
   i. Documentation.
3. Medication properties, uses, adverse effects, administration and care implications for the following types of medications:
   a. Vitamins, minerals, and herbs,
   b. Antimicrobials,
   c. Eye and ear medications,
   d. Skin medications,
   e. Cardiovascular medications,
   f. Respiratory medications,
   g. Gastrointestinal medications,
   h. Urinary system medications and medications to attain fluid balance,
   i. Endocrine/reproductive medications,
   j. Musculoskeletal medications,
   k. Nervous system/sensory system medications and
   l. Psychotropic medications.
4. Medication administration theory and skill practice in administration of:
   a. Oral tablets, capsules, and solutions;
   b. Ear drops, eye drops and eye ointments;
   c. Topical lotions, ointments and solutions;
   d. Rectal suppositories; and
   e. Nasal drops and sprays.
5. Any other topics deemed by the program or the Board as necessary and pertinent to the safe administration of medications.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3).

R4-19-804. Initial Approval and Re-Approval Training Programs

A. An applicant for initial training program approval shall submit an application packet to the Board at least 90 days before the expected starting date of the program. An applicant shall submit application documents that are unbound, typed or word processed, single-sided, and on white, letter-size paper plus one electronic copy of the entire packet. The Board does not accept notebooks, spiral bound documents, manuals or books.

B. The Board may impose disciplinary action including denial on any training program that has advertised, conducted classes, recruited or collected money from potential students before receiving Board approval or after expiration of approval except for completing instruction to students who enrolled before the expiration date.

C. A program applying for initial approval shall include all of the following in their application packet:

1. Name, address, web address, telephone number, e-mail address and fax number of the program;
2. Identity of all program owners or sponsoring institutions;
3. Name, license number, telephone number, e-mail address and qualifications of the program coordinator as required in R4-19-802;
4. Name, license number, telephone number, e-mail address and qualifications of each program instructor including clinical instructors as required in either R4-19-802 for NA programs or R4-19-803 for CMA programs;
5. Name, telephone number, e-mail address and qualifications any person with administrative oversight of the training program, such as an owner, supervisor or director;
6. Accreditation status of the training program, if any, including the name of the accrediting body and date of last review;
7. Name, address, telephone number and contact person, for all health care institutions which will be clinical sites for the program;
8. Medicare certification status of all clinical sites, if any;
9. Evidence of program compliance with this Article including all of the following:

a. Program description that includes the length of the program, number of hours of clinical, laboratory and classroom instruction, and program goals consistent with federal, state, and if applicable, private postsecondary requirements;
b. A list and description of classroom facilities, equipment, and instructional tools the program will provide;
c. Written curriculum and course schedule according to the provisions of this Article;
d. A copy of the documentation that the program will use to verify student attendance, instructor presence and skills;
e. Copy of signed, current clinical contracts;
f. The title, author, name, year of publication, and publisher of all textbooks the program will require students to use;
g. A copy of course policies and any other materials that demonstrate compliance with this Article and the statutory requirements in Title 32, Chapter 15;
h. A plan to evaluate the program that meets requirements in R4-19-801(A)(10);
i. An implementation plan including start date and a description of how the program will provide oversight to ensure all requirements of this Article are met;
j. A self-assessment checklist of the application contents and their location in the application, on a form provided by the Board; and
k. Other requirements as requested consistent with R4-19-802 for nursing assistant programs and R4-19-803 for medication assistant programs.

D. Re-approval of Training Programs
1. A training program applying for re-approval shall submit a paper and electronic application and accompanying materials to the Board before expiration of the current approval. The applicant program shall ensure that all documents submitted are unbound, typed or word processed, single-sided, and on white, letter-size paper. The Board does not accept notebooks, spiral bound documents, manuals or books. A program or site of a consolidated program that did not hold any classes in the previous approval period is not eligible for renewal of approval.
2. The program shall include the following with the renewal application:
a. A program description and course goals;
b. Name, license number, and qualifications of current program personnel
c. A copy of the current curriculum which meets the applicable requirements in either R4-19-802 or R4-19-803;
d. The dates of each program offering, number of students who have completed the program, and the results of the state-approved written and manual skills tests, including first-time pass rates since the last program review;
e. A copy of current program policies, consistent with R4-19-801;
f. Any change in resources, contracts, or clinical facilities since the previous approval or changes that were not previously reported to the Board;
g. The program evaluation plan with findings regarding required evaluation elements under R4-19-801(A)(10);
h. The title, author, year of publication, and publisher of the textbook used by the program;
i. Copies of the redacted records of one program graduate;
j. The total number of enrolled students and graduates for each year since the last approval;
k. The total number of persons taking the state-approved exam in the past two years; if the number is less than 10, a comprehensive plan to increase program enrollment;
l. A self-assessment checklist of the application contents and their location in the application, on a form provided by the Board; and
m. Other requirements as requested consistent with R4-19-802 for nursing assistant programs and R4-19-803 for medication assistant programs.

E. Upon determination of administrative completeness of either an initial or renewal application, the Board, through its authorized representative, shall schedule and conduct a site visit of a NA program, unless one year only approval is granted on an initial application. The Board may conduct a site visit of a CMA program. Site visits are for the purpose of verifying compliance with this Article. Site visits may be conducted in person or through the use of distance technology.

F. Following an evaluation of the program application and a site visit, if applicable, the Board may approve or renew the approval of the program for two years for a nursing assistant program and up to four years for a medication assistant program, if the program renewal application and site visit findings, as applicable, meet the requirements of this Article, and A.R.S. Title 32, Chapter 15 and renewal is in the best interest of the public. If the program does not meet these requirements, the Board may issue a notice of deficiency under R4-19-805 or take disciplinary action.

G. A program may request an administrative hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for program approval or renewal of approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

H. The owner, operator, administrator or coordinator of a program that is denied approval or renewal of approval shall not be eligible to conduct, own or operate a new or existing program for a period of two years from the date of denial.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2).

R4-19-805. Deficiencies and Rescission of Program Approval, Unprofessional Program Conduct, Voluntary Termination, Disciplinary Action, and Reinstatement

A. Deficiencies
1. Upon determining that a training program has not complied with this Article, the Board s may issue a written notice of deficiency to the program. The Board shall establish a reasonable period of time, based upon the number and severity of deficiencies, for correction of the deficiencies. Under no circumstances, however, shall the period for correction of deficiencies exceed six months.
a. Within ten days from the date that the notice of deficiency is served, the program shall submit a plan of correction to the Board.

b. The Board, through its authorized representative, may approve the plan of correction or require modifications to the plan if the plan does not adequately address the deficiencies.
c. The Board may conduct periodic evaluations and site visits during the period of correction to ascertain the program's progress toward correcting the deficiencies.
d. The Board shall evaluate the program's compliance, at a regularly scheduled Board meeting following the period of correction to determine whether the program has corrected the deficiencies.

2. The Board may rescind the approval of a training program or take other disciplinary action under A.R.S. § 32-1663, based on the number and severity of violations if the program engages in any of the following:
a. Failure to submit a plan of correction to the Board within ten days of service of a notice of deficiency.
b. Failure to comply with the requirements of this Article within the period set by the Board in the notice of deficiency;
c. Noncompliance with federal, state, or, if applicable, private postsecondary requirements;
d. Failure to permit a scheduled or unannounced Board site visit or failure to allow a Board representative access to program documents, staff or students during a site visit or investigation;
e. Loaning or transferring Board program approval to another entity or facility, including a facility with the same ownership;
f. Offering, advertising, recruiting, or enrolling students in a training program before Board approval is granted;
g. Conducting a training program after expiration of Board approval without filing an application for renewal of approval before the expiration date;
h. For a long-term care based nursing assistant program, charging for any portion of the program;
i. Committing an act of unprofessional program conduct.

B. Unprofessional program conduct. A notice of deficiency or a disciplinary action including denial of approval or rescission of approval may be issued against a training program for any of the following acts of unprofessional conduct:
1. Failing to maintain minimum standards of acceptable and prevailing educational practice;
2. Any violation of this Article;
3. Utilization of students as labor rather than for educational purposes in a health care facility;
4. Failing to follow the program's or parent institution's mission or goals, program design, objectives, or policies;
5. Failing to provide the classroom, laboratory or clinical teaching hours required by this Article or described in the program description;
6. Enrolling students in a program without adequate faculty, facilities, or clinical experiences, as required by this Article;
7. Permitting unqualified persons to supervise teaching-learning experiences in any portion of the program;
8. Failing to comply with Board requirements within designated timeframes;
9. Engaging in fraud, misrepresentation or deceit in advertising, recruiting, promoting or implementing the program;
10. Making a false, inaccurate or misleading statement to the Board or the Board's designee in the course of an investigation, or on any application or information submitted to the Board or on the program's public website;
11. Failing to supervise students in the clinical setting in accordance with this Article or allowing more than the maximum students per clinical instructor prescribed in this Article;
12. Engaging in any other conduct that gives the Board reasonable cause to believe the program's conduct may be a threat to the safety or welfare of students, faculty, patients or the public.
13. Failing to:
a. Furnish in writing a full and complete explanation of a matter reported pursuant to A.R.S. § 32-1664, or
b. Respond to a subpoena issued by the Board;
14. Failing to take appropriate action to safeguard a patient's or resident's welfare or follow policies and procedures of the program or clinical site designed to safeguard the patient or resident;
15. Failing to promptly provide make-up classroom, laboratory, or clinical hours, with adequate notice to students, equivalent educational content, and reasonable scheduling, when shortages of hours were caused by the program or program instructors;
16. Failing to promptly remove, or adequately discipline or train, program instructors whose conduct violates this Article or may be a threat to the safety or welfare of students, patients, residents, or the public.
17. Engaging in retaliatory, threatening, or intimidating conduct toward current, prospective or former program students, instructors, other staff, or the public, who make complaints about any aspect of the program to program staff or the Board.

C. Disciplinary Action. If the Board issues disciplinary action against the approval of a nursing assistant or medication assistant training program, the program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10, and 4 A.A.C. 19, Article 6.

D. Voluntary termination
1. If a training program is voluntarily terminating before renewal, the program shall submit a written notice of termination to the Board.
2. The program coordinator shall continue the training program, including retaining necessary instructors, until the last student is transferred or has completed the training program.
3. Within 15 days after the termination of a training program, the administrator or a program representative shall notify the Board in writing of the permanent location and availability of all program records.
4. A program that fails to renew its approval with the Board shall be considered voluntarily terminated unless there is a complaint against the program.

E. Re-issuance of approval
1. If the Board revokes the approval of a training program, the owner, administrator or coordinator of the revoked program may apply for re-issuance of program approval after a period of two years by complying with the requirements of this Article. The owner, administrator and coordinator of a program that had its approval revoked shall not own, administer or coordinate a training program for a period of two years from the date of program revocation.
2. If the Board, in lieu of revocation, accepts a voluntarily surrender of a program's approval, the program's owner,

administrator or coordinator may apply for reissuance of the program's approval after a period of two years. The owner, administrator and coordinator of a program that voluntarily surrendered its approval shall not own, administer or coordinate a training program for a period of two years from the date of the surrender of approval.

3. A training program owner, administrator or coordinator whose program approval was voluntarily surrendered or that had its approval rescinded or revoked shall submit a complete reissuance application packet in writing that contains all of the information and documentation required of programs applying for initial approval. In addition, the program shall provide substantial evidence that the basis for revocation or voluntary surrender no longer exist and that reissuance of program approval is in the best interest of the public.
4. The Board may reissue approval to a training program that meets the requirements of this Article. A program that is denied reissuance of approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying reissuance. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3).

R4-19-806. Initial Nursing Assistant Licensure (LNA) and Medication Assistant Certification

A. An applicant for initial licensed nursing assistant (LNA) licensure or CMA certification shall submit the following to the Board:

1. A verified application on a form furnished by the Board that provides the following information about the applicant:
   a. Full legal name and any and all former names used by the applicant;
   b. Current mailing address, including county of residence, e-mail address and telephone number;
   c. Place and date of birth;
   d. Social Security number;
   e. Ethnic category and marital status at the applicant's discretion;
   f. Educational background, including the name of the training program attended, and date of graduation and for medication assistant, proof of high school or equivalent education completion as required in A.R.S. § 32-1650-02(A)(4);
   g. Current employer, including address and telephone number, type of position, and dates of employment, if employed in health care;
   h. A list of all states in which the applicant is or has been included on a nursing assistant registry or been licensed or certified as a nursing or medication assistant and the license or certificate number, if any;
   i. For medication assistant, proof of LNA licensure and 960 hours or 6 months full time employment as a CNA or LNA in the past year, as required in A.R.S. § 32-1650.02;
   j. Responses to questions regarding the applicant's background on the following subjects:
      i. Current investigation or pending disciplinary action by a nursing, nursing assistant or medication assistant regulatory agency in the United States or its territories;
      ii. Action taken on a nursing assistant or medication assistant license, certification or registry designation in any other state;
      iii. Felony conviction or conviction of an undesignated or other similar offense and the date of absolute discharge of sentence;
      iv. Unprofessional conduct as defined in A.R.S. § 32-1601;
      v. Explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
2. Proof of satisfactory completion of a nursing assistant or medication assistant training program that meets the requirements of this Article;
3. Proof of United States citizenship or alien status as specified in A.R.S. § 41-1080;
4. For LNA applicants, one or more fingerprint cards or fingerprints;
5. For CMA applicants, one or more fingerprint cards or fingerprints, as required by A.R.S. § 32-1606(B)(15) if a fingerprint background report has not been received by the Board in the past two years; and
6. Applicable fees under A.R.S. § 32-1643 and R4-19-808.

B. An applicant for licensure as a nursing assistant shall submit a passing score on a Board-approved nursing assistant examination and provide one of the following criteria:

1. Proof that the applicant has completed a Board-approved nursing assistant training program within the past two years:
2. Proof that the applicant has completed a nursing assistant training program approved in another state or territory of the United States consisting of at least 120 hours within the past two years;
3. Proof that the applicant has completed a nursing assistant program approved in another state or territory of the United States of at least 75 hours of instruction in the past two years and proof of working as a nursing assistant for an additional number of hours in the past two years that together with the hours of instruction, equal at least 120 hours;
4. Proof that the applicant either holds a nursing license in good standing in the U.S. or territories, has graduated from an approved nursing program, or otherwise meets educational requirements for a registered or practical nursing license in Arizona;
5. Documentation sent directly from the program that the applicant successfully completed a nursing course or courses as part of an RN or LPN program approved in either this or another state in the last 2 years that included:
   a. Didactic content regarding long-term care clients; and
   b. Forty hours of instructor-supervised direct patient care in a long-term care or comparable facility; or
6. Documentation of a minimum of 100 hours of military health care training, as evidenced by military records, and proof of working in health care within the past 2 years.

C. An applicant for medication assistant shall meet the qualifications of A.R.S. §§ 32-1650.02 and 32-1650.03. An applicant who wishes to use part of a nursing program in lieu of completion of a Board approved medication assistant training program under A.R.S. § 32-1650.02 shall submit the following:

1. An official transcript from a Board approved nursing program showing a grade of C or higher in a 45 hour or 3 semester credit, or equivalent, pharmacology course; and
2. A document signed by both the applicant's clinical instructor and the nursing program administrator verifying that the applicant completed 40 hours of supervised medication administration in a long-term care facility.

D. Certifying Exam
1. A LNA applicant shall take and pass both portions of the certifying exam within 2 years:
   a. Of program completion for graduates of nursing assistant programs approved in Arizona or another state, or
   b. Of the date of the first test for all other applicants.
2. A CMA applicant shall take and pass both portions of the certifying exam within one year:
   a. Of program completion for graduates of Board-approved programs, or
   b. Of the date of the first test for all other applicants.
3. An applicant may re-take the failed portion or portions of a certifying exam, under conditions prescribed in written policy by the exam vendor, until a passing score is achieved or their time expires under subsections (D)(1) or (2).

E. An applicant who does not take or pass an examination within the time period specified in subsection (D) shall enroll in and successfully complete a Board approved training program in the certification category before being permitted to retake an examination.

F. The Board may license a nursing assistant or certify a medication assistant applicant who meets the applicable criteria in this Article and A.R.S. Title 32, Chapter 15 if licensure or certification is in the best interest of the public.

G. An applicant who is denied licensure or certification may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

H. Medication assistant certification expires when nursing assistant licensure expires.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2).

R4-19-807. Nursing Assistant Licensure and Medication Assistant Certification by Endorsement

A. An applicant for LNA or CMA by endorsement shall submit all of the information, documentation, and fees required in R4-19-806.

B. An applicant who has been employed for less than one year shall list all employers during the past two years.

C. An applicant for nursing assistant licensure by endorsement shall meet the training program criteria in R4-19-806(B). An applicant for medication assistant endorsement shall, in addition, provide evidence satisfactory completion of a training program that meets the requirements of A.R.S. § 32-1650.04 and pass a competency examination as prescribed in A.R.S. § 32-1650.03.

D. In addition to the other requirements of this Section, an applicant for licensure or certification by endorsement shall provide evidence that the applicant:
1. Is or has been, within the last 2 years, listed as active on a nursing assistant register or a substantially equivalent register by another state or territory of the United States with no substantiated complaints or discipline; and
2. For nursing assistant, meets one or more of the following criteria:
   a. Regardless of job title or description, performed nursing assistant activities for a minimum of 160 hours for an employer or as part of a nursing or allied health program in the past two years; or
   b. Has completed a nursing assistant training program and passed the required examination within the past two years.
3. In addition to the above requirements, for medication assistant certification, meets the practice requirements of A.R.S. § 32-1650.04 and pays applicable fees under R4-19-808.

E. The Board may license a nursing assistant or certify a medication assistant applicant who meets the applicable criteria in this Article if certification is in the best interest of the public.

F. An applicant who is denied licensure or certification may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for licensure or certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2).

R4-19-808. Fees Related to Certified Medication Assistant

A. The Board shall collect the following fees related medication assistant certification:
1. Initial application for certification by exam, $50.00.
2. Fingerprint processing, $50.00.
3. Application for certification by endorsement, $50.00.

B. If an individual or entity submits a dishonored check, draft order or note, the Board may collect, from the provider of the instrument, the amount allowed under A.R.S. § 44-6852.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 5004, effective November 15, 2002 (Supp. 02-4). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2).

R4-19-809. Nursing Assistant Licensure and Medication Assistant Certificate Renewal

A. An applicant for renewal of a LNA license or a CMA certificate shall:
1. Submit a verified application to the Board on a form furnished by the Board that provides all of the following information about the applicant:

a. Full legal name, mailing address including county of residence, e-mail address and telephone number;
b. Marital status and ethnicity at the applicant's discretion;
c. Current health care employer including name, address, telephone number, dates of employment and type of setting;
d. If the applicant fails to meet the practice requirements in subsections (A)(2) for nursing assistant or (A)(3) for medication assistant renewal, documentation that the applicant has completed a Board-approved training program for the licensure or certification sought and passed both the written and manual skills portions of the competency examination within the past two years;
e. Responses to questions that address the applicant's background:
   i. Any investigation or disciplinary action by a nursing regulatory agency or nursing assistant regulatory agency in the United States or its territories not previously disclosed by the applicant to the Board;
   ii. Felony conviction or conviction of undesignated offense and date of absolute discharge of sentence since licensed, certified or last renewed, and
   iii. Unprofessional conduct committed by the applicant as defined in A.R.S. § 32-1601 since the time of last renewal and not previously disclosed by the applicant to the Board;
   iv. Any disciplinary action or investigation related to the applicant's nursing or nursing assistant license or medication assistant certificate, nursing assistant certificate or registry listing by any other state regulatory agency since issuance of the license or certificate, or since last renewal and not previously disclosed to the Board.
   v. Explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
f. For LNA renewal, employment as a nursing assistant, performing nursing assistant tasks for an employer or the applicant's performance of nursing assistant activities as part of a nursing or allied health program for a minimum of 160 hours every two years since the last license or certificate was issued, or
g. For CMA renewal, employment as a medication assistant for a minimum of 160 hours within the last 2 years, and
h. Pay applicable fees pursuant to A.R.S. § 32-1643 and R4-19-808.

B. An applicant's license or certificate expires every two years on the last day of the applicant's birth month. If an applicant fails to timely renew the license or certificate, the applicant shall;
1. Not work or practice as an LNA or CMA until the Board issues a renewal license or certificate; and
2. Pay any late fee imposed by the Board.

C. If an applicant's license or certificate was, or is currently, revoked, surrendered, denied, suspended or placed on probation in another jurisdiction, the applicant is not eligible to renew or reactivate the applicant's Arizona license or certificate until a review or investigation has been completed and a decision made by the Board.

D. The Board may renew an LNA license and CMA certificate of an applicant who meets the criteria established in statute and this Article. An applicant who is denied renewal of a license or certificate may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying renewal of the license or certificate. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-810. Certified Nursing Assistant Registry; Licensed Nursing Assistant Registry

A. The Board shall maintain a Certified Nursing Assistant (CNA) Registry and a Licensed Nursing Assistant (LNA) Registry. All individuals listed in either Registry shall provide proof to the Board, either directly or through the Board's test vendor, of legal presence in the United States as specified in A.R.S. § 41-1080. Both Registries meet the requirements of A.R.S. § 32-1606(B)(11).
1. To be placed on the CNA Registry, an applicant shall either:
   a. Have successfully completed an approved nursing assistant training program and passed the nursing assistant written and manual skills competency evaluation within the past two years; or
   b. For endorsement, be listed on another state's nursing assistant registry.
2. To renew CNA Registry status under A.R.S. § 32-1642(E), an applicant shall submit an application that includes verified statements establishing:
   a. Whether applicant has performed nursing assistant or nursing related services for at least eight hours within the past 24 months. An applicant must complete this work requirement to be eligible for renewal.
   b. Whether the applicant's listing on any registry in any other state includes documented findings of abuse, neglect or misappropriation of property.
3. The Executive Director shall include the following information in the CNA Registry for each registered individual:
   a. Full legal name and any other names used;
   b. Address of record;
   c. County of residence;
   d. The date of initial placement on the registry;
   e. Dates and results of both the written and manual skills portions of the nursing assistant competency examination;
   f. Date of expiration of current registration, if applicable;
   g. Any substantiated complaints of abuse, neglect or misappropriation of property; and
   h. Registry status such as active or expired as applicable.

B. An LNA applicant who meets the qualifications under subsection (A)(1) and the licensure requirements of this Article shall be placed on an LNA Registry. The Executive Director shall

include the following information in the LNA Registry for each licensed individual:
1. Information contained in subsection (A)(3);
2. Status of the license and any Board actions on the license, such as active, denied, expired, or revoked, as applicable.

C. The Executive Director shall include the following information in the applicable Registry for an individual if the Board, or the United States Department of Health and Human Services (HHS) finds that the individual has violated relevant law. For a finding by the Board or HHS, the Executive Director shall include:
1. The finding, including the date of the decision, and a reference to each statute, rule, or regulation violated; and
2. The sanction, if any, including the date of action and the duration of action, if time-limited.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-811. Repealed

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Repealed by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-812. Change of Name or Address

A. An applicant, CNA, LNA, or CMA certificate holder shall notify the Board, in writing or electronically through the Board's website of any legal name change within 30 days of the change, and submit a copy of the official document verifying the name change.

B. An applicant, CNA, LNA, or CMA certificate holder shall notify the Board in writing or electronically through the Board's website of any change of address within 30 days of the address change.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2).

R4-19-813. Performance of Nursing Assistant Tasks; Performance of Medication Assistant Tasks

A. A CNA or LNA may perform the following tasks as delegated by a licensed nurse:
1. Tasks for which the nursing assistant has been trained through the curriculum identified in R4-19-802, and
2. Tasks learned through inservice or educational training if the task meets the following criteria and the nursing assistant has demonstrated competence performing the task:
   a. The task can be safely performed according to clear, exact, and unchanging directions;
   b. The task poses minimal risk to the patient or resident and the consequences of performing the task improperly are not life-threatening or irreversible;
   c. The results of the task are reasonably predictable; and
   d. Assessment, interpretation, or decision-making is not required during the performance or at the completion of the task.

B. A licensed nursing assistant who is also certified as a medication assistant under A.R.S. § 32-1650.02 may administer medications under the conditions imposed by A.R.S. § § 32-1650 through 32-1650.07.

C. A licensed nursing assistant under this Article shall:
1. Recognize the limits of the licensee's personal knowledge, skills, and abilities;
2. No change
3. Inform the registered nurse, licensed practical nurse, or another person authorized to delegate the task about the licensee's ability to perform the task before accepting the assignment;
4. Accept delegation, instruction, and supervision from a licensed nurse or another person authorized to delegate a task;
5. Not perform any task that requires a judgment based on nursing knowledge;
6. Acknowledge responsibility for personal actions necessary to complete an accepted assigned task;
7. Follow the plan of care, if available;
8. Observe, report, and record signs, symptoms, and changes in the patient or resident's condition in an ongoing and timely manner; and
9. Retain responsibility for all assigned tasks without delegating any tasks to another person.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2).

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

For purposes of A.R.S. § 32-1601(24)(d), a practice or conduct that is or might be harmful or dangerous to the health of a patient or the public and constitutes a basis for disciplinary action on a LNA license and a CMA certificate includes the following:
1. Failing to maintain professional boundaries or engaging in a dual relationship with a patient, resident, or any member of the patient's or resident's family;
2. Engaging in sexual conduct with a patient, resident, or any member of the patient's or resident's family who does not have a pre-existing relationship with the licensee or any conduct while on duty or in the presence of a patient or resident that a reasonable person would interpret as sexual;
3. Leaving an assignment or abandoning a patient or resident who requires care without properly notifying the immediate supervisor;
4. Failing to accurately and timely document care and treatment provided to a patient or resident, including, for a CMA, medications administered or not administered;
5. Falsifying or making a materially incorrect entry in a health care record;

6. Failing to follow an employer's policies and procedures, designed to safeguard the patient or resident;
7. Failing to take action to protect a patient or resident whose safety or welfare is at risk from potential or actual incompetent health care practice, or to report the practice to the immediate supervisor or a facility administrator;
8. Failing to report signs, symptoms, and changes in patient or resident conditions to the immediate supervisor in an ongoing and timely manner;
9. Violating the rights or dignity of a patient or resident;
10. Violating a patient or resident's right of privacy by disclosing confidential information or knowledge concerning the patient or resident, unless disclosure is otherwise required by law;
11. Neglecting or abusing a patient or resident physically, verbally, emotionally, or financially;
12. Failing to immediately report to a supervisor and the Board any observed or suspected abuse or neglect, including a resident or patient's report of abuse or neglect;
13. Soliciting, or borrowing, property or money from a patient or resident, or any member of the patient's or resident's family, or the patient's or resident's guardian;
14. Soliciting or engaging in the sale of goods or services unrelated to the licensee's health care assignment with a patient or resident, or any member of the patient or resident's immediate family, or guardians;
15. Removing, without authorization, any money, property, or personal possessions, or requesting payment for services not performed from a patient, resident, employer, co-worker, or member of the public.
16. Repeated use or being under the influence of alcohol, medication, or any other substance to the extent that judgment may be impaired and practice detrimentally affected or while on duty in any work setting;
17. Accepting or performing patient or resident care tasks that the licensee lacks the education, competence or legal authority to perform;
18. Removing, without authorization, narcotics, drugs, supplies, equipment, or medical records from any work setting;
19. Obtaining, possessing, using, or selling any narcotic, controlled substance, or illegal drug in violation of any employer policy or any federal or state law;
20. Permitting or assisting another person to use the licensee's license or CMA certificate holder's certificate or identity for any purpose;
21. Making untruthful or misleading statements in advertisements of the individual's practice as a licensed nursing assistant or certified medication assistant;
22. Offering or providing licensed nursing assistant or certified medication assistant services for compensation without a designated registered nurse supervisor;
23. Threatening, harassing, or exploiting an individual;
24. Using violent or abusive behavior in any work setting;
25. Failing to cooperate with the Board during an investigation by:
    a. Not furnishing in writing a complete explanation of a matter reported under A.R.S. § 32-1664;
    b. Not responding to a subpoena or written request for information issued by the Board;
    c. Not completing and returning a Board-issued questionnaire within 30 days; or
    d. Not informing the Board of a change of address or phone number within 10 days of each change;
26. Cheating on the competency exam or providing false information on an initial or renewal application for licensure or certification;
27. Making a false or inaccurate statement to the Board or the Board's designee during the course of an investigation;
28. Making a false or misleading statement on a nursing assistant, medication assistant or health care related employment or credential application;
29. If an applicant, licensee or CMA certificate holder is charged with a felony or a misdemeanor, involving conduct that may affect patient safety, failing to notify the Board, in writing, within 10 working days of being charged under A.R.S. § 32-3208. The applicant, licensee or CMA certificate holder shall include the following in the notification:
    a. Name, current address, telephone number, Social Security number, and license and certificate number, if applicable;
    b. Date of the charge; and
    c. Nature of the offense;
30. Failing to notify the Board, in writing, of a conviction for a felony or an undesignated offense within 10 days of the conviction. The applicant, licensee or CMA certificate holder shall include the following in the notification:
    a. Name, current address, telephone number, Social Security number, and license and CMA certificate number, if applicable;
    b. Date of the conviction;
    c. Nature of the offense;
31. For a medication assistant, performance of any acts associated with medication administration not specifically authorized by A.R.S. § 32-1650 et.seq; and
32. Practicing in any other manner that gives the Board reasonable cause to believe that the health of a patient, resident, or the public may be harmed.
33. Violation of any other state or federal laws, rules or regulations.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Antiquated statute reference in opening subsection revised at the request of Board under A.R.S. § 41-1011(C), Office File No. M11-189, filed May 16, 2011 (Supp. 11-2). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in the opening subsection was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). A.R.S. Section reference updated under subsection under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-815. Reissuance or Subsequent Issuance of a Nursing Assistant License or Medication Assistant Certificate

A. A person whose LNA license or CMA certificate was denied, revoked, or voluntarily surrendered pursuant to A.R.S. § 32-1663 may apply to the Board to issue or re-issue the license or certificate:

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

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

1. The applicant shall submit a written application for issuance or re-issuance of the license or certificate that contains substantial evidence that the basis for surrendering, denying, or revoking the license or certificate has been removed and that the issuance or re-issuance of the license or certificate will not be a threat to public health or safety.
2. Safe practice:
   a. Pursuant to A.R.S. § 32-1664(F), the Board for reasonable cause may require a combination of mental, physical, nursing competency, psychological, or psychiatric evaluations, or any combination of evaluations, reports, and affidavits that the Board considers necessary to determine the person's competence and conduct to safely practice as an LNA or CMA.
   b. The Board may require the applicant to be tested for competency, or retake and successfully complete a Board approved training program and pass the required examination, all at the applicant's expense.

C. The Board shall consider the application, and may designate a time for the applicant to address the Board at a regularly scheduled meeting.

D. After considering the application, the Board may:

1. Grant certification, with or without conditions or limitations, or
2. Deny the application.

E. An applicant who is denied issuance or re-issuance of LNA licensure or CMA certification may request a hearing by filing a written request with the Board within 30 days of service of the Board's order. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6, of this Chapter.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).