



# Arizona Administrative REGISTER

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# From the Publisher

## ABOUT THIS PUBLICATION

The paper copy of the *Administrative Register* (A.A.R.) is the official publication for rules and rulemaking activity in the state of Arizona.

Rulemaking is defined in Arizona Revised Statutes known as the Arizona Administrative Procedure Act (APA), A.R.S. Title 41, Chapter 6, Articles 1 through 10.

The Office of the Secretary of State does not interpret or enforce rules published in the *Arizona Administrative Register* or *Code*. Questions should be directed to the state agency responsible for the promulgation of the rule as provided in its published filing.

The *Register* is cited by volume and page number. Volumes are published by calendar year with issues published weekly. Page numbering continues in each weekly issue.

In addition, the *Register* contains the full text of the Governor's Executive Orders and Proclamations of general applicability, summaries of Attorney General opinions, notices of rules terminated by the agency, and the Governor's appointments of state officials and members of state boards and commissions.

## ABOUT RULES

Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number). Rules activity published in the *Register* includes: proposed, final, emergency, expedited, and exempt rules as defined in the APA.

Rulemakings initiated under the APA as effective on and after January 1, 1995, include the full text of the rule in the *Register*. New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.

## WHERE IS A "CLEAN" COPY OF THE FINAL OR EXEMPT RULE PUBLISHED IN THE REGISTER?

The *Arizona Administrative Code* (A.A.C.) contains the codified text of rules. The A.A.C. contains rules promulgated and filed by state agencies that have been approved by the Attorney General or the Governor's Regulatory Review Council. The *Code* also contains rules exempt from the rulemaking process.

The printed *Code* is the official publication of a rule in the A.A.C., and is prima facie evidence of the making, amendment, or repeal of that rule as provided by A.R.S. § 41-1012. Paper copies of rules are available by full Chapter or by subscription. The *Code* is posted online for free.

## LEGAL CITATIONS AND FILING NUMBERS

On the cover: Each agency is assigned a Chapter in the *Arizona Administrative Code* under a specific Title. Titles represent broad subject areas. The Title number is listed first; with the acronym A.A.C., which stands for the *Arizona Administrative Code*; following the Chapter number and Agency name, then program name. For example, the Secretary of State has rules on rulemaking in Title 1, Chapter 1 of the *Arizona Administrative Code*. The citation for this chapter is 1 A.A.C. 1, Secretary of State, Rules and Rulemaking

Every document filed in the office is assigned a file number. This number, enclosed in brackets, is located at the top right of the published documents in the *Register*. The original filed document is available for 10 cents a page.

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Chapter, contact us at  
(602) 364-3223.

**PUBLICATION DEADLINES**  
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# Participate in the Process

## Look for the Agency Notice

Review (inspect) notices published in the *Arizona Administrative Register*. Many agencies maintain stakeholder lists and would be glad to inform you when they proposed changes to rules. Check an agency's website and its newsletters for news about notices and meetings.

Feel like a change should be made to a rule and an agency has not proposed changes? You can petition an agency to make, amend, or repeal a rule. The agency must respond to the petition. (See A.R.S. § 41-1033)

## Attend a public hearing/meeting

Attend a public meeting that is being conducted by the agency on a Notice of Proposed Rulemaking. Public meetings may be listed in the Preamble of a Notice of Proposed Rulemaking or they may be published separately in the *Register*. Be prepared to speak, attend the meeting, and make an oral comment.

An agency may not have a public meeting scheduled on the Notice of Proposed Rulemaking. If not, you may request that the agency schedule a proceeding. This request must be put in writing within 30 days after the published Notice of Proposed Rulemaking.

## Write the agency

Put your comments in writing to the agency. In order for the agency to consider your comments, the agency must receive them by the close of record. The comment must be received within the 30-day comment timeframe following the *Register* publication of the Notice of Proposed Rulemaking.

You can also submit to the Governor's Regulatory Review Council written comments that are relevant to the Council's power to review a given rule (A.R.S. § 41-1052). The Council reviews the rule at the end of the rulemaking process and before the rules are filed with the Secretary of State.

## Arizona Regular Rulemaking Process



## Definitions

**Arizona Administrative Code (A.A.C.):** Official rules codified and published by the Secretary of State's Office. Available online at [www.azsos.gov](http://www.azsos.gov).

**Arizona Administrative Register (A.A.R.):** The official publication that includes filed documents pertaining to Arizona rulemaking. Available online at [www.azsos.gov](http://www.azsos.gov).

**Administrative Procedure Act (APA):** A.R.S. Title 41, Chapter 6, Articles 1 through 10. Available online at [www.azleg.gov](http://www.azleg.gov).

**Arizona Revised Statutes (A.R.S.):** The statutes are made by the Arizona State Legislature during a legislative session. They are compiled by Legislative Council, with the official publication codified by Thomson West. Citations to statutes include Titles which represent broad subject areas. The Title number is followed by the Section number. For example, A.R.S. § 41-1001 is the definitions Section of Title 41 of the Arizona Administrative Procedures Act. The "§" symbol simply means "section." Available online at [www.azleg.gov](http://www.azleg.gov).

**Chapter:** A division in the codification of the *Code* designating a state agency or, for a large agency, a major program.

**Close of Record:** The close of the public record for a proposed rulemaking is the date an agency chooses as the last date it will accept public comments, either written or oral.

**Code of Federal Regulations (CFR):** The *Code of Federal Regulations* is a codification of the general and permanent rules published in the *Federal Register* by the executive departments and agencies of the federal government.

**Docket:** A public file for each rulemaking containing materials related to the proceedings of that rulemaking. The docket file is established and maintained by an agency from the time it begins to consider making a rule until the rulemaking is finished. The agency provides public notice of the docket by filing a Notice of Rulemaking Docket Opening with the Office for publication in the *Register*.

**Economic, Small Business, and Consumer Impact Statement (EIS):** The EIS identifies the impact of the rule on private and public employment, on small businesses, and on consumers. It includes an analysis of the probable costs and benefits of the rule. An agency includes a brief summary of the EIS in its preamble. The EIS is not published in the *Register* but is available from the agency promulgating the rule. The EIS is also filed with the rulemaking package.

**Governor's Regulatory Review (G.R.R.C.):** Reviews and approves rules to ensure that they are necessary and to avoid unnecessary duplication and adverse impact on the public. G.R.R.C. also assesses whether the rules are clear, concise, understandable, legal, consistent with legislative intent, and whether the benefits of a rule outweigh the cost.

**Incorporated by Reference:** An agency may incorporate by reference standards or other publications. These standards are available from the state agency with references on where to order the standard or review it online.

**Federal Register (FR):** The *Federal Register* is a legal newspaper published every business day by the National Archives and Records Administration (NARA). It contains federal agency regulations; proposed rules and notices; and executive orders, proclamations, and other presidential documents.

**Session Laws or "Laws":** When an agency references a law that has not yet been codified into the Arizona Revised Statutes, use the word "Laws" is followed by the year the law was passed by the Legislature, followed by the Chapter number using the abbreviation "Ch.," and the specific Section number using the Section symbol (§). For example, Laws 1995, Ch. 6, § 2. Session laws are available at [www.azleg.gov](http://www.azleg.gov).

**United States Code (U.S.C.):** The Code is a consolidation and codification by subject matter of the general and permanent laws of the United States. The Code does not include regulations issued by executive branch agencies, decisions of the federal courts, treaties, or laws enacted by state or local governments.

## Acronyms

A.A.C. – *Arizona Administrative Code*

A.A.R. – *Arizona Administrative Register*

APA – *Administrative Procedure Act*

A.R.S. – *Arizona Revised Statutes*

CFR – *Code of Federal Regulations*

EIS – *Economic, Small Business, and Consumer Impact Statement*

FR – *Federal Register*

G.R.R.C. – *Governor's Regulatory Review Council*

U.S.C. – *United States Code*

## About Preambles

The Preamble is the part of a rulemaking package that contains information about the rulemaking and provides agency justification and regulatory intent.

It includes reference to the specific statutes authorizing the agency to make the rule, an explanation of the rule, reasons for proposing the rule, and the preliminary Economic Impact Statement.

The information in the Preamble differs between rulemaking notices used and the stage of the rulemaking.



**NOTICES OF FINAL RULEMAKING**

This section of the *Arizona Administrative Register* contains Notices of Final Rulemaking. Final rules have been through the regular rulemaking process as defined in the Administrative Procedures Act. These rules were either approved by the Governor’s Regulatory Review Council or the Attorney General’s Office. Certificates of Approval are on file with the Office.

The final published notice includes a preamble and

text of the rules as filed by the agency. Economic Impact Statements are not published.

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the final rules should be addressed to the agency that promulgated them. Refer to Item #5 to contact the person charged with the rulemaking. The codified version of these rules will be published in the Arizona Administrative Code.

**NOTICE OF FINAL RULEMAKING  
TITLE 4. PROFESSIONS AND OCCUPATIONS  
CHAPTER 19. BOARD OF NURSING**

[R19-66]

**PREAMBLE**

<b><u>1. Article, Part, or Section Affected (as applicable)</u></b>	<b><u>Rulemaking Action</u></b>
R4-19-101	Amend
R4-19-201	Amend
R4-19-202	Repeal
R4-19-203	Amend
R4-19-204	Repeal
R4-19-205	Amend
R4-19-206	Amend
R4-19-207	Amend
R4-19-209	Amend
R4-19-210	Amend
R4-19-211	Amend
R4-19-212	Repeal
R4-19-213	Amend
R4-19-214	Amend
R4-19-215	Amend
R4-19-216	Amend
R4-19-217	Amend
R4-19-307	Repeal
R4-19-309	Amend
R4-19-403	Amend
R4-19-505	Amend
R4-19-506	Amend
R4-19-507	Amend
R4-19-511	Amend
R4-19-801	Amend
R4-19-802	Amend
R4-19-809	Amend
R4-19-810	Amend
R4-19-811	Repeal
R4-19-815	Amend

**2. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**

Authorizing statutes: A.R.S. §§; 32-1605.01 (B)(3); 32-1606 (A)(1), (A)(9), (B)(1), (B)(2), (B)(3), (B)(8), (B)(9), (B)(10), (B)(12), (B)(13), (B)(14), (B)(17), (B)(20), (21), (22), (C); 32-1633(C), 32-1644(A), (B), (C)(2), 32-1650.01 (A), (B)(1), (B)(2), (B)(9), (C), 32-1650.02(A), 32-1650.06(A)(3), 32-1660 Art. II Section O, 32-1663(F)(2); 32-1664(A), (O)

Implementing statutes: A. R. S. §§ 32-1601 (5), (9), (22), (26), 32-1668, and 41-1002.01

**3. The effective date of the rule:**

June 3, 3019

**4. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the final rulemaking package:**

Notice of Rulemaking Docket Opening: 24 A.A.R. 3603, December 28, 2018



Notice of Proposed Rulemaking: 24 A.A.R. 3543, December 28, 2018

**5. The agency's contact person who can answer questions about the rulemaking:**

Name: Joey Ridenour RN, MS, FAAN  
 Address: Executive Director  
 1740 W. Adams Ave., Suite 2000  
 Phoenix, AZ 85007  
 Telephone: (602) 771-7801  
 Fax: (602) 771-7888  
 E-mail: [jridenour@azbn.gov](mailto:jridenour@azbn.gov)  
 Website: [www.azbn.gov](http://www.azbn.gov)

**6. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**

**R4-19-101. Definitions**

The Board approved amending this Section to include an updated definition of “dispensing” that reflects current practices in the community.

**R4-19-201. Organization and Administration**

The Board seeks to amend this section and others in Article 2 to streamline the rules and reduce regulatory burdens on schools related to overall requirements and administrative structure, reduce barriers to market entry, and to clarify the remaining requirements. The Board focus is on protecting the public, including students, and some unnecessary requirements were eliminated, including the need for programs to submit clinical contracts to the Board. In order to reorganize for increased simplicity and ease of access to these rules, the Board proposes to move some necessary content from R4-19-202, and then repeal R4-19-202.

**R4-19-202. Resources, Facilities, Services, and Records**

As described, above, the Board seeks to repeal this rule. Some necessary content will be moved from this section into R4-19-201 for simplification and improved accessibility, while the unnecessary regulatory burdens are being removed.

**R4-19-203. Administrator; Qualifications and Duties**

Changes include simplifying and clarifying requirements, and providing more flexibility in management by permitting a designated nurse to perform evaluations of nursing program faculty, and requiring a “pattern of conduct” by faculty that is not compliant, but is not directly harmful to a patient or student, before additional evaluation of faculty is required.

**R4-19-204. Faculty; Personnel Policies; Qualifications and Duties**

The Board seeks to combine necessary requirements into R4-19-203 and eliminate unnecessary regulatory burdens by repealing this section.

**R4-19-205. Students; Policies and Admissions**

Changes include eliminating redundancies, clarifying requirements, and organizing content for clarity.

**R4-19-206. Curriculum**

Changes include streamlining and clarifying requirements, and eliminating an unnecessary process, the notice of deficiencies.

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

Changes include reducing barriers to entry into market, protecting competitiveness in the market, eliminating comparisons between the programs and instead focusing on public safety, streamlining, clarifying, and eliminating unnecessary requirements.

**R4-19-209. Nursing Program Change**

Minimal changes include clarifying and streamlining the regulations.

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

Minimal changes include clarifying and streamlining the regulations.

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

Proposed changes include reducing regulatory burden by requiring a “pattern” of conduct to rise to the level of a violation, unless public safety is directly impacted. The reinstatement or reissuance addition is consistent with existing requirements and processes for other regulated persons, such as in R4-19-404, and the proposed changes to R4-19-815.

**R4-19-212. Notice of Deficiency**

The Board seeks to repeal this rule as the Notice of Deficiency process entirely is inefficient and not required by A.R.S. § 32-1644(D). Instead, the Board has determined that it will resolve complaints either through non-disciplinary resolutions or disciplinary action, with the appropriate due process provided.

**R4-19-213. Nursing Programs Holding National Program Accreditation**

The Board seeks to clarify and streamline the requirements and due process provided to programs associated with this section.

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

The Board seeks to clarify and streamline the requirements and due process provided to programs associated with this section.

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

Minor clarification proposed to clarify that the last “enrolled” student must complete the program prior to closure.

**R4-19-216. Approval of a Refresher Program**

Proposed changes include clarification, reorganization for clarity, removing redundancies, and eliminating specific hours requirements. The changes also include eliminating fire inspection report requirements, as fire safety is within the jurisdiction of the Arizona State Fire Marshall.

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

The Board seeks to streamline and clarify requirements and process, and eliminate the notice of deficiencies process.

**R4-19-307. Application for Duplicate License**

The Board seeks to repeal this rule regarding printing of paper duplicate licenses as the Board moves towards a paperless system.

**R4-19-309. School Nurse Certification Requirements**

The Board seeks to amend this section, consistent with A.R.S. §32-1606(B)(13), to reduce additional requirements to match those for a registered nurse.

**R4-19-403. Unprofessional Conduct**

The Board seeks to clarify that it is unprofessional conduct for a nurse practitioner to practice without current national certification, if required.

**R4-19-505. Requirements for Initial APRN Certification**

To be consistent with requirements for nurses, the Board seeks to add that an advanced practice nurse registered nurse (APRN) may not be a participant in an alternative to discipline program while first seeking APRN certification. This is based upon a public safety analysis related to increased stressors with a new, higher level of practice, which places both the nurse and the public at risk while the nurse is obtaining treatment in a diversion program.

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

Clarifies that when national certification expires, the APRN certificate expires, as national certification remains an existing requirement for the Arizona APRN certificate in R4-19-505.

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

Again, this change clarifies that failing to maintain certification, as required in R4-19-505.

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

The Board amended this Section through emergency rulemaking, consistent with the Governor's 2018 Opioid Epidemic Act requirements, including a prohibition on nurse practitioners dispensing opioids and clarifying that it is unprofessional conduct for a nurse practitioner to prescribe opioids in a manner inconsistent with state or federal law. Changes also include clarification of titles, as only registered nurse practitioners may prescribe and dispense drugs and devices, but the RNPs had been referred to as "nurses", which would include RNs and LPNs, who are not so authorized.

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

Correction to title only to reflect that the programs are for nursing assistants, including CNAs and also LNAs.

**R4-19-802. CNA Program Requirements**

Again, title change only to accurately reflect the content of the rule by including LNAs along with CNAs.

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

Proposed technical, non-substantive changes to accurately reflect the two types of nursing assistants (LNAs and CNAs), and other minor edits for clarity.

**R4-19-810. Certified Nursing Assistant Register; Licensed Nursing Assistant Register**

Clarification of requirements, elimination of requirement to list pending investigation on LNA Registry, elimination of the outdated Arizona Department of Health Services (ADHS) findings, as ADHS no longer conducts these investigations nor makes findings.

**R4-19-811. Application for Duplicate Licensure or Certificate**

The Board seeks to repeal this rule regarding printing of paper duplicate licenses as the Board moves towards a paperless system, consistent with the proposed repeal of R4-19-307.

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

Proposed changes are similar to existing requirements, but clarify the process for reissuance or subsequent issuance of licensure and certification, to be consistent with process used for nurses, as reflected in R4-19-404. This change is similar to that proposed for nursing programs, in R4-19-211. In addition, this rule will now reference the statute, A.R.S. § 32-1664(F). The intent is to increase consistency within the Nurse Practice Act.

**7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

There are no studies that the Board either relied on or did not rely on in its evaluation or justification for the rules.

**8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**9. The summary of the economic, small business, and consumer impact:**

The Board does not anticipate a substantial economic impact from the majority of the amendments in this rulemaking. The Board regulates approximately 85,500 Registered Nurses ("RNs"), 8,000 Registered Nurse Practitioners, 10,000 Licensed Practical Nurses ("LPNs"), 7,500 Licensed Nursing Assistants ("LNAs"), 22,500 Certified Nursing Assistants ("CNAs"), 174 Clinical Nurse Specialists, 276 Certified Nurse Midwives, 885 Certified Registered Nurse Anesthetists, and 34 Certified Medical Assistants ("CMAs"). The Board regulates four LPN programs, 39 RN programs, 109 NA programs, 1 CMA programs, 21 APRN, and 10 refresher programs. The Board, regulated parties and the public are all expected to benefit from the clarity and reduced regulatory burden of this rulemaking.



The following amendments are not expected to have a substantial economic impact on the Board, regulated parties, or the general public.

- R4-19-101 was amended to provide a definition of “dispense” and is not expected to have an economic impact.
- R4-19-201 amendments, along with the repeal of R4-19-202 may produce a modest economic benefit for programs by decreasing costs for the parent programs. These amendments may also decrease administrative burdens on program and Board staff by eliminating some unnecessary requirements.
- Similarly, the R4-19-203 amendments, along with the repeal of R4-19-204, may produce a modest economic benefit by reducing some regulatory requirements, and streamlining and simplifying remaining requirements. In particular, the requirements in R4-19-203(C)(5)(b)(i) and (ii) will now require “a pattern of conduct” that is problematic but not dangerous, rather than an isolated incident, to trigger a requirement for the program administrator to evaluate faculty. The proposed changes continue to require administrator evaluation of faculty for a single incident when faculty’s conduct is or may be harmful to a patient or student.
- R4-19-205 – amendments are not expected to have an economic impact as the requirements are streamlined for clarity, but not substantively changed.
- R4-19-206 – most of these changes are for clarity, but the elimination of the notice of deficiencies process may produce an economic benefit in reduction of a regulatory process.
- R4-19-207 – the elimination of possible barriers to entry into the market, and the elimination of direct comparisons with similar programs may produce an economic benefit to the state by allowing additional programs to enter the market.
- R4-19-209 – the minimal changes proposed may produce a minimal benefit by eliminating unnecessary requirements.
- R4-19-210 – as with R4-19-209, the minimal changes are anticipated to have either no economic effect, or a minimal benefit by streamlining and clarifying requirements.
- R4-19-211 – the requirement for a “pattern of conduct” to trigger potential unprofessional conduct, unless public safety is directly at risk, may produce an economic benefit by eliminating regulatory investigations or citations for more minor infractions. The addition of section (A)(13) is not anticipated to create any significant additional economic cost, as this simply clarifies the legal authority of the Board over what would otherwise be public safety concerns. Section (B) is new, but is simply a codification of the process that would be utilized by the Board in the rare instance that a program’s approval had been previously surrendered, rescinded, or denied, and is not expected to increase any costs.
- R4-19-212 – the elimination of the Notice of Deficiency process is expected to have an economic benefit to the state by eliminating a regulatory process for situations that are better suited to either a non-disciplinary process, or, if serious or repetitive, a disciplinary process. The elimination of the extra Notice of Deficiency process is anticipated to reduce a regulatory burden on nursing programs operating in Arizona, and reduce administrative costs for the state in its regulation of programs.
- R4-19-213 – minimal changes to this section may have a minimal economic benefit by reducing and clarifying the requirements.
- R4-19-214 – these changes slightly decrease regulatory burdens to pilot programs and may have a minimal economic benefit.
- R4-19-215 – the one word change to this regulation (adding “enrolled” student) is meant solely to clarify existing requirements and should have no economic impact.
- R4-19-216 – by eliminating a specific hours requirement and allowing the programs to determine sufficient instruction, and reducing or clarifying other requirements, these changes may result in a modest economic benefit. Additionally, in section (D)(2), the Board seeks to eliminate redundant requirements that are already regulated by other state agencies, the State Board of Private Postsecondary Education; and the Arizona State Fire Marshall. These eliminations of redundancies may create a reduced regulatory burden for the programs and Board staff by eliminating the administrative costs associated with compliance.
- R4-19-217 – these changes may result in minimal economic benefit by streamlining requirements and eliminating the notice of deficiencies process.
- R4-19-307 – elimination of a paper duplicate license is expected to have no economic impact.
- R4-19-309 – elimination of additional requirements for school nurses is an elimination of regulation of a specialty area of practice based upon an analysis of the requirements for safe practice and the burden on the nurse. This may create a modest economic benefit by allowing more nurses to practice in schools without additional regulatory burdens.
- R4-19-403 – the clarification, in section (24), that a nurse practitioner practicing without current national certification, was already a requirement and is a public safety concern. This change is not anticipated to have a significant economic impact on the state, as individuals who violate this section are anticipated to have other practice concerns.
- R4-19-505 – the change in this section is a codification and clarification of a public safety concern that was already being addressed by the Board pursuant to other laws, and is not expected to create an economic impact.
- R4-19-506 – advanced practice nurses were already required to hold national certification, and thus this clarification regarding expiration is not expected to create an economic impact.
- R4-19-507 – similar to R4-19-506, this change is merely a clarification of existing requirements and is not expected to create an economic impact.
- R4-19-511 – the technical changes to this section are not expected to create any economic impact. Section (6) is merely a clarification of existing laws. The changes proposed in section (E), pursuant to the Opioid Epidemic Act of 2018 may have a modest economic impact in that they may require patients to obtain controlled substances from other providers, but the public safety benefits outweigh any possible increased costs. In addition, there may be hidden benefits to increased regulation of controlled substances in that it may reduce addiction and overdoses, for which there are significant costs to the economy, and to individuals and families.
- R4-19-801 and 802 – minor changes to title only for clarity, no economic impact anticipated.



- R4-19-809 – the proposed minor and technical edits are not substantive and not anticipated to have any economic impact.
- R4-19-810 – the elimination of non-essential regulatory requirements may have a minor economic benefit by reducing administrative costs for Board staff.
- R4-19-811 – eliminating paper duplicate licenses is not expected to create any economic impact.
- R4-19-815 – this section is not expected to create any economic impact, as existing statute enables the Board to conduct the process as explained in the amended rule.

**10. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:**

None

**11. An agency’s summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:**

The agency did not receive any public or stakeholder comments about the rulemaking.

**12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. § 41-1052 and 41-1055 shall respond to the following question:**

There are no other matters prescribed by statute applicable to the Board or this specific class of rules.

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

This rulemaking does not require a permit however the rules in Articles 2, 3, 5, and 8 relate to issuing licenses, certificates and approvals all of which can be considered a general permit under § 41-1001(10).

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of the federal law:**

Federal laws (42 CFR 483.150, 42 CFR 483.151, 42 CFR 483.152, 42 CFR 483.154, 42 CFR 483.156, 42 CFR 483.158.) contain the federal minimum requirements for nursing assistant programs and inclusion on the nursing assistant register. Except for proof of legal presence, as required under A.R.S. §41-1080, the requirements to be listed on the nursing assistant registry are no more stringent than minimal federal requirements.

**c. Whether a person submitted an analysis to the agency that compares the rule’s impact of the competitiveness of business in this state to the impact on business in other states:**

No analysis was submitted

**13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**

There is no material incorporated by reference.

**14. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:**

None of the rules included in this Final Rulemaking were amended pursuant to emergency rulemaking, with the exception of R4-19-511, which was amended through emergency rulemaking, enacted in May, 2018, and renewed in December, 2018, as required by the Opioid Epidemic Act of 2018.

**15. The full text of the rules follows:**

**TITLE 4. PROFESSIONS AND OCCUPATIONS**

**CHAPTER 19. BOARD OF NURSING**

**ARTICLE 1. DEFINITIONS AND TIME-FRAMES**

Section  
R4-19-101. Definitions

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

Section  
R4-19-201. Organization and Administration  
R4-19-202. ~~Resources, Facilities, and Records~~ Repealed  
R4-19-203. Administrator; Qualifications and Duties  
R4-19-204. ~~Faculty; Personnel Policies; Qualifications and Duties~~ Repealed  
R4-19-205. Students; Policies and Admissions  
R4-19-206. Curriculum  
R4-19-207. New Programs; Proposal Approval; Provisional Approval  
R4-19-209. Nursing Program Change  
R4-19-210. Renewal of Approval of Nursing Programs Not Accredited by a National Nursing Accrediting Agency  
R4-19-211. Unprofessional Conduct in a Nursing Program; Reinstatement or Reissuance  
R4-19-212. ~~Notice of Deficiency~~ Repealed  
R4-19-213. Nursing Programs Holding National Program Accreditation; Changes in Accreditation  
R4-19-214. Pilot Programs for Innovative Approaches in Nursing Education  
R4-19-215. Voluntary Termination of a Nursing Program or a Refresher Program



- R4-19-216. Approval of a Refresher Program
- R4-19-217. Distance Learning Nursing Programs; Out-of-State Nursing Programs

**ARTICLE 3. LICENSURE**

Section

- R4-19-307. ~~Application for a Duplicate License~~ Repealed
- R4-19-309. School Nurse Certification Requirements

**ARTICLE 4. REGULATION**

Section

- R4-19-403. Unprofessional Conduct

**ARTICLE 5. ADVANCED PRACTICE REGISTERED NURSING**

Section

- R4-19-505. Requirements for Initial APRN Certification
- R4-19-506. Expiration of APRN Certificate; Practice Requirement; Renewal
- R4-19-507. Temporary Advanced Practice Certificate; Temporary Prescribing and Dispensing Authority
- R4-19-511. Prescribing and Dispensing Authority; Prohibited Acts

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

Section

- R4-19-801. Common Standards for ~~Certified~~ Nursing Assistant (~~CNA~~) (NA) and Certified Medication Assistant (CMA) Training Programs
- R4-19-802. ~~CNA Nursing Assistant (NA)~~ Program Requirements
- R4-19-809. Nursing Assistant Licensure and Medication Assistant Certificate Renewal
- R4-19-810. Certified Nursing Assistant ~~Register Registry~~; Licensed Nursing Assistant ~~Register Registry~~
- R4-19-811. ~~Application for Duplicate License or Certificate~~ Repealed
- R4-19-815. Reissuance or Subsequent Issuance of a Nursing Assistant License or Medication Assistant Certificate

**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 (6).

“DEA” means the federal Drug Enforcement Administration.

“Dispense” means to ~~package, label, and deliver one or more doses of a prescription only medication in a suitable container for subsequent use by a patient.~~ 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 R4-9-511, means individuals who are related by blood, marriage, adoption, legal guardianship, or domestic partnership, or who are cohabitating or romantically involved.

“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, ~~or~~ 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 pre-licensure 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.

**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~~ 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, ~~and shall hold~~
  2. ~~Hold~~ Hold Arizona ~~private~~ Private ~~post~~ Post-secondary ~~board~~ approval status, if applicable.
  3. ~~The parent institution shall submit~~ Submit evidence to the board of continuing accreditation after each reaccreditation review or action.
  4. ~~If the parent institution holds both secondary and post-secondary accreditation, it shall operate~~ 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 have a written statement of 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.:
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 program 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. A nursing program shall be an integral part of the parent institution and shall have at a minimum equivalent status with other academic units of the parent institution.~~
  - ~~D. The parent institution shall 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~~
  - ~~E. A nursing program shall provide an organizational chart that identifies the actual relationships, lines of authority, and channels of communication within the program, and between the program and the parent institution.~~
  - ~~F. A nursing program shall have a written agreement between the program and each clinical agency where clinical experience is provided to the program's students.~~
  - ~~G. A nursing program shall implement written policies and procedures that provide a mechanism for student input into the development of academic policies and procedures and allow students to anonymously evaluate faculty, nursing courses, clinical experiences, resources and the overall program.~~
  - ~~H. The parent institution shall appoint a sole individual to the full-time position of nursing program administrator. The parent institution shall ensure that the individual appointed meets or exceeds the requirements of, and fulfills the duties specified in, R4-19-203, whether on an interim or permanent basis.~~
  - ~~I. A nursing program shall 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:
 
    - 1. ~~Internal structure of the program, its relationship to the parent institution, and compatibility of program policies and procedures with those of the parent institution;~~
    - 2. ~~Mission and goals;~~
    - 3. ~~Curriculum;~~
    - 4. ~~Education facilities, resources, and student support services;~~
    - 5. ~~Clinical resources;~~
    - 6. ~~Student achievement of program educational outcomes;~~
    - 7. ~~Graduation and attrition for each admission cohort including at a minimum:
 
      - a. ~~Number and percent of students who left the program;~~
      - b. ~~Number and percent of students who are out of sequence in the program; and~~
      - c. ~~Number and percent of students who graduated within 100%, 150% or greater than 150% of time allotted in the curriculum plan.~~~~
    - 8. ~~Graduate performance on the licensing examination;~~
    - 9. ~~Faculty performance; and~~
    - 10. ~~Protection of patient safety including but not limited to:
 
      - a. ~~Student and faculty policies regarding supervision of students, practicing within scope and student safe practice;~~
      - b. ~~The integration of safety concepts within the curriculum;~~
      - c. ~~The application of safety concepts in the clinical setting; and~~
      - d. ~~Policies made under R4-19-203(C)(6).~~~~~~
  - ~~J. The parent institution shall provide adequate fiscal, human, physical, and learning resources to support program processes and outcomes necessary for compliance with this Article.~~
  - ~~K. The parent institution shall provide adequate resources to recruit, employ, and retain sufficient numbers of qualified faculty members to meet program and student learning outcomes and the requirements of this Article.~~
  - ~~L. The parent institution shall notify the Board of a vacancy, pending vacancy, or leave of absence greater than 30 days in the position of nursing program administrator within 15 days of the program's awareness of the vacancy, pending vacancy, or leave of absence and do the following:
 
    - 1. ~~Appoint an interim or permanent administrator who meets the requirements of R4-19-203(A) within 15 days of the effective date of the vacancy or absence, and~~
    - 2. ~~Notify the Board of the appointment of an interim or permanent administrator within 15 days of appointment and provide a copy of the administrator's credentials to the Board.~~~~
  - ~~M. A parent institution shall notify the Board within 15 days of any change or pending change in institutional accreditation status or reporting requirements.~~
  - ~~NC. 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.~~

**R4-19-202. Resources, Facilities, Services, and Records Repealed**

- A.** The parent institution of a nursing program shall consider the size of the program including number of program faculty and number of program students and shall provide and maintain resources, services and facilities for the effective development and implementation of the program that are at a minimum:
1. Equivalent to those provided by approved programs of equivalent size and type, or in the case of no equivalent program, scaled relative to an approved program;
  2. Comparable to those provided to other academic units of the parent institution; and
  3. Include the following:
    - a. A private office for the nursing program administrator;
    - b. Faculty offices that are conveniently located to program classrooms and secretarial support staff;
    - c. If faculty offices are not private, the parent institution shall provide dedicated space for private faculty-student conferences that is:
      - i. Conveniently located to faculty offices, and
      - ii. Available whenever confidential student information is discussed.
    - d. Space for secretarial support and a secure area for records and files, convenient to the nursing program faculty and administrator;
    - e. Classrooms, laboratories, and conference rooms of the size and type needed with furnishings and equipment consistent with the educational purposes for which the facilities are used;
    - f. Acoustics, lighting, ventilation, plumbing, heating and cooling in working order;
    - g. Dedicated secretarial, laboratory and other support personnel available to meet the needs of the program;
    - h. Access to a comprehensive, current, and relevant collection of educational materials and learning resources for faculty members and students;
    - i. Access to supplies and equipment to simulate patient care that are:
      - i. In working order;
      - ii. Organized in a manner so that they are readily available to faculty;
      - iii. Consistent with current clinical practices, and
      - iv. Of sufficient quantity for the number of students enrolled;
    - j. Current technology in working order to support teaching and learning. Institutions offering web-enhanced and distance education shall provide ongoing and effective technical, design and production support for faculty members and technical support services for students.
- B.** A nursing program shall maintain current and accurate records of the following:
1. Student records, including admission materials, courses taken, grades received, scores in any standardized tests taken, health and performance records, and health information submitted to meet program or clinical requirements for a minimum of three years after the fiscal year of program completion for academic records and one year after program completion for health records;
  2. Faculty records, including Arizona professional nursing license number, evidence of fulfilling the requirements in R4-19-204, and performance evaluations for faculty employed by the parent institution for one or more years. Records shall be kept current during the period of employment and retained for a minimum of three years after termination of employment;
  3. Minutes of faculty and committee meetings for a minimum of three years;
  4. Reports from accrediting agencies and the Board for a minimum of 10 years;
  5. The statement of mission and goals, and curricular materials consistent with the requirements of R4-19-206 for the current curriculum and, if the current curriculum is less than three years old, the previous curriculum; and
  6. Formal program complaints and grievances since the last site review with evidence of due process and resolution.

**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
    - d. If lacking the requirements of subsection (A)(1)(c), the parent institution may appoint an individual to the position of "Interim Program Administrator" under the following conditions:
      - i. The individual is subject to termination based on performance and any factors determined by the institution;
      - ii. A direct supervisor evaluates performance periodically over the next 12 months to ensure institutional and program goals are being addressed; and
      - iii. If evaluations are satisfactory, the individual may be appointed to permanent status after 12 months in the interim position.
  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 academic academics policies, personnel policies, curriculum, resources, facilities, services, program policies, and program evaluation;



- 3. Preparing and administering the budget;
- 4. ~~Recommending candidates for faculty appointment, retention, and promotion;~~
- 54. ~~In addition to any other evaluation used by the parent institution, ensuring that~~ Evaluating nursing program faculty members are evaluated 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 intentional, negligent or other behavior conduct that either 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 potentially or actually harmful to a patient or a student.
  - e. ~~By the nurse administrator or a nurse educator designated by the nurse administrator, and~~
  - dc. In the areas of teaching ability and application of nursing knowledge and skills relative to the teaching assignment.
- 6. Together with faculty developing, enforce and evaluate equivalent student and faculty policies necessary for safe patient care and to meet clinical agency requirements regarding:
  - a. ~~Physical and mental health;~~ 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. ~~Criminal background checks;~~ Participate in advisement and guidance of students.
  - e. ~~Substance use screens~~
  - d. ~~Functional abilities, and~~
  - e. ~~Supervision of clinical activities.~~
- 7. Participating in activities that contribute to the governance of the parent institution;
- 8. Together with faculty develop, enforce and evaluate both 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; and
- 9. Enforcing consistent application of all nursing program policies.
- ~~D.~~ The administrator of the nursing program shall not carry a teaching load of more than three clock hours per week if required to teach.
- ~~E.~~ The administrator may have administrative responsibilities other than the nursing program, provided that a nursing program faculty member is designated to assist with program management and the administrator is able to fulfill the duties of this Article.

**R4-19-204. Faculty, Personnel Policies, Qualifications and Duties Repealed**

- ~~A.~~ A nursing program shall implement written personnel policies for didactic and clinical nursing faculty members including workload policies that at minimum conform to those for other faculty members of the parent institution and that are in accordance with accepted nursing educational standards or provide a written explanation of any differences not related to the requirements of this Article.
- ~~B.~~ A nursing program shall provide at a minimum the number of qualified faculty members necessary for compliance with the provisions of this Article and comparable to that provided by approved programs of equivalent size and program type, or, in the case of no equivalent program, a number scaled relative to an approved program.
- ~~C.~~ The parent institution of a nursing program shall ensure that 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.
- ~~D.~~ The faculty shall supervise 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.
- ~~E.~~ The parent institution of a nursing program shall 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:
  - 1. ~~If providing didactic instruction:~~
    - a. ~~At least two years of experience as a registered nurse providing direct patient care; and~~
    - b. ~~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; or~~
  - 2. ~~If providing clinical instruction, as defined in R4-19-101, only:~~
    - a. ~~The requirements for didactic faculty; or~~
    - b. ~~A baccalaureate degree with a major in nursing and at least three years of experience as a registered nurse providing direct patient care.~~
- ~~F.~~ The parent institution of a nursing program shall 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:
  - 1. ~~At least two years of experience as a registered nurse providing direct patient care, and~~
  - 2. ~~A minimum of a baccalaureate degree with a major in nursing.~~
- ~~G.~~ Under the leadership of the nursing program administrator, nursing program faculty members shall:
  - 1. ~~Develop, implement, evaluate, and revise the program of learning including the curriculum and learning outcomes of the program;~~



2. Develop, implement, evaluate and revise standards for the admission, progression, and graduation of students;
  3. Participate in advisement and guidance of students.
- H.** ~~Together with the nursing program administrator, develop, implement and evaluate written policies for faculty orientation, continuous learning and evaluation.~~

**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 shall have and enforce written policies available to students and the public regarding admission, readmission, transfer, advanced placement, progression, graduation, withdrawal, and dismissal.~~
- DC.** ~~A nursing program and parent institution shall have and enforce written policies that are readily available to students in either the college catalogue or nursing student handbook that address student rights, responsibilities, grievances, health, and safety.~~
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.
- E.** ~~A nursing program and parent institution shall provide accurate and complete written information that is readily available to all students and the general public about the program, including~~
1. ~~The nature of the program, including course sequence, prerequisites, co-requisites and academic standards;~~
  2. ~~The length of the program;~~
  3. ~~Total program costs including tuition, fees and all program related expenses;~~
  4. ~~The transferability of credits to other public and private educational institutions in Arizona; and~~
  5. ~~A clear statement regarding any technology based instruction and the technical support provided to students.~~
- FD.** ~~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 similar to the advance notice provided by an approved program of similar size and type in a time-frame that allows those who are or may be affected to comply with the changes.~~

**R4-19-206. Curriculum**

- A.** ~~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.~~
- BA.** 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. ~~Student centered and measurable didactic objectives;~~
    - c. ~~Student centered and measurable clinical objectives, if applicable;~~
    - d. ~~Student centered and measurable simulation objectives, if applicable;~~
    - e. ~~A course content outline that relates to the course objectives;~~
    - f. ~~Student centered and measurable objectives and a content outline for each unit of instruction.~~
    - g. Graded activities to demonstrate that course objectives have been met.
- CB.** ~~A nursing program administrator and faculty members shall ensure that the curriculum:~~
1. ~~Reflects the nursing program's mission and goals;~~
  2. Is designed so that the student is able to achieve program objectives within the curriculum plan;
  3. Is logically consistent between and within courses and structured in a manner whereby each course builds on previous learning.
  4. Incorporates established professional standards, guidelines or competencies; and
  5. 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. § 32-1601(17) and R4-19-401 for a practical nurse or A.R.S. § 32-1601(19) and R4-19-402 for a registered nurse Title 32, Chapter 15 and A.A.C. Title 4 Chapter 19, for a registered or practical nurse, as applicable.
- DC.** 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. ~~Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care;~~
- eb. 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.
- 23. 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 ~~adhere to~~ 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 ~~general supervision required by A.R.S. Title 32, Chapter 15 of an RN or physician according to A.R.S. § 32-1601(16).~~
  - 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 ~~according to the provisions of R4-19-204(C) and (D)~~ 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. ~~The Board shall issue a notice of deficiency to any program that has a NCLEX® passing rate less than 80% for two consecutive calendar years or less than 75% for one calendar year.~~
- 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.

**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.
3. Proposal that includes, but is not limited to, the following information:
- a. Documentation of the present and future need for the type and level of program in the state including availability of potential students, need for entry level nurses at the educational level of the program and availability of clinical placements that meet the requirements of R4-19-206;
  - b. Evidence that written notification of intent to establish a new nursing education program has been provided to the nursing program administrators of all existing Arizona approved programs a minimum of 30 days prior to submission of the proposal application, including projected student enrollment and clinical sites;
  - c. 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;
  - d. 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.
  - e. Purpose and mission of the nursing program;
  - f. 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;
  - g. 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;
  - h. Number of budgeted clinical and didactic faculty positions from the time of the first admission to graduation of the first class;
  - i. Evidence that the program has secured clinical sites for its projected enrollment that meet the requirements of R4-19-206;
  - j. Anticipated student enrollment per session and annually;
  - k. 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;
  - l. Evidence of adequate program financial resources comparable to an approved program of similar size and type or, if there is no comparable program, scaled relative to an approved program adequate for the planning, implementation, and continuation of the nursing program; and
  - m. 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.
  - n. A parent institution or owner corporation that has multiple nursing programs in one or more U.S. jurisdictions including Arizona, shall provide the following evidence for each nursing program:
    - 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(H).
- 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.
- 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. ~~Accompanied by documentation of commitment~~ Confirms availability and commitment from proposed clinical agencies for the times and units specified, ~~in addition to a signed clinical contract that meets the requirements of R4-19-201(F) from each agency; and,~~
  - e. ~~Lists any nursing programs who are currently using the planned clinical units for the times proposed and will be displaced.~~
- 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.
- 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. ~~The Board may rescind the provisional approval of a nursing program for a violation of any provision of this Article according to R4-19-211.~~
- 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);
- H. Following receipt of the report described in subsection (G), a representative of the Board shall conduct a site survey visit under 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 apply for full approval within two years of graduating its first class of students, the Board shall rescind its provisional approval. A nursing program whose provisional approval is rescinded may request a hearing by filing a written request with the Board within 30 days of service of the Board's order rescinding the provisional approval. Hearings shall be 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.
- J. ~~A nursing program whose provisional approval is rescinded may request a hearing by filing a written request with the Board within 30 days of service of the Board's order rescinding the 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.~~

**R4-19-209. Nursing Program Change**

- A. ~~The program administrator shall ensure that the following changes to a nursing education program are evidence based and supported by rationale.~~ A nursing program administrator shall receive approval from the Board before implementing any of the following nursing program changes:
  - 1. ~~Substantive change in the mission or goals of the program that requires revision of curriculum~~ 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 ~~demonstrates that it has the resources to implement the change and the change is evidence based~~ meets the requirements of this Section and consistent with 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 ~~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.

**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.
34. 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
45. 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.

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

- A.** ~~A disciplinary action, or denial of approval, or notice of deficiency may be issued against a nursing, or refresher, pilot, or distance learning program for any of the following acts of unprofessional conduct in a nursing program:~~
1. A pattern of Failure 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 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 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 ~~by a nursing or refresher 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 including failure to supply requested investigative documents; ~~or~~
  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, 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 A.A.C. Title 4, Chapter 19, 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 A.A.C. Title 4, Chapter 19, Article 6.

**R4-19-212. Notice of Deficiency Repealed**

- A.** ~~Under A.R.S. § 32-1644(D), when surveying or re-surveying a nursing program, the Board shall, upon initially determining that a nursing program is not in compliance with applicable provisions of this Article provide to the nursing program administrator a written notice of deficiencies that establishes a reasonable time, based upon the number and severity of deficiencies, to correct the deficiencies not to exceed 18 months.~~
1. ~~The administrator shall, within 30 days from the date of service of the notice of deficiencies, file a plan to correct each of the identified deficiencies after consultation with the Board or designated Board representative.~~
  2. ~~The 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 shall conduct periodic evaluations of the program during the time of correction to determine whether the deficiencies have been corrected.~~
- B.** ~~The Board shall, following a determination of continued non-compliance, rescind the approval of, or restrict admissions to a nursing program if the program fails to comply with Article 2 within the time set by the Board in the notice of deficiencies served upon the program.~~
1. ~~The Board shall serve the administrator with a written notice of proposed rescission of approval or restriction of admissions that states the grounds for the proposed action. The administrator shall have 30 days to submit a written request for a hearing to~~



appeal the Board's proposed action. 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 nursing program shall immediately cease operation and be removed from the official approved status listing. A nursing program that has been ordered to cease operations shall assist currently enrolled students to transfer to an approved nursing program.
- ~~C.~~ In addition to the cause in subsection (B), the Board may, depending on the severity and pattern of violations, issue discipline, rescind approval of or restrict admissions to a nursing program for any of the following causes:
  - 1. 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;
  - 2. Failure to comply with orders of or stipulations with the Board within the time determined by the Board; or
  - 3. Unprofessional program conduct under R4-19-211.
- ~~D.~~ A parent institution that voluntarily terminates a nursing education program while under a Board action, including a Notice of Deficiency, shall not apply to open a new nursing education program for a period of two years and shall provide evidence in any future application that the basis for the Board action has been rectified.

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

- ~~A.~~ An approved nursing program that is accredited by an approved national nursing accrediting agency shall submit to the Board evidence of initial accreditation including a copy of the site visit report and the official notice of accreditation.
- ~~BA.~~ 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.
- ~~CB.~~ 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.
- ~~DC.~~ 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.
- ~~ED.~~ 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.
- ~~FE.~~ Unless otherwise notified by the Board following receipt and review of the documents required by subsections (A) and (B), ~~and (C)~~, a nationally accredited nursing program continues to have retain full-approval status unless the Board rescinds the approval after the program has had an opportunity for a hearing. ~~The administrator of a nursing program that has its continuing approval status rescinded by the Board may request a hearing by filing a written request with the Board within 30 days of service of the Board's order rescinding continuing full approval status. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.~~

**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 A.A.C. Title 4, Chapter 19.
- B. A program applying for a pilot program shall:
  - 1. Hold full approval in good standing; and
  - 2. Have ~~no substantiated complaints, discipline no discipline or deficiencies~~ in the past two years; and
  - 3. ~~Have been compliant with all Board regulations during 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. ~~Brief explanation of the rationale for the innovative approach at this time;~~
  - ~~7.~~ Explanation of how the proposed innovation differs from approaches in the current program;
  - ~~8.~~ Available evidence supporting the innovative approach;
  - ~~9.~~ Identification of resources that support the proposed innovative approach;
  - ~~10.~~ Expected impact the innovative approach will have on the program, including administration, students, faculty, and other program resources;
  - ~~11.~~ Plan for implementation and evaluation of the proposed innovation, including timeline;
  - ~~12.~~ ~~Plan for evaluation of the proposed innovation, including measurable outcomes, method of evaluation, and frequency of evaluation; and~~
  - ~~13.~~ Additional application information as requested by the Board.
- D. The Board shall approve an application for innovation 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.
  2. Rescind the approval of the innovation, after an opportunity for a hearing in accordance with A.R.S. Title 41, Chapter 6, and 4 A.A.C. 19, Article 6, 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 ~~has not compromised public protection~~ 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.

#### 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.

#### 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. ~~A minimum of 40 hours of didactic instruction for a licensed practical nurse program and 80 hours of didactic instruction for a registered nurse program. Didactic instruction shall include 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. ~~Working with interdisciplinary teams~~;
    - gf. 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;
    - hg. Ethics; and
    - i. ~~Documentation including electronic health records~~;
    - jh. Informatics, to include electronic health record documentation;
    - k. Quality Improvement; and
  - l. ~~At the program's discretion, additional content hours in other populations of care for students who will be engaged in clinical experiences with these populations.~~



- 2. ~~A clinical experience of a type and duration to meet course objectives for each student which consists of a minimum of 112 hours for a practical nurse program and 160 hours for a registered nurse program. Relative to the clinical portion of the program, the program shall~~The program shall provide clinical experiences that, at a minimum:
  - a. ~~Ensure that each qualified student has a verified clinical placement within 12~~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 placements provide an opportunity to demonstrate safe and competent application of program didactic content through either direct or indirect client care; and experiences are of the type and duration to meet the course objectives.~~
  - e. ~~Include, at its discretion, up to 32 hours of scheduled clinical time in laboratory experiences including simulation.~~
- 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.~~
- 34. Curriculum and other materials to students and prospective students that, include:
  - a. An overall program description including ~~goals~~ student learning objectives;
  - b. Objectives, content outline, and hours ~~allotted for each area of instruction for didactic and clinical experience~~;
  - c. ~~Implemented course~~ 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.
  - d. ~~Program costs 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:
    - a. ~~If the program is located in Arizona, the~~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;
    - b. ~~If the program is located in another state, the administrator and didactic faculty members shall either hold a current RN license in good standing in the state of the program location or meet the requirements of subsection (a).~~
  - 4. If preceptors are used for clinical experiences, the program shall adhere to the preceptorship requirements of R4-19-206(E).
  - 5. ~~Other licensed~~ Licensed health care professionals not regulated by the Board may participate in course instruction consistent with their licensure and scope of practice, ~~and~~ 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.
    - b. ~~For programs offering on-ground instruction, provide a fire inspection report of the classroom and building by the Arizona State Fire Marshall or an entity approved by the Arizona State Fire Marshall for each program location.~~
- 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 4 A.A.C. 19, Article 6
- 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 fil-



ing 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.

- 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. ~~Date~~ End date of participant's ~~completion~~ participation in of the program.
- H. The Board may ~~accept~~ 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 ~~electronic~~ address, web site address or phone number of the program; or
  2. ~~Clinical or didactic hours of the program;~~
  3. ~~Program delivery method; or~~
  4. Ownership including adding or deleting an owner.
- J. The Board may take disciplinary action against the approval of a refresher program ~~under A.R.S. § 32-1606(C) and the provisions of this Article. The administrator of a refresher program whose approval is disciplined or subject to a notice of deficiency may request after offering 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. Title 4, Chapter 19, Article 6.~~

#### 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, ~~whether in this state or another~~, 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 4 A.A.C. 19.
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, ~~and based on-ground~~ 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, ~~a copy of signed clinical contracts~~ 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 ~~for the purpose of data collection or~~ 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 A.A.C. Title 4, Chapter 19,~~ 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. Title 4, Chapter 19, Article 6.
- ~~F. The Board may rescind an approval held by an out-of-state nursing program to conduct clinical instruction in Arizona, in accordance with R4-19-212.~~
- ~~G. 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 shall either provide a notice of deficiency to the program as prescribed in R4-19-212(A), (A)(1) and (A)(2) or 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 A.A.C. Title 4, Chapter 19, Article 6 under R4-19-211.~~
1. ~~If the Board issues a notice of deficiency and the program fails to correct the deficiency before the expiration of the period of correction, the Board shall rescind approval of the program as prescribed in R4-19-212(B)(1).~~
  2. ~~If the period of Students enrolled at the time of rescission of approval, from the date of rescission to the date of reinstatement, is at any time concurrent with an applicant's education from the date of admission to the date of graduation, the Board shall not be~~



granted ~~withhold~~ licensure unless the applicant meets all applicable licensure requirements ~~and completes any remedial education prescribed by the Board under R4-19-301(H).~~

- ~~2. The Board shall ensure that the applicant has completed a curriculum that is equivalent to that of an approved nursing program.~~
- ~~3. If a nursing program provides evidence of compliance with this Article after the rescission of approval, the Board shall review the evidence, determine whether or not the nursing program complies with these standards, and reinstate approval of the program if the program complies with these standards and reinstatement is in the best interest of the public.~~

**ARTICLE 3. LICENSURE**

**R4-19-307. Application for a Duplicate License Repealed**

- ~~A. A licensee shall report a lost or stolen license to the Board, in writing or electronically through the Board website, within 30 days of the loss.~~
- ~~B. A licensee requesting a duplicate license shall file an application on a form provided by the Board for a duplicate license and pay the applicable fee under A.R.S. § 32-1643(A)(14).~~

**R4-19-309. School Nurse Certification Requirements**

- ~~A. An applicant for initial school nurse certification shall:
 
  - ~~1. Hold hold a current license in good standing or multistate privilege to practice as a registered nurse in Arizona.~~
  - ~~2. 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 any former names used by the applicant;~~
    - ~~b. Mailing address and telephone number;~~
    - ~~c. Registered nurse license number;~~
    - ~~d. Social security number;~~
    - ~~e. A description of the applicant’s educational background, including the number and location of schools attended, the number of years attended, the date of graduation, the type of degree or certificate awarded, and if applicable, evidence that the applicant has satisfied the requirements specified in subsection (B), (C) or (D);~~
    - ~~f. Current employer, including address, telephone number, position type, dates of employment, and previous employer if the current employment is less than 12 months;~~
    - ~~g. The name of any national certifying organization, specialty area, certification number and date of certification, if applicable; and for an applicant certified in as a nurse practitioner or clinical nurse specialist, the population of the certification;~~
    - ~~h. 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 or current investigation in another state or territory of the United States;~~
      - ~~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 five years; and~~
      - ~~vii. Current participation in an alternative to discipline program in any other state;~~~~
    - ~~i. Explanation and supporting documentation for each affirmative answer to questions regarding the applicant’s background; and~~
    - ~~j. E-mail address, ethnic category and marital status at the applicant’s discretion.~~~~
  - ~~3. Pay applicable fees.~~~~
- ~~B. National certification. In addition to the requirements of subsection (A), if an applicant provides evidence of current national certification as a school nurse or school nurse practitioner from an organization that meets the requirements of R4-19-310, the applicant qualifies for Arizona school nurse certification without meeting the requirements in subsection (C) for as long as the national certification remains current. The nurse shall provide evidence of continuing certification upon each renewal under subsection (D).~~
- ~~C. Initial certification
 
  - ~~1. In addition to the requirements in subsection (A), the registered nurse applicant shall provide evidence of completion of all the following:
 
    - ~~a. Three semester hours in school nurse practice course work;~~
    - ~~b. Three semester hours in physical assessment of the school aged child course work unless the applicant provides evidence of current national certification from an organization that meets the requirements of R4-19-310 as a pediatric nurse practitioner, family nurse practitioner, or pediatric clinical nurse specialist; and~~
    - ~~c. Three semester hours in nursing care of the child with special needs.~~~~
  - ~~2. An initial certificate expires six years after the issue date on the certificate.~~~~
- ~~D. Renewal of certification
 
  - ~~1. If the initial certificate of a school nurse has expired and the applicant, has met the requirements in subsections (B) or (C)(1) of this Section, the applicant is eligible to apply for re-certification. Within the application, the applicant shall provide evidence of completion of one of the following for renewal of certification:
 
    - ~~a. Current national certification as a school nurse as specified in subsection (B);~~
    - ~~b. A bachelor of science or graduate degree in nursing earned from an accredited institution as specified in R4-19-201(A) within the last six years, or~~
    - ~~c. Evidence of completion of a minimum of 90 contact hours of continuing education activity, as defined in R4-19-101, related to school nursing practice and completed within the last six years.~~~~
  - ~~2. Renewal of certification expires six years after the issue date on the certificate.~~~~



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

**EC.** 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.

#### ARTICLE 4. REGULATION

##### **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.

**ARTICLE 5. ADVANCED PRACTICE REGISTERED NURSING**

**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.

**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.

**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.

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

- A. The Board shall authorize ~~an~~ 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 ~~a~~ an RNP-registered nurse practitioner;
  - 2. Applies for prescribing and dispensing privileges on the application for ~~registered nurse practitioner-RNP~~ registered nurse practitioner-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. ~~Nurse practitioner~~ RNP population focus;
    - d. ~~Nurse practitioner~~ 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.
- 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 ~~a an nurse 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 ~~nurse's RNP's~~ family or any other person with whom the ~~nurse RNP~~ has a relationship that may affect the ~~nurse's RNP's~~ ability to use independent, objective and sound ~~nursing~~ 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 ~~registered nurse practitioner's 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 ~~nurse RNP~~ has examined the person and established a professional relationship, except when the ~~nurse 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 ~~registered nurse practitioner's 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.

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

##### R4-19-801. Common Standards for ~~Certified~~ Nursing Assistant (~~CNA~~) (~~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 re-take. The program may allow an additional re-take following documented, focused remediation based on past test performance. Any re-take 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 ~~A.A.C. 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.

**R4-19-802. ~~CNA~~ 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 to apply 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.

**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 ~~license~~ license or nursing assistant license or medication assistant license certificate, nursing assistant certificate or registry listing by any other state regulatory agency since ~~the 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;
    - 2f. 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
    - 3g. For CMA renewal, employment as a medication assistant for a minimum of 160 hours within the last 2 years, and
    - 4h. Applicable Pay applicable fees under pursuant to A.R.S. § 32-1643 and R4-19-808.
- B. ~~A nursing assistant An applicant's license and a medication assistant or certificate expire expires simultaneously every 2 two years on the last day of the licensee's applicant's birth date month. If a licensee an applicant fails to timely renew the license or certificate, the licensee applicant shall;~~
1. Not work or practice as a an LNA or CMA until the Board issues a renewal license ~~and shall not practice as a CMA until the Board issues a renewal or~~ certificate; and
  2. Pay any late fee imposed by the Board.
- C. If an ~~applicant applicant's holds a license or held a license or certificate that has been 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. Title 4, Chapter 19, Article 6.

**R4-19-810. Certified Nursing Assistant Register Registry; Licensed Nursing Assistant Register 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. § 32-1601 (B)(11)~~ A.R.S. § 32-1606(B)(11).
1. To be placed on the CNA Registry, ~~the 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 ~~of establishing:~~
    - a. Whether applicant has performed nursing assistant or nursing related services ~~for compensation~~ for at least eight hours within the past 24 months. An applicant must complete this work requirement to be eligible for renewal, and
    - 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 ~~Register Register~~ 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 ~~register registry~~;
    - e. Dates and results of both the written and manual skills portions of the nursing assistant competency examination;



- 6f. Date of expiration of current registration, if applicable;
  - 7g. Any substantiated complaints of abuse, neglect or misappropriation of property funds; and
  - 8h. 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 ~~License Nursing Assistant~~ LNA Register Registry for each licensed individual:
- 1. Information contained in subsection (A)(3);
  - 2. ~~Existence of pending investigation, if applicable;~~
  - 3. 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 ~~Register~~ Registry for an individual if the Board, or the United States Department of Health and Human Services (HHS), ~~or the Arizona Department of Health Services~~ finds that the individual has violated relevant law: ~~1.~~ For a finding by the Board or HHS, the Executive Director shall include:
- a1. The finding, including the date of the decision, and a reference to each statute, rule, or regulation violated; and
  - b2. The sanction, if any, including the date of action and the duration of action, if time-limited.
2. ~~For a finding by the Arizona Department of Health Services, the Executive Director shall include:~~
- a. ~~The allegation;~~
  - b. ~~Documentation of the investigation, including the:~~
    - i. ~~Nature of allegation, and~~
    - ii. ~~Description of evidence supporting the finding;~~
  - c. ~~Date of hearing, if any, or the date that the complaint was substantiated;~~
  - d. ~~Statement disputing the allegation, if any;~~
  - e. ~~The finding, including the date of the decision and a reference to each statute or rule violated; and~~
  - f. ~~The sanction, including the dates of action and the duration of the sanction, if time-limited.~~

**R4-19-811. Application for Duplicate License or Certificate Repealed**

- ~~A.~~ A licensee or CMA certificate holder shall report a lost or stolen license or certificate to the Board in writing or electronically through the Board's website, within 30 days of discovery of the loss.
- ~~B.~~ An individual requesting a duplicate license or certificate shall file an application on a form provided by the Board and pay the applicable fee under A.R.S. § 32-1643 (A) (14).

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

~~An applicant whose application is denied or a licensee or CMA certificate holder whose certificate or license is revoked in accordance with A.R.S. § 32-1663, may reapply to the Board after a period of five years from the date the license, certificate or application is revoked or denied. A licensee or CMA certificate holder who voluntarily surrenders a certificate may reapply to the Board after no less than three years from the date the certificate is surrendered. The Board may issue or re-issue a nursing assistant license or medication assistant certificate under the following terms and conditions:~~

- ~~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.
    - 1. ~~An applicant shall submit documentation showing that the basis for denial, revocation or voluntary surrender has been removed and that the issuance or re-issuance of licensure or CMA certification will no longer constitute a threat to the public health or safety.~~
      - ab. The Board may require ~~an~~ 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.
- ~~2C.~~ The Board shall consider the application, and may designate a time for the applicant to address the Board at a regularly scheduled meeting.
- ~~3D.~~ After considering the application, the Board may:
  - a1. Grant certification, ~~with or without conditions or limitations,~~ or
  - b2. Deny the application.
- ~~4E.~~ An applicant who is denied issuance or ~~reinstatement~~ 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 ~~denying issuance or reinstatement of nursing assistant licensure or medication assistant 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.



**NOTICE OF FINAL RULEMAKING**  
**TITLE 9. HEALTH SERVICES**  
**CHAPTER 25. DEPARTMENT OF HEALTH SERVICES**  
**EMERGENCY MEDICAL SERVICES**

[R19-63]

**PREAMBLE**

1. **Article, Part, or Section Affected (as applicable)**      **Rulemaking Action**

R9-25-201	Amend
R9-25-202	Amend
R9-25-203	Amend
R9-25-204	Amend
R9-25-205	Amend
R9-25-206	Amend
R9-25-207	Amend
  
2. **Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**  
 Authorizing statutes: A.R.S. §§ 36-132(A)(1), 36-136(G), 36-2202(A)(4), and 36-2209(A)(2)  
 Implementing statutes: A.R.S. §§ 36-2201, 36-2202(A)(3), 36-2204, 36-2204.01, and 36-2208(A)
  
3. **The effective date of the rules:**  
 July 1, 2019  
 The Department of Health Services (Department) requested an effective date of July 1, 2019, to provide sufficient time for the Department and stakeholders to implement the new rules.
  
4. **Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the final rulemaking package:**  
 Notice of Rulemaking Docket Opening: 24 A.A.R. 2234, August 3, 2018  
 Notice of Proposed Rulemaking: 24 A.A.R. 3137, November 9, 2018
  
5. **The agency's contact person who can answer questions about the rulemaking:**  

Name:	Terry Mullins, Bureau Chief
Address:	Arizona Department of Health Services Bureau of Emergency Medical Services and Trauma System 150 N. 18th Ave., Suite 540 Phoenix, AZ 85007-3248
Telephone:	(602) 364-3150
Fax:	(602) 364-3568
E-mail:	Terry.Mullins@azdhs.gov
or	
Name:	Robert Lane, Chief
Address:	Arizona Department of Health Services Office of Administrative Counsel and Rules 150 N. 18th Ave., Suite 200 Phoenix, AZ 85007
Telephone:	(602) 542-1020
Fax:	(602) 364-1150
E-mail:	Robert.Lane@azdhs.gov
  
6. **An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**  
 Arizona Revised Statutes (A.R.S.) §§ 36-2202(A)(3) and (4) and 36-2209(A)(2) require the Arizona Department of Health Services (Department) to adopt standards and criteria pertaining to the quality of emergency care, rules necessary for the operation of emergency medical services, and rules for carrying out the purposes of A.R.S. Title 36, Chapter 21.1. The Department has adopted rules to implement these statutes in 9 A.A.C. 25. The rules in 9 A.A.C. 25, Article 2, establish requirements for medical direction of emergency medical care technicians (EMCTs) and certification of advanced life support base hospitals. In the past five years, the Department has received written criticisms/comments about rules in 9 A.A.C. 25, Article 2, stating concern that the rules impose an undue burden on some regulated entities. For example, some otherwise qualified physicians who are licensed under A.R.S. Title 32, Chapter 17, may not qualify to be an administrative medical director or provide on-line medical direction to EMCTs under current rule requirements. In addition, an otherwise qualified individual working as a physician in a facility operated as a hospital in this state by the United States federal government or by a sovereign tribal nation, but not licensed under A.R.S. Title 32, Chapter 13 or 17, may not provide on-line medical direction to an EMCT under the current rules. The rules also need to be improved and clarified to better address security of controlled substances, the information provided by an EMCT to hospital staff upon transfer of care, and other issues identified by stakeholders or in a five-year-review report approved by the Governor's Regulatory Review Council on July 6, 2017, that may affect patient health or safety. After receiving an exception from the Gover-



nor’s rulemaking moratorium established by Executive Order 2018-02, the Department has revised the rules in 9 A.A.C. 25, Article 2, to address these issues. The changes will conform to rulemaking format and style requirements of the Governor’s Regulatory Review Council and the Office of the Secretary of State.

**7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

The Department did not review or rely on any study for this rulemaking.

**8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**9. The summary of the economic, small business, and consumer impact:**

The Department anticipates that the rulemaking may affect the Department; hospitals licensed under 9 A.A.C. 10, Article 2, including special hospitals; tribes and federal agencies operating a hospital under federal or tribal law; physicians providing administrative medical direction, on-line medical direction, or emergency services in hospitals; ambulance services and other emergency medical services providers; EMCTs; patients and their families; and the general public. Annual costs/revenues changes are designated as minimal when more than \$0 and \$1,000 or less, moderate when between \$1,000 and \$10,000, and substantial when \$10,000 or greater in additional costs or revenues. A cost is listed as significant when meaningful or important, but not readily subject to quantification.

Having rules that are clearer and easier to understand may provide a significant benefit to all affected persons. Changes increasing the options through which a physician may be eligible to become an administrative medical director or provide on-line medical direction may provide a significant benefit to affected physicians, emergency medical services providers, ambulance services, and hospitals that are or may become ALS base hospitals, including hospitals operating under tribal or federal law and special hospitals.

Changes that may enable a hospital operating under tribal or federal law to be eligible for certification as an ALS base hospital may increase costs to the Department from having to review more applications and assess on-going compliance for more hospitals. The Department anticipates receiving a minimal-to-moderate benefit from the change allowing assessment of an ALS base hospital, rather than requiring an inspection, and a minimal-to-moderate benefit from the change lengthening the maximum time between assessments/inspections from 24 months to 36 months.

Hospitals may receive a significant benefit from changes clarifying information being provided to the emergency receiving facility, the hospital to which a patient is transported, when there is a transfer of care from an EMCT to hospital staff. The change allowing for an assessment may provide up to a moderate benefit to an ALS base hospital, as would the change lengthening the maximum time between assessments/inspections from 24 months to 36 months. An ALS base hospital that is not in compliance with requirements may receive up to a substantial benefit from the rule change to allow the Department to accept corrective action plans rather than take enforcement action. Increasing the time for notifying the Department from 10 days to 30 days for a facility name change, change of address, or change of ownership is expected to increase an ALS base hospital’s ability to comply with the notification requirement, providing a significant benefit to the ALS base hospital. The Department anticipates that the cost for an ALS base hospital to institute and carry out a quality assurance process to evaluate the effectiveness of on-line medical direction, as suggested by stakeholders, may range from none to substantial, depending on how the ALS base hospital designs the quality assurance process and whether one is already in place. Because having such a process may improve patient care, the Department anticipates that having the process in place may provide up to a substantial benefit to an ALS base hospital. The change requiring an ALS base hospital to notify emergency medical services providers and ambulance services with which the ALS base hospital has a written agreement for providing medical direction of an intention to cease providing medical direction may cause a minimal cost in staff time to provide this notification. Providing such a notification could cause up to a substantial decrease in revenue if an emergency medical services provider or ambulance service so notified begins transporting patients to a different location before the date specified in the notification, but these effects would be offset, as described below, by benefits to emergency medical services providers and ambulance companies and improved patient safety.

Clarifications related to protocols and policies and procedures established by the administrative medical director for an emergency medical services provider or ambulance service may provide a significant benefit to an emergency medical services provider or ambulance service that is in compliance with current requirements. However, an emergency medical services provider or ambulance service that is not in compliance may be expected to incur up to substantial costs to comply with the clarified requirements. These costs may be offset by a corresponding reduction in costs related to enforcement. The new requirement, suggested by stakeholders, for an ALS base hospital to establish a quality assurance process to evaluate the effectiveness of the on-line medical direction provided to EMCTs may provide a significant benefit to the emergency medical services provider or ambulance service. An emergency medical services provider or ambulance service may also receive a significant benefit from the requirement for an ALS base hospital to notify an affected emergency medical services provider or ambulance service of its intention to cease providing medical direction. Changes allowing an administrative medical director to better tailor policies and procedures for carrying/storing a controlled substance when it is not in use to meet operational needs, while ensuring the security of the controlled substance, may provide a significant benefit to an emergency medical services provider or ambulance service.

Changes being made that specifically affect physicians who are administrative medical directors include clarification of protocols in R9-25-201(E)(2) and changes to the policies and procedures in R9-25-201(F)(2)(d). The Department anticipates that an administrative medical director who must change existing protocols/policies and procedures based on the rule changes may incur minimal costs to revise the documents. An administrative medical director may also be expected to receive a significant benefit from being better able to tailor the documents to meet operational needs.

The Department anticipates that EMCTs, patients and their families may receive a significant benefit from changes that allow an administrative medical director to better tailor policies and procedures for the security of agents to meet operational needs. If



changes clarifying policies and procedures or a protocol result in an administrative medical director revising these documents, the content of the revised documents may affect EMCTs; however, the Department anticipates that these effects would be minimal. The Department anticipates that the general public will receive a significant benefit from the rules changes, which were developed to improve the quality of medical direction and the functioning of ALS base hospitals.

**10. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:**

At the direction of the Governor’s Regulatory Review Council, the Department clarified the definition of “physician” in R9-25-202, amended paragraph 6 in the Preamble to explain why the definition of “physician” was changed, and clarified in R9-25-207 that an ALS base hospital operated by the United States federal government or by a sovereign tribal nation is under federal or tribal government jurisdiction. No other changes were made to the rules between the proposed rulemaking and the final rulemaking.

**11. An agency’s summary of the public stakeholder comments made about the rulemaking and the agency response to the comments:**

The Department did not receive any written comments during the public comment period. No stakeholders attended the oral proceeding.

**12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

The rules do not require a permit, but allow for voluntary certification of a hospital as an ALS base hospital. A hospital may provide the same patient-related treatment services with or without certification.

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**

Not applicable

**c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**

No business competitiveness analysis was received by the Department.

**13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**

Not applicable

**14. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:**

Not applicable

**15. The full text of the rules follows:**

**TITLE 9. HEALTH SERVICES  
CHAPTER 25. DEPARTMENT OF HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES**

**ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION**

Section

- R9-25-201. Administrative Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (D))
- R9-25-202. On-line Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (D))
- R9-25-203. ALS Base Hospital General Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5), (6), and (7))
- R9-25-204. Application Requirements for ALS Base Hospital Certification (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5))
- R9-25-205. Changes Affecting an ALS Base Hospital Certificate (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))
- R9-25-206. ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5) and (6), 36-2208(A), and 36-2209(A)(2))
- R9-25-207. ALS Base Hospital Enforcement Actions (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(7))

**ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION**

**R9-25-201. Administrative Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (D))**

A. An emergency medical services provider or ambulance service shall:

- 1. Except as specified in subsection (B) or (C), designate a physician as administrative medical director who meets one of the following:



- a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;
- b. Has emergency medical services certification issued by the American Board of Emergency Medicine;
- c. ~~Has emergency medicine certification issued by the American Osteopathic Board of Emergency Medicine;~~
- d. ~~Has emergency medicine certification issued by the American Board of Physician Specialties;~~
- e-e. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
- d-f. Is an emergency medicine physician in an emergency department located in Arizona and has current certification in:
  - i. Advanced emergency cardiac life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association, ~~in:~~
    - (1) ~~Airway management during respiratory arrest;~~
    - (2) ~~Recognition of tachycardia, bradycardia, pulseless ventricular tachycardia, ventricular fibrillation, pulseless electrical activity, and asystole;~~
    - (3) ~~Pharmacologic, mechanical, and electrical arrhythmia interventions; and~~
    - (4) ~~Immediate post cardiac arrest care;~~
  - ii. Advanced emergency trauma life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American College of Surgeons; and
  - iii. Pediatric advanced emergency life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association, ~~in:~~
    - (1) ~~Pediatric rhythm interpretation;~~
    - (2) ~~Oral, tracheal, and nasal airway management;~~
    - (3) ~~Peripheral and central intravenous lines;~~
    - (4) ~~Intraosseous infusion;~~
    - (5) ~~Needle thoracostomy; and~~
    - (6) ~~Pharmacologic, mechanical, and electrical arrhythmia interventions;~~
- 2. If the emergency medical services provider or ambulance service designates a physician as administrative medical director according to subsection (A)(1), notify the Department in writing:
  - a. Of the identity and qualifications of the designated physician within 10 days after designating the physician as administrative medical director; and
  - b. Within 10 days after learning that a physician designated as administrative medical director is no longer qualified to be an administrative medical director; and
- 3. Maintain for Department review:
  - a. A copy of the policies, procedures, protocols, and documentation required in subsection (E); and
  - b. Either:
    - i. The name, e-mail address, telephone number, and qualifications of the physician providing administrative medical direction on behalf of the emergency medical services provider or ambulance service; or
    - ii. If the emergency medical services provider or ambulance service provides administrative medical direction through an ALS base hospital or a centralized medical direction communications center, a copy of a written agreement with the ALS base hospital or centralized medical direction communications center documenting that the administrative medical director is qualified under subsection (A)(1).
- B. Except as provided in R9-25-502(A)(3), if an emergency medical services provider or ambulance service provides only BLS, the emergency medical services provider or ambulance service is not required to have an administrative medical director.
- C. If an emergency medical services provider or ambulance service provides administrative medical direction through an ALS base hospital or a centralized medical direction communications center, the emergency medical services provider or ambulance service shall ensure that the ALS base hospital or centralized medical direction communications center designates a physician as administrative medical director who meets one of the requirements in subsections (A)(1)(a) through ~~(d)~~ (f).
- D. An emergency medical services provider or ambulance service may provide administrative medical direction through an ALS base hospital ~~that is a special hospital~~ certified according to R9-25-203(C), if the emergency medical services provider or ambulance service:
  - 1. Uses the ALS base hospital ~~that is a special hospital~~ for administrative medical direction only for patients who are children, and
  - 2. Has a written agreement for the provision of administrative medical direction with an ALS base hospital that meets the requirements in R9-25-203(B)(1) or a centralized medical direction communications center ~~for the provision of administrative medical direction.~~
- E. An emergency medical services provider or an ambulance service shall ensure that:
  - 1. An EMCT receives administrative medical direction as required by A.R.S. Title 36, Chapter 21.1 and this Chapter;
  - 2. Protocols are established, documented, and implemented by an administrative medical director, consistent with A.R.S. Title 36, Chapter 21.1 and this Chapter, that include:
    - a. A communication protocol for:
      - i. How and from what sources an EMCT requests and receives on-line medical direction,
      - ii. When and how an EMCT notifies a health care institution of the EMCT's intent to transport a patient to the health care institution, and
      - iii. What procedures an EMCT follows in the event of a communications equipment failure;
    - b. A triage protocol for:
      - i. How an EMCT assesses and prioritizes the medical condition of a patient,
      - ii. How an EMCT selects a health care institution to which a patient may be transported,
      - iii. How a patient is transported to the health care institution, and
      - iv. When on-line medical direction is required;



- c. A treatment protocol for:
    - i. How an EMCT performs a medical treatment on a patient or administers an agent to a patient, and
    - ii. When on-line medical direction is required while an EMCT is providing treatment; and
  - d. A protocol for the transfer of information to the emergency receiving facility, ~~including for:~~
    - i. ~~The~~ What information is required to be communicated to emergency receiving facility staff ~~upon concurrent with the~~ transfer of care and by what method, including the condition of the patient, the treatment provided to the patient, and the patient's response to the treatment;
    - ii. ~~The~~ What information is required to be documented on a prehospital incident history report; and
    - iii. The time-frame, which is associated with the transfer of care, for completion and submission of a prehospital incident history report;
3. Policies and procedures are established, documented, and implemented by an administrative medical director, consistent with A.R.S. Title 36, Chapter 21.1 and this Chapter, that:
    - a. Are consistent with an EMCT's scope of practice, as specified in Table 5.1;
    - b. Cover:
      - i. Medical recordkeeping;
      - ii. Medical reporting, including to whom and by what method medical reporting is accomplished;
      - iii. Processing Completion and submission of prehospital incident history reports;
      - iv. Obtaining, storing, transferring, and disposing of agents to which an EMCT has access including methods to:
        - (1) Identify individuals authorized by the administrative medical director to have access to agents,
        - (2) Maintain chain of custody for controlled substances, and
        - (3) Minimize potential degradation of agents due to temperature extremes;
      - v. Administration, monitoring, or assisting in patient self-administration of an agent;
      - vi. Monitoring and evaluating an EMCT's compliance with treatment protocols, triage protocols, and communications protocols specified in subsection (E)(2);
      - vii. Monitoring and evaluating an EMCT's compliance with medical recordkeeping, medical reporting, and prehospital incident history report requirements;
      - viii. Monitoring and evaluating an EMCT's compliance with policies and procedures for agents to which the EMCT has access;
      - ix. Monitoring and evaluating an EMCT's competency in performing skills authorized for the EMCT by the EMCT's administrative medical director and within the EMCT's scope of practice, as specified in Table 5.1;
      - x. Ongoing education, training, or remediation necessary to maintain or enhance an EMCT's competency in performing skills within the EMCT's scope of practice, as specified in Table 5.1;
      - xi. The process by which administrative medical direction is withdrawn from an EMCT; and
      - xii. The process for reinstating an EMCT's administrative medical direction; and
    - c. Include a quality assurance process to evaluate the effectiveness of the administrative medical direction provided to EMCTs;
  4. Protocols in subsection (E)(2) and policies and procedures in subsection (E)(3) are reviewed annually by the administrative medical director and updated as necessary;
  5. Requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter are reviewed annually by the administrative medical director; and
  6. The Department is notified in writing no later than ten days after the date:
    - a. Administrative medical direction is withdrawn from an EMCT; or
    - b. An EMCT's administrative medical direction is reinstated.
- F. An administrative medical director for an emergency medical services provider or ambulance service shall ensure that:
1. An EMCT for whom the administrative medical director provides administrative medical direction:
    - a. Has access to at least the minimum supply of agents required for the highest level of service to be provided by the EMCT, consistent with requirements in Article 5 of this Chapter;
    - b. Administers, monitors, or assists in patient self-administration of an agent according to the requirements in policies and procedures; and
    - c. Has access to a copy of the policies and procedures required in subsection (F)(2) while on duty for the emergency medical services provider or ambulance service;
  2. Policies and procedures for agents to which an EMCT has access:
    - a. Specify that an agent is obtained only from a person:
      - i. Authorized by law to prescribe the agent, or
      - ii. Licensed under A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23 to dispense or distribute the agent;
    - b. Cover chain of custody and transfer procedures for each supply of agents, requiring an EMCT for whom the administrative medical director provides administrative medical direction to:
      - i. Document the name and the EMCT certification number or employee identification number of each individual who takes physical control of the supply of agents;
      - ii. Document the time and date that each individual takes physical control of the supply of agents;
      - iii. Inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted, visibly adulterated, or missing agents upon taking physical control of the supply of agents;
      - iv. Document any of the conditions in subsection (F)(2)(b)(iii);
      - v. Notify the administrative medical director of a depleted, visibly adulterated, or missing controlled substance;



- vi. Obtain a replacement for each affected agent in subsection (F)(2)(b)(iii) for which the minimum supply is not present; and
- vii. Record each administration of an agent on a prehospital incident history report;
- c. Cover mechanisms for controlling inventory of agents and preventing diversion of controlled substances; and
- d. Include that an agent is kept inaccessible to all individuals who are not authorized access to the agent by policies and procedures required under subsection (E)(3)(b)(iv)(1) and, when not being administered, is:
  - i. Secured in a dry, clean, washable receptacle;
  - ii. While on a motor vehicle or aircraft registered to the emergency medical services provider or ambulance service, secured in a manner that restricts movement of the agent and the receptacle specified in subsection (F)(2)(d)(i); and
  - iii. If a controlled substance, in ~~the receptacle specified in subsection (F)(2)(d)(i) and locked in an ambulance in a hard-shelled container that is difficult to breach without the use of a power cutting tool and:~~
    - (1) Locked inside a motor vehicle or aircraft registered to the emergency medical services provider or ambulance service.
    - (2) Otherwise locked and secured in such a manner as to deter misappropriation, or
    - (3) On the person of an EMCT authorized access to the agent;
- 3. The Department is notified in writing within 10 days after the administrative medical director receives notice, as required subsection (F)(2)(b)(v), that any quantity of a controlled substance is depleted, visibly adulterated, or missing; and
- 4. Except when the emergency medical services provider or ambulance service obtains all agents from an ALS base hospital pharmacy, which retains ownership of the agents, agents to which an EMCT has access are obtained, stored, transferred, and disposed of according to policies and procedures; A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; 4 A.A.C. 23; and requirements of the U.S. Drug Enforcement Administration.
- G. An administrative medical director may delegate responsibilities to an individual as necessary to fulfill the requirements in this Section, if the individual is:
  - 1. Another physician,
  - 2. A physician assistant,
  - 3. A registered nurse practitioner,
  - 4. A registered nurse,
  - 5. A Paramedic, or
  - 6. An EMT-I(99).

**R9-25-202. On-line Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (D))**

**A.** In this Section, “physician” means an individual licensed:

- 1. According to A.R.S. Title 32, Chapter 13 or 17; or
- 2. When working in a health care institution operating under federal or tribal law as an administrative unit of the U.S. government or a sovereign tribal nation, by a similar licensing board in another state.

**~~A-B.~~** An emergency medical services provider or ambulance service shall:

- 1. ~~Ensure~~ Except as provided in R9-25-203(C)(3), ensure that a physician provides on-line medical direction to EMCTs on behalf of the emergency medical services provider or ambulance service only if the physician meets one of the following:
  - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;
  - b. Has emergency medical services certification issued by the American Board of Emergency Medicine;
  - c. Has emergency medicine certification issued by the American Osteopathic Board of Emergency Medicine;
  - d. Has emergency medicine certification issued by the American Board of Physician Specialties;
  - ~~e-c.~~ Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
  - ~~d-f.~~ Is an emergency medicine physician in an emergency department located in Arizona and has current certification that meets the requirements in ~~R9-25-201(A)(1)(d)(i) through (iii)~~ R9-25-201(A)(1)(f)(i) through (iii);
- 2. For each physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service, maintain for Department review either:
  - a. The name, e-mail address, telephone number, and qualifications of the physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service; or
  - b. If the emergency medical services provider or ambulance service provides on-line medical direction through an ALS base hospital or a centralized medical direction communications center, a copy of a written agreement with the ALS base hospital or centralized medical direction communications center documenting that the physician providing on-line medical direction is qualified under subsection ~~(A)(4)~~ (B)(1);
- 3. Ensure that the on-line medical direction provided to an EMCT on behalf of the emergency medical services provider or ambulance service is consistent with:
  - a. The EMCT’s scope of practice, as specified in Table 5.1; and
  - b. Communication protocols, triage protocols, treatment protocols, and protocols for prehospital incident history reports, specified in R9-25-201(E)(2); and
- 4. Ensures that a physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service relays on-line medical direction only through one of the following individuals, under the supervision of the physician and consistent with the individual’s scope of practice:
  - a. Another physician,
  - b. A physician assistant,
  - c. A registered nurse practitioner,
  - d. A registered nurse,



- e. A Paramedic, or
- f. An EMT-I(99).

**B-C.** An emergency medical services provider or ambulance service may provide on-line medical direction through an ALS base hospital ~~that is a special hospital certified according to R9-25-203(C),~~ if the emergency medical services provider or ambulance service:

1. Uses the ALS base hospital ~~that is a special hospital~~ for on-line medical direction only for patients who are children, and
2. Has ~~a~~ an additional written agreement for the provision of on-line medical direction with an ALS base hospital that meets the requirements in R9-25-203(B)(1) or a centralized medical direction communications center ~~for the provision of on-line medical direction.~~

**C-D.** An emergency medical services provider or ambulance service shall ensure that the emergency medical services provider or ambulance service, or an ALS base hospital or a centralized medical direction communications center providing on-line medical direction on behalf of the emergency medical services provider or ambulance service, has:

1. Operational and accessible communication equipment that will allow on-line medical direction to be given to an EMCT;
2. A written plan for alternative communications with an EMCT in the event of a disaster, communication equipment breakdown or repair, power outage, or malfunction; and
3. A physician qualified under subsection ~~(A)(4)~~ (B)(1) available to give on-line medical direction to an EMCT 24 hours a day, seven days a week.

**R9-25-203. ALS Base Hospital General Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5), (6), and (7))**

**A.** A person shall not operate as an ALS base hospital without certification from the Department.

**B.** The Department shall certify an ALS base hospital if the applicant:

1. Is:
  - a. Licensed as a general hospital under 9 A.A.C. 10, Article 2; or
  - b. A facility operated as a hospital in this state by the United States federal government or by a sovereign tribal nation;
2. Maintains at least one current written agreement described in A.R.S. § 36-2201(4);
3. Has not been decertified as an ALS base hospital by the Department within five years before submitting the application;
4. Submits an application that is complete and compliant with the requirements in this Article; and
5. Has not knowingly provided false information on or with an application required by this Article.

**C.** The Department may certify as an ALS base hospital a special hospital, which is licensed under 9 A.A.C. 10, Article 2 and provides surgical services and emergency services only to children, if the applicant:

1. Meets the requirements in subsection (B)(2) through (5); ~~and~~
2. Provides administrative medical direction or on-line medical direction only for patients who are children; and
3. Ensures that:
  - a. Administrative medical direction is provided by a physician who meets the requirements in R9-25-201(A)(1); and
  - b. On-line medical direction is provided by a physician who meets one of the following:
    - i. Meets the requirements in R9-25-202(B)(1),
    - ii. Has board certification in pediatric emergency medicine from either the American Board of Pediatrics or the American Board of Emergency Medicine, or
    - iii. Is board eligible in pediatric emergency medicine.

**D.** An ALS base hospital certificate is valid only for the name and address listed by the Department on the certificate.

**E.** At least every ~~24~~ 36 months after certification, the Department shall ~~inspect, according to A.R.S. § 41-1009,~~ assess an ALS base hospital to determine ongoing compliance with the requirements of this Article.

**F.** The Department may inspect an ALS base hospital according to A.R.S. § 41-1009:

1. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079; or
2. As necessary to determine compliance with the requirements of this Article.

**G.** If the Department determines that an ALS base hospital is not in compliance with the requirements in this Article, the Department may:

1. Take an enforcement action as described in R9-25-207; or
2. Require that an ALS base hospital submit to the Department, within 15 days after written notice from the Department, a corrective action plan to address issues of compliance that do not directly affect the health or safety of a patient that:
  - a. Describes how each identified instance of non-compliance will be corrected and reoccurrence prevented, and
  - b. Includes a date for correcting each instance of non-compliance that is appropriate to the actions necessary to correct the instance of non-compliance.

**R9-25-204. Application Requirements for ALS Base Hospital Certification (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5))**

**A.** An applicant for ALS base hospital certification shall submit to the Department an application, ~~in a Department provided format,~~ including:

1. ~~A form containing~~ The following information in a Department-provided format:
  - a. The applicant's name, address, and telephone number;
  - b. The name, email address, and telephone number of the applicant's chief administrative officer;
  - c. The name, email address, and telephone number of the applicant's chief administrative officer's designee if the chief administrative officer will not be the liaison between the ALS base hospital and the Department;
  - d. Whether the applicant is applying for certification of a:
    - i. General hospital licensed under 9 A.A.C. 10, Article 2;
    - ii. Special hospital licensed under 9 A.A.C. 10, Article 2, that provides surgical services and emergency services only to children; or



- iii. Facility operating as a federal or tribal hospital;
  - e. The name of each emergency medical services provider or ambulance service for which the applicant has a ~~current~~ proposed written agreement described in A.R.S. § 36-2201(4) to provide administrative medical direction or on-line medical direction;
  - f. The name, address, email address, and telephone number of each administrative medical director;
  - g. The name of each physician providing on-line medical direction;
  - h. Attestation that the applicant meets the requirements in ~~R9-25-202(C)~~ R9-25-202(D);
  - i. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter;
  - j. Attestation that all information required as part of the application has been submitted and is true and accurate; and
  - k. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature;
2. A copy of the applicant's current hospital license issued under 9 A.A.C. 10, Article 2, if applicable; and
  3. A copy of each executed written agreement described in A.R.S. § 36-2201(4), including all attachments and exhibits.
- B.** The Department shall approve or deny an application under this Section according to Article 12 of this Chapter.

**R9-25-205. Changes Affecting an ALS Base Hospital Certificate (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))**

- A.** No later than ~~40~~ 30 days after the date of a change in the name listed on the ALS base hospital certificate, an ALS base hospital certificate holder shall notify the Department of the change, in a Department-provided format, including:
1. The current name of the ALS base hospital;
  2. The ALS base hospital's certificate number;
  3. The new name and the effective date of the name change;
  4. Documentation supporting the name change;
  5. Documentation of compliance with the requirements in A.A.C. R9-10-109(A), if applicable;
  6. Attestation that all information submitted to the Department is true and correct; and
  7. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B.** No later than 48 hours after changing the information provided according to R9-25-204(A)(1)(e) by terminating, adding, or amending a written agreement required in R9-25-203(B)(2), an ALS base hospital certificate holder shall notify the Department of the change, including:
1. The following information in a Department-provided format:
    - a. The name of the ALS base hospital;
    - b. The ALS base hospital's certificate number; and
    - c. As applicable, the name of the emergency medical services provider or ambulance service for which the ALS base hospital:
      - i. Has a newly executed or amended written agreement described in A.R.S. § 36-2201(4), or
      - ii. Is no longer providing administrative medical direction or on-line medical direction under a written agreement described in A.R.S. § 36-2201(4); and
  2. If applicable, a copy of the newly executed or amended written agreement described in A.R.S. § 36-2201(4), including all attachments and exhibits.
- C.** No later than 10 days after the date of a change in an administrative medical director provided according to R9-25-204(A)(1)(f), an ALS base hospital certificate holder shall notify the Department of the change, in a Department-provided format, including:
1. The name of the ALS base hospital.
  2. The ALS base hospital's certificate number.
  3. The name of the new administrative medical director and the effective date of the change.
  4. Attestation that the new administrative medical director meets the requirements in R9-25-201(A)(1).
  5. Attestation that all information submitted to the Department is true and correct, and
  6. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- ~~B-D.~~** No later than ~~40~~ 30 days after the date of a change in the address listed on an ALS base hospital certificate or a change in ownership, as defined in A.A.C. R9-10-101, an ALS base hospital certificate holder shall submit to the Department an application required in R9-25-204(A).

**R9-25-206. ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5) and (6), 36-2208(A), and 36-2209(A)(2))**

- A.** An ALS base hospital certificate holder shall:
1. Have the capability of providing both administrative medical direction and on-line medical direction;
  2. Provide administrative medical direction and on-line medical direction to an EMCT according to:
    - a. A written agreement described in A.R.S. § 36-2201(4);
    - b. ~~Except as provided in subsection (D), the~~ The requirements in R9-25-201 for administrative medical direction; and
    - c. The requirements in R9-25-202 for on-line medical direction; ~~and~~
  3. Ensure that personnel are available to provide administrative medical direction and on-line medical direction; and
  4. Establish, document, and implement policies and procedures, consistent with A.R.S. Title 36, Chapter 21.1 and this Chapter, that include a quality assurance process to evaluate the effectiveness of the on-line medical direction provided to EMCTs.
- B.** ~~No later than 10 days after the date of a change in an administrative medical director listed on the ALS base hospital's application, as required in R9-25-204(A)(1)(f), an ALS base hospital certificate holder shall notify the Department of the change, in a Department-provided format, including:~~
1. ~~The name of the ALS base hospital,~~



2. The ALS base hospital's certificate number;
  3. The name of the new administrative medical director and the effective date of the change;
  4. Attestation that the new administrative medical director meets the requirements in R9-25-201(A)(1);
  5. Attestation that all information submitted to the Department is true and correct, and
  6. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- C.** An ALS base hospital certificate holder shall:
1. Notify the Department in writing no later than 24 hours after ceasing to meet the requirement in:
    - a. R9-25-203(B)(1) or (2); or
    - b. For a special hospital, R9-25-203(B)(2) or (C); and
  2. No later than 48 hours after terminating, adding, or amending a written agreement required in R9-25-203(B)(2), notify the Department in writing and, if applicable, submit to the Department a copy of the new or amended written agreement described in A.R.S. § 36-2201(4).
- B.** An ALS base hospital certificate holder shall notify in writing:
1. The Department no later than 24 hours after:
    - a. Ceasing to meet a requirement in R9-25-203(B)(1) or (2); or
    - b. For a special hospital, ceasing to be licensed under 9 A.A.C. 10, Article 2, as a special hospital or to meet the requirement in R9-25-203(B)(2); and
  2. Each emergency medical services provider or ambulance service with which the ALS base hospital has a current written agreement to provide administrative medical direction or on-line medical direction no later than seven days before ceasing to provide administrative medical direction or on-line medical direction or as specified in the written agreement, whichever is earlier.
- D.C.** An ALS base hospital may act as a training program without training program certification from the Department, if the ALS base hospital:
1. Is eligible for training program certification as provided in R9-25-301(C); and
  2. Complies with the requirements in R9-25-301(D), R9-25-302, R9-25-303(B), (C), and (F), and R9-25-304 through R9-25-306.
- E.D.** If an ALS base hospital's pharmacy provides all of the agents for an emergency medical services provider or ambulance service, and the ALS base hospital owns the agents provided, the ALS base hospital's certificate holder shall ensure that:
1. Except as stated in subsections ~~(E)(2) and (3)~~ (D)(2) and (3), the policies and procedures for agents to which an EMCT has access that are established by the administrative medical director for the emergency medical services provider or ambulance service comply with requirements in R9-25-201(F)(2);
  2. The emergency medical services provider or ambulance service requires an EMCT for the emergency medical services provider or ambulance service to notify the pharmacist in charge of the hospital pharmacy of a missing, visibly adulterated, or depleted controlled substance; and
  3. The pharmacist in charge of the hospital pharmacy notifies the Department, as specified in R9-25-201(F)(3), of a missing, visibly adulterated, or depleted controlled substance.
- R9-25-207. ALS Base Hospital Enforcement Actions (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(7))**
- A.** ~~The~~ Except as provided in subsection (C), the Department may take an action listed in subsection (B) against an ALS base hospital certificate holder who:
1. Does not meet the certification requirements:
    - a. ~~in~~ In R9-25-203(B)(1) or (2) ~~or (C); or~~
    - b. For a special hospital, in R9-25-203(B)(2) and being licensed under 9 A.A.C. 10, Article 2, as a special hospital;
  2. Violates the requirements in A.R.S. Title 36, Chapter 21.1 or 9 A.A.C. 25;
  3. Does not submit a corrective action plan, as provided in R9-25-203(G)(2), that is acceptable to the Department;
  4. Does not complete a corrective action plan submitted according to R9-25-203(G)(2); or
  - 3-5. Knowingly or negligently provides false documentation or information to the Department.
- B.** The Department may take the following action against an ALS base hospital certificate holder:
1. After notice is provided according to A.R.S. Title 41, Chapter 6, Article 10, issue a letter of censure,
  2. After notice is provided according to A.R.S. Title 41, Chapter 6, Article 10, issue an order of probation,
  3. After notice and an opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10, suspend the ALS base hospital certificate, or
  4. After notice and an opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10, decertify the ALS base hospital.
- C.** An ALS base hospital operated as a hospital in this state by the United States federal government or by a sovereign tribal nation is under federal or tribal government jurisdiction.



NOTICES OF FINAL EXEMPT RULEMAKING

This section of the Arizona Administrative Register contains Notices of Final Exempt Rulemaking.

The Office of the Secretary of State is the filing office and publisher of these rules.

Questions about the interpretation of the final exempt rule should be addressed to the agency proposing them.

Refer to Item #5 to contact the person charged with the rulemaking.

NOTICE OF FINAL EXEMPT RULEMAKING
TITLE 7. EDUCATION
CHAPTER 2. STATE BOARD OF EDUCATION

[R19-60]

PREAMBLE

- 1. Article, Part, or Section Affected (as applicable) Rulemaking Action
2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific), and the statute or session law authorizing the exemption:
3. The effective date of the rules and the agency's reason it selected the effective date:
4. A list of all notices published in the Register as specified in R1-1-409(A) that pertains to the record of the exempt rulemaking:
5. The agency's contact person who can answer questions about the rulemaking:
6. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered to include an explanation about the rulemaking:
7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:
8. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:
9. The summary of the economic, small business and consumer impact, if applicable:
10. A description of the changes between the proposed rules, including supplemental notices and final rules (if applicable):
11. A summary of the comments made regarding the rule and the agency response to them:



**12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

Not applicable

**13. Incorporations by reference and their location in the rules:**

Not applicable

**14. Was this rule previously made as an emergency rule? If so, please indicate the Register citation:**

Not applicable

**15. The full text of the rule follows:**

**TITLE 7. EDUCATION**

**CHAPTER 2. STATE BOARD OF EDUCATION**

**ARTICLE 3. CURRICULUM REQUIREMENTS AND SPECIAL PROGRAMS**

Section

R7-2-319. State Seal of Personal Finance Proficiency

R7-2-320. State Seal of Civics Literacy

**ARTICLE 3. CURRICULUM REQUIREMENTS AND SPECIAL PROGRAMS**

**R7-2-319. State Seal of Personal Finance Proficiency**

**A.** School districts and charter schools may participate in the State Seal of Personal Finance Proficiency Program (Program), which recognizes students who have attained a high level of proficiency in personal finance. School districts and charter schools participating in the Program may award the State Seal of Personal Finance Proficiency to any high school student who graduates from a school operated by the school district or charter school and who meets the requirements of the Program outlined in subsections (1) and (2) of this subsection. To be eligible to be awarded the State Seal of Personal Finance Proficiency, each student shall do each of the following:

1. Complete all Social Studies requirements for graduation with GPA of 3.0 or higher on a 4.0 scale, or the equivalent; and

2. Complete all of the following activities:

a. Passage of an assessment. The student shall attain the required score on one personal finance assessment as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency;

b. Completion of an approved Personal Finance Program. The student shall complete one of the personal finance programs as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency;

c. Participation in a curricular or extracurricular program. The student shall complete one personal finance curricular or extracurricular program as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency; and

d. Demonstrated college and/or career readiness plan. The student shall complete one college and career readiness plan as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency.

**B.** By October 1 of each year, the Arizona Department of Education shall make an electronic facsimile of the State Seal of Personal Finance Proficiency available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Personal Finance Proficiency to the student's diploma upon graduation, and shall note the receipt of the State Seal of Personal Finance Proficiency on the transcript of the student.

**C.** The Arizona Department of Education shall post on its website by July 1 of each year:

1. The list of acceptable personal finance assessments and the score to be achieved on each, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(a);

2. The list of acceptable personal finance programs, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(b);

3. The list of acceptable personal finance curricular or extracurricular programs, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(c); and

4. The list of acceptable college and/or career readiness plans, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(d).

**D.** Each school district and charter school that participates in the Program shall meet the following requirements:

1. Notify the Arizona Department of Education of its intent to participate in the Program at least 30 days prior to issuing the seal by filling out the form provided on the Arizona Department of Education's website;

2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education;

3. Using a format prescribed by the Arizona Department of Education, submit a report no later than 90 days after the end of the school year with the total number of students awarded the State Seal of Personal Finance Proficiency; and

4. Make available to parents and students information regarding the Program and the name and contact information for the coordinator of the Program.

**E.** The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.



**R7-2-320. State Seal of Civics Literacy**

- A.** School districts and charter schools may participate in the State Seal of Civics Literacy Program (Program), which recognizes students who have attained a high level of proficiency in Civics. School districts and charter schools participating in the Program may award the State Seal of Civics Literacy to any high school student who graduates from a school operated by the school district or charter school and who meets the requirements of the Program outlined in subsections (1), (2) and (3) of this subsection. To be eligible, each student shall do all of the following:
  - 1. Complete all Social Studies requirements for graduation with GPA of 3.0 or higher on a 4.0 scale, or the equivalent;
  - 2. Pass the Civics test prescribed in R7-2-302; and
  - 3. Complete all of the following activities:
    - a. Civic Learning Programs. The student shall complete the required number of civic learning programs for purposes of demonstrating civic literacy.
      - i. Students graduating in school year 2019-2020 shall complete at least two approved civic learning programs.
      - ii. Students graduating in school year 2020-2021 and thereafter shall complete at least three approved civic learning programs.
    - b. Civic Engagement Activities. The student shall complete the required number of civic engagement activities as for purposes of demonstrating civic literacy.
      - i. Students graduating in school year 2019-2020 shall complete at least one approved civic engagement activity.
      - ii. Students graduating in school year 2020-2021 and thereafter shall complete at least two approved civic engagement activities.
    - c. Service Learning and/or Community Service for a public agency or charitable organization that serves the public good. The student shall complete the required number of hours engaged in Service Learning and/or Community Service for a public agency or charitable organization that serves the public good for purposes of demonstrating civic literacy proficiency.
      - i. Students graduating in school year 2019-2020 shall complete at least 30 hours engaged in Service Learning and/or Community Service for a public agency or charitable organization that serves the public good.
      - ii. Students graduating in school year 2020-2021 shall complete at least 45 hours engaged in Service Learning and/or Community Service for a public agency or charitable organization that serves the public good.
      - iii. Students graduating in school year 2021-2022 shall complete at least 60 hours engaged in Service Learning and/or Community Service for a public agency or charitable organization that serves the public good.
      - iv. Students graduating in school year 2022-2023 and thereafter shall complete at least 75 hours engaged in Service Learning and/or Community Service for a public agency or charitable organization that serves the public good.
    - d. Written Reflection. The student shall complete a writing assignment as adopted by the State Board of Education for purposes of demonstrating civic literacy proficiency.
- B.** By October 1 of each year, the Arizona Department of Education shall make an electronic facsimile of the State Seal of Civics Literacy available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Civics Literacy to the student's diploma upon graduation, and shall note the receipt of the State Seal of Civics Literacy on the transcript of the student.
- C.** The Arizona Department of Education shall post on its website by July 1 of each year:
  - 1. The list of acceptable civic learning programs, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(a);
  - 2. The list of acceptable civic engagement activities, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(b);
  - 3. The defined number of hours of service learning and/or community service for a public agency or charitable organization that serves the public good, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(c); and
  - 4. The list of written assignments, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(d).
- D.** Each school district and charter school that chooses to participate in the Program shall meet the following requirements:
  - 1. Notify the Arizona Department of Education of its intent to participate in the Program at least 30 days prior to issuing the seal by filling out the form provided on the Arizona Department of Education's website;
  - 2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education;
  - 3. Using a format prescribed by the Arizona Department of Education, submit a report no later than 90 days after the end of the school year with the total number of students awarded the State Seal of Civics Literacy; and
  - 4. Make available to parents and students information regarding the Program and the name and contact information for the coordinator of the Program.
- E.** The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.





TITLE 7. EDUCATION
CHAPTER 2. STATE BOARD OF EDUCATION

ARTICLE 6. CERTIFICATION

Section

R7-2-604.03. Alternative Educator Preparation Program Approval Process

ARTICLE 6. CERTIFICATION

R7-2-604.03. Alternative Educator Preparation Program Approval Process

- A. An organization that includes, but is not limited to, universities under the jurisdiction of the Arizona Board of Regents, community colleges in this state, private postsecondary institutions licensed by this state, school districts, charter schools, professional organizations, nonprofit organizations, private entities and regional training centers that oversee one or more educator preparation programs which wishes to offer a program for an alternative route for the certification of teachers and administrators in this State must apply to the State Board of Education on a form prescribed by the Department of Education for approval to become an approved provider of such a program. The application must include:
1. The name and location of the applicant;
2. The name of the program;
3. If the applicant is accredited, the name of the regional accrediting body and the accreditation status of the applicant;
4. If the applicant is a private postsecondary educational institution, evidence that the applicant is licensed to operate by the State Board of Private Postsecondary Education pursuant to A.R.S. § 32-3021;
5. A description of the budget of the program;
6. The areas of certification for which the applicant will offer the program;
7. A description of the program, which must include:
a. The way in which the elements of the program will comply with the requirements of this section and R7-2-602, R7-2-603 as applicable and A.R.S. § 15-203(A)(14)(a)(i) through (vi);
b. The application and review process for persons to enroll in the program, including a copy of all forms that will be used in the process; and
c. The supervised, school-based experiences the applicant will provide, including:
i. The name of each school and school district that will participate in the supervised, school-based experience;
ii. The length of time for which a candidate will be required to participate in the supervised, school-based experience, including any orientation that the candidate must complete;
iii. The manner by which candidates will be mentored by an effective or highly effective teacher and evaluated during the supervised, school-based experience;
iv. How the supervised, school-based experience will promote the effectiveness of teachers and administrators, as appropriate; and
v. A copy of all forms that will be used for the supervised, school-based experience process;
8. A list of all staff members for the program, the roles and responsibilities of each person and his or her credentials;
9. A statement of the estimated time it will take a candidate enrolled in the program to complete the program, which must allow for completion of the program within one year but not more than three years;
10. A description of the manner by which the applicant will evaluate the success or failure of each candidate enrolled in the program and track the progress of each such candidate, including a copy of all forms that will be used for the evaluation and tracking;
11. A description of how the applicant will evaluate the success of the program, which must include the information required for the evaluation pursuant to R7-2-604.02(K)(4).
B. Upon receipt of an application for approval as an approved provider pursuant to subsection (A), the State Board of Education will appoint a review team to review the application consisting of a currently certified professional educator that is a graduate of an alternative certification program, a currently certified professional administrator, a member of the business community human resources director or school superintendent, two members of the Certification Advisory Committee and a representative from the Department of Education. The review team shall:
1. Examine the application;
2. Determine whether to recommend that the State Board of Education grant its approval of the application based upon the requirements of this section without any additional requirements; and
3. Submit its recommendation to the State Board of Education within 60 days of receipt of the application.
C. The State Board of Education will review the recommendation of the review team submitted pursuant to subsection B and provide to the applicant written notice of its approval or denial. The State Board of Education may grant provisional approval to an applicant pursuant to subsection (D). If the State Board of Education denies an application, the applicant may correct any deficiencies identified in the notice of denial and resubmit the application for review by the State Board of Education within 60 days of the denial.
D. If the State Board of Education grants an applicant provisional approval, the applicant may offer the program for an alternative route to certification described in the application for the period prescribed by the State Board of Education. The applicant must remove all the provisions under which the approval was issued before the expiration of the provisional approval. If the applicant removes the provisions within the prescribed time, the State Board of Education will grant nonprovisional approval to the applicant as an approved provider. Provisional approval is valid for two years after the date on which the State Board of Education granted provisional approval. If an applicant does not remove all the provisions within the prescribed time, the provisional approval is automatically revoked.



- E. Except as otherwise provided in subsection (D), if an applicant is approved as an approved provider pursuant to this section, the approval is valid for six years after the date of approval. To continue the approval, the qualified provider must submit an application for renewal before the expiration of the approval to the State Board of Education on a form prescribed by the Department of Education. If the application for renewal is approved by the State Board of Education, the renewal is valid for six years after the date of the approval.
- F. If an approved provider intends to offer a program for an alternative route to certification for an area of certification that is different from the area of certification for which the qualified provider has been approved, the qualified provider must submit a new application pursuant to subsection (A) to offer a program for an alternative route to certification for that area of certification.
- G. An approved provider shall provide its program completers with an institutional recommendation for issuance of the appropriate Arizona alternative path certification within 45 days. An approved provider seeking renewal of its program approval shall submit the required renewal application for review at least 90 days prior to the program expiration date.
- H. Each qualified provider must submit a report once every two years which includes:
  - 1. A description of any substantive changes in courses, seminars, modules or assessments in the Board approved educator preparation programs;
  - 2. The name, title and original signature of the certification officer for the professional preparation institution; and
  - 3. Relevant data on the educator preparation program, relevant staff, and candidates, which may include, but is not limited to, stakeholder surveys, completer data, and student achievement data required as a condition of continuing program approval.
- I. The Department shall:
  - 1. Present the results of the report to the State Board of Education; and
  - 2. After the results have been presented to the State Board of Education, post the report on the Department’s website.
- J. Each qualified provider shall cooperate with the State Board of Education and the Department in the evaluation of the effectiveness of this section.

**NOTICE OF FINAL EXEMPT RULEMAKING  
TITLE 7. EDUCATION  
CHAPTER 2. STATE BOARD OF EDUCATION**

[R19-62]

**PREAMBLE**

- 1. Article, Part, or Section Affected (as applicable)**

<u>Article, Part, or Section Affected (as applicable)</u>	<u>Rulemaking Action</u>
R7-2-1301	Amend
R7-2-1302	Amend
R7-2-1303	Amend
R7-2-1304	Amend
R7-2-1305	Amend
R7-2-1306	Repeal
R7-2-1307	Amend
  
- 2. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific), and the statute or session law authorizing the exemption:**  
 Authorizing statute: A.R.S. § 15-203(A)(20)  
 Implementing statute: A.R.S. § 15-550  
 Exemption statute: A.R.S. § 41-1005(F)
  
- 3. The effective date of the rules and the agency’s reason it selected the effective date:**  
 March 27, 2019
  
- 4. A list of all notices published in the Register as specified in R1-1-409(A) that pertains to the record of the exempt rulemaking:**  
 Not applicable
  
- 5. The agency’s contact person who can answer questions about the rulemaking:**

Name:	Alicia Williams, Executive Director
Address:	State Board of Education 1700 W. Washington, Suite 300 Phoenix, AZ 85007
Telephone:	(602) 542-5057
Fax:	(602) 542-3046
E-mail:	inbox@azsbe.az.gov
  
- 6. An agency’s justification and reason why a rule should be made, amended, repealed, or renumbered to include an explanation about the rulemaking:**  
 Arizona Administrative Code Title 7, Chapter 2, Article 13, regarding Unprofessional and Immoral Conduct governs the investigation and discipline of certified educators in the state and the information applicants must provide on the application forms for certification.  
  
 Board staff met with the Attorney General's Office, the Investigative Unit and the Certification Unit to review the rules, statutes and application forms. Following the meeting, the attached revisions were developed for the Board's consideration in order to



align the Board’s processes and rules with statute and best practice.

- 7. **A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**  
Not applicable
- 8. **A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**  
Not applicable
- 9. **The summary of the economic, small business and consumer impact, if applicable:**  
The rules are not expected to have significant, if any, economic impact on small businesses.
- 10. **A description of the changes between the proposed rules, including supplemental notices and final rules (if applicable):**  
Not applicable
- 11. **A summary of the comments made regarding the rule and the agency response to them:**  
The Board opened the rules at a regular meeting on December 17, 2018, discussed the rule at a regular Board Meeting on January 28, 2019, and closed the rule at a regular meeting on February 25, 2019. A public hearing was also held on January 28, 2019. No public comments were received at any of these public meetings.
- 12. **Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**  
Not applicable
- 13. **Incorporations by reference and their location in the rules:**  
Not applicable
- 14. **Was this rule previously made as an emergency rule? If so, please indicate the Register citation:**  
Not applicable
- 15. **The full text of the rule follows:**

**TITLE 7. EDUCATION**  
**CHAPTER 2. STATE BOARD OF EDUCATION**

**ARTICLE 13. CONDUCT**

Section

- R7-2-1301. Definitions
- R7-2-1302. Statement of Allegations
- R7-2-1303. Complaint
- R7-2-1304. Notification; Investigation
- R7-2-1305. ~~Conviction of Criminal Offenses; Investigation~~
- R7-2-1306. ~~Reviewable Offenses~~ ~~Repealed~~
- R7-2-1307. ~~Criminal Offenses; Nonreviewable~~

**ARTICLE 13. CONDUCT**

**R7-2-1301. Definitions**

In this Article, unless the context otherwise specifies:

1. “Alleging party” means an individual, partnership, corporation, association, governmental subdivision or unit of a governmental subdivision, a public or private organization of any character or other agency who completes a statement alleging immoral or unprofessional conduct against a certificated individual.
2. “Applicant” means a person who has submitted an application to the Department requesting an evaluation of the requirements set forth in R7-2-601 et seq., requesting issuance of a certificate pursuant to R7-2-601 et seq., ~~or~~ requesting renewal of a ~~previously held~~ certificate issued pursuant to R7-2-601 et seq. or requesting changes of coding to existing files or certificates pursuant to R7-2-601 et seq.
3. “Board” means the State Board of Education.
4. “Certificated individual” means an individual who holds an Arizona certificate issued pursuant to R7-2-601 et seq.
5. “Complaint” means the filing of a charge by the Board against a certificated individual alleging immoral or unprofessional conduct.
6. “Department” means the Arizona Department of Education.
- ~~6.7.~~ “Hearing” means an adjudicative proceeding held pursuant to Title 41, Chapter 6 and R7-2-701 et seq.
- ~~7.8.~~ “PPAC” means the Professional Practices Advisory Committee established pursuant to R7-2-205.

**R7-2-1302. Statement of Allegations**

- A. Any person may file, with the ~~Board~~ Department, a statement of allegations against a certificated individual on forms provided by the ~~Board~~ Department.
- B. A statement of allegations shall state the facts under which a party is alleging immoral or unprofessional conduct and shall be signed and notarized.



- C. The facts in a statement of allegations shall clearly state the details of the alleged immoral or unprofessional conduct.
- D. A statement of allegations shall contain the names, addresses and telephone numbers of individuals who can be contacted to provide information regarding the allegations contained in the statement. The list of individuals shall also include a brief summary of the substance and extent of each individual's knowledge regarding the allegations contained in the statement.
- E. The alleging party may attach written or other evidence to a statement of allegations at the time that the statement is filed with the Board Department.
- ~~F. A statement of allegations filed by a school district shall be accompanied by a certified copy of a school board resolution authorizing the statement of allegations to be filed.~~
- ~~G.E.~~ A statement of allegations may be returned to the alleging party if the statement is not complete or not legible.
- ~~H.G.~~ The Board Department shall conduct an investigation of all statements of allegations filed pursuant to this Article.

#### R7-2-1303. Complaint

- A. Upon completion of an investigation resulting from a statement of allegations, the Board may file a complaint against a certificated individual or may issue or deny certification to an applicant.
- B. The Board may, at its own discretion, investigate any matter and file a complaint against a certificated individual upon receiving any information, from any source, indicating immoral or unprofessional conduct has occurred.
- C. A hearing shall be held on a complaint before the PPAC.

#### R7-2-1304. Notification; Investigation

The certificated individual shall have 20 days from service by U.S. mail of the notice of investigation to file a written response with the Board Department.

#### R7-2-1305. ~~Conviction of Criminal Offenses;~~ Investigation

- A. Applicants shall certify on forms that are provided by the Board Department ~~whether they are awaiting trial on, or have ever been convicted of, or have admitted in open court or pursuant to a plea agreement committing any offense listed in A.R.S. § 15-534. Applicants for certification shall not be required to disclose information regarding misdemeanor offenses other than those listed in A.R.S. § 15-534 the applicant:~~
  1. ~~Has ever received any disciplinary action, including revocation, suspension or reprimand, involving any professional certification or license;~~
  2. ~~Is currently under investigation or has ever been the subject of any investigation by the Department of Child Safety or a similar department in this state or another jurisdiction;~~
  3. ~~Has ever been convicted of a felony offense;~~
  4. ~~Has ever been arrested, cited and released, or received a criminal summons for any offense, regardless if eventually convicted of a crime or if a conviction was set aside or expunged; or~~
  5. ~~Has ever been arrested, cited and released, or received a criminal summons for any offense involving a child, regardless if eventually convicted of a crime or if a conviction was set aside or expunged.~~
- B. Upon receipt of notification that an applicant or certificated individual has engaged in unprofessional or immoral conduct pursuant to R7-2-1308, conduct that would warrant disciplinary action if the person had been certified at the time that the alleged conduct occurred, or conduct listed in subsection A of this section, ~~been convicted of or admitted in open court or pursuant to a plea agreement committing any criminal offense specified in A.R.S. § 15-534,~~ the Board Department shall initiate an investigation.
- C. Applicants and certificated individuals who are alleged to ~~have been convicted of a criminal offense specified in A.R.S. § 15-534~~ have engaged in unprofessional or immoral conduct pursuant to R7-2-1308, conduct that would warrant disciplinary action if the person had been certified at the time that the alleged conduct occurred, or conduct listed in subsection (A) of this section shall provide the Board with copies of court records ~~or and law enforcement reports pertaining to the conviction offense.~~

#### R7-2-1306. ~~Reviewable Offenses~~ Repealed

- ~~A. Reviewable offenses are those offenses listed in A.R.S. § 15-534 which are not included in R7-2-1307.~~
- ~~B. Upon completion of an investigation, the Board may file a complaint against a certificated individual or may issue or deny certification to an applicant.~~

#### R7-2-1307. ~~Criminal Offenses;~~ Nonreviewable

- A. The Board shall revoke, not issue, or not renew the certification of a person who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit ~~or admitted in open court or pursuant to a plea agreement committing~~ any of the following criminal offenses in this state or similar offenses in another jurisdiction:
  1. Sexual abuse of a minor;
  2. Incest;
  3. First-degree murder;
  4. Second-degree murder;
  5. Manslaughter;
  6. Sexual assault;
  7. Sexual exploitation of a minor;
  8. Commercial sexual exploitation of a minor;
  9. A dangerous crime against children as defined in A.R.S. § ~~13-604.01~~ 13-705;
  10. Armed robbery;
  11. Aggravated assault;
  12. Sexual conduct with a minor;
  13. Molestation of a child;
  14. Exploitation of minors involving drug offenses;



- 15. Sexual abuse of a vulnerable adult;
- 16. Sexual exploitation of a vulnerable adult;
- 17. Commercial sexual exploitation of a vulnerable adult;
- 18. Child sex trafficking as prescribed in A.R.S. § 13-3212;
- 19. Child abuse;
- 20. Abuse of a vulnerable adult;
- 21. Molestation of a vulnerable adult;
- 22. Taking a child for the purpose of prostitution as prescribed in A.R.S. § 13-3206;
- 23. Neglect or abuse of a vulnerable adult;
- 24. Sex trafficking;
- 25. Sexual abuse;
- 26. Production, publication, sale, possession and presentation of obscene items as prescribed in A.R.S. § 13-3502;
- 27. Furnishing harmful items to minors as prescribed in A.R.S. § 13-3506;
- 28. Furnishing harmful items to minors by internet activity as prescribed in A.R.S. § 13-3506.01;
- 29. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in A.R.S. § 13-3512;
- 30. Luring a minor for sexual exploitation;
- 31. Enticement of persons for purposes of prostitution;
- 32. Procurement by false pretenses of person for purposes of prostitution;
- 33. Procuring or placing persons in a house of prostitution;
- 34. Receiving earnings of a prostitute;
- 35. Causing one's spouse to become a prostitute;
- 36. Detention of persons in a house of prostitution for debt;
- 37. Keeping or residing in a house of prostitution or employment in prostitution;
- 38. Pandering;
- 39. Transporting persons for the purpose of prostitution, polygamy and concubinage;
- 40. Portraying adult as a minor as prescribed in A.R.S. § 13-3555;
- 41. Admitting minors to public displays of sexual conduct as prescribed in A.R.S. § 13-3558;
- 42. Unlawful sale or purchase of children;
- 43. Child bigamy; or
- 44. Trafficking of persons for forced labor or services.

- B. Upon notification that a certificated individual has been convicted of a nonreviewable offense, the Board shall revoke the certificate. Upon notification by the clerk of the court, magistrate or court of competent jurisdiction, the Board shall immediately and permanently revoke the certificate of a person who has been convicted of any of the following offenses:
  - 1. A dangerous crime against children as defined in A.R.S. § 13-705;
  - 2. Sexual abuse as prescribed in A.R.S. § 13-1404 in which the victim was a minor;
  - 3. Sexual assault as prescribed in A.R.S. § 13-1406 in which the victim was a minor;
  - 4. Sexual conduct with a minor as prescribed A.R.S. § 13-1405;
  - 5. A preparatory offense as prescribed in A.R.S. § 13-1001 of any of the offenses prescribed in paragraphs one, two, three or four of this subsection;
  - 6. Any crime that requires the person to register as a sex offender; or
  - 7. An act committed in another state or territory that if committed in this state would have been one of the offenses listed in paragraphs one, two, three, or four of this subsection.
- C. If the Board does not issue, does not renew, or revokes a certificate due to a person's conviction or admission of an offense listed in subsection A, but which is not an offense listed in subsection B, the notice of non-issuance, non-renewal or revocation shall inform the person of that person's right to request a hearing within 20 days of service of the notice.



**NOTICES OF EXPIRATION OF RULES  
UNDER A.R.S. § 41-1056(J)**

This section of the *Arizona Administrative Register* contains Notices of Expiration of Rules. Under A.R.S. § 41-1056(J), if an agency does not file a five-year rule review report with the Governor’s Regulatory Review Council (including a revised report); or if an agency does not file an extension before the due date of the report; or if an agency files an extension but does not submit a report

within the extension period; the rules scheduled for review expire.

The Council is required to notify the Secretary of State that the rules have expired and are no longer enforceable. The notice is published in the *Register*, and the rules are removed from the *Code*.

**GOVERNOR’S REGULATORY REVIEW COUNCIL  
NOTICE OF EXPIRATION OF RULES UNDER A.R.S. § 41-1056(J)**

**STATE REAL ESTATE DEPARTMENT**

[R19-67]

- 1. **Agency name:** State Real Estate Department
- 2. **Title and its heading:** 4, Professions and Occupations
- 3. **Chapter and its heading:** 28, State Real Estate Department
- 4. **Article and its heading:** 1, General Provisions

As required by A.R.S. § 41-1056(J), the Council provides notice that the following rules expired as of March 1, 2019:

R4-28-105. Educator Fees

**Signature is of Krishna R. Jhaveri**

/s/

Krishna R. Jhaveri, Esq.  
Council Staff Attorney

**Date of Signing**

April 4, 2019



GOVERNOR EXECUTIVE ORDER

Executive Order 2019-01 is being reproduced in each issue of the Administrative Register as a notice to the public regarding state agencies' rulemaking activities.

This order has been reproduced in its entirety as submitted.

EXECUTIVE ORDER 2019-01

Moratorium on Rulemaking to Promote Job Creation and Customer-Service-Oriented Agencies; Protecting Consumers Against Fraudulent Activities

[M19-04]

WHEREAS, government regulations should be as limited as possible; and

WHEREAS, burdensome regulations inhibit job growth and economic development; and

WHEREAS, protecting the public health, peace and safety of the residents of Arizona is a top priority of state government; and

WHEREAS, in 2015 the State of Arizona implemented a moratorium on all new regulatory rulemaking by State agencies through executive order and renewed the moratorium in 2016, 2017 and 2018; and

WHEREAS, the State of Arizona eliminated or repealed 422 needless regulations in 2018 and 676 in 2017 for a total of 1,098 needless regulations eliminated or repealed over two years; and

WHEREAS, estimates show these eliminations saved job creators more than \$31 million in operating costs in 2018 and \$48 million in 2017 for a total of over \$79 million in savings over two years; and

WHEREAS, approximately 283,300 private sector jobs have been added to Arizona since January 2015; and

WHEREAS, all government agencies of the State of Arizona should continue to promote customer-service-oriented principles for the people that it serves; and

WHEREAS, each State agency shall continue to conduct a critical and comprehensive review of its administrative rules and take action to reduce the regulatory burden, administrative delay and legal uncertainty associated with government regulation while protecting the health, peace and safety of residents; and

WHEREAS, each State agency should continue to evaluate its administrative rules using any available and reliable data and performance metrics; and

WHEREAS, Article 5, Section 4 of the Arizona Constitution and Title 41, Chapter 1, Article 1 of the Arizona Revised Statutes vests the executive power of the State of Arizona in the Governor.

NOW, THEREFORE, I, Douglas A. Ducey, by virtue of the authority vested in me by the Constitution and laws of the State of Arizona hereby declare the following:

- 1. A State agency subject to this Order shall not conduct any rulemaking, whether informal or formal, without the prior written approval of the Office of the Governor. In seeking approval, a State agency shall address one or more of the following as justifications for the rulemaking:
a. To fulfill an objective related to job creation, economic development or economic expansion in this State.
b. To reduce or ameliorate a regulatory burden while achieving the same regulatory objective.
c. To prevent a significant threat to the public health, peace, or safety.
d. To avoid violating a court order or federal law that would result in sanctions by a federal court for failure to conduct the rulemaking action.
e. To comply with a federal statutory or regulatory requirement if such compliance is related to a condition for the receipt of federal funds or participation in any federal program.
f. To comply with a state statutory requirement.
g. To fulfill an obligation related to fees or any other action necessary to implement the State budget that is certified by the Governor's Office of Strategic Planning and Budgeting.
h. To promulgate a rule or other item that is exempt from Title 41, Chapter 6, Arizona Revised Statutes, pursuant to section 41-1005, Arizona Revised Statutes.
i. To address matters pertaining to the control, mitigation, or eradication of waste, fraud or abuse within an agency or wasteful, fraudulent, or abusive activities perpetrated against an agency.
j. To eliminate rules which are antiquated, redundant or otherwise no longer necessary for the operation of state government.
2. A State agency subject to this Order shall not publicize any directives, policy statements, documents or forms on its website unless such are explicitly authorized by Arizona Revised Statutes or Arizona Administrative Code.
3. A State agency subject to this Order and which issues occupational or professional licenses shall review the agency's rules and practices related to receiving and acting on substantive complaints about unlicensed individuals who are allegedly holding them-



selves out as licensed professionals for financial gain and are knowingly or recklessly providing or attempting to provide regulated services which the State agency director believes could cause immediate and/or significant harm to either the financial or physical health of unknowing consumers within the state. Agencies shall identify and execute on opportunities to improve its complaint intake process, documentation, tracking, enforcement actions and coordination with proper law enforcement channels to ensure those allegedly trying to defraud unsuspecting consumers and putting them at risk for immediate and/or significant harm to their financial or physical health are stopped and effectively diverted by the State agency to the proper law-enforcement agency for review. A written plan on the agency's process shall be submitted to the Governor's Office no later than May 31, 2019.

4. For the purposes of this Order, the term "State agencies" includes, without limitation, all executive departments, agencies, offices, and all state boards and commissions, except for: (a) any State agency that is headed by a single elected State official; (b) the Corporation Commission; and (c) any board or commission established by ballot measure during or after the November 1998 general election. Those state agencies, boards and commissions excluded from this Order are strongly encouraged to voluntarily comply with this Order in the context of their own rulemaking processes.
5. This Order does not confer any legal rights upon any persons and shall not be used as a basis for legal challenges to rules, approvals, permits, licenses or other actions or to any inaction of a State agency. For the purposes of this Order, "person," "rule," and "rulemaking" have the same meanings prescribed in section 41-1001, Arizona Revised Statutes.

**IN WITNESS THEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this ninth day of January in the Year Two Thousand and Nineteen and of the Independence of the United States of America the Two Hundred and Forty-Third.

**ATTEST:**

**Katie Hobbs**  
**SECRETARY OF STATE**

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**REGISTER INDEXES**

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The *Register* is published by volume in a calendar year (See “General Information” in the front of each issue for more information).

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Abbreviations for rulemaking activity in this Index include:

**PROPOSED RULEMAKING**

PN = Proposed new Section  
PM = Proposed amended Section  
PR = Proposed repealed Section  
P# = Proposed renumbered Section

**SUPPLEMENTAL PROPOSED RULEMAKING**

SPN = Supplemental proposed new Section  
SPM = Supplemental proposed amended Section  
SPR = Supplemental proposed repealed Section  
SP# = Supplemental proposed renumbered Section

**FINAL RULEMAKING**

FN = Final new Section  
FM = Final amended Section  
FR = Final repealed Section  
F# = Final renumbered Section

**SUMMARY RULEMAKING****PROPOSED SUMMARY**

PSMN = Proposed Summary new Section  
PSMM = Proposed Summary amended Section  
PSMR = Proposed Summary repealed Section  
PSM# = Proposed Summary renumbered Section

**FINAL SUMMARY**

FSMN = Final Summary new Section  
FSMM = Final Summary amended Section  
FSMR = Final Summary repealed Section  
FSM# = Final Summary renumbered Section

**EXPEDITED RULEMAKING****PROPOSED EXPEDITED**

PEN = Proposed Expedited new Section  
PEM = Proposed Expedited amended Section  
PER = Proposed Expedited repealed Section  
PE# = Proposed Expedited renumbered Section

**SUPPLEMENTAL EXPEDITED**

SPEN = Supplemental Proposed Expedited new Section  
SPEM = Supplemental Proposed Expedited amended Section  
SPER = Supplemental Proposed Expedited repealed Section  
SPE# = Supplemental Proposed Expedited renumbered Section

**FINAL EXPEDITED**

FEN = Final Expedited new Section  
FEM = Final Expedited amended Section  
FER = Final Expedited repealed Section  
FE# = Final Expedited renumbered Section

**EXEMPT RULEMAKING****EXEMPT**

XN = Exempt new Section  
XM = Exempt amended Section  
XR = Exempt repealed Section  
X# = Exempt renumbered Section

**EXEMPT PROPOSED**

PXN = Proposed Exempt new Section  
PXM = Proposed Exempt amended Section  
PXR = Proposed Exempt repealed Section  
PX# = Proposed Exempt renumbered Section

**EXEMPT SUPPLEMENTAL PROPOSED**

SPXN = Supplemental Proposed Exempt new Section  
SPXR = Supplemental Proposed Exempt repealed Section  
SPXM = Supplemental Proposed Exempt amended Section  
SPX# = Supplemental Proposed Exempt renumbered Section

**FINAL EXEMPT RULEMAKING**

FXN = Final Exempt new Section  
FXM = Final Exempt amended Section  
FXR = Final Exempt repealed Section  
FX# = Final Exempt renumbered Section

**EMERGENCY RULEMAKING**

EN = Emergency new Section  
EM = Emergency amended Section  
ER = Emergency repealed Section  
E# = Emergency renumbered Section  
EEXP = Emergency expired

**RECODIFICATION OF RULES**

RC = Recodified

**REJECTION OF RULES**

RJ = Rejected by the Attorney General

**TERMINATION OF RULES**

TN = Terminated proposed new Sections  
TM = Terminated proposed amended Section  
TR = Terminated proposed repealed Section  
T# = Terminated proposed renumbered Section

**RULE EXPIRATIONS**

EXP = Rules have expired  
*See also “emergency expired” under emergency rulemaking*

**CORRECTIONS**

C = Corrections to Published Rules

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**RULES EFFECTIVE DATES CALENDAR**

A.R.S. § 41-1032(A), as amended by Laws 2002, Ch. 334, § 8 (effective August 22, 2002), states that a rule generally becomes effective 60 days after the day it is filed with the Secretary of State's Office. The following table lists filing dates and effective dates for rules that follow this provision. Please also check the rulemaking Preamble for effective dates.

January		February		March		April		May		June	
Date Filed	Effective Date										
1/1	3/2	2/1	4/2	3/1	4/30	4/1	5/31	5/1	6/30	6/1	7/31
1/2	3/3	2/2	4/3	3/2	5/1	4/2	6/1	5/2	7/1	6/2	8/1
1/3	3/4	2/3	4/4	3/3	5/2	4/3	6/2	5/3	7/2	6/3	8/2
1/4	3/5	2/4	4/5	3/4	5/3	4/4	6/3	5/4	7/3	6/4	8/3
1/5	3/6	2/5	4/6	3/5	5/4	4/5	6/4	5/5	7/4	6/5	8/4
1/6	3/7	2/6	4/7	3/6	5/5	4/6	6/5	5/6	7/5	6/6	8/5
1/7	3/8	2/7	4/8	3/7	5/6	4/7	6/6	5/7	7/6	6/7	8/6
1/8	3/9	2/8	4/9	3/8	5/7	4/8	6/7	5/8	7/7	6/8	8/7
1/9	3/10	2/9	4/10	3/9	5/8	4/9	6/8	5/9	7/8	6/9	8/8
1/10	3/11	2/10	4/11	3/10	5/9	4/10	6/9	5/10	7/9	6/10	8/9
1/11	3/12	2/11	4/12	3/11	5/10	4/11	6/10	5/11	7/10	6/11	8/10
1/12	3/13	2/12	4/13	3/12	5/11	4/12	6/11	5/12	7/11	6/12	8/11
1/13	3/14	2/13	4/14	3/13	5/12	4/13	6/12	5/13	7/12	6/13	8/12
1/14	3/15	2/14	4/15	3/14	5/13	4/14	6/13	5/14	7/13	6/14	8/13
1/15	3/16	2/15	4/16	3/15	5/14	4/15	6/14	5/15	7/14	6/15	8/14
1/16	3/17	2/16	4/17	3/16	5/15	4/16	6/15	5/16	7/15	6/16	8/15
1/17	3/18	2/17	4/18	3/17	5/16	4/17	6/16	5/17	7/16	6/17	8/16
1/18	3/19	2/18	4/19	3/18	5/17	4/18	6/17	5/18	7/17	6/18	8/17
1/19	3/20	2/19	4/20	3/19	5/18	4/19	6/18	5/19	7/18	6/19	8/18
1/20	3/21	2/20	4/21	3/20	5/19	4/20	6/19	5/20	7/19	6/20	8/19
1/21	3/22	2/21	4/22	3/21	5/20	4/21	6/20	5/21	7/20	6/21	8/20
1/22	3/23	2/22	4/23	3/22	5/21	4/22	6/21	5/22	7/21	6/22	8/21
1/23	3/24	2/23	4/24	3/23	5/22	4/23	6/22	5/23	7/22	6/23	8/22
1/24	3/25	2/24	4/25	3/24	5/23	4/24	6/23	5/24	7/23	6/24	8/23
1/25	3/26	2/25	4/26	3/25	5/24	4/25	6/24	5/25	7/24	6/25	8/24
1/26	3/27	2/26	4/27	3/26	5/25	4/26	6/25	5/26	7/25	6/26	8/25
1/27	3/28	2/27	4/28	3/27	5/26	4/27	6/26	5/27	7/26	6/27	8/26
1/28	3/29	2/28	4/29	3/28	5/27	4/28	6/27	5/28	7/27	6/28	8/27
1/29	3/30			3/29	5/28	4/29	6/28	5/29	7/28	6/29	8/28
1/30	3/31			3/30	5/29	4/30	6/29	5/30	7/29	6/30	8/29
1/31	4/1			3/31	5/30			5/31	7/30		



July		August		September		October		November		December	
Date Filed	Effective Date										
7/1	8/30	8/1	9/30	9/1	10/31	10/1	11/30	11/1	12/31	12/1	1/30
7/2	8/31	8/2	10/1	9/2	11/1	10/2	12/1	11/2	1/1	12/2	1/31
7/3	9/1	8/3	10/2	9/3	11/2	10/3	12/2	11/3	1/2	12/3	2/1
7/4	9/2	8/4	10/3	9/4	11/3	10/4	12/3	11/4	1/3	12/4	2/2
7/5	9/3	8/5	10/4	9/5	11/4	10/5	12/4	11/5	1/4	12/5	2/3
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7/7	9/5	8/7	10/6	9/7	11/6	10/7	12/6	11/7	1/6	12/7	2/5
7/8	9/6	8/8	10/7	9/8	11/7	10/8	12/7	11/8	1/7	12/8	2/6
7/9	9/7	8/9	10/8	9/9	11/8	10/9	12/8	11/9	1/8	12/9	2/7
7/10	9/8	8/10	10/9	9/10	11/9	10/10	12/9	11/10	1/9	12/10	2/8
7/11	9/9	8/11	10/10	9/11	11/10	10/11	12/10	11/11	1/10	12/11	2/9
7/12	9/10	8/12	10/11	9/12	11/11	10/12	12/11	11/12	1/11	12/12	2/10
7/13	9/11	8/13	10/12	9/13	11/12	10/13	12/12	11/13	1/12	12/13	2/11
7/14	9/12	8/14	10/13	9/14	11/13	10/14	12/13	11/14	1/13	12/14	2/12
7/15	9/13	8/15	10/14	9/15	11/14	10/15	12/14	11/15	1/14	12/15	2/13
7/16	9/14	8/16	10/15	9/16	11/15	10/16	12/15	11/16	1/15	12/16	2/14
7/17	9/15	8/17	10/16	9/17	11/16	10/17	12/16	11/17	1/16	12/17	2/15
7/18	9/16	8/18	10/17	9/18	11/17	10/18	12/17	11/18	1/17	12/18	2/16
7/19	9/17	8/19	10/18	9/19	11/18	10/19	12/18	11/19	1/18	12/19	2/17
7/20	9/18	8/20	10/19	9/20	11/19	10/20	12/19	11/20	1/19	12/20	2/18
7/21	9/19	8/21	10/20	9/21	11/20	10/21	12/20	11/21	1/20	12/21	2/19
7/22	9/20	8/22	10/21	9/22	11/21	10/22	12/21	11/22	1/21	12/22	2/20
7/23	9/21	8/23	10/22	9/23	11/22	10/23	12/22	11/23	1/22	12/23	2/21
7/24	9/22	8/24	10/23	9/24	11/23	10/24	12/23	11/24	1/23	12/24	2/22
7/25	9/23	8/25	10/24	9/25	11/24	10/25	12/24	11/25	1/24	12/25	2/23
7/26	9/24	8/26	10/25	9/26	11/25	10/26	12/25	11/26	1/25	12/26	2/24
7/27	9/25	8/27	10/26	9/27	11/26	10/27	12/26	11/27	1/26	12/27	2/25
7/28	9/26	8/28	10/27	9/28	11/27	10/28	12/27	11/28	1/27	12/28	2/26
7/29	9/27	8/29	10/28	9/29	11/28	10/29	12/28	11/29	1/28	12/29	2/27
7/30	9/28	8/30	10/29	9/30	11/29	10/30	12/29	11/30	1/29	12/30	2/28
7/31	9/29	8/31	10/30			10/31	12/30			12/31	3/1



### REGISTER PUBLISHING DEADLINES

The Secretary of State's Office publishes the Register weekly. There is a three-week turnaround period between a deadline date and the publication date of the Register. The weekly deadline dates and issue dates are shown below. Council meetings and Register deadlines do not correlate. Also listed are the earliest dates on which an oral proceeding can be held on proposed rulemakings or proposed delegation agreements following publication of the notice in the Register.

<b>Deadline Date (paper only) Friday, 5:00 p.m.</b>	<b>Register Publication Date</b>	<b>Oral Proceeding may be scheduled on or after</b>
November 9, 2018	November 30, 2018	December 31, 2018
November 16, 2018	December 7, 2018	January 7, 2019
November 23, 2018	December 14, 2018	January 14, 2019
November 30, 2018	December 21, 2018	January 22, 2019
December 7, 2018	December 28, 2018	January 28, 2019
December 14, 2018	January 4, 2019	February 4, 2019
December 21, 2018	January 11, 2019	February 11, 2019
December 28, 2018	January 18, 2019	February 19, 2019
January 4, 2019	January 25, 2019	February 25, 2019
January 11, 2019	February 1, 2019	March 4, 2019
January 18, 2019	February 8, 2019	March 11, 2019
January 25, 2019	February 15, 2019	March 18, 2019
February 1, 2019	February 22, 2019	March 25, 2019
February 8, 2019	March 1, 2019	April 1, 2019
February 15, 2019	March 8, 2019	April 8, 2019
February 22, 2019	March 15, 2019	April 15, 2019
March 1, 2019	March 22, 2019	April 22, 2019
March 8, 2019	March 29, 2019	April 29, 2019
March 15, 2019	April 5, 2019	May 6, 2019
March 22, 2019	April 12, 2019	May 13, 2019
March 29, 2019	April 19, 2019	May 20, 2019
April 5, 2019	April 26, 2019	May 28, 2019
April 12, 2019	May 3, 2019	June 3, 2019
April 19, 2019	May 10, 2019	June 10, 2019
April 26, 2019	May 17, 2019	June 17, 2019
May 3, 2019	May 24, 2019	June 24, 2019
May 10, 2019	May 31, 2019	July 1, 2019
May 17, 2019	June 7, 2019	July 8, 2019
May 24, 2019	June 14, 2019	July 15, 2019
May 31, 2019	June 21, 2019	July 22, 2019



## GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES

The following deadlines apply to all Five-Year-Review Reports and any adopted rule submitted to the Governor’s Regulatory Review Council. Council meetings and Register deadlines do not correlate. We publish these deadlines as a courtesy.

All rules and Five-Year Review Reports are due in the Council office by 5 p.m. of the deadline date. The Council’s office is located at 100 N. 15th Ave., Suite 402, Phoenix, AZ 85007. For more information, call (602) 542-2058 or visit <http://grrc.az.gov>.

### GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES FOR 2019

[M19-05]

DEADLINE FOR PLACEMENT ON AGENDA*	FINAL MATERIALS SUBMITTED TO COUNCIL	DATE OF COUNCIL STUDY SESSION	DATE OF COUNCIL MEETING
<i>Tuesday</i> January 22, 2019	<i>Tuesday</i> February 19, 2019	<i>Tuesday</i> February 26, 2019	<i>Tuesday</i> March 5, 2019
<i>Tuesday</i> February 19, 2019	<i>Tuesday</i> March 19, 2019	<i>Tuesday</i> March 26, 2019	<i>Tuesday</i> April 2, 2019
<i>Tuesday</i> March 19, 2019	<i>Tuesday</i> April 23, 2019	<i>Tuesday</i> April 30, 2019	<i>Tuesday</i> May 7, 2019
<i>Tuesday</i> April 23, 2019	<i>Tuesday</i> May 21, 2019	<b>Wednesday</b> May 29, 2019	<i>Tuesday</i> June 4, 2019
<i>Tuesday</i> May 21, 2019	<i>Tuesday</i> June 18, 2019	<i>Tuesday</i> June 25, 2019	<i>Tuesday</i> July 2, 2019
<i>Tuesday</i> June 18, 2019	<i>Tuesday</i> July 23, 2019	<i>Tuesday</i> July 30, 2019	<i>Tuesday</i> August 6, 2019
<i>Tuesday</i> July 23, 2019	<i>Tuesday</i> August 20, 2019	<i>Tuesday</i> August 27, 2019	<b>Wednesday</b> September 4, 2019
<i>Tuesday</i> August 20, 2019	<i>Tuesday</i> September 17, 2019	<i>Tuesday</i> September 24, 2019	<i>Tuesday</i> October 1, 2019
<i>Tuesday</i> September 17, 2019	<i>Tuesday</i> October 22, 2019	<i>Tuesday</i> October 29, 2019	<i>Tuesday</i> November 5, 2019
<i>Tuesday</i> October 22, 2019	<i>Tuesday</i> November 19, 2019	<i>Tuesday</i> November 26, 2019	<i>Tuesday</i> December 3, 2019
<i>Tuesday</i> November 19, 2019	<i>Tuesday</i> December 24, 2019	<i>Tuesday</i> January 7, 2020	<i>Tuesday</i> January 14, 2020
<i>Tuesday</i> December 24, 2019	<i>Tuesday</i> January 21, 2020	<i>Tuesday</i> January 28, 2020	<i>Tuesday</i> February 4, 2020

\* Materials must be submitted by **5 PM** on dates listed as a deadline for placement on a particular agenda. Placement on a particular agenda is not guaranteed.



**GOVERNOR'S REGULATORY REVIEW COUNCIL  
NOTICE OF ACTION TAKEN AT THE APRIL 2, 2019 MEETING**

[M19-39]

**RULEMAKINGS**

**DEPARTMENT OF ADMINISTRATION (R19-0404)**

Title 2, Chapter 18, Articles 1-5, Government Information Technology

**Amend:** R2-18-101, R2-18-201, R2-18-301, Article 4, R2-18-401

**New Article:** Article 5

**New Section:** R2-18-501, R2-18-502, R2-18-503

**COUNCIL ACTION: APPROVED**

**ARIZONA STATE RETIREMENT SYSTEM (R19-0405)**

Title 2, Chapter 9, Article 1, Governing Committee for Tax Deferred Annuity and Deferred Compensation Plans

**Repeal:** R2-9-101

**COUNCIL ACTION: APPROVED**

**DEPARTMENT OF FINANCIAL INSTITUTIONS (R19-0403)**

Title 4, Chapter 46, Articles 1-5, Real Estate Appraisal Division

**Amend:** R4-46-101, R4-46-106, R4-46-107, R4-46-201, R4-46-201.01, R4-46-202.01, R4-46-203, R4-46-204, R4-46-209, Article 3, R4-46-301, R4-46-401, R4-46-402, R4-46-403, R4-46-404, R4-46-405, R4-46-406, R4-46-407, R4-46-408, R4-46-501, R4-46-503, R4-46-504, R4-46-505, R4-46-506, R4-46-508, R4-46-509, R4-46-510, R4-46-511

**Repeal:** R4-46-103, R4-46-202, R4-46-205, R4-46-207, R4-46-302, R4-46-303, R4-46-304, R4-46-305, R4-46-306,

**New Article:** Article 3.1

**New Section:** R4-46-301.01, R4-46-302.01, R4-46-303.01, R4-46-304.01, R4-46-305.01, R4-46-306.01, R4-46-307.01

**COUNCIL ACTION: APPROVED**

**BOARD OF NURSING (R19-0406)**

Title 4, Chapter 19, Articles 1, 2, 3, 4, 5, and 8 Board of Nursing

**Amend:** R4-19-101, R4-19-201, R4-19-203, R4-19-205, R4-19-206, R4-19-207, R4-19-209, R4-19-210, R4-19-211, R4-19-213, R4-19-214, R4-19-215, R4-19-216, R4-19-217, R4-19-309, R4-19-403, R4-19-505, R4-19-506, R4-19-507, R4-19-511, R4-19-801, R4-19-802, R4-19-809, R4-19-810, R4-19-815

**Repeal:** R4-19-202, R4-19-204, R4-19-212, R4-19-307, R4-19-811

**COUNCIL ACTION: APPROVED**

**BOARD OF PHARMACY (R19-0401)**

Title 4, Chapter 23, Articles 1, 2, 3, 4, 6, and 11

**Amend:** R4-23-110, R4-23-202, R4-23-203, R4-23-205, R4-23-301, R4-23-302, R4-23-407, R4-23-407.1, R4-23-411, R4-23-601, R4-23-602, R4-23-603, R4-23-604, R4-23-605, R4-23-606, R4-23-607, R4-23-692, R4-23-693, R4-23-1102, R4-23-1103, R4-23-1105

**New Section:** R4-23-676



**COUNCIL ACTION: APPROVED**

**BOARD OF PHARMACY (R19-0402)**

Title 4, Chapter 23, Articles 2 and 6

**Amend:** R4-23-205

**New Section:** R4-23-677

**COUNCIL ACTION: APPROVED**

**DEPARTMENT OF HEALTH SERVICES (R19-0301)**

Title 9, Chapter 25, Article 2, Emergency Medical Services

**Amend:** R9-25-201, R9-25-202, R9-25-203, R9-25-204, R9-25-205, R9-25-206, R9-25-207

**COUNCIL ACTION: APPROVED**

**FIVE-YEAR REVIEW REPORTS**

**DEPARTMENT OF ECONOMIC SECURITY (F19-0104)**

Title 6, Chapter 17, General Assistance Program

**COUNCIL ACTION: APPROVED**

**DEPARTMENT OF REVENUE (F19-0105)**

Title 15, Chapter 7, Articles 2, 3, 4, and 5, Bingo Section

**COUNCIL ACTION: APPROVED**

**DEPARTMENT OF HEALTH SERVICES (F19-0106)**

Title 9, Chapter 10, Article 12, Home Health Agencies

**COUNCIL ACTION: APPROVED**

**DEPARTMENT OF HEALTH SERVICES (F19-0301)**

Title 9, Chapter 10, Article 5, Recovery Care Centers

**COUNCIL ACTION: APPROVED**

**DEPARTMENT OF FINANCIAL INSTITUTIONS (F19-0107)**

Title 20, Chapter 4, Articles 1, 2, 3, 4, and 5

**COUNCIL ACTION: APPROVED**

**BOARD OF PODIATRY EXAMINERS (F19-0201)**

Title 4, Chapter 25, Articles 1, 2, 3, 4, 5, and 6

**COUNCIL ACTION: APPROVED**

**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) (F19-0202)**

Title 9, Chapter 21, Articles 1, 2, 3, 4, 5, and 6, Behavioral Health Services for Persons with Serious Mental Illness

**COUNCIL ACTION: APPROVED**

**MEDICAL BOARD (F19-0203)**

Title 4, Chapter 16, Article 5, Executive Director Duties

**COUNCIL ACTION: APPROVED**



**CITRUS RESEARCH COUNCIL (F19-0204)**

Title 3, Chapter 9, Article 5, Arizona Citrus Research Council

**COUNCIL ACTION: APPROVED**

**PETITION**

**A.R.S. § 41-1033 PETITION RELATED TO BOARD OF TECHNICAL REGISTRATION RULE R4-30-102**

**COUNCIL ACTION: DIRECTED AGENCY TO MODIFY R4-30-102(2)**